



## EDITORIAL

# Lectures matter

It is fashionable in medical education circles to decry the value of lectures. With the wealth of scientific studies demonstrating the distant association of lectures with learning, it is a wonder that those of us educated traditionally ever mastered tying our shoes let alone managing congestive heart failure.

I would like to present a contrary opinion. I believe a well-done lecture is a tremendous way to learn—it just so happens that most lectures are lousy.

First, the presentation skills of many lecturers border on incompetence. We have all seen examples of the common pitfalls: the monotone droner; the terminally disorganized; the scientist determined to tell us about every study he ever conducted no matter how irrelevant. The number of truly organized, polished lecturers is indeed small.

Second, most lecturers still rely on anecdote and personal experience rather than a mastery of evidence. Rather than an explicit critical appraisal of the area, we are treated to “my favorite things.” While sometimes engaging, such lectures seldom make me want to change the way I practice.

Third, very few presenters take the time to figure out their 2 or 3 key messages. What few practice or behavioral changes would the presenter suggest? What barriers to change exist? How might we pave the way to performance improvement?

On the other hand, we probably all remember that gem of a talk that clarified or demystified a whole area. For example, I remember one lecture on hypercoagulable states that was remarkable for the clarity and explicitness of its practice recommendations. Even today, I can still remember a lecture from a residency practice management session in which the presenter creatively engaged the audience.

So let's not burn the lecterns and zap the PowerPoint files. Lectures are alive and well—it's the lecturers that need to be revitalized.



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