From the Editor

Professional Education in Performing Arts Medicine

As the body of knowledge that comprises the field of performing arts medicine has grown, it has simultaneously become more important and more difficult for everyone who is concerned about the health of performing artists to stay current with the state of the art. In this regard, performing arts medicine is no different from any other field, but we have a huge challenge as we try to meet the educational needs of the broad variety of professionals who treat, teach, manage and do research on musicians, dancers and other performing artists.

A panel discussion on this subject was part of the 2010 Aspen Symposium on the Healthcare of Performing Artists. Moderated by Dagmar Wolff, Dr phil, chair of the Performing Arts Medicine Committee on Education, the panel included Bronwen Ackerman, PhD, Eckart Altemmüller, MD, Sang-Hie Lee, PhD, Judy Palac, DMA, and myself. Stimulated by the panelists’ and audience’s remarks, I will try to summarize where our efforts to educate performing arts medicine professionals stand today and what our options are for the future. I will not try to say anything about pedagogy, or the education of students; my comments apply only to andragogy, the education of adults who have already had “basic training” in their chosen professional field.

Adult education is different from the education of younger learners in several ways. Adults are usually free to choose what they want to learn and how they want to learn it, to one degree or another. Malcolm Knowles1 has developed a theory of adult education that is based on six fundamental principles:

1. Adults need to know the reason for learning something (Need to Know).
2. Experience (including error) provides the basis for learning activities (Foundation).
3. Adults need to be responsible for their decisions on education, with involvement in the planning and evaluation of their instruction (Self-concept).
4. Adults are most interested in learning subjects having immediate relevance to their work and/or personal lives (Readiness).
5. Adult learning is problem-centered rather than content-oriented (Orientation).
6. Adults respond better to internal vs external motivators (Motivation).

We would do well to keep these principles in mind as we design educational offerings for professionals in health care, the performing arts, and the various fields of research. While we can safely assume that anyone who has decided to learn more about performing arts medicine knows why (Need to Know), the other five concepts need more attention in our field and in most types of adult education.

As mentioned, the challenge is immense due to the diversity of professionals who are interested in the health of performing artists. While this may be an oversimplification, I think of three major professional groups (each with numerous subgroups) who have an interest in performing arts medicine. The first is the population of performing artists, whether they be trained in dance, music, acting, or other forms of artistic performance. The second is the healthcare professions, including those who are focused on both physical and mental health. The third is the group of scientists who have been trained in various specialized fields and have expertise in research. These are not mutually exclusive groups, but only a few individuals have degrees and credentials in more than one area, and there aren’t enough of them to do all of the work that needs to be done.

Fortunately, we currently have a number of resources available to help educate anyone who wants to learn about health issues related to the performing arts. Several come to mind immediately. The annual Symposium on the Medical Problems of Performing Artists that has been taking place in Aspen/Snowmass, Colorado since 1983 offers a range of educational sessions that are suitable for performing artists, health care professionals, and researchers. Numerous other scientific meetings that focus on the health of musicians, dancers, other performing artists and combinations of these groups are held in countries around the world every year now. New this year is the third edition of Performing Arts Medicine, the textbook edited by Drs. Robert Sataloff, Alice Brandonbrener, and Richard Lederman.3 This journal has been publishing articles intended to educate both students and professionals in the field of performing arts medicine for a quarter century now, and a multitude of articles appear in other peer-reviewed journals as well.

As good as all of these educational opportunities are, they are not meeting the needs that exist today. Most performing artists, researchers, and health care professionals get little to no training in performance-related health issues before ending their formal education. As a result, almost all learning has to take place in the midst of earning a living and pursuing one’s career goals. Perhaps a thousand or so unique individuals attend a performing arts medicine meeting, purchase a performing arts medicine textbook, and/or subscribe to a performing arts medicine journal worldwide in any given year. This simply isn’t a large enough group of informed teachers and health care providers to help the hundreds of thousands of performing artists who

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are at risk for health problems. Furthermore, acquiring true expertise requires far more investment than going to one meeting, owning one textbook, and/or reading a few issues of *Medical Problems of Performing Artists*.

The PAMA Education Committee has conducted a survey of PAMA members concerning the educational needs of professionals in the field, and the results of that survey will no doubt help guide our plans for the future. In the meantime, I’d like to propose a concept that might be a useful part of whatever strategies we adopt in the years ahead. The most successful educational strategies in the 21st century typically take advantage of technology that allows learners to access needed information in real time. This has been referred to as “just in time” learning. It is to be contrasted with “just in case” learning, which is what most of us endured in school: learning lots of facts so that we could recall them (?) if we needed to in the future. Just-in-time learning requires immediate access to current, reliable information on the specific problem that needs to be solved now.

The best example of just-in-time learning in my daily work life as a primary care physician is *UpToDate*, an online textbook of medicine. Started in 1992 by Drs. Burton Rose and Joseph Rush, it now includes well-referenced articles on over 7,300 topics. It is now widely used by practicing primary care physicians and by specialists as well, largely replacing the large printed textbooks that are typically published every 5 years or so. Keeping *UpToDate* up-to-date is not cheap or easy. Over 3,600 physicians and other experts contribute to the effort, and an annual individual subscription costs several hundred dollars. (Those of us at academic medical centers can access it using the institution’s license.) Looking up information on a particular topic is as easy as going to the medical library’s website, clicking on *UpToDate* and entering the topic in the New Search box. One then gets a list of relevant articles, and clicking on one of them brings up a “chapter” that has been updated in the last year or so.

As useful as *UpToDate* is for most primary care topics (such as diabetes) or less common conditions (e.g., scleroderma), it currently has very little information about performance-related health issues for musicians and dancers. Searching for those terms yields only a modest amount of information on focal dystonia in the former and ankle injuries in the latter. Is it time to address this lack of immediate access to accurate information about performing arts medicine?

We have several options. One might be to approach *UpToDate* to determine their interest in having a few “chapters” written by experts in performing arts medicine. Another could be the creation of an online, constantly updated version of *Performing Arts Medicine*. Alternatively, such a resource might be linked to this journal or to one or more of its sponsoring professional organizations. The “sponsor” of the online resource would determine how it would be supported financially: by paying the subscription fee to access *UpToDate*, by purchasing it along with the textbook, by subscribing to this journal, or through membership in PAMA, NVDMG, or ASPAH.

Obviously, this would be a major undertaking that would require significant time and resources. While it would substantially expand the availability of reliable information on performing arts medicine to physicians if it were part of a resource they already use, the other models mentioned above would likely have less reach beyond the current performing arts medicine association membership lists. And we may need a different resource for non-health care professionals. Whatever we do, if it benefits the health of performing artists, it will be well worth the time and resources we invest in the effort.

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