Guest Editor Irwin Benuck, MD, PhD, has coordinated this issue of *Pediatric Annals*, which has as its theme Enhancing Your Pediatric Practice. This is highly relevant to those of us directly involved in medical education at the medical student, resident and/or fellow level, because increasing emphasis (at least for students and residents) is being placed on outpatient educational experiences for trainees. This emphasis creates increased opportunities for private pediatric offices to become involved in medical education. The office in which Irwin Benuck, Ed Traisman, and Valerie Kimball (authors of three of the articles in this issue) practice has been involved in these activities for many years, and their insights are highly valuable. In fact, Ed Traisman’s grandfather founded the practice in 1923, some 87 years ago, and Ed is the third-generation pediatrician.

A brief perspective by Bannister, Raszka, and Maloney published in the May issue of *Pediatrics* on behalf of the Council on Medical Student Education in Pediatrics (COMSEP), is titled “What Makes a Great Clinical Teacher in Pediatrics? Lessons Learned from the Literature.”1 This excellent piece is relevant to all who participate in clinical education or who will do so in the future. Distilling a huge published literature on effective clinical teaching over the past 100 years down to just two pages, a list of the most important cognitive and non-cognitive attributes of great clinical teachers, is presented. Among the cognitive attributes, the most important is clinical competence, followed by the ability to demonstrate and explain clinical skills, excellent communication skills, providing feedback, explaining concepts clearly, setting appropriate goals and expectations for students, and providing direct supervision. Non-cognitive attributes are just as important as the cognitive ones. Those associ-
ated with the great clinical teacher include enthusiasm, being stimulating and encouraging, creating a positive and supportive learning environment, serving as a professional role model and mentor, listening, focusing on the learner’s needs, and interacting positively with students.

It behooves all of us who are involved in clinical education at any level to reflect upon these characteristics and to strive to achieve or improve our own performance.

Because many of the topics in this issue are varied within the theme of academic pediatrics, stamps that I’ve chosen for this issue are varied in topic. The focus of this issue is mainly on educating, and these stamps represent the effect education has on many global concerns. For example, the blue souvenir sheet (see page 327) is from the Faroe Islands (Føroyar in Danish) and highlights the important issue of global warming with its effect upon the poles of the world and upon glaciers. The Faroes are located in the North Atlantic halfway between the Shetland Islands of Scotland and Iceland (now famous for its erupting volcano). The 2009 Belgian stamp highlights the related topic of the importance of safe drinking water.

Finally, the four colorful 2009 stamps from Ethiopia represent PATTEC, The Pan-African Tsetse and Trypanosomiasis Education Campaign that was inaugurated in 2001 with the goal to render sub-Saharan Africa tsetse-free. Bites of Glossina (the tsetse fly) transmit trypanosomiasis, which causes endemic human sleeping sickness, as well as nagana in cattle and other domestic livestock in 36 countries, most notably the Republic of the Congo. PATTEC is an arm of the Organization of African Unity and is modeled on the earlier Pan-African Rinderpest Eradication Campaign, which has also been commemorated on stamps. The red and orange stamps (see page 326) show the tsetse in considerable detail, while the blue one (see page 326) shows the affected geographic area and depicts cattle and man. The World Health Organization (WHO) reports that there has been some decline in the annual number of trypanosomiasis cases and in the cumulative number of individuals affected since the establishment of PATTEC.

REFERENCE


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