This issue is the third in a series on medical education and how it affects practitioners, academicians, trainees, and patients.1,2

Stanley I. Fisch, MD, and colleagues offer four models for community pediatricians to assume a leadership role in the academic health center. Common to each of these case reports is the elevation of community pediatrics to an equal status with other specialties (see page 599).

The education parents can offer medical trainees is an untapped curriculum resource. For years, Janice L. Hanson, PhD, EdS, and colleagues (see page 605) have recruited parents of children with disabilities to host medical students in their homes to witness their lives firsthand. They have developed curricula at Uniformed Services University of the Health Sciences (USUHS) and Boston University; the former is a vertically integrated curriculum, and the latter is a pediatric clerkship. Students are able to see parents and children in their own environments. This is quite different from parents and children coming to our offices, where we are in control and are not aware of the parents’ home environment, except through their own descriptions.

These home visits give students a new perspective on how families cope with living with a chronically ill child. The program teaches students to communicate effectively around difficult scenarios. A lot of parents are gratified by and enjoy their teaching role with trainees. More programs should adopt this model for learning about complex problems and how they affect families and patients.

Julia Swartz, MSW, and colleagues address how to recognize mental health issues in patients and parents, and when to make referrals to mental health professionals (see page 610). Behavioral and mental health screening and referral is important, because the pediatrician sees the family and child so frequently. Early identification and treatment in the office can lessen the burden of mental illness and its long-term consequences.

The authors offer specific language for referring parents of patients to behavioral or mental health specialists. The content represents a continuum of psychological stresses, which Bob Haggerty and Morris Green referred to in the mid-1960s as the “new morbidity.”

In the article by Chelsey Megli, MA, and colleagues (see page 617), the authors examine a “new” paradigm in medical education; ie, how physicians need to address learning posttraining, versus traditional education in which the emphasis is on participation rather than behavioral change and improved patient care.

This approach, which is student-centered and emphasizes behavioral change and, ultimately, better patient care, is not really new. Those who believe in adult learning theory have advocated this change for a long time — physicians self-assessing through reflection, patient outcomes, and quality assurance measures, then seeking education to help fill these gaps. We refer to this as continuing professional development (as compared with traditional CME).

The article reviews how physicians have learned in the past and how they need to
refocus their learning based on their educational needs. The authors summarize the Institute of Medicine’s December 2009 report on continuing professional development, and the field’s need for a more evidence-based foundation. The major challenge is two-fold: training lecturers on how to segue from a lecture-oriented model to one that addresses real problems/cases in practice; and encouraging practitioners to look for educational activities that will help address their learning gaps.

I sincerely hope you find these articles provocative, stimulating, and more importantly, inspirational. I am confident that focusing on a few teaching points that one can adapt for one’s practice will benefit all stakeholders in the physician-patient-trainee relationship.

REFERENCES
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Dr. Greenberg was voted Outstanding Clinical Teacher at GWU in 1996, and won the Ray Helfer Award for outstanding medical education research, APA, in 1997, 1998, and 2004. He has been honored by his alma mater, The University of Toledo, with the Gold T award for outstanding career contributions and by The George Washington University with the George Washington Award for outstanding contributions to the University.