In February 2010, Pediatric Annals published its first issue dedicated to medical education, which I also guest-edited, covering such topics as patient education and the use of technology, the relationship of the hospitalist and practicing pediatrician, and teaching scholarship. Because these topics are only minimally addressed in the pediatric literature, the issue sparked more interest, so we have created a follow-up edition.

The challenges we faced in doing so included: selecting timely and pertinent topics that practitioners in the community and academic centers would find practical; presenting topics that have not been addressed in detail, if at all, in the pediatric literature; and retaining experts in the field to convey this important information.

Well, I think I have been successful in each of the above objectives, but I would leave it to you, the readers, to assess that. An observation I noted as I edited each article was the overlap of themes despite the topics being so different. It gave me pause for reflection to see professionalism, social media and its ethical and professional effect, communication, and quality assurance recur in so many of the articles.

Kind et al (see page 430) have crafted a useful, up-to-date, and seminal commentary in the pediatric literature, making important suggestions to the pediatrician on how to put social media to its best use. So many people/patients are using social media today that pediatricians need to be aware of its implications for patients’ health and safety. The authors also explain how social networking can be a vehicle for patient education, like advocating for immunizations and safety issues. In addition, the authors address the fine line between one’s professional and personal lives regarding social networking. Posting blogs or comments on social media outlets may seem to be a reflection of one’s own personal being but indeed may be construed as a part of that person’s practice or academic affiliation.

Another area of pediatric practice that continues to expand is anticipatory guidance. Bernstein, an author of the American Academy of Pediatrics’ Bright Futures, and colleagues, address a number of issues (see page 435): the large amount of material to cover in the limited time permitted during the health maintenance visit; the lack of data that anticipatory guidance works and thus results in behavioral change; whether giving anticipatory guidance is appropriate and practical; differentiating between counseling and anticipatory guidance; and thinking about customizing anticipatory guidance rather than working from a checklist.

The article by Jantausch and Marcdante (see page 442) examines professionalism in medical practice. The authors define professionalism from the standpoint of the patient, physician, and society, referencing the definition established by the American Board of Internal Medicine. The authors challenge the pediatrician to seek continual professional development; adapt quality improvement measures; communicate effectively; display altruism and mindfulness; to have work/life balance; to collaborate;
and to act with integrity. All of these behaviors when practiced become humanistic habits as we interact with patients, colleagues, and other health care professionals.

Elizabeth Rider, MSW, MD, known nationally for her work in doctor-patient communication, has authored an article on relationship-centered care (see page 447). She examines communication skills from a relationship and patient-centered practice, provide concrete tips on how to establish rapport with patients and families, and touch on the ethics and humanistic aspects of doctor-patient interactions. She explores the underlying foundation for relationship-centered care: The physician must act with integrity, reflective practice, and professionalism. The emphasis is on the patient, not the disease the patient has. The uniqueness of each patient and family, culture, and personality as they intersect is essential to take into account. Rider presents and explains evidence-based models that support the concept.

Finally, the quality improvement (QI) initiative in medicine, spearheaded by Don Berwick, a pediatrician, first seemed directed at larger organizations such as hospitals. In this article (see page 454), Walsh and Picarillo look at QI within the context of a practice environment, with the ultimate outcomes being improved patient care. They describe how residents now have a responsibility for learning about QI and how practitioners can employ QI tools to improve their own practice’s work flow.

Get back to me with your thoughts and which issues moved you and/or changed your practice (email: larrie_greenberg@hotmail.com).

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about the guest editor

Larrie Greenberg, MD, is Director of Creative Medical Education, Educational Consulting, and Faculty Development in Pediatrics at George Washington University School of Medicine and Health Sciences. He founded and integrated The Office of Medical Education at the Children’s National Medical Center (CNMC), Washington, DC.

Dr. Greenberg is involved with a number of professional societies, including the Association of American Medical Colleges (AAMC) and the Academic Pediatric Association (APA). He is a past Chair of the Northeast Group on Educational Affairs (AAMC), has been on the AAMC’s Research in Medical Education Committee, and was a member of the National GEA steering committee, AAM. He was the first full-time President of medical staff at CNMC, and was Chief Medical Officer there; he was also President (and one of the founders) of the Council on Medical Student Education in Pediatrics, 1997-1999.

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.