It is not at all uncommon to have infants and children present first to their primary care pediatrician with a surgical problem. In this issue of *Pediatric Annals*, guest editor and pediatric surgeon, Dr. Grace Zee Mak and her team of contributors present a combination of common clinical surgical problems and emergencies, diagnostic evaluation and management, as well as problems like chronic abdominal pain. I think you will find each article useful in your clinical practice.

In my editorials over the past 2 months, I have discussed topics including quality improvement and introduced the Lean Hospital process, which may help make the clinical care of children more seamless. We also reviewed a relatively new approach to refining observational skills that can be applied in medical practice. This month I would like to discuss and review some aspects of how the field of medicine is changing with a new generation of practitioners, and the introduction of the electronic medical record (EMR) system.

**STAYING ATTENTIVE TO PATIENTS’ NEEDS IN THE AGE OF ELECTRONIC MEDICAL RECORDS**

Honestly, when the EMR was introduced at Evanston Hospital (Evanston, IL) in 2004 and we were required to take the 15-hour course to learn the basics, I was completely overwhelmed. As the EMR has become more refined over time, health care professionals have been exposed to a completely new thought process in how we approach and interact with our patients and their families.

Consequently, at Evanston Hospital and I am sure at other medical facilities as well, discussion about how to use the EMR effectively while keeping patients engaged has ensued; anecdotal information suggests that older patients often complain that clinicians are more attentive to their computers than to them. There is even a new course in The University of Chicago Pritzker School of Medicine that attempts to teach students how to use the computer optimally while ensuring that their patients don’t feel neglected in the process.

As pediatric medical professionals, it’s important to remember, and it is easy for me to say because I no longer practice clinical care and predominantly hand wrote history and physical assessments for a large part of that time, to synthesize our thoughts as we evaluate and manage patient care; my advice is to keep the copy and paste function to a minimum. Also, templates can be helpful, but remember that anything in the template is also in the record.

Over the years, I have gained a lot of respect for the young, bright physicians who can multitask the various components of the EMR as an office tool and who are attentive to their patient’s needs simultaneously. Colleagues also enjoy the benefit of remote access to the EMR, which can be helpful to clinicians who want to achieve a balance between work and home life.

**REFERENCES**