

Commentary

Pediatrics in Review: A Hard Gap to Fill

Author Disclosure

Dr Zenel has disclosed no financial relationships relevant to this commentary. This commentary does not contain a discussion of an unapproved/investigative use of a commercial product/device.

The first issue of *Pediatrics in Review* was bundled with the journal *Pediatrics* mailing. The office assistant opened the package, placed *Pediatrics* gently into the attending physician's inbox on the wall, and tossed *Pediatrics in Review* surreptitiously onto the coffee table in the reception room where I sat anxiously awaiting the start of the day's routine. The time was July 1979, and this was my first day as a fourth-year medical student about to partake in morning rounds with the most feared infectious disease physician on campus. To distract myself from my developing sense of dread, I picked up the issue with the glossy blue cover, skipped the editorial, and started reading the first article by Dr Carol Baker on something I had never heard of: group B streptococcal disease in neonates. The article was packed with information presented in a way that was easy to read, comprehend, and remember, unlike information in current medical textbooks. I finished the article and soon joined the infectious disease physician and his fellow to see our first patient on the service, a neonate whose blood culture just happened to grow group B *Streptococcus*. As the fellow presented the case, the attending physician turned toward me and started firing his first volley of intimidating questions. I was prepared; he was

surprised; and I was hooked on *Pediatrics in Review*.

Since 1979, *Pediatrics in Review* has grown in stature and reputation. The journal is listed in the National Library of Medicine and the National Institutes of Health main biomedical index (PubMed), has a worldwide readership, and is available in both printed and electronic format. Academic clinicians have advanced their scholarly careers by authoring articles for the journal and by serving on its editorial board. Practicing physicians have improved their care of children throughout the world by reading the journal and also by authoring articles. Through the efforts of two great Editors-in-Chief, *Pediatrics in Review* is no longer tossed to the side. Instead, learners turn to the journal to obtain practical up-to-date clinical information, insight into clinical reasoning, continuing medical education, means for maintenance of certification, and, my favorite, to answer professional curiosity.

In the editorial that I ignored initially, Dr Robert Haggerty, world champion of general, ambulatory, and community pediatrics and the first Editor-in-Chief, compared the first issue of *Pediatrics in Review* with a first child who we work harder for, expect more of, and blame ourselves for if that first child fails. He stated the goal was simple, even if the methods to achieve it were complex: "to improve child health by providing information useful to those professionals who provide health services to children." (1) Future articles and abstracts would have a stated objective at the beginning, the objectives to be determined by the American Academy of Pediatrics (AAP)

and the American Board of Pediatrics based on recent advances and topics that should be reviewed periodically. Dr Haggerty argued that one could not be an effective physician without up-to-date knowledge, and he pledged to help provide knowledge necessary to stay abreast of developments in all fields of child health-care. With deference to English author Samuel Johnson, Dr Haggerty concluded by saying he would bring company, not boredom, through the planned 32-page, 169-objective, 10-issue-per-year journal that followed a 6-year review cycle.

Pediatrics in Review soon evolved, as did my involvement. I used the journal, and its accompanying PREP Self-Assessment, to prepare for the written and oral American Board of Pediatrics examinations. When I was in private practice, I also used the journal much like a newspaper. I only read articles that held my interest; if the writings were unmemorable after a few paragraphs, I would either skim the text or move on to the next page. My former partner frequently tells me that I did not always read the whole issue when I practiced with him (he is right), although he admits I did seem to remember where to refer back to the journal for any clinical subject that came up during the day-to-day practice. Later, when my career turned to academic medicine, I was first invited to write an article for *Pediatrics in Review*, followed by a request to develop a "visual diagnosis" feature based on the recommendations of an editorial board member and the recognition by the then Editor-in-Chief Dr Haggerty and the Associate Editor Dr Lawrence Nazarian of my fondness for teaching through

personal experiences. My role in *Pediatrics in Review* expanded under their guidance.

In 2005, *Pediatrics in Review* achieved 25 years of publication. Dr Haggerty stepped down as Editor-in-Chief, replaced by his protégé, Dr Nazarian. Whereas Dr Haggerty came from the world of academic medicine, Dr Nazarian came from the world of private practice working in tandem with an academic center. Dr Haggerty and the AAP were confident that Dr Nazarian had the unique ability to bridge "town and gown" approaches to the practice of pediatrics, a confidence based on his introduction of Index of Suspicion, a feature that taught clinical reasoning through case presentations. In his initial editorial as Editor-in-Chief, Dr Nazarian acknowledged as a practicing general pediatrician that *Pediatrics in Review* "filled a critical need for practitioners by offering a systematic, practical way to keep up with the expanding body of information." (2) He looked "forward to helping the journal grow, adapt, and improve." He stressed the need to promote evidence-based medicine, bring more academicians and clinicians into the editorial team, recognize the readership, and reach out to pediatricians and children throughout the world.

In last month's issue, Dr Nazarian reflected on our profession and the evolution of *Pediatrics in Review*. (3) Under his guidance, the journal's topics now include areas of expanding medical interest (such as ethics, back to basics, complementary and holistic medicine, and research and statistics), and the articles, targeted toward professional practice gaps, have both objectives and evidence-based summaries. I emphasize Dr Nazarian's major accomplishment of further establishing what is now a world-renowned, 48- to 52-page, print and online, 12-issue-per-year continuing medical education journal based on 3,700 learning objectives.

The American Medical Association's Code of Medical Ethics tenet for medical education states that "a physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated." (4) *Pediatrics in Review* enables that tenet through the services of our diverse, dedicated editorial board. Associate Editor Dr Tina L. Cheng (The Johns Hopkins University) adds her skills as a clinical researcher, public policy advocate, global health ambassador, and academic mentor. She looks out for the public good.

Dr Deepak M. Kamat (Wayne State University) continues his role as editor of Index of Suspicion, and he too serves as global health ambassador. Dr Henry M. Adam (Albert Einstein College of Medicine) gives his clinical spin as In Brief editor and is assisted by a leader in academic medicine and medical

education, Dr Janet Serwint (The Johns Hopkins University), who serves as consulting editor. The other members of the editorial board represent general pediatrics and many specialties within pediatrics. They volunteer their time and expertise, and they work hard to identify and address gaps in professional practice while providing articles that practicing pediatricians will read, enjoy, and use.

Further acknowledgments are in order. Most of the daily work of the journal has been done efficiently, thoroughly, and with a smile by the triumvirate of Erin Carlson in the Rochester office and Kathleen Bernard and Luann Zanzola at the Elk Grove Village office. Susan Piscoran, Joe Puskarz, Michael Held, and Robert Perelman at the AAP are constant sources of support, good advice, and encouragement. Dartmouth Journal Services produces the print version of the journal, and Highwire Press is responsible for publishing the online edition.

Pediatrics in Review did right by me that first day as a fourth-year medical student, and I hope to return the favor.

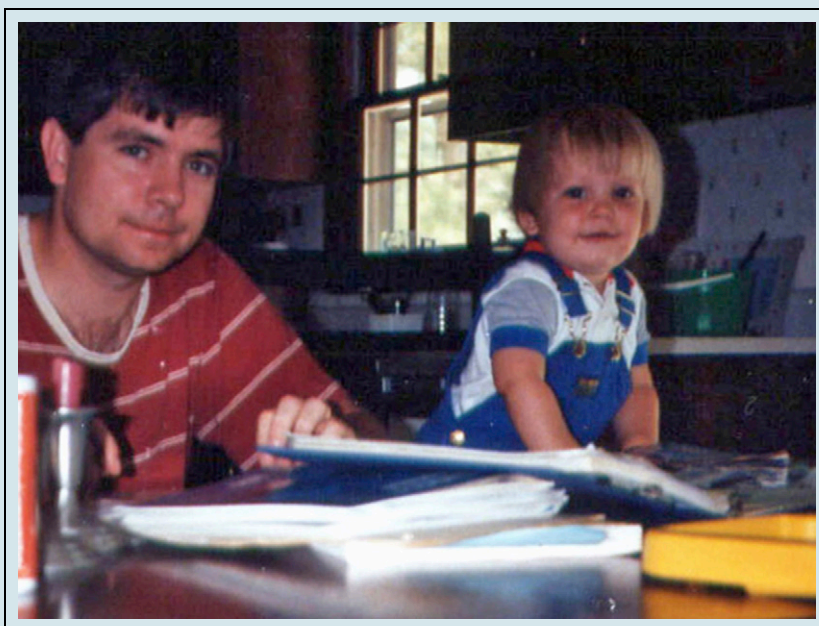


Figure. Future *PIR* Editor-in-Chief, along with his first-born son, studying blue-covered *PIR* issues in preparation for the pediatrics boards.

I see my role as Editor-in-Chief as continuing the tradition of providing concise, well-written, pleasurable, and practical subjects, while bridging the gap between the traditional and emerging methods of medical education (didactic versus self-directed), the printed word and the ever-advancing electronic media, private practice and hospital-based health-care, national and international health-care delivery, and younger and older generational values. As medical knowledge has expanded and care delivery has become more complex, so should the roles of the editorial board and that of our readers. I look forward to training future editors-in-chief and to hearing from all of you. I conclude on an even more

personal note. Dr Nazarian embodied the AAP's high standards in medical education; a few months ago he received the AAP Education Award. To me, he is truly a teacher of teachers, and he has honored us all by his service. As he steps down as Editor-in-Chief, I have a hard gap to fill. Borrowing words from Dr Nazarian and from his mentor, Dr Haggerty, the editorial board and the "dedicated people who contribute their skill and hard work to creating PIR" (2) will continue to "improve the Welfare of Children." (1)

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