



The art and science of clinical pediatric education

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Pediatricians educate people every day: their patients and their caregivers, medical students, residents, nurses, allied health professionals [1]. The word “doctor” is derived from the Latin verb *docere*, to teach. Teaching is a key daily activity of pediatricians throughout Europe and the rest of the world. Despite this importance of teaching, both in consultations with patients and parents and in training future doctors and pediatricians, most pediatricians have not received any formal training in key educational principles, knowledge, and skills. Most doctors who teach patients or future doctors are autodidacts: they teach because they believe they should, or want to teach, and they give it their best effort. Teaching in the clinical workplace is commonly based on personal experience (both as a doctor and as a learner earlier in the career), common sense, and the conviction that transferring knowledge is the key to learning [2].

Medical education science is a relatively new field of research and scholarship, but a highly engaging and productive one. Over the past decades, major advances have been made in understanding how adults learn, how they acquire new knowledge, master new skills, and develop the professional identity of a physician [3, 4]. In addition, medical education research helps us in understanding how we, as clinician-educators, can promote effective learning

in our students and residents, our future colleagues. For example, this has led to the understanding that in order to use new knowledge in clinical practice, medical learners need to be encouraged and supported to process the knowledge, rather than listen to it being delivered by a more experienced physician [5]. In addition, it has been shown that pediatric and other residents flourish in a supportive learning environment, rather than work hard, see lots of patients, and learn on the fly [6, 7]. Such insights from educational science may have a considerable impact on our daily educational practice in the workplace.

In the past decade, major changes have taken place in the education of future pediatricians. Most European countries have shifted from time-based postgraduate pediatric education curricula to competency-based pediatric education [8, 9]. European work hours regulations have reduced residents’ working hours and hence their exposure to pediatric cases [10, 11]. Increasingly, junior doctors wish to balance their work with room for family, hobbies, and personal development [12, 13]. Pediatrics is increasingly viewed as a profession, and no longer as a calling.

Thus, there are many reasons to provide European pediatricians with an up-to-date overview of the art and science of clinical pediatric education. This is the reason why the Editorial Board of the *European Journal of Pediatrics* has decided to launch a series of papers outlining principles and practice of pediatric teaching. This series will cover topics ranging from the physiology of learning, providing feedback and coaching, teaching procedural skills, and the importance of trust in pediatric education and practice, to the use of digital teaching and blended learning.

Each paper in this series begins with a clinical teaching scenario. Evidence from educational research is presented in an accessible, hands-on format with practical tips and tricks to support busy clinicians who wish to hone their clinical teaching skills. The papers are written by teams of pediatrician-educators and medical education scholars, to integrate medical education science and pediatric teaching practice. We trust this new series will inspire and support

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you to become an even better version of the clinical teacher that resides in all of us.

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