



Anita McElroy, M.D., (left) a resident with Children's at Egleston, rounds with medical student Sarah Gard. By rounding with a learner, physicians not only provide a hands-on experience but also make themselves better prepared to teach and learn.



Like many learners, Sarah pairs the hands-on training she receives at Children's with lectures.

# Teaching for Tomorrow

Working at Children's means learning new things every day, but for one group of the Children's family, learning is their primary job.

These learners—known as interns, residents and fellows—are an important part of the System and an important element of Vision 2018. They provide inspiration for more

experienced care providers, diversify the community, conduct many of the examinations and follow-ups that are part of routine patient care, and perform investigations and research that bring attention and prestige to Children's.

"Being around learners requires physicians to be prepared to teach and conduct research, and, at the same time, enhances their knowledge base. Plus, learners often inspire physicians with their enthusiasm, so bringing in learners makes us all better," said Nancy Doelling, M.D., who oversees student and resident training for general pediatrics at Children's at Scottish Rite.

Terri McFadden, M.D., Medical Director for Primary Care at Children's at Hughes Spalding, said residents participate in many avenues of the campus's patient care: emergency room, urgent care, inpatient treatment and outpatient primary care.

Attending physicians supervise and advise the learners at all times, but during off-hours, residents often are the first responders, the eyes and ears for the medical staff.

"Residents are invaluable, because they are able to amplify, in all settings, what attending physicians are able to do," McFadden said.

Upon graduation from medical school, the newly minted doctors must gain additional real-world training in a hospital setting, known as a residency. In their first year, they are called interns; during their second and subsequent

years, they are referred to as residents. After residency, any additional training is considered a fellowship.

During these years, perhaps as many as six beyond medical school, the physicians are still considered learners. It's not until after they are certified by the American Board of Pediatrics that they are considered fully trained and ready to practice completely independently.

In residency, each physician rotates through the various units of the hospital. Rotations are often two to four weeks long. Attending physicians in each specialty work with trainees to teach at the bedside, and there are also some lectures.

Residents and fellows are technically employees of a medical school—as are many attending physicians at a teaching hospital, who also instruct at the connected school. For Children’s, learners are most often associated with Emory University School of Medicine and Morehouse University School of Medicine, though some do come from the Medical College of Georgia, Duke University School of Medicine and a few other institutions.

However, relationships between hospitals and schools are symbiotic, because funding for learners’ salaries often flows through the hospital via federal programs and philanthropic grants, among other sources, according to Susie Buchter, M.D., Program Director, Emory Pediatrics Residency Training Program and Associate Professor of Pediatrics at Emory School of Medicine.

After residency, doctors may take on an additional training period, called a fellowship. Barry Warshaw, M.D. is the chair of the Pediatric Fellowships committee at Emory University School of Medicine.

“All doctors who become fellows are eligible to independently practice general pediatrics, but they have elected to continue to train in a subspecialty, be that cardiology, nephrology, or anything else. Like residents, fellows and attending physicians have mentor- or apprenticeship-style relationships,” Warshaw said.

Warshaw discussed the value of fellowships to the learners and the rest of the community.

“The hospital has an obvious core mission to provide outstanding healthcare to patients. We are never satisfied with where we stand with the medical care we provide. To get the best care available, patients depend on subspecialists,” he said.

Research by such experts is also important to Children’s, in that it increases our profile and prestige.

“When you find a broad spectrum of strong fellowship programs, that’s an indicator of a high level of teaching and cutting-edge care and new discoveries,” Warshaw said. “The research of fellows and attending medical staff is the fulcrum on which our national and international reputation turns. It’s a great benefit to the hospital.”

According to Bill Lee, Director of Medical Staff Administration, there are currently 72 fellows and 74 residents studying 15 subspecialties at Children’s.

Thanks to increases in funding, more are expected in the next academic year.

Early this year, the Children’s Board of Trustees designated earnings from \$430 million of the Children’s endowment toward pediatric research. This funding will help to attract new physicians and learners.

Warshaw, grateful for the changes, agrees.

“I think it’s great—for Children’s, the trainees, and the community—that we have been able to muster the resources to develop these programs,” Warshaw said.

“If we wish to be one of the major teaching sites in the nation for subspecialty physician training, which we do, then we want to continue the growth that’s going on,” Warshaw said. “I don’t think we’ll be satisfied until we are at the top.”