Education and Work

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When I turned 12, my father had one of his "young man" talks with me—not the one I had expected; that would come later. He wanted to know which of the two papers in town I would like to deliver. I was looking for a third option but that was not one of my choices: either the *Sentinel* in the morning or the *Journal* in the evening. My father had helped support his family in the Depression by delivering papers and he wanted me to have the experience of responsibility and money. I opted for the morning paper so that I could participate in extracurriculars after school. Getting up at 4 AM in winter in Wisconsin to carry papers was not the exercise in character-building my father had hoped for, but I learned a lot about myself and about people that I haven't forgotten. I suspect many readers have had similar experiences during their education.

The article by Zierold and colleagues[1] should give us all pause about the mixed benefits and risks of combining education and work. Many of us are unaware of the impressive commitment that secondary education in Wisconsin has made to School-Sponsored Work. It is part of the fabric of almost all high schools in the state, and a very large number of students engage in school-based work like counseling, school-sponsored apprenticeships, and service learning. Many of us who have adolescent patients or have high school-age children can see the value of linking classroom work to direct applications of learning to situations like working with younger children, watching and participating in apprenticeships, and learning manual and thinking skills with school-sponsored community projects. They do help young people learn responsibility, leadership, and teamwork.

But Zierold and colleagues, in an extensive review of statewide data, show the effects of "work" on 3 cohorts of students—those who engage in school-sponsored work only, those who add a paid job to school-sponsored work, and those who opt only for paid work. When looking at the number of students who had one job in addition to school-sponsored work compared to those who had more than one, they found that the risk of injury to those with multiple jobs was significantly higher than those with only one. The types of jobs were similar in the two groups, but the risk of adverse health issues was higher. It makes sense: young people who work late (and many of the two-job students did) tend to be more tired, a bit less careful, and exposed to more opportunities for injury. Concerns that increased work would adversely affect school performance on the whole were not supported in their study.

This study should support questions about work outside of school as an essential part of adolescent physical exams, be they for sports, other activities, or urgent care visits. If students are working multiple jobs, our responsibility to them is to counsel them about the dangers of loss of concentration or the safety training that should be a part of their job. Many students work, like my father, not by choice but by necessity, particularly young people from families that are being stressed dramatically by the Great Recession. We have a responsibility to counsel them to be mindful of dangers inherent in their work. We also have a responsibility when such students consider a career in medicine to put their whole lives, not just their scholastic achievements, into the mix.

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Cayley's thoughtful review[2] of a number of structured formats for clinical teaching demonstrates that more effective teaching can be learned. "Natural" teachers may have interpersonal and critical-thinking gifts that most of us don't, but we can become learner-centered and talented teachers if we use tested methods, like those Cayley describes, until we do them naturally. Perhaps the most crucial component for

teaching—just as in patient care—is to ask the learner if what we did was helpful and how it might be improved. Feedback is good for teachers and for doctors.

If we need another study to demonstrate that there is a Brobdingnagian problem of a skewed physician workforce that currently is unable to meet demand and access and, with the Affordable Care Act, will cripple the US health system with increasing cost and decreasing quality, then we haven't been reading journals and newspapers for the past decade. Rieselbach and colleagues elaborate on their previous work to propose an alliance between academic health centers, primary care residency training, and the increasing number of community health centers that might change education in primary care internal medicine and pediatrics.[3] Ironically, their proposal comes at a time when the federal government and states are cutting insurance for low-income patients. No one, not even community health centers, can survive with a majority of uninsured patients.

Case reports, particularly if they are well done as the two in this issue are,[4,5] continue to be a valuable addition to the medical literature. An unusual presentation of a common problem or an unusual or unsuspected problem often finds us looking to see whether there is a case report on the subject. The discussion in a well-done case report is a mini-review of the subject and points us to other sources of reading.

This issue contains the collection of abstracts from the Wisconsin Chapter of the American College of Physicians[6] and offers insight into the many clinical and management dilemmas younger physicians face. This compendium has become a favorite addition to the *WMJ* over the years.

Finally, we publish, on occasion, excerpts of articles from the *Wisconsin Medical Journal* from a century ago. The *WMJ* is one of the oldest continuously publishing journals of any kind in the United States, having just celebrated our 109th birthday. If physicians today wonder if things have changed, much has, but, as this wonderful 106-year-old treatise on rural practice by Dr Cox from Spooner explains it, much about practice has not. Enjoy it.

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WMJ

WMJ (ISSN 1098-1861) is published through a collaboration between The Medical College of Wisconsin and The University of Wisconsin School of Medicine and Public Health. The mission of *WMJ* is to provide an opportunity to publish original research, case reports, review articles, and essays about current medical and public health issues.

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