

Staying Innovative as a Lifelong Learning Clinician

As a medical student, a resident, and as a junior attending, we are often reminded that we are lifelong learners. I remember thinking this was just something people said casually, and after 4 years of medical school and 5 years of residency there wasn't much more I would need to learn. Boy, was I wrong! The term *lifelong learner* is a reminder that as our formalized education ends, our search to improve our knowledge base should not end as well. Improving our knowledge base beyond formalized education is considered so important that it has been mandated through continuing medical education and recertification exams. Yet rarely does that alone prepare us for the constant changes occurring in psychiatry, or to identify the treatments and diagnoses we never had the chance to see in our formal education. As clinicians, the responsibility often lies on us to stay on top of knowing what we know, and more importantly, what we don't know. Being at a large children's hospital and psychiatric hospital for training, I figured I'd seen all the zebra's one could see, but quickly realized how mistaken I was, as I'm often reading about diagnoses and symptoms I've never seen before. Being only 3 years out of training I figured I must be up to date, but it is truly amazing to see so many new technologies and treatments. In many ways this is what first lead me to *JAACAP Connect*—the ability to use my colleagues as a source for information to expand my knowledge base.

What we don't always say is that though we are lifelong learners, we should also be lifelong sharers. Utilizing a shared knowledge base makes this job of being a lifelong learner much more manageable. When experiencing a novel diagnosis or patient encounter, it is not only worthwhile to read and investigate more, but also to share with others through teaching or publishing. Writing and editing for *JAACAP Connect* has expanded my own clinical knowledge base, which makes me very thankful for those who have taken the time to contribute.

In the interest of utilizing *JAACAP Connect* to help develop lifelong learners, I am excited to introduce our newest addition, Current Literature in Pediatric Psychosomatics (CLiPPS), as a special section that will be featured in each issue of *JAACAP Connect*. This new section will provide 3 review articles of recent publications in various journals relevant to child psychiatry. Think of *CLiPPS* as a quick way to get up to speed on new publications without having to skim every journal relating to child psychiatry. If you are interested in reviewing an article for the *CLiPPS* section of *JAACAP Connect*, please do not hesitate to reach out by sending an email to connect@jaacap.org.

This edition of *Connect* features innovative and unique topics that should be of assistance to any lifelong learner. In the Lab to Smartphone column, Dr. Rettew introduces a topic that was once commonplace, but now innovative, moving away from the 15-minute med check. Next, this issue will shift to the innovative use of technology for treatment. Starting with Drs. Dunne and Domakonda, we look at computer-assisted treatment as a possible therapeutic option in the future. Next, Drs. Nguyen, Lester, and Jeffrey focus more specifically on the use of internet cognitive-behavioral therapy. Drs. Feng and Price introduce us to an innovative way to target trauma through the Attachment, Regulation and Competency (ARC) framework, and Dr. Bampton also discusses innovative ways of thinking about trauma by using an intergenerational approach when assessing possible causes. Finally, Drs. Heinzman and Buckingham discuss menstrual psychosis and ensure readers understand how to distinguish it from more common causes of psychosis.

Hopefully, reading this issue will provide something new for you and your patients, or will inspire you to also publish and spread knowledge to others.

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