

Yesterday a Learner, Today a Teacher Too: Residents as Teachers in 2000

Elizabeth H. Morrison, MD, MEd,* and Janet Palmer Hafler, EdD‡

Abstract. Resident physicians spend numerous hours every week teaching medical students and fellow residents, and only rarely are they taught how to teach. They can, however, be taught to teach more effectively. Teaching skills improvement initiatives for residents are taking a more prominent place in the educational literature. Limited evidence now suggests that better resident teachers mean better academic performance by learners. A small but important body of research supports selected interventions designed to improve residents' teaching skills, but not all studies have demonstrated significant educational benefits for learners. An increasing number of valid and reliable instruments are available to assess residents' clinical teaching, including objective structured teaching examinations and rating scales. In all specialties, rigorous research in evidence-based teacher training for residents will help prepare academic medical centers to meet the diverse and changing learning needs of today's physicians-in-training. *Pediatrics* 2000;105:238–241; resident physicians, medical students, fellow residents, teaching, graduate medical education.

ABBREVIATION. OSTTE, objective structured teaching examination.

Resident physicians spend many hours every week teaching medical students and fellow residents.¹ As early as 1970, Brown² reported that at one medical school, two-thirds of residents surveyed stated that they received >40% of their teaching from fellow housestaff, and the trend continues today.³ Residents also teach junior learners an important "informal curriculum" primarily at night and on weekends when attending physicians are not present.⁴ Residents are important teachers for generalist physicians-in-training; interns from different family medicine residencies reported spending nearly 25% of their educational contact time with residents as teachers.⁵

Yet resident physicians are only rarely taught how to teach. In a 1993 national survey, only 20% of internal medicine residency programs featured teaching skills improvement programs, despite the

fact that residents provided 62% of inpatient teaching for medical students according to the residency directors' estimates.⁶ Data are lacking on how many residents-as-teachers programs exist in pediatrics residencies.

Evidence suggests that many residents teach ineffectively. When Wilkerson, Lesky, and Medio⁷ observed 14 internal medicine residents during hospital work rounds, residents modeled patient care at the bedside, verified examination skills, and gave brief lectures, but they rarely cited literature, asked questions, or gave feedback to their learners—all teaching behaviors found to be highly effective in the faculty development literature.⁸ Another observational study⁹ found that inpatient work rounds run by senior residents are often insufficiently thorough. Residents generally do not teach problem-solving skills or psychosocial topics as often as do attending physicians.¹⁰

In other studies, physicians-in-training themselves have identified teaching as an important—but undervalued—part of their responsibilities and education.^{11–13} In a qualitative study at New York University,¹⁴ internal medicine residents expressed intense conflicts about their teaching roles. Educators began to record these phenomena as early as 3 decades ago when Barrow¹⁵ found that medical students reported they wanted to have definite teaching responsibilities as residents. Bing-You's more recent review¹⁶ also found this to be true.

TEACHING SKILLS IMPROVEMENT PROGRAMS FOR RESIDENTS

Residents-as-teachers programs can be traced back to the early 1960s.¹⁷ Programs have since become both more specialized and more common, in areas that include pediatrics,^{18–21} surgery,^{22,23} internal medicine,²⁴ psychiatry,¹² family medicine,²⁵ and others.^{26,27} Some programs take the form of brief, one-time teaching workshops, but other novel approaches have also been reported: resident-managed programs,²⁸ learning styles workshops,²⁹ month-long elective rotations to develop teaching abilities,³⁰ and targeted training in ambulatory teaching skills.³¹ Most studies have not assessed the validity or reliability of the evaluation instruments³² used to assess their programs.

On the whole, resident development programs have yet to evolve to the current level of faculty development programs. It is not known how well faculty development concepts apply to residents'

From the *Department of Family Medicine, and the Office of Curricular Affairs, University of California, Irvine, Orange, California; and the ‡Department of Pediatrics and the Office of Educational Development, Harvard Medical School, Boston, Massachusetts.

Received for publication Jul 19, 1999; accepted Oct 15, 1999.

Reprint requests to (E.M.) at the Department of Family Medicine, University of California, Irvine, 101 City Drive South, Bldg 200, Suite 512, Rte 81, Orange, CA 92868-3298. E-mail: ehmorriss@uci.edu
PEDIATRICS (ISSN 0031 4005). Copyright © 2000 by the American Academy of Pediatrics.

teaching skills. Outcome-based research is now beginning to identify residents' specific learning needs for becoming better teachers, and to clarify whether better resident teachers help students become better learners.

RESIDENTS AS TEACHERS: EVIDENCE-BASED EDUCATION

Outcome-Based Studies

Teaching skills improvement initiatives for residents are taking a more prominent place in the educational literature. Limited evidence suggests that better resident teachers mean better academic performance from learners. Griffith and colleagues³³ from the University of Kentucky correlated students' evaluations of their residents' teaching skills with the students' own clinical evaluations (gathered after the students had already rated their resident teachers to limit bias). Students who had better resident teachers demonstrated consistently higher academic performance, an effect independent of the attending physicians' influence. We still do not know whether improving residents' teaching skills improves learners' clinical skills.

Do residents-as-teachers programs even improve residents' teaching skills, knowledge and attitudes toward teaching? A limited but important body of evidence supports particular interventions. The faculty development literature demonstrates that several techniques can help faculty improve their teaching: among them, peer review (more than student feedback), educational consultants, concept-based training, various seminars and workshops, and videotape review.³⁴

Similar techniques appear effective for residents. Studies of clinical teaching workshops, the form most often chosen, have produced solid evidence suggesting that these workshops can improve residents' attitudes toward teaching, and that these attitudinal changes may persist for as long as 18 months after even a brief teaching skills intervention.³⁵ It should be noted, however, that improving attitudes is not the same as improving learning, or even improving teaching. We need to know whether teaching improvement programs also improve learning.

Teacher training for residents has been found to elevate medical students' ratings of their residents' teaching abilities.^{36,37} Irby³⁸ concluded that well designed learner ratings are valid, consistent, and reliable. Litzelman, Stratos, and Skeff³⁹ found that a weekend teaching skills retreat based on the Stanford Faculty Development Program produced statistically significant improvements in medical students' ratings of residents' clinical teaching skills, using a validated Likert scale.

Edwards and colleagues²⁵ found that a teaching program for residents modestly improved teaching skills ratings. As part of that study, researchers randomly assigned 22 residents in family medicine, internal medicine, and obstetrics/gynecology to experimental and control groups in a longitudi-

nal teaching skills program. A graduate student trained in evaluation rated both resident groups for 8 specific teaching skills before, during, and 6 months after the program. The experimental group showed modest improvements in some teaching skills, with a statistically significant improvement in overall teaching scores during the training, which apparently did not persist afterwards.

Little evidence sheds light on *why* such teacher improvement programs appear to work, or which program components are most important to fostering success. One exception for which we do have evidence is videotape review. When residents critically review their own microteaching videotapes with a trained consultant, their teaching skills appear to improve. Such results are not achieved, however, if residents review the tapes alone.⁴⁰ Skeff's review of the literature on clinical teaching improvement programs supports these findings,³⁴ although we do not know how many videotapes must be reviewed to maximize learning.

Not all residents-as-teachers interventions have succeeded. Bing-You⁴¹ reported that a weekend teaching skills retreat did not improve most teaching skills for a group of internal medicine residents, as measured by a trained rater. Dunnington and DaRosa's recent randomized trial⁴² reported similar disappointing findings. The authors randomized 62 surgical residents at 2 medical centers to a residents-as-teachers weekend retreat versus a control group. Despite follow-up boosters, the intervention group demonstrated few statistically significant differences on an OSTE given 6 months after the intervention. It is unclear whether a greater effect would have been realized with a longitudinal intervention, with a shorter interval between intervention and evaluation, or with a study design less subject to contamination biases. We find similar uncertainty throughout the literature on residents' teaching skills. In many studies, we do not know whether it is the interventions themselves, or the research methods, that most affect outcomes.

Those involved with resident teaching often assume that a program will help the resident teachers as well as their learners. There is some evidence that resident teaching improves residents' clinical skills. Weiss and Needleman⁴³ conducted a recent study randomizing 43 pediatrics residents at a university-based program either to give a lecture on oral rehydration or to listen to a lecture on the same topic. All of the residents took a pretest on the topic and a posttest 6 to 8 weeks after the intervention. The results showed that the residents who had given the lectures performed nearly twice as well as those who had merely listened to the lectures.

Evaluation Methods

Evaluation issues have consistently plagued research on residents' teaching skills. Although some evidence elucidates how residents' teaching should be evaluated, the best methods remain to be determined. The OSTE⁴⁴ is widely believed to be the most objective means available for assessing clinical teaching skills. In an OSTE, examinees typically

rotate through 8 to 10 stations that use standardized students and other structured methods to test teaching skills under direct or videotaped observation. Researchers have formally assessed the validity and reliability of certain OSTE formats.⁴⁵ The main impediments to using OSTEs outside of research settings are the significant time and expense they require.

Rating scales for clinical teaching skills are used extensively in research on residents. The greatest challenges with using rating scales are determining which instruments to use and how to complete them most objectively. Various validated instruments are available to measure residents' teaching skills,^{39,38} as well as attitudes toward teaching.⁴⁶ We must use caution even with faculty raters, because untrained faculty were found in 1 study⁴⁷ to rate learners more on their personal characteristics than on the skills they were instructed to measure. Yet another study⁴⁸ found faculty evaluations highly reliable with good criterion-related validity.

Learner ratings, although not without bias, can be very helpful when used carefully. If learners are taught to use rating scales that reflect characteristics known to represent good teachers (including instructor knowledge; organization and clarity of presentation; enthusiasm and stimulation of interest; group instructional skills; clinical competence; clinical supervision; and professional characteristics), learner ratings are both reliable and valid.³⁸ Medical students' global evaluations of their preceptors' teaching skills correlate reliably with scores on more detailed rating scales.⁴⁹ As an objective measure of teaching skills, self-evaluations generally lack adequate validity and reliability,³⁴ although they may serve as useful adjunct interventions in themselves.

CONCLUSIONS

In medical education research, many methodologic discussions have focused on how we should evaluate the quality of teaching and of teaching programs.⁵⁰ Experts have called for medical education research to rely on more powerful research designs, to use reliable and valid instruments, and to incorporate theory into interpreting results.⁵¹ More research is needed in ambulatory education,⁵² and as primary care training moves ever more into the ambulatory setting, teaching programs will need to impart effective ambulatory teaching skills to faculty and resident physicians alike. Effective ambulatory teacher training models like Wilkerson's "Arrows in the Quiver" workshop, which improved faculty teaching behaviors in a 1998 study,⁵³ need to be tested with resident teachers.

Research on residents' teaching skills has many specific needs. Although many educators believe that better resident teachers become more effective learners and better physicians,⁵⁴ few data support this assertion. We need to explore further the interaction between residents' teaching and learning abilities. Medical educators also need to examine how residents' teaching skills may interact with their skills in patient communication. As stated in

the draft objectives of the Graduate Medical Education Core Curriculum Project of the Association of American Medical Colleges:⁵⁵

"Patient care and the education of patients, peers, and students require the blending of a variety of skills [for] the physician and communicator and teacher, [including] . . . effective communication, leadership, collaboration, team participation, and teaching."

We also need to know how residents' teaching abilities affect the performance of their junior learners. If research determines that better learners are associated with better resident teachers, we must demonstrate whether improving residents' teaching skills also improves their learners' clinical performance.

Future research needs to address which general types—and which specific aspects—of residents-as-teachers curricula effectively improve educational outcomes. Many educators believe that longitudinal residents-as-teachers curricula will be most effective,⁵⁶ yet this assertion requires data to support it, especially from randomized, controlled trials with large sample sizes. We need to learn how best to help residents acquire specific teaching skills that experts have identified as important to ambulatory teaching,^{57,58} such as imparting generalizable knowledge while balancing depth and breadth of knowledge.⁵⁹ Research also needs to address important questions about which evaluation instruments will best allow us to assess residents' clinical teaching behaviors and skills.

Economic and sociopolitical changes are likely to affect medical education over the next decade, perhaps profoundly. Attending physicians, particularly in primary care, will be called on to shoulder increasing clinical burdens that will lessen their availability as teachers. Medical students and other junior medical learners will tend to suffer the most unless a cadre of capable and motivated resident physicians steps in to fill the breach. Teaching may in fact become residents' main leadership training now that their role in clinical decision-making is becoming increasingly limited.

Although such issues are important to all specialties, they may be most important to pediatrics and other primary care specialties. Future research needs to examine where, when, and how generalist residents teach, as well as how residents from sister specialties can best learn how to teach future generalists. Collaborative interdisciplinary studies are also needed, especially among the primary care specialties. In all specialties, rigorous research in evidence-based teacher training for residents will help prepare academic medical centers to meet the diverse and changing learning needs of today's physicians-in-training.

REFERENCES

1. LaPalio LR. Time study of students and house staff on a university medical service. *J Med Educ.* 1981;56:61–64
2. Brown RS. House staff attitudes toward teaching. *J Med Educ.* 1970; 45:156–159
3. Elliot DL, Skeff KM, Stratos GA. How do you get the improvement of teaching? A longitudinal faculty development program for medical educators. *Teach Learn Med.* 1999;11:52–57

4. Stern DT. In search of the informal curriculum: when and where professional values are taught. *Acad Med.* 1998;73(suppl):S28–S30
5. Schwenk TL, Sheets KJ, Marquez JT, Whitman NA, Davis WE, McClure CL. Where, how, and from whom do family practice residents learn? A multisite analysis. *Fam Med.* 1987;19:265–268
6. Bing-You RG, Tooker J. Teaching skills improvement programmes in US internal medicine residencies. *Med Educ.* 1993;27:259–265
7. Wilkerson LA, Lesky L, Medio FJ. The resident as teacher during work rounds. *J Med Educ.* 1986;61:823–829
8. Skeff KM. Enhancing teaching effectiveness and vitality in the ambulatory setting. *J Gen Intern Med.* 1988;3(suppl):S26–S33
9. Wray NP, Friedland JA, Ashton CM, Scheurich J, Zollo AJ. Characteristics of house staff work rounds on two academic general medicine services. *J Med Educ.* 1986;61:893–900
10. Tremonti LP, Biddle WB. Teaching behaviors of residents and faculty members. *J Med Educ.* 1982;57:854–859
11. Apter A, Metzger R, Glassroth J. Residents' perceptions of their role as teachers. *J Med Educ.* 1988;63:900–905
12. Callen KE, Roberts JM. Psychiatric residents' attitudes toward teaching. *Am J Psychiatry.* 1980;137:1104–1106
13. Bing-You RB, Harvey BJ. Factors related to residents' desire and ability to teach in the clinical setting. *Teach Learn Med.* 1991;3:95–100
14. Yedidia MJ, Schwartz MD, Hirschhorn C, Lipkin M. The conflicting roles of medical residents. *J Gen Intern Med.* 1995;10:615–623
15. Barrow MV. Medical student opinions of the house officer as a medical educator. *J Med Educ.* 1966;41:807–810
16. Bing-You RG, Sproul MS. Medical students' perceptions of themselves and residents as teachers. *Med Teach.* 1992;14:133–138
17. Brown RS. Pedagogy for surgical house staff. *J Med Educ.* 1971;46:93–95
18. Roberts KB, DeWitt TG, Goldberg RL, Scheiner AP. A program to develop residents as teachers. *Arch Pediatr Adolesc Med.* 1994; 148: 405–410
19. Johnson CE, Bachur R, Priebe C, Barnes-Ruth A, Lovejoy FH, Hafler JP. Developing residents as teachers: process and content. *Pediatrics.* 1996;97:907–916
20. Greenberg LW, Goldberg RM, Jewett LS. Teaching in the clinical setting: factors influencing residents' perceptions, confidence and behaviour. *Med Educ.* 1984;18:360–365
21. Greenberg LW, Jewett LS, Goldberg RM. The Children's Hospital experience. In: Edwards JC, Marier RL, eds. *Clinical Teaching for Medical Residents: Roles, Techniques, and Programs.* New York, NY: Springer; 1988:175–186
22. Sheets KJ, Hankin FM, Schwenk TL. Preparing surgery house officers for their teaching role. *Am J Surg.* 1991;161:443–449
23. Meleca CB, Pearsol JA. Teaching surgery residents to teach. In: Edwards JC, Marier RL, eds. *Clinical Teaching for Medical Residents: Roles, Techniques, and Programs.* New York, NY: Springer; 1988: 187–200
24. Wipf JE, Pinsky LE, Burke W. Turning interns into senior residents: preparing residents for their teaching and leadership roles. *Acad Med.* 1995;70:591–596
25. Edwards JC, Kissling GE, Brannan JR, Plauche WC, Marier RL. Study of teaching residents how to teach. *J Med Educ.* 1988;63:603–610
26. Camp MG, Hoban JD. Teaching medicine residents to teach. In: Edwards JC, Marier RL, eds. *Clinical Teaching for Medical Residents: Roles, Techniques, and Programs.* New York, NY: Springer; 1988:201–213
27. Pristach CA, Donoghue GD, Sarkin R, et al. A multidisciplinary program to improve the teaching skills of incoming housestaff. *Acad Med.* 1991;66:172–174
28. Bing-You RG, Greenberg LW. Training residents in clinical teaching skills: a resident-managed program. *Med Teach.* 1990;12:305–309
29. Lewis JM, Kapelman MM. Teaching styles: an introductory program for residents. *J Med Educ.* 1984;59:355
30. Mitchell S, Cook J, Densen P. A teaching rotation for residents. *Acad Med.* 1994;69:434
31. White CB, Bassali RW, Heery LB. Teaching residents to teach: an instructional program for training pediatric residents to precept third-year medical students in the ambulatory clinic. *Arch Pediatr Adolesc Med.* 1997;151:730–735
32. Edwards JC, Kissling GE, Plauche WC, Marier RL. Developing and evaluating a teaching improvement program for residents. In: Edwards JC, Marier RL, eds. *Clinical Teaching for Medical Residents: Roles, Techniques, and Programs.* New York, NY: Springer; 1988: 157–174
33. Griffith CH, Wilson JF, Haist SA, Ramsbottom-Lucier M. Do students who work with better housestaff in their medicine clerkships learn more? *Acad Med.* 1998;73(suppl):S57–S59
34. Skeff KM, Berman J, Stratos G. A review of clinical teaching improvement methods and a theoretical framework for their evaluation. In: Edwards JC, Marier RL, eds. *Clinical Teaching for Medical Residents: Roles, Techniques, and Programs.* New York, NY: Springer; 1988: 92–120
35. Edwards JC, Kissling GE, Plauche WC, Marier RL. Long-term evaluation of training residents in clinical teaching skills. *J Med Educ.* 1986;61:967–970
36. Edwards JC, Kissling GE, Plauche WC, Marier RL. Evaluation of a teaching skills improvement programme for residents. *Med Educ.* 1988;22:514–517
37. Spickard A, Corbett EC, Schorling JB. Improving residents' teaching skills and attitudes toward teaching. *J Gen Intern Med.* 1996;11:475–480
38. Irby DM. Evaluating resident teaching. In: Edwards JC, Marier RL, eds. *Clinical Teaching for Medical Residents: Roles, Techniques, and Programs.* New York, NY: Springer; 1988:121–128
39. Litzelman DK, Stratos GA, Skeff KM. The effect of a clinical teaching retreat on residents' teaching skills. *Acad Med.* 1994;69:433–434
40. Barth RJ, Rowland-Morin PA, Mott LA, Burchard KW. Communication effectiveness training improves surgical resident teaching ability. *J Am Coll Surg.* 1997;185:516–519
41. Bing-You RG. Differences in teaching skills and attitudes among residents after their formal instruction in teaching skills. *Acad Med.* 1990;65:483–484
42. Dunnington GL, DaRosa DA. A prospective randomized trial of a residents-as-teachers training program. *Acad Med.* 1998;73:696–700
43. Weiss V, Needleman R. To teach is to learn twice: resident teachers learn more. *Arch Pediatr Adolesc Med.* 1998;152:190–192
44. Lesky LG, Wilkerson LA. Using "standardized students" to teach a learner-centered approach to ambulatory precepting. *Acad Med.* 1994;69:955–957
45. Prislis MD, Fitzpatrick C, Giglio M, Lie D, Radecki S. Initial experience with a multi-station objective structured teaching skills evaluation. *Acad Med.* 1998;73:1116–1118
46. Arseneau R. An instrument to assess the outcomes of a teacher education program for residents. *Acad Med.* 1995;70:166–167
47. Wigton RS. The effects of student personal characteristics on the evaluation of clinical performance. *J Med Educ.* 1988;55:423–427
48. Kwolek CJ, Donnelly MB, Sloan DA, Birrell SN, Strodel WE, Schwartz RW. Ward evaluations: should they be abandoned? *J Surg Res.* 1997;69:1–6
49. Marriott DJ, Litzelman DK. Students' global assessments of clinical teachers: a reliable and valid measure of teaching effectiveness. *Acad Med.* 1998;73(suppl):S72–S74
50. Bowen JL, Stearns JA, Dohner C, Blackman J, Simpson D. Defining and evaluating quality for ambulatory care educational programs. *Acad Med.* 1997;72:506–510
51. Meurer LN, Bland CJ, Maldonado G. The state of the literature on primary care specialty choice: where do we go from here? *Acad Med.* 1996;71:68–77
52. Bordage G, Burack JH, Irby DM, Stritter FT. Education in ambulatory settings: developing valid measures of educational outcomes, and other research priorities. *Acad Med.* 1998;73:743–750
53. Wilkerson L, Sarkin RT. Arrows in the quiver: evaluation of a workshop on ambulatory teaching. *Acad Med.* 1998;73(suppl):S67–S69
54. Steward DE, Feltovich PJ. Why residents should teach: the parallel processes of teaching and learning. In: Edwards JC, Marier RL, eds. *Clinical Teaching for Medical Residents: Roles, Techniques, and Programs.* New York, NY: Springer; 1988:3–14
55. Group on Educational Affairs, Association of American Medical Colleges. *AAMC GME Core Curriculum Project: Draft for Comment.* Washington, DC: Association of American Medical Colleges; 1999
56. Stritter FT, Shahady EJ, Mattern WD. The resident as professional and teacher: a developmental perspective. In: Edwards JC, Marier RL, eds. *Clinical Teaching for Medical Residents: Roles, Techniques, and Programs.* New York, NY: Springer; 1988:15–31
57. DaRosa DA, Dunnington GL, Stearns J, Ferenchick G, Bowen JL, Simpson DE. Ambulatory teaching "lite": less clinic time, more educationally fulfilling. *Acad Med.* 1997;72:358–361
58. Ferenchick G, Simpson D, Blackman J, DaRosa DA, Dunnington GL. Strategies for efficient and effective teaching in the ambulatory care setting. *Acad Med.* 1997;72:277–280
59. Gruppen LD. Implication of cognitive research for ambulatory care education. *Acad Med.* 1997;72:117–120

Yesterday a Learner, Today a Teacher Too: Residents as Teachers in 2000

Elizabeth H. Morrison and Janet Palmer Hafler

Pediatrics 2000;105;238

Updated Information & Services

including high resolution figures, can be found at:
http://pediatrics.aappublications.org/content/105/Supplement_2/238

References

This article cites 50 articles, 1 of which you can access for free at:
http://pediatrics.aappublications.org/content/105/Supplement_2/238#BIBL

Subspecialty Collections

This article, along with others on similar topics, appears in the following collection(s):

Medical Education

http://www.aappublications.org/cgi/collection/medical_education_sub

Teaching/Curriculum Development

http://www.aappublications.org/cgi/collection/teaching_curriculum_dev_sub

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
<http://www.aappublications.org/site/misc/Permissions.xhtml>

Reprints

Information about ordering reprints can be found online:
<http://www.aappublications.org/site/misc/reprints.xhtml>

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Yesterday a Learner, Today a Teacher Too: Residents as Teachers in 2000

Elizabeth H. Morrison and Janet Palmer Hafler

Pediatrics 2000;105;238

The online version of this article, along with updated information and services, is located on the World Wide Web at:

http://pediatrics.aappublications.org/content/105/Supplement_2/238

Pediatrics is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. Pediatrics is owned, published, and trademarked by the American Academy of Pediatrics, 345 Park Avenue, Itasca, Illinois, 60143. Copyright © 2000 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 1073-0397.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

