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A New Generation Speaks

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My first experience editing an issue of *Clinical Pediatric Emergency Medicine*, "The Adolescent in the ED," was published in April of 2003. Sixteen years later, I can readily report that not only has change occurred in the care of teens, but for the socialization, development, and day-to-day lives of adolescents, *everything* has changed.

Born in the early 2000s, current teens have landed in the generation labeled Generation Z, or the iGeneration,[1] with childhood experiences that bear little resemblance to mine. They have never opened a physical book called The Encyclopedia or witnessed a TV station "sign off" for the night. While the Dewey Decimal system and library card catalogs are alien terms, teens surely know the meaning of "hard lockdown," with active shooter drills becoming a norm in their school experience. And now, with the swipe of a finger, the adolescent explores an Internet universe as broad or as narrow as their choosing. The range of in-person relationships shrinks as they stare at screens, but their world of online friends, tagged by emojis and avatars, expands without hindrance. In this world of 24/7 entertainment and communication, there is no "sign off."

Digital technology provides advantages to be sure. Access to first-hand accounts, educated opinion, and video documentation of experience shrinks the global community, and allows innovation to meet need, transforms judgment to empathy, and bias to understanding. Online connection leads to greater communication and tolerance of what has traditionally separated people: diverse geography, ethnicity, sexual preference, gender identity, educational level, economic status, political beliefs, and religious practice. Teens who tune in to the larger

world can now unite as advocates for justice, give voice to the rejection of hypocrisy, and engage peers in creating a better society, and a more promising future. What better example than the national stage taken by survivors of the Parkland, Florida shooting, a group of impassioned teens from Marjory Stoneman Douglas High School who raised their voices for common-sense gun laws and school safety. That something unfamiliar and remarkable occurred in the year following the shooting—over 60 new state laws enacted to restrict gun access[2]—speaks to the power of Gen Z teens, who linked tragedy to policy change, "thoughts and prayers" to action.

But with such ready access to a global community in the palm of the hand, certain perils often go unrecognized to the information-hungry adolescent, as the online universe guarantees no security, no privacy, and no safe distance. With a desire to document and share feelings on the most intimate of issues, the adolescent's esteem is tied to the immediate approval—or rejection—of the social media sphere. Internet access means potential exposure to cyber bullying, violent images and messaging, online predation, and the basest of human behavior. In the search for identity, autonomy, and relationships outside the family,[3] the negative impact of Internet influences on a teen's psychological and emotional health cannot be ignored. This is a world of danger not previously encountered by the parents, educators, and healthcare providers of adolescent children.

In attending a high school orientation session with my own teen at the start of the academic year, I watched the principal take the stage to share an important button located on each child's cell phone. Once he presented the miracle of "power off" to the audience, a predictable response ensued—laughter from parents, groans and eye-rolls from teens. Nonetheless, his message was delivered. Tuning in to the face-to-face opportunities for academic and social development requires, for a time, tuning out social media. And what of the thousands of healthcare providers working to understand and care for our vulnerable, digitally savvy teens? As we encounter them in emergency departments (EDs) and clinics, we sit and wait for the last text to be typed, the last image uploaded, and the phone put down. Do we shake our heads and scold? Or do we engage and tune in to *them*?

Statistically, Generation Z tells a fascinating story of generational change. Currently, they make up approximately 25% of the US population. They have no firsthand memory of the events of 9/11, or of a time when the US was *not* involved in conflict and the war against global terrorism. Having lived through the recession of 2008, many have experienced financial stressors within their families and witnessed parental struggles in the workforce. Their education in the classroom includes entrepreneurial activities, with a distinct difference from their parents' generation. Using mobile technology and social media, teens understand the new currency of "clicks" in the 21st century storefront called the Internet. Possession of a smart phone is a rite of passage for most by the age of 13, with a higher percentage of girls on social media, while boys more likely to seek peer connection through online video gaming. This group has seen a decline in teen pregnancy and substance abuse rates, and a rise in on-time high school graduation.[4] While adolescents today are more likely to accept a variety of gender identities[5] and reject discrimination based on race or sexual orientation, alarming statistics persist, with rising rates of depression and suicidality, particularly among sexual minority youth.[6]

Some of the authors for this assemblage of articles include new voices in pediatric emergency medicine. This issue serves to educate on the impact of firearm violence on youth and the need for advocacy and evidence-based prevention; the "how-to" of inclusive conversations with teens regarding gender identity and sexual orientation; updates to care for sexually transmitted infections on the rise in the adolescent population; the imperative for effective suicide screening for teens in the ED; substance abuse in the era of synthetic drugs and widespread vaping; the latest information on concussion counseling and treatment in young athletes; emergency management of uterine bleeding, and ED prescribing of contraceptives to prevent teen pregnancy; and the cognitive biases of clinicians tackling diagnostic challenges. These articles reflect the passion and work of the authors in a variety of arenas: advocacy work with community and regional collaboration, program development and administration, quality improvement and safety, provision of medical education, and the pursuit of answers through research rooted in daily clinical problems.

In this issue, a new generation of authors speak. Let's call them our PEM Millennial Team (with a bit of Gen X and Baby Boom mentorship), who call upon *us* to continue our education, advocacy, and commitment to meet the healthcare needs of adolescent patients.

I hope you enjoy this issue—no matter what your generation.

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