Highlights from this issue

10.1136/archdischild-2012-302228

Ian Wacogne, Deputy Editor, *E&P*

Once again in *Education and Practice* we try to balance the things that you need to know just in case, and the specific information you need to be able to find just in time. This latter is harder for a specific journal to do, but perhaps more important. We have an excellent paper this month, my editor's choice, where Malik *et al* (***see page 82***) describe a 15 min consultation in the child with a facial paralysis. With respect to the authors of my previous favourite on this subject, this newer paper leapfrogs to the top, and will be a paper that I read several times; first now, and then each time I need to manage such a child. This seems to happen too infrequently for me to be able to fully remember whether I am supposed to treat Bell's palsy with steroids or not. This paper points out that steroid treatment is still a matter of controversy, but is gracious enough to provide you with accurate dosing guidelines should you decide that you are actually going to treat.

I have written here and elsewhere before about the challenges of what to publish. Authors are understandably keen that we appreciate the merits of their papers, and as editors we need to be responsive and encouraging, while keeping firmly in mind that the journal is to entertain and educate. There are two papers in this issue which serve as good examples. One is a consensus statement on the assessment of childhood obesity in secondary care (***see page 98***). Such a paper has to get over a number of hurdles to get into print. First, there are many groups which develop consensus statements, and I would not be exaggerating if I said that we could fill our 240 pages a year many times over if we agreed to publish them all. They come from groups of all abilities, including those with slick drug company funded consultancy groups who are keen to see a particular set of ideas in print. Second, papers written by groups can be, well, tricky. We have all come across the derogatory term 'designed by committee'; the committee-written paper can often be an exemplar. Third, the subject of obesity is difficult; there cannot be many of us who wish to be regarded as an expert in treatment, and most of us who have read the evidence know that the ratio of papers published to useful information is very much against the practicing clinician. So, it is with this bias an editor picks up a paper like this consensus statement – and finds that it is a great read. It gave me a really helpful baseline of what I should do when undertaking such an assessment – but perhaps more importantly, it told me what I should not do. I hope you find it as useful as I plan to.

Another paper is one I was involved with writing, which I mention not as a further puff to myself, but as an example of how we try to encourage newer authors. The patient was based on someone whom we had managed on the ward. Kate Skone, a registrar on the team, asked me if she could write about her, and we decided, with some trepidation, that we would try to write a problem solving in clinical practice paper (***see page 106***). It was clear that we needed more ophthalmological advice that could be simply included in our acknowledgements, and so another registrar, Joe Abbott, joined us. When we submitted the paper, we did so to the section editor, Greg Skinner, another registrar. The point I am trying to make is that although this took us probably 10 drafts and a lot of work, it was not led by a senior doctor (although I should emphasise that we exploited the tremendous generosity of our colleagues in getting our facts mostly right). If you want to write, get writing; I am very happy for informal approaches on the email address below. Remember, if you can write a first draft, not only will you usually have done about 70% of the work, but you will also be honing a skill which will serve you very well through your career. Give it a go – as they say: do not get it right, get it written.

Lastly, a great couple of Pickets this issue. I am very struck by the paper which undermines a cherished belief that the development allergy may be preventable by avoidance, in this instance a milk avoidance (***see page 120***). It is a good paper, and our commentator follows their brief very well: we ask that they tell us why the paper is interesting, and what it should mean to our readers. If you read nothing else in this issue, you should turn to Brand's last paragraph, the first clause of which – 'The time has come to admit the error of our ways...' – is a wonderful evocation of why medicine, and paediatrics, is so interesting, absorbing, and constantly requires us to reassess what we think we know.

Ian Wacogne, Deputy Editor, *E&P*
ian.wacogne@bch.nhs.uk

Arch Dis Child Educ Pract Ed: first published as 10.1136/archdischild-2012-302228 on 18 May 2012. Downloaded from http://ep.bmj.com/ on April 27, 2024 by guest. Protected by copyright.