



# Highlights from this issue

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Sometimes when reading I come across a phrase which so concisely captures a complex point that I can almost hear a click of recognition. This happened for me when reading, in this issue, Elizabeth Wortley and Ann Hagell's paper on youth workers and victims of youth violence in the emergency department (*see page 53*). I fully accept that I could be very late to this, but the words for me were 'teachable moment'. The authors examine the evidence for this intervention. It's a tough area to study, it's not like it is easy to do a randomised controlled trial, and perhaps by definition, the subjects can be pretty difficult to follow-up. But what's the alternative? We have limited resources and if we're going to convince the folk with the purse strings that this is worth doing, then we need something more than "It feels like the right thing to do". Even things which the world nearly unanimously agrees are the right thing to do can turn out to be the wrong thing. Take the medical debrief. This can be tremendously helpful, but can be really harmful if done wrong. This paper tries to carefully examine this intervention and

makes some helpful observations, and so is my Editor's choice for the month.

Let's stick with the teachable moment. Those of us who work in teams or with patients will have an intuitive sense of what this is—as well as those points where there are almost no teachable moments. For example, I can tell when the ward round is a bit worn out and would prefer a rehydration break rather than be taught—but when the energy levels rise again, there are lots of teachable moments. Aine Lynch, Andrew Nicholson, Andrew Bush and Paul McNally give us a very focused one in their Epilogue paper on Pattern recognition in wheeze (*see page 41*). In the veritable mountain of patients with wheeze, they describe one who didn't fit the patterns in the local centre and needed more investigation. Is recognition that there is a deviation from normal a teachable moment? I'd argue that, fascinating as their case is, most of us are unlikely to see this in practice—but we all need to understand when things are simply not right.

Perhaps the teachable moment is the thing that stimulates an author

to write an Epilogue—because we want to share that moment for the benefit of other patients. Our Problem solving in clinical practice papers take this even further, when commissioning these papers Mark Anderson and Mark Tighe emphasise to authors that if more than a quarter to a third a draft paper is about the final diagnosis then the paper is wrong. The papers by Yinsent Tse and colleagues (*see page 23*) and by Giuseppa Patti (*see page 28*) exemplify how to write these papers well. They both do a good job of unpacking what our thought processes should be during our puzzling through the management of these patients. The end points are fascinating but the journey is likely to be repeated, and to take us to a different place each time we travel it. The teachable moments help us navigate these difficult journeys with our patients.

So, this month's challenge then is to look for the teachable moments, in your team, in your clinics, or in your own lives. Enjoy the journal!

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