



# Highlights from this issue

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Neelam Gupta, *Edition Editor* and Nick Brown, *Editor-in-Chief*

**Nick:** My role here is easy: to describe the, now completed and breathtakingly slick, baton change between Education and Practice Edition Editors. After 11 years in the role, sculpting a journal unique in paediatrics, Ian Wacogne is handing over to Neelam Gupta. I already know about some of Neelam's ideas and, though it's not for me to spill any beans, can guarantee an exciting transition period and future. All that's left for me is to thank Ian and to wish Neelam 'lycka till'!

**Neelam:** It is a privilege to take over the role of Edition Editor from Ian Wacogne and co-author this Epistle with Editor in Chief Nick Brown. I've had a fond attachment for *E&P* as beginning of its journey coincides with my own as a trainee when I came to the UK in 2004. Since then, it has remained a crucial part of my professional development.

The journal has evolved remarkably under leadership of Ian Wacogne and its section editors. It continues to provide a unique platform for articles relevant to daily practice thereby facilitating improvements in patient care. In the future, some sections may change, and new ones may be added, but we would continue to ensure that content remains relevant and focused on enabling clinician to make best decisions. Through our articles, we will highlight our partnership with parents/children and young people. We would welcome articles which are relevant to wider health settings and advanced care practitioners. We will endeavour to commission articles which highlight the journey of children with complex needs through various

health and social care settings. We aim to promote global child health, reduce healthcare inequalities and address child mental health issues. Needless to say, correspondence and new angles are always welcome.

We have been fortunate to work with trainees from both high-income and resource limited countries. An exchange of ideas between participants from different backgrounds enriches our experience and enhance our clinical practice. In *E&P*, we have trainee associate editors from the UK whose contributions have been fantastic. We would like to extend the same opportunities to gain experience in editing and publishing, to international trainees. Please do approach us if you would like to work with the *E&P* editorial team.

This month's edition contains many articles which combine evidence base with tacit knowledge to provide the best practice guidance for clinical management. The article by Laura Johnston *et al* describes oral ulceration in children (*see page 257*). It provides clinicians with a simple pictorial guide to recognise different causes of oral ulceration in paediatrics. It can be challenging to manage this condition due to broad differentials diagnosis, but key history points highlighted in this article allows us to narrow these down. This is our Editor's Choice as it embraces the journal's ethos, to provide relevant evidence-based information for a clinical presentation in an easy to understand format which a busy clinician can imbibe and apply in their clinical practice. This article along with an Epilogue article 'Don't just look at the surface: when mucosa tells more than the skin'

(*see page 265*) written by Andrea Trombetta and colleagues highlights how a thorough history taking is a critical step to sieve through differentials before requesting investigations to establish a diagnosis and predict the course of disease.

The review article by Jaelyn Keightly *et al*, about 'How to use autoantibodies in suspected paediatric rheumatic disease' (*see page 236*) reminds us that improper use of these investigations may result in misdiagnosis, over investigation and wasted healthcare resources. The article emphasises judicious use of investigations within a clinical context not as a screening test.

The quality improvement article by Charles Greenby *et al* on the 'Introduction of one-queue model to paediatric emergency department' (*see page 302*) describes a single stream triage destination in the paediatric emergency department to improve patient flow, clinician experience and team cohesion. This QI project provides a good example of how service improvement can lead not only to effective delivery of care but also how learning opportunities for the trainees can be maximised in a busy clinical area. This is especially relevant in the context of shortened training duration.

Thank you for supporting this journal, please stay involved, contribute, feedback and comment. We are keen to hear your ideas so please do email us.

This Epistle is a tribute to Ian Wacogne—we will miss his wisdom and sense of humour which he has shared very generously over the years. We wish him well for the future.

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