Epistle

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A significant change in junior doctors' training is nigh with a shorter duration and adaption of part-time working patterns. Simultaneous adaptations in teaching and learning is thus required. A junior doctor's daily routine now includes coordinating care of patients with complicated pathways, navigation of complex IT systems and being au fait with equipment. This needs significant time investment and it all erodes into hectic clinical schedules. In addition, increasing case complexity and the social, ethical and legal dilemmas which are accentuated by the omni-presence of social media brings further challenges.

We therefore have to not only innovate in potentiating teaching and learning for trainees but also inculcate preparedness for these challenges. With the COVID-19 pandemic, a shift towards blended environmental learning has already occurred. However, further changes are still needed to create learning opportunities in daily clinical activities rather than relying on conventional structured teaching methods. Diarmuid McLaughlin *et al* in their article highlight various ways of teaching in a time-pressured clinical environment, integrating situational and experiential aspects with enjoyable and social learning experiences ***(see page 58)***.

In various countries, the workforce which delivers patient care increasingly consists of global healthcare professionals including postgraduate medical trainees. The 2016 GMC report "Fair training pathways for all", highlighted the difficulties faced by international medical graduates and provided suggestions to improve their experiences.[1] While institutions have a responsibility to embrace these suggestions in order to maximise international medical graduate's potential, a change at various organisational level is also essential. Laura Kelly and Sailesh Sankaranaryanan raise awareness of differential attainment for health professionals of different demographic groups and how to close the gap ***(see page 54)***. An investment in global health professionals is hugely beneficial not only at individual, institutional or organisational level but also at an international level to bring equitable care through improvement in transference of expertise between different countries with migrating professionals. Raising awareness on this aspect is crucial and for this reason this article is my editor's choice of the month.

This month's edition also brings a focus on changes in resuscitation algorithms with the guideline reviews of the Newborn Life Support (NLS) resuscitation algorithm ***(see pages 38)*** and the Advanced Paediatric Life Support (APLS) algorithm on management of a convulsing child ***(see page 43)***. One of the changes in the NLS guideline is the recommendation to use supraglottic devices like laryngeal mask airways (LMA) and i-gels instead of oropharyngeal airways, in situations where facemask ventilation or intubation is ineffective. Cochrane review suggests that compared with bag-mask ventilation (BMV), use of LMA was more effective in terms of shorter resuscitation and ventilation times and results in less need for intubation.[2] One of the Picket articles, provides an abstract of a study comparing LMA with facemask ventilation in a low resource setting. The study concludes that LMA is not superior to face-mask ventilation in reducing early neonatal death or moderate to severe hypoxic ischaemic encephalopathy ***(see page 49)***. As highlighted by Ayaz Ahmed and Joyce O'Shea's commentary, the result of this study may not translate to a high-income setting, but it does highlight LMA as a safe, user-friendly device and encourages its use in situations where face-mask ventilation is unsuccessful in near-term or term babies. Within the theme of resuscitation, Peter Shires *et al* provides the best practice article for general paediatrician on the management of an acutely unwell child requiring intubation. The article not only provides a practical structured approach to this situation but also reminds us of the importance of communication, preparation and planning in these challenging situations ***(see page 29)***.

As usual, we have been spoilt with a range of beautifully written articles. I would like to particularly mention the best practice articles on common presenting conditions in paediatrics, such as an approach to childhood earache ***(see page 2)***, night sweats ***(see page 22)***, dizziness ***(see page 10)*** and torticollis ***(see page 17)***. Enjoy the reading and keep writing for us!

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REFERENCES

1 Woolf K, Rich A, Viney R. Fair training pathways for all: understanding experiences of progression. General Medical Council 2016.
2 Qureshi MJ, Kumar M. Laryngeal mask airway versus bag-mask ventilation or endotracheal intubation for neonatal resuscitation. *Cochrane Database Syst Rev* 2018;3:CD003314.

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