Highlights from this issue

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It’s always a joy to sit down and try to work out what I’ve learned in reading the latest edition of Education and Practice. Although my pre-consultant training took place at a time when portfolios were just emerging and taking form— and, in first drafts I’m pleased to recall included acetates or ‘flimsies’—the learning diary is still something I have to actively think to do, rather than do naturally. In the UK the General Medical Council (GMC) has just published new advice on Continuous Professional Development (CPD), and is quite specific in stating that ‘You must reflect on what you have learnt through your CPD and record any impact (or expected future impact) on your performance and practice’. My challenge is that the things I find myself learning are often a bit more esoteric. So, for example, I went to a medical school which was obsessed with William Osler, and must have heard his ‘The physician who knows syphilis knows medicine’ a dozen times or more. However, I learn from Fairhurst (see page 122) that in his 1889 publication ‘The Cerebral Palsies of Children’, Osler was the first in a long line to attempt to classify movement disorders in children. That’s interesting, but it doesn’t help me with the GMC.

Neither, I suspect, does Fairhurst’s whistle-stop tour of embryology which starts with ‘Sperm plus egg=us’. Parts of this are not essential to my day to day practice; it’s rare that we find the application of embryology impacts care we deliver to the patient. But it’s at this point that I begin to get a link that the GMC might begin to approve of. I tend to remember things a lot better if I understand them, and this brief revision is a real help for me to understand and then remember the rudiments of a structure for classifying cerebral palsy.

Even more directly relevant to my day to day ‘performance and practice’ are the two papers in this issue in the Best Practice series with an adolescent focus. Taylor gives me even more things to add to my worry list when seeing young people, with a detailed look at substance misuse (see page 143). The statistics around the numbers of young people who smoke, take regular alcohol or take illicit drugs always alarm me, especially given the relatively low rates I seem to be able to detect in the young people I see. At least partly linked to this is another adolescent paper, this one by Manikam et al (see page 122), describing sexually transmitted infections in pubertal children. While we regard the very specific instance of sexually transmitted infections in pre-pubertal (or pubertal) children as an important aspect of expert child sexual abuse safeguarding work, there is a broader issue of how to deal with these conditions in the non-abused young person, and this paper offers a framework for managing this.

Also in this issue, Tinnon and Embleton review the use of alkaline phosphatase in neonates as part of the interpretations section (see page 157), and Terry and Sinclair look at some of the challenges of prescribing at the interface between primary and secondary care in the UK.

So, what would go in my learning diary? Ought I to edit out the ‘merely interesting’ from those lessons I’ve learned which will specifically improve my performance and practice? I think for now—and at least until my CPD is next audited and I perhaps get told off—I will remain eclectic in what I record. I always learn something, even if it is just a subtly different way of thinking about things, and my own feeling is that this makes me a more rounded clinician. For example, I won’t be putting down what I’ve learnt from listening to Brian Cox on ‘The Infinite Monkey Cage’ on the radio, but at the very least I think I owe it to my patients to be fascinated by pretty much anything and everything. Which is why this month’s Editor’s choice is the paper by Fairhurst: ‘Cerebral palsy: the whys and hows’; because it made me think of the most different things, before settling down and teaching me some very practical things about cerebral palsy. Enjoy the journal.

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