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Highlights from this issue

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“What’s the magic word?” When I was growing up, this phrase was to beg the answer: “Please”, a staple of the superficially terribly polite manners that lubricate day to day life in the UK. And, of course, it is magical, in the sense that it is transformative. A question which contains the word please is often very differently from one that lacks it. There are other magic words. As a minor hobby I look out for them. There’s one that’s been around for a while now—“YesButNotInFrontOfTheChildren” which is now the only non—“no” answer to the question “Do you smoke?” I’d like to propose here that the word “app” is another of those magical words. I see people who normally have quite astute critical faculties rendered unconditionally joyful by content, provided it is presented in an app. I get a few approaches to review apps in the journal, which I usually decline on the basis that they won’t actually alter the behaviour of the average app-consuming person. That and the fact that, given the print cycle of a journal like this, the review would be out of date by the time it was in print.

Why, then, was I happy to see Lumsden, Byrne-Davis, Mooney and Sandars’ article (*see page 244*) in this month’s issue? Several reasons. Firstly, it’s not a review of apps. Instead, it’s a review of how we should work—and, in this

specific context, teach medicine—in a world saturated with apps. Secondly, it’s careful to reflect on why mobile is different. For example, I first saw internet calculators to work out QTc at least 15 years ago; but there does seem to be something different about having them actually at the bedside. And lastly, it reminds us that whatever our cynicism about technological advance, if we ignore it—if we teach or practice without understanding what the people who we’re teaching or treating are looking at, and how they’re looking at it, then we will fail to serve them well.

There is a lot of other great content this month. In particular, I want to draw your attention to the guidelines series we run. Philippa Prentice does such a good job of editing this. The way it works is that Philippa commissions someone, usually not associated with the production of the original guideline, to write a fairly stylised review of the guideline. The authors are asked to answer certain questions as they are working through their review; I find it particularly helpful to read about how I should alter my practice. It’s important for us to be critical and reflective readers here. For example, a paper this month from Borg and Hodes (*see page 253*), “Guidelines for skeletal survey in young children with fractures”,

reviews a guideline carried in *Pediatrics*. Figure 1 in this paper is very helpful, but it is important to note that it is a starting point for your personal reflection and subsequent debate. This figure isn’t what you must do—it’s a couple of folk reviewing—rather well in my opinion—someone else’s consensus statement. Nobody should follow any guideline unthinkingly. This paper is this month’s editor’s choice.

There are spectacular volumes of guidelines generated per year; if you read one with content deserving of a wider audience then please let us know. Philippa has also been commissioning some smaller reviews picking up just a handful of points relevant to practice which we might not otherwise hear about.

Lastly a quick note about a paper about a symptom which is well outside of my comfort zone—hearing voices. I hope you find Garralda’s review (*see page 233*) as helpful and concise as I did. I know that I will reach for this when I encounter this clinically; it is a lovely combination of reminders of part forgotten psychiatry, and practical advice.

Just a reminder that if you were thinking of writing, you should take a look at the blog, here: <http://blogs.bmj.com/ad/adc/> and do please get in touch.

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