

Continued medical education through reading and observation

How, as medical professionals, do we improve our skills so that we can enhance the life of our patients with developmental concerns? What is the best use of our learning time? Is our knowledge going to be as helpful to our patients as that which they acquire themselves? Do we learn more from observation and reading, or attending meetings? These are questions you may ask yourself when you pick up each issue of this journal.

What can we learn from our patients? I recently received pleasing reports on three patients: one announced that he was graduating from college; another had made headlines by sitting in a paratransit bus for 37 hours, protesting at the poor services for the disabled in the city of Philadelphia (his protest may result in improved transport facilities for individuals with physical disabilities); and a third, a girl whose hip I had reconstructed, was now able to sit in her wheelchair, enjoy a day out, and watch her sisters play lacrosse.

Because of orthopaedic intervention, individuals like those mentioned are able to walk better, sit better, and to participate in activities without pain. These motor enhancements, which facilitate a more active life, are only part of the total picture.

My contribution to their relative success derives from medical expertise gained from my continuing medical education, from meeting with other health professionals, reading medical literature, and observing patients.

This brings me back to the issue of the journal and whether it makes a difference to our professional development. *Developmental Medicine & Child Neurology* is one of the most frequently cited paediatric journals in the world. By reading it you are in contact with the forefront of the paediatric developmental field. You can read about the problems in your own discipline and also read further to get a full feeling of the paediatric and neurological backgrounds to all these problems. Hopefully, reading makes you a better clinician.

People have different approaches to reading journals. Some, of course, have almost given up reading them and instead download articles of particular interest from the Internet. It seems to me that this is a narrow approach and it is only by reading a multidisciplinary journal that the reader really gets the flavour of the problems posed by developmental disabilities.

I like to read the articles' summaries, from where further reading is initiated if interest is drawn. As I look at the titles of the original articles, I try to imagine what their conclusions might be. Occasionally, experience prompts me to contradict the authors' findings and perhaps a letter to the editor would express some of my concerns. After I have savoured the rest of the journal, I always like to turn to the editorial and see what issue is addressed.

However, I no longer feel the necessity as I did when younger of reading journals literally from cover to cover. If this is a heresy, at least I have some friends who do likewise¹. But I pile the journals on my shelves for future reference: it is amazing how useful they prove to be.

This month I am particularly interested in the age at cessation of walking which is so neatly documented in the article on spina bifida by Elizabeth Williams and colleagues². Parents often want to know if their children will walk but they do not ask for how long. We now know the answer.

I am excited to read Brezner and Kay's article on 'Spinal cord ultrasonography in children with myelomeningocele'³. The authors use the dynamic study tool of ultrasonography to monitor cord pulsation and they postulate the contribution of cord pulsation to the development of secondary tethered cord syndrome. My mind races forward to the future generations of MRIs that also will be dynamic. How we will enjoy these luxuries of improved study tools to unlock medical mysteries!

In another article, Amess and colleagues show us that early brain proton magnetic resonance spectroscopy can be an accurate predictor of neurodevelopmental outcome⁴. When, we wonder, will it be widely available?

Others will take different 'pearls' from this journal to match their own set of interests. However, when you have read the journal it is important to go back to patients and see what they too can teach you.

Clinical work with children with developmental problems raises various questions. Journal reading answers many of these while raising others. Observing and interacting with your patients and their families puts these new findings into perspective.

Helen M Horstmann

References

1. Lutter L. (1999) Customized learning. *Foot and Ankle International* 20: 145–6. (Editorial.)
2. Williams EN, Broughton NS, Menelaus MB. (1999) Age-related walking in children with spina bifida. *Developmental Medicine & Child Neurology* 41: 46–9.
3. Brezner A, Kay B. (1999) Spinal cord ultrasonography in children with myelomeningocele. *Developmental Medicine & Child Neurology* 41: 450–5.
4. Amess PN, Penrice J, Wylezinska M, Lorek A, Townsend J, Wyatt JS, Amiel-Tison C, Cady EB, Stewart A. (1999) Early brain proton magnetic resonance spectroscopy and neonatal neurology related to neurodevelopmental outcome at 1 year in term infants after presumed hypoxic–ischaemic brain injury. *Developmental Medicine & Child Neurology* 41: 436–45.