

## Editorial

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In the digital information technology age the availability of information for patients, trainees and established practitioners is endless. Unfortunately the quality of this information is highly variable and part of the role of senior physicians, surgeons and teachers is to help patients and trainees to navigate this vast data world to help education and clinical care.

YouTube (Youtube.com) is a universally used video resource for work and leisure interests and is a natural place for patients to seek information. Ward and colleagues<sup>1</sup> from Rutgers (New Jersey, USA) analysed videos on common paediatric ENT topics using a system of 15 key questions known as the DISCERN method. This produces a rating of 1 being low and 5 being high. The ratings were not impressive, were highly variable, but were marginally better if a qualified ENT professional was involved in the production, not surprisingly. There is clearly a lot more we could do as professionals to optimise resources such as these, such that they could be recommended to our patients. Whether or not we approve, they are being viewed regularly by our patients, exposing them to low quality and potentially misleading information. Perhaps professional ENT associations have a role in the production of such videos that could then be recommended with confidence?

Wallace and Kanegaonkar's article<sup>2</sup> on smartphone applications ('apps') in ENT highlights the role of apps in otoscopy and hearing/balance tests and the value in education, resource-poor environments and telemedicine. Recent JLO articles have contributed to this field<sup>3–4</sup>. The 'ward handbook' from Middlesborough is particularly interesting and we could envisage this type of app expanding to other departments. They discuss security and the principles surrounding the proliferation of these apps, particularly quality control.

The perennial topic of otolaryngology in general practice education arises again in this issue<sup>5</sup>. This has been addressed in many articles in the JLO over the past 2 decades<sup>6–8</sup>. Dimitrov and colleagues from Imperial College, London surveyed general practitioners (GPs) to seek their views on the adequacy of undergraduate ENT teaching and to discover how many had received formal undergraduate or postgraduate ENT input. The facts that ENT is not on the curriculum of around a third of UK medical schools, that hospital attachments have shrunk in duration over the past few decades and that post-graduate formal ENT input is variable make the conclusion predictable – GPs are not satisfied with their preparedness to deal with otolaryngological problems, and believe that the specialty should be retained in the undergraduate curriculum as a hospital-based attachment, as well as post-graduate formal training. The fact that many of the respondents to this survey qualified when ENT input was better than it is now, would indicate that the current situation is probably worse than the survey finds. If around a half of medical graduates will ultimately enter general practice, according to current Department of Health targets, those responsible for the undergraduate curriculum and post-graduate GP training have some work to do to make these doctors fit for purpose.

## References

- 1 Ward B, Brittany Ward, Bavier R, Warren C, Yan J, Paskhover B. Qualitative Evaluation of Paediatric Surgical Otolaryngology Content on YouTube. *J Laryngol Otol* 2020;**134**:135–7
- 2 Wallace J, Kanegaonkar R. The role of smartphone applications in clinical practice: a review. *J Laryngol Otol* 2020;**134**: 96–103
- 3 Swanepoel, D, Clark, J. Hearing healthcare in remote or resource-constrained environments. *J Laryngol Otol* 2019;**133**:11–17
- 4 Yvon C, Najuko-Mafemera A, Kanegaonkar R. The D + R Balance application: a novel method of assessing postural sway. *J Laryngol Otol* 2015 Aug; **129**:773–8
- 5 Dimitrov L, Unadkat S, Khanna A, Rennie C, Saleh H. ENT training amongst General Practitioners: results from a questionnaire. *J Laryngol Otol* 2020;**134**:109–15
- 6 Powell J, Cooles FA, Carrie S, Paleri V. Is undergraduate medical education working for ENT surgery? A survey of UK medical school graduates. *J Laryngol Otol* 2011;**125**:896–905
- 7 Khan MM, Saeed SR. Provision of undergraduate otorhinolaryngology teaching within General Medical Council approved UK medical schools: what is current practice? *J Laryngol Otol* 2012;**126**:340–4
- 8 Mace AD, Narula AA. Survey of current undergraduate otolaryngology training in the United Kingdom. *J Laryngol Otol* 2004;**118**:217–20