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## Editorial

# Active Continued Medical Education, the Key to an Effective Medical Practice

Last year, our C. Elaine Field Lecture speaker Prof. DeWitt gave a lecture on current continued medical education using "andragogical approach" in the United States. The whole contents can be found in the invited article column of this issue. Andragogy means the art and science of adult educational practice and the original Latin words, "andr-" means "man" and "agogus" means "leader of", it implies that the key to be a successful adult leader is through continuous education and learning. The challenge in medical education after completion of formal medical education and training is the transformation from a passive form into an active self-directed form of life-long learning process. The internal motivation is critical and the knowledge delivered has to be practical and useful. Therefore, the governing body for medical education in the United States has changed the requirements for training programs and licensure into an andragogical approach based on achievement of competencies in patient care, practical medical knowledge, communication skills, and professionalism, etc. The learning and assessment process is on a regular interval and is supported by well-defined measurable milestones of performance that allow for feedback.

In this particular issue of our journal, 3 original articles proposed practical tips on patient care and one focused on suggestion in improving communication during counselling. In the article of Yang XF, et al they proposed that a set of cytokines measured at 4-6 weeks postnatally was associated with the development of retinopathy of prematurity. This study used a human antibody array that covered 507 cytokines and it was found that 18 serum cytokines were higher and 8 were lower in the ROP group when compared to the negative control. Of these 26 cytokines, most of them are linked to inflammatory response and (anti-) angiogenesis. Put aside the small sample size limitation of this study, the results also raised the questions whether they are reflecting the consequence rather than the cause of ROP, but it may still be useful as a predictor of the severity of ROP. With this kind of array diagnostic tool more readily available, one has to be cautious about the complex interaction affecting the cytokine profile of human body. This is exemplified by the case report by Kasiwagi Y, et al in this issue. Many cytokines studies failed to translate into actual clinical application nowadays because cytokines can be activated by many confounding factors such as infection or stress.

Transient cytopenia is a common phenomenon during viral infection in childhood. They are usually mild and transient. Fettah A et al described a series of respiratory viral infection associated with cytopenia using viral specific PCR as diagnostic tool. The viral agents include influenza A (52.4%), influenza B (23.8%), rhinovirus (14.3%), and respiratory syncytial virus (9.5%) and they all can lead to transient cytopenia. The cytopenia usually resolved within 4 weeks at

a median time of 12 days after the onset of symptoms. Of note, except for neutropenia which can be severe at the lowest of  $0.1 \times 10^3/\mu\text{L}$ , anaemia and thrombocytopenia were usually at mild to moderate range. No serious consequence was noted. Therefore, one can reassure the patients' parents if they encounter similar situation. Again, PCR test is readily available now for respiratory virus assessment and we have to be aware of the benefit and limitation of this diagnostic method. Proper extraction of sample is important and the respiratory virus can only be found in the columnar epithelium. Either nasal swab or aspirate at anterior nares will fail to obtain suitable specimens. It is because the anterior nares are covered by squamous epithelium. Fail to obtain suitable specimens will lead to false negative result.

In a systematic review and meta-analysis conducted by Rao N, et al, it compared the effectiveness of different early childhood interventional strategies in enhancing cognitive development of children. The meta-analysis included 62 studies over a span of 21 years. There were 106 interventions and 43,696 children below 8 years recruited. For children in developing countries, the analysis of all these studies showed that comprehensive programs were the most effective approach, followed by child-focused education and parent-focused support. Income supplementation and nutrition interventions appeared to be less cost-effective. This confirms our common knowledge that in order to improve the outcome, simply providing short term financial or nutritional support will not be as good as teaching the children or their parents to deal with the situation in a positive way.

The article by Chiu YWY, et al alerted us on the unexpected adverse feeling that may be induced by inappropriate use of language in healthcare settings. Using Down syndrome as an example, parents considered some commonly used Cantonese terms in describing medical condition as "offensive". One of such example is the term "abnormal". Health professionals should have more insight on their word choices in order to reduce the stigmatisation to

parents and caregivers. This article high-lighted the importance of continue education not only on new trends in patient care practice but also on interpersonal communication skills.

One of the major tasks of HKJPaed is to promote andragogy. This is to facilitate the active participation through the CME process after reading. We hope that our readers can benefit from this regular exercise. In this emerging electronic and digital era, we are also moving towards paperless format in the near future. We hope that more interactive elements can be incorporated into the new format and this can further enhance the andragogical learning experience.

This issue also marked the transition of the Chief Editorship of this Journal. After serving as the Chief Editor for 7 years, it is time for me to pass this important post to the younger generation. The Editorial Board elected Prof. Cheung Yiu-Fai as the new Chief Editor. Prof. Cheung has been the Associate Editor of this Journal since January 2010. Here, I would like to thank my former and current secretary, Toni and Blanche; our publisher Medcom, Kit and Francis; all the associate editors and editorial board members; reviewers and authors from many countries for their continuous support. Without their contribution, it will be difficult to keep the standard of the Journal. I also have to thank the Hong Kong Paediatric Society and the Hong Kong College of Paediatricians, as well as our commercial partners for their unfailing financial support all along. Finally, I would like to send my congratulation again to Prof. Cheung and his new team for taking up this important responsibility. I am sure Prof. Cheung and his team will lead the Journal to a new height in the years to come.

**GCF Chan**  
**Chief Editor**