

Letter to the Editor

The Diversity of Paediatric Problems – Suggestions to Keep up the Learning Curve

Dear Editor,

I read with interest your recent editorial.¹ You raised the difficulty in defining the core in general paediatrics amidst the rapid development in paediatric knowledge. You mentioned that these is nothing to replace the exposure to sharing of experiences in problems in both hospital and general paediatric practice. The Department of Paediatrics of Queen Elizabeth Hospital have worked diligently publishing 2 books on past interesting patients: *Clinical Paediatrics 101* and *202*.^{2,3} The editors wish to use these to put into action their endeavour in medical education, specialist training and safeguarding quality patient care. Now there are regular case presentation meetings in various hospitals, community paediatric service units and private study groups. In the near future, would it not be possible for our fellows and members of the Hong Kong College of Paediatricians, both local and overseas, to gain easy access to regularly held clinical case discussions, either in person or via the internet? The Hong Kong Children's Hospital can be one of the venues supported by the various training units and study groups as in the hub and spoke model. Moreover, these can be recorded, archived and stored for a cycle of, say, 3 years so that fellows and members can watch them, complete the assessment and gain CME marks at convenient times and places.

The medical knowledge explosion is happening too quickly for anyone doctor to catch up easily. The College may think of organizing conferences on "Recent Advances in Paediatrics" in the form of multiple short lucid presentations, maybe cooperating with other tertiary educational institutions, once every 3 years coinciding with the CME cycles. Useful new knowledge, technologies, safety issues and practice changes may be disseminated directly, timely and regularly in these meetings hoping to attract a large audience among the College members, fellows and other interested health care professionals. A certificate may be awarded after an MCQ

or other forms of assessment.

Regarding the issue of the scope of post-fellowship level General Paediatrics, there would be diversity. Surely one has one's own way of keeping up one's learning curve. Besides adding on the various subspecialty interests to the mainstream general paediatricians' training, the College may consider establishing two sidestreams, namely, hospital paediatrics and community paediatrics so as to tailor the relevant training experiences to suit real practicing clinicians better. For the scope of hospital paediatrics, one may use the contents in the updated edition of the *Oxford Handbook of Paediatrics*⁴ as reference; for community paediatrics: the *Oxford Specialist Handbook of Community Paediatrics*.⁵ Another useful reference for the scope of hospital paediatrics is the *The Hospital for Sick Children Handbook of Pediatrics*,⁶ inside which there are many useful tables, charts and algorithms.

Learning medicine is just like sailing through the sea with no shore, one can only stay diligent and move forward, and do not forget to enjoy the beautiful sceneries.

References

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