

Getting involved with *Clinical Medicine*

'You teach me, I forget. You show me, I remember. You involve me, I understand.'

The quote by biologist Edward O Wilson is a reflection of the dynamic relationship between reader and journal. The Royal College of Physicians (RCP) has published a regular journal for its members since 1966, and *Clinical Medicine* is one of three periodicals produced by the RCP. The journal aims to provide invariably time-pressed clinicians with evidence to allow high standards of medical care through both original research and articles on current topics. One of the key resources that the RCP hosts to encourage these aims is the National Clinical Guideline Centre who undertake detailed clinical reviews on behalf of NICE, the National Institute for Health and Care Excellence. In this edition of *Clinical Medicine* we are delighted to have a summary of their recent guidance on reducing the risk of venous thromboembolism (VTE) in adults admitted to hospitals.¹ Stansby and Donald summarise the cost-effective measures to reduce the risk of VTE, the risks of VTE prophylaxis options, and highlight the importance of risk assessment for each individual at risk of VTE and bleeding. Reading the paper will help the clinician facing common clinical scenarios know which agent to use, at which dose and for how long.

The continuing medical education content of the journal is frequently the most accessed section, and the topic in this edition is tropical medicine. Recent years have seen considerable progress in tropical infectious diseases – in particular greater understanding of pathophysiology with advances in basic microbiology and immunology. These are highlighted in articles on the science of disease outbreaks on neglected tropical diseases.^{2,3} At a more prosaic level, tropical medicine is relevant to the physician due to the prevalence and lethality of many of the diseases – illustrated by excellent reviews on multidrug resistant tuberculosis (TB) and malaria,⁴ as well as an article on point-of-care diagnostic testing for HIV and TB.⁵ Finally there is a thought-provoking manuscript on global warming and its influence on the epidemiology of arboviral diseases.⁶

Reviews of both common and complex disease areas are also highly accessed articles, and in this edition are first-rate reviews of head injury⁷ and neuromyelitis optica.⁸ The clinical cases, lessons and images of the month are equally popular regular features in *Clinical Medicine*. These brief clinical reports highlight lessons for the general physician, beyond the sub-specialism of the submitting authors.

The *Clinical Medicine* website is going to be developed and upgraded, and we would be delighted to receive your submissions for these sections, and we would encourage you to send more complex material, possibly including radiology or endoscopic

sequences which we can display both on the website and link in the journal with QR codes.

Addressing controversial areas remains a key aspiration of the journal. An article by the West Midlands Acute Medicine Collaborative in this edition.⁹ They report on the use of the email alert system, introduced by the NHS to improve recognition and management of acute kidney injury (AKI). Their thought-provoking manuscript contributes data showing that the alert system algorithm may not be responsible for any improvement of AKI care, but it also posits potential areas of future research. We would be happy to receive manuscripts arising from authors addressing these highly practical research questions. A more obviously beneficial service development is described by the neurologists at St George's who describe their experience of establishing a hyperacute neurology service.¹⁰ The potential crossover to adapt some of the principles described to other specialty practice makes this an article that all physicians will want to read.

Clinical Medicine depends for its vitality on the strength of your contributions – both as submitted articles and in response to those. We are also planning on enlarging the editorial board of the journal, specifically with a social media and a trainee editor. We look forward to your continued and deepening engagement with the journal. ■

References

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- 2 Houlihan CF, Whitworth JAG. Outbreak science: recent progress in the detection and response to outbreaks of infectious diseases. *Clin Med* 2019;19:140–4.
- 3 Bodimeade B, Marks M, Mabey D. Neglected tropical diseases: elimination and eradication. *Clin Med* 2019;19:157–60.
- 4 Park M, Satta G, Kon OM. An update on multidrug-resistant tuberculosis. *Clin Med* 2019;19:135–9.
- 5 Gupta-Wright A, Manabe YC. Implementation science: point-of-care diagnostics in HIV and tuberculosis. *Clin Med* 2019;19:145–8.
- 6 Whitehorn J and Yacoub S. Global warming and arboviral infections. *Clin Med* 2019;19:149–52.
- 7 Beedham W, Peck G, Richardson SE *et al*. Head injury in the elderly – an overview for the physician. *Clin Med* 2019;19:177–84.
- 8 Huda S, Whittam AD, Bhojak M *et al*. Neuromyelitis optica spectrum disorders. *Clin Med* 2019;19:169–76.
- 9 West Midlands Acute Medicine Collaborative. The impact of the NHS electronic-alert system on the recognition and management of acute kidney injury in acute medicine. *Clin Med* 2019;19:109–13.
- 10 Moodley KK, Jones V, Yogarajah M *et al*. Hyperacute neurology at a regional neurosciences centre: a 1-year experience of an innovative service model. *Clin Med* 2019;19:119–26.