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## education@pcrj: the launch of a new initiative for the *PCRJ*

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The *PCRJ* has two declared aims in the context of primary care respiratory medicine: firstly, to be an 'authoritative setting for the publication of high quality internationally-relevant research'; and secondly, to 'inform and educate healthcare professionals worldwide of the research and service developments' in this field.<sup>1</sup> This issue sees the launch of a new section in the *Journal*, education@pcrj, which will significantly promote the second of these two aims. As newly appointed Section Editors, we are delighted to accept the challenge laid down by the Editors-in-Chief, and look forward to delivering this core component of the *PCRJ*'s editorial strategy. Our aim is to 'satisfy the needs of "grass roots" primary care clinicians in

implementing and applying research findings in practice'.<sup>1</sup>

Pre-empting this launch, journalwatch@pcrj first appeared in the March 2012 issue.<sup>2</sup> Produced by the Editors-in-Chief, this will be a regular feature of education@pcrj from now on, enabling busy primary care clinicians to keep up-to-date with the latest research evidence from the top respiratory and general medical journals worldwide. Guideline summaries have always been a popular feature of the *Journal*<sup>3,4</sup> and these will appear in education@pcrj on a regular basis. Similarly, 'Evidence into practice' articles, short review articles of no more than 2000 words in length, will demonstrate how evidence from research can lead to changes in clinical practice.

The *PCRJ* has previously published Case-based learning<sup>5</sup> articles similar to the traditional type of Case report, but in the future these will be incorporated into education@pcrj and re-formatted. The section in this issue on the importance of co-morbid rhinitis in patients with asthma demonstrates our new approach. It starts with a short clinical scenario – reflecting where we start as clinicians – and Scadding and Walker then provide a clinical overview of the management of the patient with co-morbid rhinitis and asthma together with an authoritative review of the evidence base.<sup>7</sup> Exemplifying the fine balance between clinical practicalities and academic theory is the juxtaposition of a table summarising the academic evidence for a link between rhinitis and asthma with a practical illustration of how to use a nasal spray (which should be required reading for every primary care clinician and pharmacist...). This review is then followed by two Perspectives – a new article category for the *PCRJ*: Osman Yusuf highlights the issues when

working in primary care in a low- and middle-income country;<sup>7</sup> and Ruth McArthur provides some practical tips from her experience as a specialist nurse in a UK general practice.<sup>8</sup>

Plans are well advanced for the next few issues. The September issue will feature a clinical scenario of a 54 year-old man consulting about a long-standing cough, with Perspectives from primary and secondary care which explain how they would manage the problem within their national and health service contexts. In December we will focus on COPD, building on a clinical review of the approach to assessment and management advocated by the latest update of the GOLD guideline.<sup>9</sup>

However, this is only the beginning. Future ideas involve not just the hard copy version of the *PCRJ*, but also developing the facilities available on the *Journal* website ([www.thepcrj.org](http://www.thepcrj.org)). By asking authors to provide PowerPoint slides to accompany their articles, we hope to build an online library of topic-based resources which will draw on the rich source of relevant publications from the *PCRJ* as well as signpost the materials already available from the Primary Care Respiratory Society UK, the International Primary Care Respiratory Group, and other member organisations around the world.

Education needs to be a two-way process. At its simplest, we need your feedback, please. Is the concept working? Which of these ideas do you think will be most helpful? How can we further develop education@pcrj? What are the topics you would like to see covered? We will continue to welcome submissions of Guideline summaries, 'Evidence into practice' articles, Case-based learning articles and Perspectives, all of which should stimulate the development of issue-based educational themes.

One of the *PCRJ*'s aims is to encourage debate, and we are discussing ways in which we can enable more innovative interaction. Perhaps we should enable readers to respond to the published perspectives on clinical scenarios by submitting 'prompt perspectives' from their clinical practice which could be posted on an interactive section of the *PCRJ* website? Should we consider devising multiple choice questions to accompany articles? – perhaps arranging CME (Continuing Medical Education) accreditation. Should we commission Evidence into practice articles on a 'FAQ' format? An example of this would be papers in which authors provide evidence-based answers to a series of questions regarding the translation of guidelines into practice. Should we also invite them, when appropriate, to provide an education leaflet for patients about the review subject?

As the newly appointed editors of education@pcrj, we are excited by the potential of this initiative. Please let us know what you think of our ideas – either by e-mailing us direct or via the *PCRJ* Editorial Office – and offer to be part of the initiative by suggesting ideas and submitting articles for the education section. Together we can inform and educate primary care health professionals and in so doing 'promote excellence in their care of patients with respiratory and respiratory-related allergic diseases.'<sup>1</sup>

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