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Decision making

Forthcoming articles in this series

Is this patient fit for a thoractomy?
The treatment of osteoporosis
The management of renal artery stenosis
Treatment options for inoperable non-small cell carcinoma of the lung

The benefits of the *post mortem*

For the medical profession

- establishes a precise cause of death
- improves the accuracy of epidemiological statistics
- gives feedback on the accuracy of clinical diagnoses
- gives information on the effects of (new) drugs, treatments, surgical procedures, and disease processes
- aids undergraduate/postgraduate medical education
- aids medical audit and risk management

Box 6

The benefits of the *post mortem*

For the relatives

- knowledge of precise cause of death
- alleviation of guilt through reassurance that death was inevitable and that all appropriate care was given
- assistance in the advancement of medical knowledge
- an opportunity to help others
- assistance with the grieving process
- identification of possible hereditary conditions and diseases and infectious diseases
- assistance with insurance and compensation claims

Box 7

The benefits of the *post mortem*

For society in general

- improved accuracy of epidemiological statistics
- organ and tissue donation
- identification and monitoring of occupational and environmental health hazards
- identification and monitoring of infectious diseases and epidemics
- increase in medical knowledge

Box 8

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Developing communication skills in medicine

Forthcoming articles in this series

Telling a patient he/she has multiple sclerosis
Counselling junior medical staff
Telling parents their child has severe congenital anomalies
Counselling a patient for an HIV test

TIME MANAGEMENT

Time management is an essential skill for any busy professional and is undoubtedly made easier by achieving an early start to the working day. There is no such problem in the US! The residents' day starts early as it does for all medical staff. It is not uncommon for first year surgical residents responsible for in-patient care to start at 05.30 although 07.30 is more usual for other specialties!

The early start is not resented. It allows educational events to occur with breakfast (supplied) and the juniors to review their patients before the more formal rounds later in the morning, providing another explanation as to why the educational content of the latter is increased.

An early start also aids patient throughput by the early initiation of appropriate investigations which are almost invariably carried out later the same day.

Conclusions

The junior medical staff education systems in the US and the UK both have their advantages and disadvantages. However, lessons which can usefully be learned by the latter from the former include the realisation that effective education is a costly process and patients should continue to be regarded as the most effective learning resource. Service demands should be controlled, educational aims and objectives should be explicit and the trainee both expects and values feedback. The educational potential of the trainees themselves should be maximised and educational activities should be appropriate to their needs. Effective support systems should be in place and the important contribution which junior staff make to the running of a hospital should be recognised by management by deeds as well as words. Although it would probably not be universally popular, starting the working day early confers considerable benefits!

I am indebted to Wyeth–Ayerst for sponsoring my visit to the University of North Carolina and to all the faculty health care professionals who both courteously tolerated my inquisitiveness and responded generously with their time and comments.

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Techniques in medical education

Forthcoming articles in this series

Problem-based learning in medicine: an introduction
The changing context of undergraduate medical education
Problem-based learning: the clinical skills unit

International Postgraduate Diary

Royal Free Hospital School of Medicine, London
5–9 June & 16–20 October 1995: MRCP Part II course for clinical examination
Details: Dr D Geraint James, Royal Free Hospital, Pond Street, Hampstead, London NW3 2QG, UK. Tel (44) 171 794 0500 ext 5110

Royal Postgraduate Medical School Institute of Obstetrics and Gynaecology
3–4 May 1995: Refresher course in obstetrics and gynaecology
15 May 1995: Postnatal depression and its effect on the child
17–19 May 1995: Advanced course in fetal medicine
6–8 June 1995: Modern management in neonatal care
Details: Symposium Secretary, RPMS Institute of Obstetrics and Gynaecology, Queen Charlotte's and Chelsea Hospital, Goldhawk Rd, London W6 0XG, UK. Tel (44) 181 740 3904; fax (44) 181 741 1838

Royal Society of Medicine, London
7–8 September 1995: Health in later life: advances, access, and equity
Details: Miss Claire Cheeseman, Sections Officer, Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE, UK. Tel (44) 171 290 2982

Royal College of Physicians of Edinburgh
3 May 1994: Management of falls in the elderly
10–12 May 1995: Joint Consensus Conference with the Royal College of Physicians and Surgeons of Glasgow on lipids
12 May 1995: CME project in diabetes and endocrinology
16–20 October 1995: 2nd advanced course in gastroenterology and hepatology
Details: Royal College of Physicians of Edinburgh, 9 Queen Street, Edinburgh EH2 1JQ, UK. Tel (44) 131 225 7324; fax (44) 131 220 3939

Royal National Orthopaedic Hospital Trust
13–14 June 1995: Current practice in arthroscopic basic and advanced knee surgery
27–29 June 1995: Basic and advanced hand cadaver course
Details: Carol Winston, Royal National Orthopaedic Hospital Trust, Brockley Hill, Stanmore, Middlesex HA7 4LP, UK. Tel (44) 181 954 2300; fax (44) 181 954 6933

Institute of Psychiatry
12–13 July 1995: 5th National Conference on Women and Health. Women, mental health and the family
Details: Miss A MacPherson, Conference Office, Institute of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF, UK. Tel (44) 171 740 5125; fax (44) 171 703 5796.

University College London Medical School, Institute of Laryngology and Otology
15–26 May 1995: Basic science class for Part I DLO
Details: Administration, Institute of Laryngology and Otology, 330/332 Gray's Inn Rd, London WC1X 8EE, UK. Tel (44) 171 915 1514/1592; fax (44) 171 837 9279

Anglo-French Medical Society
30 June–2 July 1995: Weekend French course (Barlaston, Staff, UK)
27–30 September 1995: 12 Scientific meeting (Reims, France)
Details: Secretariat, The Moat House, Lymm Hall, Lymm, Cheshire WA13 0AJ, UK. Tel (44) 1925 754097

European *Helicobacter pylori* study group
7–9 July 1995: VIIIth International Workshop on Gastroduodenal Pathology, Edinburgh
Details: Scientific Secretary c/o Scientific Office, 3 St Andrews Place, London NW1 4LB. Conference organisation: VIIIth EHPSG, Confrex, 145 Islingword Road, Brighton BN2 2SH, UK. Tel (44) 1273 623 123

National Association of Clinical Tutors
The Association assists clinical tutors in their role as leaders in district medical education. Membership is open to University-appointed clinical and GP tutors.
The Association arranges courses for the training and continuing professional development of clinical tutors and holds Winter and Summer Meetings for all members.
11–12 May 1995: Spring Meeting (Stirling, UK)
8 June 1995: Counselling course (London, UK)
15 June 1995: Influencing and negotiating skills (London, UK).
Information about the NACT and its activities can be obtained from The Secretariat, National Association of Clinical Tutors, 12 Chandos Street, London W1M 9DE, UK. Tel: (44) 171 636 6334.

Postgraduate Medical Journal

INSTRUCTIONS TO AUTHORS

The aims of the *Postgraduate Medical Journal* are three-fold. Firstly, to help doctors in training to acquire the necessary skills to enable them to deliver the highest possible standards of patient care. Secondly, to help the trainers to develop suitable training programmes for their trainees. Finally, once that training is completed, to allow these doctors to maintain those high standards by a process of continuing medical education.

To achieve these aims we publish original papers, short reports and commissioned editorials and review articles. We are also delighted to receive unsolicited editorials and reviews, from doctors and others. The *Postgraduate Medical Journal* peer reviews all the material it receives. Each issue also includes a Self-Assessment corner, Letters to the Editor, book reviews and an international postgraduate diary. Many issues contain papers or abstracts of symposia devoted to a single subject, and the full proceedings of meetings may be published as supplements to the Journal. The *Postgraduate Medical Journal* is published monthly in the English language, and has an international readership.

Typescripts
Three complete copies should be sent to the Editor, *Postgraduate Medical Journal*, 12 Chandos Street, London W1M 9DE, UK. Papers must be type-written, double-spaced, on one side of paper not larger than A4 (297 mm × 210 mm). The first page of the typescript should bear the names of the author(s) and the name and address of the laboratory or institution where the work has been carried out, in addition to the title of the paper. The full address, telephone and fax number of the principal author to whom proofs will be sent should be given, together with up to four key words or phrases suitable for use in an index. All pages should be numbered, including the title page. All material submitted is assumed to be submitted exclusively to the *Postgraduate Medical Journal* unless the contrary is stated. Papers may be returned if presented in an inappropriate form. If the paper is rejected, these copies will not be returned.

The principal author
The principal author must ensure that any co-authors listed agree to submission of the typescript. Any written or illustrative material which has been or will be published elsewhere must be duly acknowledged and accompanied by the written consent of the authors and publishers concerned.

Style
Abbreviations and symbols must be standard and SI units used throughout except for blood pressure values which are reported in mmHg. Acronyms should be used sparingly and fully explained when first used. Whenever possible, drugs should be given their approved generic name. Where a proprietary (brand) name is used, it should begin with a capital letter. Statistical analyses must explain the methods used. Words to be italicized should be underlined. The *Concise Oxford English Dictionary* is used as a reference for spelling and hyphenation. Illustrations and tables should be referred to in the text.

Articles
Original articles are usually up to 3000 words long with up to six tables/illustrations and 30 references. They should be divided into; (a) Title page, (b) Summary, (c) Introduction, (d) Materials and Methods, (e) Results, (f) Discussion, (g) Acknowledgements, (h) References, (i) Tables, (j) Figures and captions. The summary should not exceed 250 words and should state concisely what was done, the main findings and how the work was interpreted. Numbered paragraphs should be avoided. The use of boxes with learning/summary 'bullet' points is encouraged.

References
References should follow the Vancouver style. In the text, they should appear as superscript numbers starting at 1. At the end of the paper they should be listed (double-spaced) in numerical order corresponding to the order of citation. All authors should be quoted for papers with up to six authors; for papers with more than six authors, the first three only should be quoted followed by *et al.* Titles of medical periodicals should be given in full or abbreviated in line with the latest edition of *Index Medicus*. The first and last page numbers for each reference should be provided. Abstracts and letters must be identified as such. For example,

1 Clements R, Gravelle IH. Radiological appearances of hydatid disease in Wales. *Postgrad Med J* 1986; **62:** 167–73.
2 Greenberger JS. Long-term hematopoietic cultures. In: Golde W, ed. *Hematopoiesis*. New York: Churchill-Livingstone, 1984, pp 203–42.

Responsibility for the accuracy and completeness of references rests entirely with the authors.

Figures and tables
Photographs, photomicrographs, line diagrams and graphs should be prepared to professional standards and submitted as originals or as unmounted glossy photographic prints. When preparing illustrations which include lettering or symbols, remember they will be reduced to 65 mm in width, or less. Three copies of each illustration should be submitted, each bearing a label on the back marked in pencil with the author's names and the number of the figure. Figure legends and tables should be typed on separate sheets. If any tables or illustrations submitted have been published elsewhere, written consent to republication should be obtained by the author from the copyright holder the authors. Figures and tables should be numbered in arabic numerals.

Short reports
Short papers or case reports should not exceed 1000 words, inclusive of abstract, introduction, report and discussion. Up to 10 references and two illustrations or tables will be accepted. Each report must include (on a separate sheet) a list of learning or summary points.

Self-assessment questions
Self-assessment questions may take several formats, including multiple-choice questions, (each consisting of a question stem and five items, with discussion of the correct answers and up to five references per question) and photographic material (eg, clinical photograph, X-ray, blood film, histological section) or data interpretation (eg, ECG, arterial blood gases), with clinical information and up to three questions with discussion of the correct answers, and up to five references per case. Authors whose case reports are rejected may be asked to consider resubmitting their report as a self-assessment question.

Review articles
The Editor welcomes review articles of up to 3000 words, provided they contain a clear educational message. The use of boxed case histories, learning/bullet points and structured tables/summaries are encouraged. Guidelines for authors of review articles are available from the Editorial Office, who are also happy to discuss proposed articles.

Editorials
The Editor is delighted to consider for publication unsolicited editorials of 800 words. These will be peer reviewed.

Covering letter
The covering letter must be signed by all authors and include a declaration that the paper is not under consideration by any other journal at the same time and that it has not been accepted for publication elsewhere.

Peer review
All papers are peer reviewed. Some are rejected after review by one or more members of the editorial team. The remainder are also reviewed by one or more external advisers. Reasons for rejection will be indicated to the principal author. The Editor retains the customary right to determine style and, if necessary, to shorten material accepted for publication.

Letters
Letters to the Editor related to articles published in the *Postgraduate Medical Journal* are welcome. Only one copy need be sent, which should not exceed 500 words and five references. Authors whose short reports are rejected may be asked to consider resubmitting their report as a letter.

Supplements
Guidelines for supplements are available from the Editorial Office, who are happy to discuss proposed supplements.

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