

Editorial

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This issue's 'paper of the month' is another paper from the Manchester (UK) group regarding therapy and outcomes¹ for necrotising otitis externa (NOE). Previous recent papers set the scene for this publication.²⁻⁴ The take home message is that for such an important condition, the heterogeneity of reporting of cases requires improvement if progress is to be made in managing this treacherous condition. Important questions such as optimal drug combinations, optimal duration of treatment and the spread between mortality from NOE itself, from treatment adverse effects or from co-morbidities need answers and there is little or no clarity at present. Use of agreed data sets and formal clinical trials were advised by the authors.

Many of us will regularly experience a patient describing inappropriate or ineffective first aid measures for epistaxis when attending the ENT clinic. Often the advice has come from a professional. A previous *Journal of Laryngology and Otology* issue in 2016 had a paper from East Surrey Hospital (UK) which analysed the production quality, advice quality and popularity of YouTube videos⁵ for advice on 'how to stop a nose bleed'. The results were even more disappointing than one might expect: quality of advice was related to neither production quality or popularity. More worrying was the amount of ineffective, non evidence-based and downright harmful advice that was available. This month's *Journal*, seven years on, has a similar paper from Chelmsford, Essex (UK)⁶ which gives a more reassuring update on the matter, especially as such videos are a patient's first port of call. The quality and usefulness of the videos is now much better, with higher scores, and the authors conclude that the videos represent a more useful source of advice for patients.

January's issue of the *Journal* had an editorial which thanked contributors and reviewers, but there were some papers in the issue that merit mention. One unusual but fascinating review paper by Lancer and Drake-Lee (UK), last month's 'paper of the month', looked at laterality in otorhinolaryngology.⁷ Surely this is just about the 10 per cent of individuals with left-handedness and perhaps some difficulty with scissors? Not at all – there is so much more to the subject than that: eye dominance, ear dominance, genetic factors, ambidexterity, equipment problems for surgeons, pathology favouring left or right side (such as otitis media and externa), education implications for surgeons and possible implications for our management choices in individual patients.

The demand for increasing numbers of students to be processed through our medical schools, an increase in numbers of medical schools, expansion of the curriculum and pressure on existing staff to train as well as directly provide service has led to less 'hands on' and a drive to more e-learning. ENT undergraduate education is a common theme in the *Journal*.⁸ A consensus meeting of students in 2021 in East Anglia (UK) has led to a paper in January's issue which investigated how students wish to learn ENT.⁹ The conclusion is that students prefer clinical-based training and small group seminar teaching. They were much less keen on e-learning and technology-assisted learning, despite their increasing use in education. This will not come as a surprise to experienced teachers, but it now leaves us with the problem of how to deliver the desired hands-on labour-intensive teaching to much larger numbers of students.

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