
ICU Volume 12 - Issue 2 - Summer 2012 - Editorial

Education

Amid the challenges of managing the ICU, the elements of the system are forever altering, creating yet more complexity. Changes in an ICU, whether tried and tested or from innovative research that indicates beneficial results, are prone to error if doctors, nurses and other staff are not educated sufficiently. This may involve not just training on modern technology and new procedures, but also stimulating a positive change culture. The initial training of physicians is also altering, with extended areas of instruction and renewed methods for assessment arising, with an aim of improving not just knowledge and skills, but also attitudes and behaviours. With an increasing flow of medical practitioners across borders, societies and institutions are also promoting more harmonised curriculums.

In this issue of ICU Management, Profs. Julian Bion and Hans-Ulrich Rothen describe the steps taken to develop the ambitious Competency-Based Training in Intensive Care in Europe (CoBaTrICE) programme, which was conceptualised to be compatible with very diverse national training programmes, but to also provide a harmonised, quality-assured product. This concept has come to inspire other programme developers, as Dr Jannicke Mellin-Olsen of the European Board of Anaesthesiology (EBA) explains, while enlightening us on the board's new syllabus. Next, Prof. Hans Flaatten passionately highlights ESICM's new educational activities, which deliver training courses as cheaply as possible, so that as many participants as possible, particularly those in less developed areas of Europe and the world, are able to enrol.

The Cover Story then moves on to simulation via virtual worlds, with Prof. Ross Brown and his colleagues emphasising the findings of their research, including a prototype ICU handover training environment. They suggest this potentially matches well with encouragement of reflective learning and student engagement. Prof. Dominique Vandijck and his team subsequently provide us with an insight into how quality improvement measures, integrated with cultural changes and continuous education, can improve the quality of patient care provided, and potentially dramatically reduce the occurrence of preventable errors.

Next, we move into our nutrition section, in which Dr. Victor Manuel Nava Sánchez and Lic. Veronica de la Peña Gil offer a simplified protocol framework that helps in determining the best route of enteral nutrition in critically ill patients. Prof. Jan Wernerman then takes us on a more individualised path, suggesting that many ambiguities are present in current patient nutrition formulae. An important confounder, he says, is that timing in critical illness is not sufficiently considered when making nutritional decisions.

Our focus on education is subsequently brought into the realm of endotracheal intubations in our Matrix section, where Drs. Jestin Carlson and Lillian Emlet highlight new teaching modalities regarding airway management in acute or emergent settings, that have been brought about by video laryngoscopes. We then move into the field of ultrasonography, in which Drs. Lorenzo Ball, Francesco Corradi and Prof. Paolo Pelosi introduce the WAMSD approach algorithm, with a purpose of disentangling complex questions that crowd a physician's mind. They suggest that efforts should be made to develop a quantitative approach to ultrasonography and that attention should be paid on continuous training.

Rounding off our features section, Dr. Manu Malbrain and his colleagues provide a sequel to their article in the previous issue of ICU Management, taking us deeper into the issues involved in fluid management via results from a meta analysis and a practical approach.

Research is the focus of our management segment, with Prof. Marcelo Gama de Abreu presenting a personal, engagingly anecdotal advisory piece on how to get a research grant, from what topic to choose and how this could be best presented to referees, to maintaining a realistic schedule and a healthy relationship with a granting institution.

Prof. Benoit Vallet follows, delving into currently evolving methods for research and evaluation and the impact this could have on quality of care provision. Furthermore, in this broadly encompassing interview, Prof. Vallet emphasises that data management and clinical decision support are among the most important topics in perioperative medicine, along with a rising continuum of care, all helping to improve standards. In addition to telling us about his most significant research findings, he provides an informative overview of his current data-mining project, with the aim of establishing anaesthesia quality rules.

Finally, we take a look at the challenges and changes that have evolved in Russia's healthcare arena, with Dr. German Salamov taking us through the persisting problems, and what moves could be made to improve the situation.

Continuous education in various areas, from new technology to safety, is being considered of increasing importance in the ICU, which takes countless lives into its hands. Gradually a culture of harmonious learning is being integrated into ICU daily practice, with a transfer of skills and knowledge becoming increasingly facilitated.

Please send your responses to me at editorial@icu-management.org.

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