



ORIGINAL

Training in Intensive Care Medicine. A challenge within reach[☆]



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Received 12 December 2013; accepted 30 December 2013

Available online 14 May 2014

KEYWORDS

Intensive Care
Medicine;
Specialized training;
Competences

Abstract The medical training model is currently immersed in a process of change. The new paradigm is intended to be more effective, more integrated within the healthcare system, and strongly oriented toward the direct application of knowledge to clinical practice. Compared with the established training system based on certification of the completion of a series of rotations and stays in certain healthcare units, the new model proposes a more structured training process based on the gradual acquisition of specific competences, in which residents must play an active role in designing their own training program. Training based on competences guarantees more transparent, updated and homogeneous learning of objective quality, and which can be homologated internationally.

The tutors play a key role as the main directors of the process, and institutional commitment to their work is crucial. In this context, tutors should receive time and specific formation to allow the evaluation of training as the cornerstone of the new model. New forms of objective summative and training evaluation should be introduced to guarantee that the predefined competences and skills are effectively acquired.

The free movement of specialists within Europe is very desirable and implies that training quality must be high and amenable to homologation among the different countries. The Competency Based training in Intensive Care Medicine in Europe program is our main reference for achieving this goal.

[☆] Please cite this article as: Castellanos-Ortega Á, Rothen HU, Franco N, Rayo LA, Martín-Loeches I, Ramírez P, et al. Formación en Medicina Intensiva. Un reto a nuestro alcance. Med Intensiva. 2014;38:305–310.

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PALABRAS CLAVE

Medicina Intensiva;
Formación
especializada;
Competencias

Scientific societies in turn must impulse and facilitate all those initiatives destined to improve healthcare quality and therefore specialist training. They have the mission of designing strategies and processes that favor training, accreditation and advisory activities with the government authorities.

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Formación en Medicina Intensiva. Un reto a nuestro alcance

Resumen La formación médica se encuentra actualmente inmersa en un proceso de cambio de modelo. El nuevo paradigma pretende ser más efectivo, más integrado en el sistema sanitario y muy dirigido a la aplicación directa del conocimiento en la práctica clínica. Frente al sistema de formación actual basado en la certificación del cumplimiento de una serie de rotaciones y estancias en determinadas unidades asistenciales, el nuevo modelo propone un proceso formativo más estructurado, basado en la adquisición progresiva de competencias específicas, y en el que el residente debe jugar un papel activo en el diseño de su programa de formación. La formación basada en competencias garantiza un aprendizaje más transparente, de calidad objetiva, actualizada, homogénea y homologable internacionalmente.

Los tutores juegan un papel esencial como gestores principales del proceso, es imprescindible el compromiso institucional con su labor, se les debe proporcionar tiempo y formación específica para la evaluación formativa, que es la piedra angular del nuevo modelo. Se deben incorporar nuevas formas de evaluación objetiva tanto formativa como sumativa, que garanticen que se están consiguiendo las competencias predefinidas.

El movimiento libre de especialistas en Europa es un objetivo muy deseable que implica que la calidad de la formación recibida ha de ser alta y homologable en los diferentes países. El programa Competency Based Training in Intensive Care Medicine in Europe es nuestra principal fortaleza para conseguir este objetivo.

Las sociedades científicas deben impulsar y facilitar todas aquellas iniciativas que mejoren la calidad asistencial y, por lo tanto, la formación del especialista. Su misión es el diseño de estrategias y procesos para favorecer la formación, la acreditación y las relaciones de asesoramiento con los gobiernos.

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Introduction

This article is based on the contents of the discussion of the round table on training in Intensive Care Medicine held during the XLVIII National Congress of the Spanish Society of Intensive Care and Coronary Units (SEMICYUC) between 9 and 12 June 2013 in Tenerife (Canary Islands, Spain). The main objective of the table was to promote debate on a new educational model based on the acquisition of specific competencies in the specialty of Intensive Care Medicine. The points of view of some of the key protagonists of post-graduate training were documented: residents, tutors, the Competency Based Training in Intensive Care Medicine in Europe [CoBaTrICE] program, and the different scientific societies as facilitators and promoters of high quality standards in teaching.

Medical training is a crucial aspect of healthcare quality. Offering better doctors and therefore better care for patients must be a priority concern for all advanced societies. The medical training model is currently immersed in a process of change.¹⁻³ The new paradigm is intended to be more effective, more integrated within the healthcare system, and strongly oriented toward the direct application of knowledge to clinical practice. The aim is to teach how to use knowledge to solve problems, perform techniques, communicate effectively and make correct decisions. The

end product (the kind of specialist that has been trained) is more important than the way in which it has been produced (educational program). The ultimate aim of any specialized medical training program should be to afford high quality care in the context of a system that works well, and this implies ethical values, communication, teamwork, commitment and knowledge of the system.⁴ Training and accreditation in Intensive Care Medicine are rapidly changing in this direction all over the world,⁵ and if harmonization among the different countries is not achieved, the young specialists in future will have to overcome important barriers in order to carry out their professional activity.

Intensive Care Medicine is dedicated to the care of patients with serious or potentially serious acute organ dysfunctions that are susceptible to recovery. The aging of the population and the increasingly frequent use of invasive techniques and immunosuppressor drugs imply a constantly increasing demand for intensive care.^{6,7} In turn, the presence of intensivists in the Intensive Care Units (ICUs) has been associated with a significant reduction in mean stay and in hospital mortality.⁸ Becoming a competent intensivist requires the integration of solid scientific knowledge, excellent technical and clinical skills, and other qualities such as effective communication with patients, their relatives, and with other healthcare professionals. Intensivists

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