Education in Airway Management. Paul Baker

Poor judgment, education and training have been identified as leading causes of patient morbidity and mortality in airway management [1]. The traditional method of medical education which relies on experiential learning in the clinical environment is often inconsistent. Inadequacies have been attributed to a range of factors, such as decreased working hours, a move towards day case anaesthesia, the introduction of the laryngeal mask, and the increasing use of regional anaesthesia [2]. Gaps in medical knowledge and procedural skill have been identified [3,4]. In an effort to address these problems, curriculum changes are defining airway management as a clinical fundamental. A key component will be a greater emphasis on the assessment of competence. Competency based medical education is likely to be applied to all grades of practitioners as part of career long education. These changes are likely to lead to a formalization of airway training programmes.

A variety of learning opportunities could be available [5] including simulation-based medical education, for which specific features and best practices have been reported [6]. Research in medical education has highlighted the importance of feedback, deliberate practice and distributed learning as key components of developing expertise [7]. Practitioners need to understand a range of airway management techniques and devices in order to cope with a variety of clinical presentations [8]. New equipment should only be adopted following appropriate evaluation [9] and training. Essential clinical competencies should be defined and maintained through a career-long commitment to medical education [10].

References.