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Letter to the Editor

Paradigm change in anesthesia education[☆]



Cambio de paradigma en la educación en anestesia

More than 50 years ago, in the beginning of their training, physicians were assigned the task of controlling the anesthesia for surgical procedures in three different operating rooms at the same time, aided only by the information on each patient provided by the anesthesia auxiliary.

This practice model, which gradually disappeared, was reflected in morbidity and mortality rates due to the errors that were committed, and this was stressful. However, it was a time in which autonomy and the rights of the patient were rarely voiced in lawsuits and accusations before the Penal, Civil and Ethical Courts.

Dr. Gempeler¹ recommends that the directors and professors in the teaching departments of faculties of medicine meditate on the adoption of “simulated patients” (mannequins) as a early-instruction tool so that, later, the student can learn about the problems associated with real, live patients. In this way, risks would be reduced and avoided, along with the judicial tangles of the physicians in training and their tutors. He also adds that applying cumulative sum learning curves (CUSUM) to evaluate the progress in the student’s abilities is another tool that should be developed prospectively to obtain quality indicators for the teaching of anesthesiology and other specialties.

Conflict of interest

The author has no conflicts of interest to declare.

REFERENCE

1. Gempeler R, Fritz E. Educación en Anestesia. ¿Cambio de un paradigma? Rev Colomb Anestesiología. 2014;42:139–41.

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