LETTER TO THE EDITOR

A retrospective study of endotracheal intubation skill acquired by medical students in the operating theater

To the Editor,

As a medical student who had previously received similar training program on endotracheal intubation (ETI) less than 1 year ago, I find the article "Evaluation of tracheal intubation: A retrospective study of skill acquisition by medical students in the operating theater" interesting to read. First of all, I would like to point out, from a student’s perspective, that the number of intubations performed by a single individual is greatly influenced by the student’s eagerness to learn, especially when the number of patients available for practice is limited. The more aggressive a student is, the more hands-on practice he or she will receive, and this will result in improvement of skills of the ones already acquainted with the technique, whereas those who are less motivated lose their opportunity to enhance their skills. First, students planning to pursue critical care-oriented fields may have been more motivated to learn about ETI, performing larger numbers of ETIs and attaining higher rates of early success with the procedure. Second, although they are both medical students, clerks (6th year medical students in a 7-year program) and interns (7th year medical students in a 7-year program) have different levels of clinical experience, some of the interns even did anesthesiology or emergency rotations during their clerkships. Whether medical students have previous training of endotracheal tube insertion should be addressed. Third, situations harmful to patients occur for various reasons (e.g., the patients have severe underlying disease). So how could they be counted as failed attempts if they weren’t always directly caused by medical students? I assume the article is referring to unstable vital signs (hypertension, desaturation, or tachycardia), but situation such as these may occur during anyone’s execution, even experts.

References


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