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Editorial

Effectiveness of Simulation Based Learning in Anaesthesia

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After experiencing the simulation courses and workshops on BLS, ACLS, mechanical ventilation and difficult airway, I endorse the adoption of simulation based learning that has started in anaesthesiology in Pakistan. I think there is a positive relation between, simulation based education and its outcome. It facilitates in deep learning and assists students to prepare for real practice. It is an effective way of teaching and developing skills in anaesthetic procedures such as fibreoptic laryngoscopy for difficult airway, placement of double-lumen tubes, placement of central venous pressure and arterial lines and other practices like neuraxial and peripheral nerve blocks. Though we don't have simulation centres for training but with the availability of mannequins, some major institutions have started simulation courses for training residents. Human life is priceless! We cannot allow our residents to directly apply classroom based learning practically on a patient. Simulation based learning here plays a pivotal role to ease out that transition period from academic learning to practical medicine. Simulation is an effective technique of teaching and learning that improves interpersonal skills and ability to function in stressful situation [1]. Improved performance was seen in residents in dealing patients after attending the simulation course. For the past two decades simulation based learning has been in practice in West to maximize patient safety and minimize risks. The idea of simulation came from the use of simulators by aviation and military personnels who got trained to face the real life experiences [1,2].

Simulation based education is a useful tool of learning for students, trainees and clinicians especially for clinical decision making, communication skills and working as effective team with leadership [3,4]. A few major concerns in adopting simulation based learning in our society are availability of funds, time, lack of high fidelity medical simulators and lack of simulation centers. Advance research can be conducted to generate data on utility of simulators and feedback surveys that will help in acceptance and adoption of simulation technology as an integral part of medical education in all institutions of Pakistan.

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