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Experience Matters

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In this issue of the Journal of Critical Care, Lee and colleagues present their retrospective analysis of a cohort of patients cared for in two ICUs co-located within a single hospital by junior surgical and senior surgical residents. The principal finding of the analysis was that patients assigned to junior surgical residents had a significantly higher mortality than those assigned to senior surgical residents (24.7% vs. 17.7%) despite the fact that both groups of trainees were supervised by a common group of attending surgeons.¹

Perhaps the most interesting comment in the paper is found in the discussion, where the authors state:

“We constantly observed that junior residents lacked experience and skill in early consultations, treatment of sepsis, administration of supplemental of fluid and nutrition, management of ventilation support and electrolyte balance, and performing invasive procedures. Attending surgeons have operating room time commitments that cannot be interrupted, making it difficult for them to provide the minute-to-minute management required by critically ill patients or constant supervision of junior residents.”

These two ideas merit further consideration.

First, compressed clinical training hours in medical school and in the early years of residency are bringing trainees to the ICU bedside with less experience than the housestaff of a generation ago.² Advanced educational tools such as simulators and just-in-time training such as the Fundamental Critical Care Skills (*fccs*) course³ offered through the Society of Critical Care Medicine are increasingly important to ensure that providers at the bedside are sufficiently prepared to render the “Right Care, Right Now”.⁴ The analysis and comment by the authors speaks eloquently to the harm that comes to patients when well-meaning but insufficiently experienced personnel are tasked with responsibilities that exceed their capabilities.

Second, the authors imply that supervisory responsibility in their critical care system is vested in attending surgeons with competing obligations that include the operating room, and perhaps ward and office patients as well. Critical care, like surgery, depends on the presence of -and especially oversight by -experienced professionals to optimize outcomes. An intensivist-led multiprofessional team geographically dedicated to the care of the critically ill and injured patients is probably ideal.⁵ Technical innovations such as telemedicine-based supervision can conceivably support trainees when critical care physicians cannot be physically present.

Reducing morbidity and mortality in the training environment will require establishing and assessing competencies of the trainees. It will also require innovative supervision strategies. Good judgment depends on experience. However, the price of gaining experience through poor judgment is simply too high.

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