

EDITORIAL

COMPETENCE IN INTERVENTIONAL PULMONOLOGY

Training to competence in interventional pulmonology

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Interventional pulmonology (IP) is experiencing a rapid evolution of new technologies. Several international projects are developing standardized training programs, capable of establishing an ultra-specialty discipline beyond pulmonary and critical care fellowships, to be organized jointly with volume expert centers with validated metrics for trainee competency assessment.¹ A gradual progression from theory to practice is envisaged, using new teaching techniques, including live sessions, low and high fidelity simulation, non-technical skill training, flipped classroom models and problem-based learning (PBL) exercises — to ensure that trainees' skills are enhanced and updated. While the USA has developed adequate training standards and offers over 30 IP Fellowships, the training programs are not standardized across Europe.² At present there is not a single, common curriculum throughout Europe, nor is a certificate of competence in IP mandatory. Over the years, in Italy we have felt the need to standardize our training program, for the 1-year Master and also in lifelong training programs, so that trainees can gradually achieve full competence in the majority of IP skills. A Consensus Conference on the professional training and competence standards for IP was organized in 2015 to come to an agreement on a core curriculum and the report was published in *the Journal of Bronchology and Interventional Pulmonology* as an executive summary³ and in full in the website of EABIP.⁴ It proposes a Core Curriculum describing the professional profile of the Interventional Pulmonologist and the Training Process needed in order to achieve a level of competence that enables him/

her to perform and manage — both independently and as a team member — all the main issues and procedures in IP. The aim of the document is to guide and support physicians wishing to undertake a gradual improvement of their own competencies, and assist those planning and organizing training programs in IP according to standardized criteria agreed upon by the scientific community.

This special issue of *Panminerva Medica* includes a general part on core curriculum contents, innovative training methods including simulation, and introduces a series of articles describing in more detail and with the aid of illustrations, the knowledge and skills required for competency in each specific procedure: flexible bronchoscopy and basic sampling techniques, interventional endosonography (EBUS, EUS, EUS-B), bronchoscopic navigation, transbronchial cryobiopsy, operative bronchoscopy and related procedures, thoracic echography and pleural procedures, bronchoscopy in anesthesiology and ICU and thoracic surgery, emergencies, endoscopic treatment of emphysema and bronchial thermoplasty. It should be considered a starting point that will evolve over time. These standards need to be reviewed and approved by National and International Scientific Societies and Healthcare Institutions: the goal is to improve, disseminate and incorporate them in certified healthcare programs.

References

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