

Lungemedicinsk litteraturkanon

Dansk Lungemedicinsk Selskab

2

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Forside

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Med tilladelse.

Indledning

Det kan være svært at komme ind i den enorme mængde baggrundslitteratur, når man som yngre læge indleder sin karriere i et speciale som intern medicin: lungesygdomme. I dagligdagen, i videnskabelige foredrag og ved læsning af artikler refereres ofte til tidligere arbejder som antages kendt, hvilket meget ofte ikke er tilfældet når man er ny.

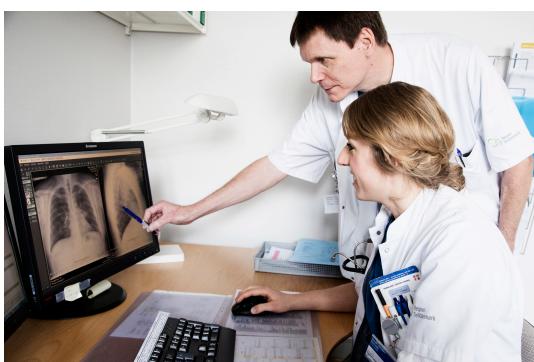
Hyppigt efterspørger yngre læger i specialet en oversigt over litteratur, der bør læses i hoveduddannelsen og som led i kursusdeltagelse. En sådan foreligger ikke fra Dansk Lungemedicinsk Selskabs side. Bestyrelsen i Dansk Lungemedicinsk Selskab har derfor støttet op om udarbejdelsen af en sådan kanon. Det forventes desuden, at alle læger i specialet har orienteret sig i de faglige retningslinjer som Dansk Lungemedicinsk Selskab har udgivet og som er tilgængelige på <http://www.lungemedicin.dk/fagligt.html>.

Kanonen er næppe udtømmende, men meningen er, at den skal give et overblik over den essentielle baggrundslitteratur, som gør det muligt at læse ny litteratur og deltage i videnskabelige foredrag og diskussioner. Ud over at definere centrale lungemedicinske arbejder, kommer kanonen også til at definere centrale videnskabelige tidsskrifter inden for det lungemedicinske felt.

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Det er mit håb, at den lungemedicinske litteraturkanon ikke blot vil virke som læseliste for uddannelseslæger, men også opmuntre til faglig diskussion blandt speciallægerne om udvælgelsen af artikler var den rigtige, og dermed danne grobund for næste udgave.

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Inddeling og omfang

Emneinddeling

Kanonen er opbygget over de syv emner, der også definerer de lungemedicinske specialespecifikke kurser, og der kan således for den enkelte uddannelsessøgende læge være sammenhæng i læsning af baggrundslitteratur og kursusdeltagelse. Man skal dog være opmærksom på, at litteraturkanonen og litteraturlisten til de enkelte kurser ikke nødvendigvis er overlappende. Ligeledes kan visse emner placeres i flere kategorier (eksempelvis lungeemboli og lungetransplantation) – i disse tilfælde er der gjort et valg om placering. Kursusrækken af specialespecifikke kurser i intern medicin: lungesygdomme består af følgende kurser:

Kursus i klinisk respirationsfysiologi

Kursus i KOL og NIV

Kursus i astma og allergi

Kursus i pulmonale infektioner

Kursus i infiltratudredning inkl. pleuraeffusion, mesotheliom og hæmoptyse

Kursus i invasiv diagnostik

Kursus i interstitielle lungesygdomme

Emnerne i den lungemedicinske litteraturkanon inddeltes således:

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Klinisk respirationsfysiologi

Herunder også spirometri, diffusionsmåling, reversibilitetstestning, provokationstest, belastningstest, mukociliær clearance samt diagnostik af lungeemboli og pulmonal hypertension.

Kronisk obstruktiv lungesygdom

Herunder også iltbehandling, non-invasiv ventilation, non-malign palliation, søvnapnø, lungetransplantation og rygeafvænning.

Astma og allergi

Herunder også inhalationsdevices, diagnostik og behandling af alle typer astma, diagnostik og behandling af allergi inkl. sanering og hyposensibilisering, anafylaksi, urtikaria og angioødem, fødevare- og lægemiddelallergi.

Pulmonale infektioner

Herunder også tuberkulose, atypiske mykobakterier, lungerelevante immundefekter, vaccination, pleurainfektioner og bronkiektasi.

Infiltratudredning

Herunder også lungecancer, mesotheliom, hæmoptyse samt udredning af pleuraeffusion.

Invasiv lungemedicin

Herunder også bronkoskopi, mediastinal endosonografi, perkutan lungebiopsi, pleuradrænage, lungeultralyd og simulationstræning.

Interstielle lungesygdomme

Herunder også idiopatiske interstielle lungesygdomme, sarkoidose, sekundære interstielle lungesygdomme og medikamentelt udløste lungesygdomme.

Omfang

Vi har vurderet, at den samlede kanon ikke må være mere omfangsrig, end at det er muligt at komme gennem den i løbet af en hoveduddannelse i intern medicin: lungesygdomme. Omvendt skal den omfatte den relevante baggrundslitteratur og omfangsmæssigt afspejle tygden af de forskellige emner i specialet generelt. Pragmatisk har vi valgt at definere, at en dags undervisning på et af de specialespecifikke kurser medfører, at der kan inkluderes ca. 10 artikler i den lungemedicinske litteraturkanon.

Proces

Udvælgelsen af artikler til den lungemedicinske litteraturkanon er baseret på de lægelige medlemmer af Dansk Lungemedicinsk Selskabs erfaring og videnskabelige indsigt.

Efter udarbejdelse af det initiale udkast på baggrund af indkomne forslag fra delkursusledere, var der derfor en 2 måneders forslagsfase, hvor alle lægelige medlemmer af selskabet kunne komme med forslag og kommentarer. Der kunne foreslås både RCT, væsentlige guidelines og oversigtsartikler. Høringsfasen blev meldt ud på Dansk Lungemedicinsk Selskab årsmøde 2016, på Dansk Lungemedicinsk Selskabs hjemmeside samt i artikel i Dagens Medicin (20.01.17). Slutteligt vedtages kanonen i bestyrelsen i Dansk Lungemedicinsk Selskab.

Efter færdiggørelse er den lungemedicinske litteraturkanon tilgængelig på Dansk Lungemedicinsk Selskabs hjemmeside, og planlægges opdateret ca. hvert 5. år.

Processen omkring udarbejdelsen blev vedtaget af bestyrelsen af Dansk Lungemedicinsk Selskab efter forslag fra hovedkursuslederen.

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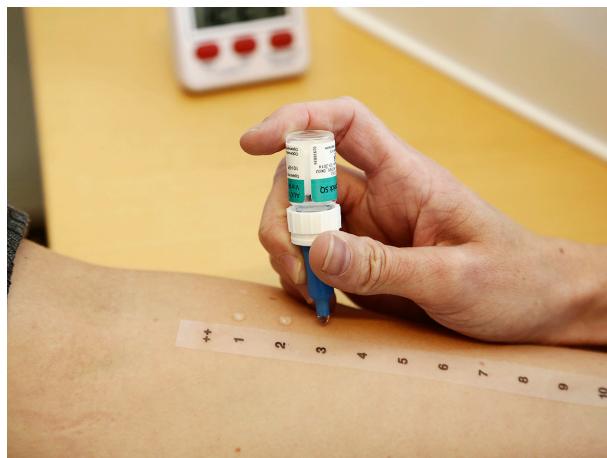
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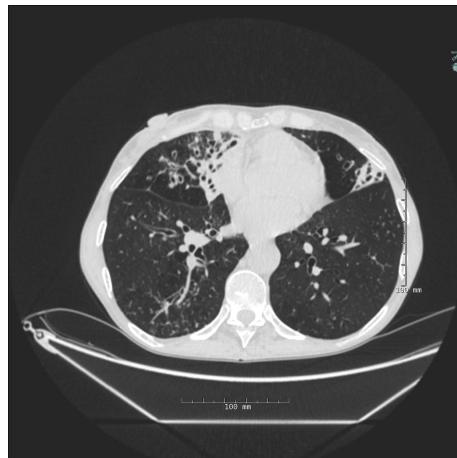
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Invasiv lungemedicin



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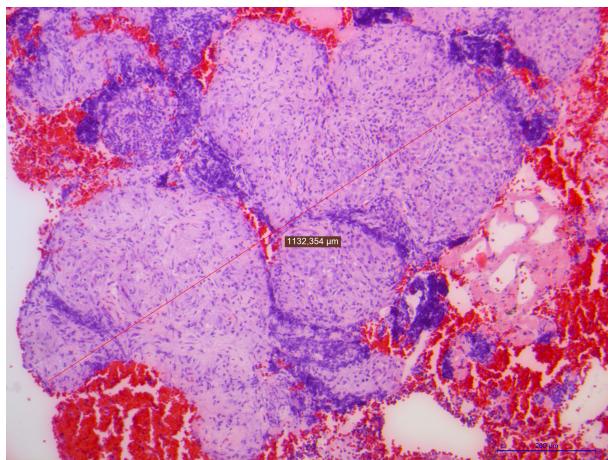
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