President's message Seeing with new eyes and a fresh perspective

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The real voyage of discovery consists not in seeking new landscapes, but in having new eyes.

The above sentence is a paraphrase of Marcel Proust's lengthier musings on art, but I believe it is relevant to us as clinicians and researchers. In order for us to move forward in our research, education and practice, we need to be open to new ideas and be prepared to view our patients, clinical setting, and problems with new eyes, a fresh perspective.

We cannot solve our problems with the same thinking we used when we created them ... if you will indulge me in a second quote (this time from Albert Einstein).

I am personally in the perfect setting as I write this column since I am at my first (though actually the final) SMACC* conference in Sydney. This conference disrupted the professional meeting space at its launch in 2013, and continued to challenge the way we impart clinical skills and knowledge.

SMACC* began as a physical manifestation of an online community, united in their vision of creating high-quality, free, open-access medical education (FOAMed) for the prehospital, emergency, and critical care community. The driving force behind SMACC has always been to educate, inspire, innovate, and connect delegates.

In its own small way, the AVAS community also hopes to inspire and educate, and I hope you will join me and many others (bring a friend) at the upcoming AVAS Scientific Meeting in Sydney this May. www.avassm.org

The true challenge comes when we return home and consider what impact our new learnings have on our clinical research, education and, of course, patient care. It is the left-field perspective that fuelled the authors of the lead publication to question and examine the merit of routine insertion of largebore catheters in obstetric patients. I encourage you to read this and the accompanying editorial and consider what other routine vascular access practices require review and a fresh perspective.

In that vein (pardon the pun), it is time for AVAS to invite fresh eyes to the board and elect a new team to guide the Society over the next two years. It is an exciting time to be in the emerging speciality of vascular access in Australia. We are poised to assist the Australian Commission on Safety and Quality and Health Care to develop a national standard for peripheral IV insertion and care, and health care itself is on the verge of significant change, as the medical model, as we know it, is no longer sustainable, and a more multidisciplinary, teambased approach to health care emerges. I hope the leaders and potential leaders in vascular access step forward to be part of a new administration with a fresh vision, promoting safety and excellence in vascular access, and health care more generally.

Best wishes,

Sam

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*SMACC — Social Media and Critical Care — SMACC is also a health promotion charity. All the content from our conferences is freely available to anyone, anywhere and we want as many people as possible to hear the fantastic talks our speakers have given. www.smacc.net.au