

ORIGINAL ARTICLE

Educational activities of the European Society of Intensive Care Medicine (ESICM)

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Keywords - education, training, accreditation, Intensive Care Medicine, Europe, courses, exams**Abstract**

The Division of Professional Development is in charge of the educational and training activities of the European Society of Intensive Care Medicine (ESICM). This entails coordinating the efficient and effective work of the Competence-Based Training in Intensive Care in Europe (CoBaTrICE) project, the Clinical Training, the E-learning and the Examination Committees. The work done by the Division of Professional Development is branded under the umbrella of the ESICM Academy. The author presents a short history of each committee. Goals, targets and recent achievements will be systematically discussed. The ESICM is a scientific society historically founded on research and innovation. ESICM is currently playing a key role in accreditation, training and regulation of the free movement of specialists in Europe. In this context, ESICM is working very closely with the Union of Medical Specialists (UEMS) in Brussels. The UEMS is an advisory board of the European Parliament. The Division of Professional Development has a complex and dynamic structure. Evolution of training, accreditation and minimum competence will support safe and free movement of specialists in Europe.

Introduction

The European Society of Intensive Care Medicine (ESICM) is a society of members. The objective of the ESICM is the promotion of knowledge in intensive care medicine (ICM). In particular, the ESICM supports the highest standards of multidisciplinary care for critically ill patients and their families through education, research and professional development. The ESICM collaborates with national societies and training bodies to harmonise teaching and accreditation in Europe. We cannot regulate this discipline at a national level. However, we can guide national authorities and collaborate with them if required. The ESICM also works in close collaboration with the European Union of Medical Specialists (UEMS) and the European Union, as we will explain in this manuscript. The UEMS currently

represents over 1.6 million medical specialists in all the different disciplines in Europe. The Division of Professional Development is in charge of developing the educational and training activities of the ESICM. This entails coordinating the efficient and effective work of the Competence-Based Training in Intensive Care in Europe (CoBaTrICE) project, the Clinical Training, the E-learning and the Examination Committees. The work done by the Division of Professional Development is branded under the umbrella of the ESICM Academy; here we will provide an overview of its principal activities.

CoBaTrICE

The members of the Competency-Based Training in Intensive Care Medicine Leonardo Da Vinci European project (CoBaTrICE) defined competence-based training as 'the ability to integrate generic professional attributes with specialist knowledge, skills and attitudes and apply them in the workplace'.^[1] The CoBaTrICE collaboration was formed in 2003 with the purpose of developing an internationally acceptable competence-based training program in ICM. This project was initially funded by the European Commission Leonardo da Vinci programme (2003-2010) and is currently maintained by the ESICM. The objectives of CoBaTrICE are:

- To assure high-quality education in ICM;
 - To harmonise training in ICM without interfering with national regulations or regulatory bodies;
 - To allow free movement of ICM professionals across Europe.
- CoBaTrICE represents the pillar of all educational activities created by the ESICM. The courses, the e-learning material and even the content of the European Diploma for Intensive Care (EDIC) are based on CoBaTrICE competencies.^[1] CoBaTrICE was designed in order to enhance life-long learning and to harmonise standards across national borders, thereby facilitating free movement of ICM professionals. CoBaTrICE was the first successful attempt to generate a curriculum and

a syllabus based on agreed minimum competencies required to work in Europe. Adequate training is crucial to ensure doctors have the right attitudes, skills, knowledge and qualities to practice. Training centres and training leaders are both key in this process. However, a formal national system for quality assurance of training in ICM exists in only 18 (64%) European countries according to a survey carried out in 2008.^[2] Consequently, there is considerable diversity in educational structures, processes and quality assurance across Europe.^[2] That is the reason why the ESICM is now organising visitation, an appraisal of the training centres according to the UEMS 1997 charter on visitations of training centres. An integration of the traditional 'time-based' training with 'competency-based' training is increasingly used and it should enable a functional analysis of the occupational roles, translation of these roles (competencies) into outcomes, and assessment of trainees on the basis of their performance.^[3] National training organisations or national accreditation bodies should consider developing common standards for quality assurance.^[4,5] In 2014, the ESICM together with the CoBaFaculty and the CoBaForum updated the content of such competencies based on new discoveries and clinical practice. The UEMS is the oldest medical organisation in Europe with a current membership of 34 countries. Its structure consists of a council responsible for 39 specialist sections and their European boards, addressing training in their respective specialities and incorporating representatives from

academia (societies, colleges and universities).^[6] The UEMS has strong links with European institutions (the European Commission and Parliament), the other independent European medical organisations and the European medical / scientific societies. By its agreed documents, UEMS sets standards for high-quality healthcare practice that are transmitted to the authorities and institutions of the EU and the national medical associations stimulating and encouraging them to implement its recommendations.^[4,6] Recently, the ESICM created a document for an ICM Common Training Framework in Europe.^[4,5] This framework was approved by the UEMS Council in 2015.

Clinical Training Committee

The Clinical Training Committee (CTC) is responsible for developing, promoting and organising training courses in ICM. The course material covers the relevant competencies for specific ICM topics outlined in the CoBaTrICE syllabus.^[1] Specific working groups develop the course material and they take overall responsibility for the factual accuracy of the course content. The relevant scientific section experts review and comment on the course material, once completed. All courses have a comprehensive workbook and pre-set of slides (with speaker notes) and guidance for skills stations. Course material is updated at least every three years. It is the responsibility of the working group to update the material in a timely manner. Courses have a face-to-face part or another element where the learner is able to interact with the teacher (*figure 1*). The proportion of the course that needs to be delivered face-to-face and/or interactivity with the teacher will differ depending on the topic.

E-learning committee

In the current year, two preparation courses have been created and promoted to support EDIC candidates. The aim of these two training courses is different from standard CTC courses. Nevertheless, they have been very successful and will be organised both in Europe and India in 2016. Finally, the Division of Professional Development in collaboration with the CTC organises a refresher course during the international annual ESICM meeting. This is a two-day very intensive course, which is the most popular pre-congress course of the ESICM meeting (160-180 participants /year).

The e-learning committee is responsible for the e-learning material and tools newly established on a Moodle platform. This committee is substituting the previous Patient Centred Acute Care Training (PACT) committee, which was created over ten years ago as the first distance-learning project of the ESICM. PACT was an ambitious project from the outset and involved the generation of a distance-learning curriculum for ICM suitable for trainees. PACT was ideally a continuing professional development tool for all. Surveys of subscriber usage were

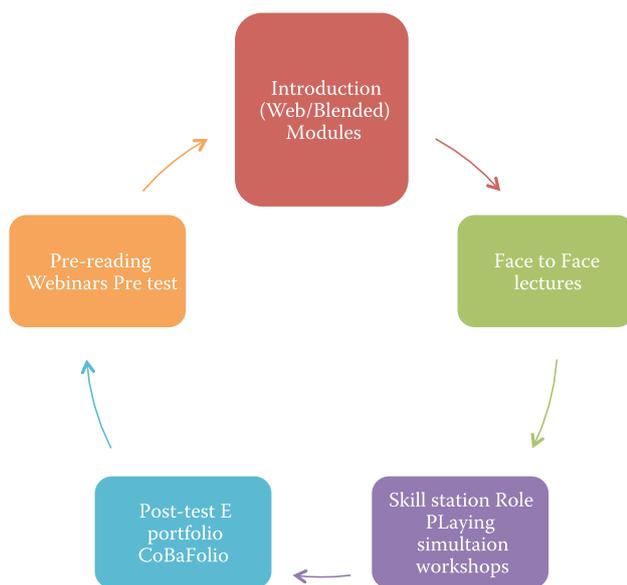


Figure 1. CTC courses are based on the principle of blended learning containing: Pre-reading videos, webinars and the pre-test on line. The introduction can be face-to-face or on line depending on the course; face-to-face lectures, followed by skill stations, simulation scenarios, role playing or workshops. The candidate completes the course with the post-test on line and the certificate is posted and added directly to the e-portfolio on the ESICM e-learning platform.

positive. The next phase of PACT's development is now starting. A new e-learning board has been appointed, drawing mainly on expertise from the Society's scientific sections and the educational division. Editors have specific areas of responsibility and are already involved in prioritisation of topics that need to be updated. A small management group called the e-learning task force is also working to get the building blocks necessary for the above platform to be put in place rapidly. This entails the implementation of a new electronic platform incorporating modern features and a new on-line editing facility. A series of webinars linked to the new platform started in July 2015.

The examination committee is in charge of all ESICM exams

The oldest exam is the European Diploma for Intensive Care (EDIC). The ESICM has recently launched the European Diploma in Echocardiography (EDEC).

The EDIC is an increasingly popular exam composed of two main parts, the first is written (part 1) and the second is oral (part 2). The second part is now performed using iPads. The number of participants sitting the written part has more than doubled in the last few years: 306 participants took EDIC part 1 in 2006 and 625 took it in 2014. The success rate for this exam is around 65%. The whole exam is an important part of ICM physicians' curriculum and the value of this accreditation is becoming increasingly more robust in Europe and abroad. The examination committee, with the support of the ESICM executive committee, have created a high-quality, reproducible exam. Following the recognition of the Common Training Framework, the UEMS will appraise the EDIC exam. The appraisal of the EDIC exam by the UEMS will enhance its importance and validity. The two parts of the exam are complementary, the written part assesses theoretical knowledge and the oral part is more practical knowledge. The examination

committee members believe a candidate needs both parts to be competent. Unfortunately, EDIC does not allow physicians to practise at a national level. National accreditation bodies are still responsible for guaranteeing the fitness to practice of all ICM doctors in a given region. We hope more training and accreditation bodies will start using EDIC at a national level. The EDIC committee has now started a formal and very sophisticated training for examiners.

The EDEC exam was held for the first time during the ESICM annual meeting in October 2015. The accreditation process for this new exam requires that candidates pass a written and practical examination and submit a logbook within a continuous 24-month period. The accreditation process is related to both transthoracic and transoesophageal echocardiography because the two approaches are complementary. The whole accreditation process is in English. The names and contact details of certified supervisors in a candidate's region will be made available on the ESICM website.

Disclosure

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