CoBaTrICE-IT

Competency-Based Training in Intensive Care Medicine in Europe

‘Information Transfer’

Part-Funded by the Leonardo Programme
2008-2009
Steering Committee

- Julian Bion
- Alison Bullock
- Jude Wilde
- Tom Clutton-Brock
- Yoan Hillion
- Johann Frot
- Nathalie Mathy
- Domino D’Hoir
- Dermot Phelan
- Hans Flaatten
- Lambert Schuwirth
- Walther van Mook
- Graham Nimmo
- Ben Shippey
- Hannah Reay
Overview of CoBaTrICE 3 year project, Sept 2003 to Sept 2006
CoBachievements:
• Description of ‘an intensivist’ in terms of competencies
• Syllabus
• Some educational resources
• Engagement of many national training programmes

Methods (route map):
• Forum
• Survey current challenges in training
• Develop indicators for assuring quality of training progs
• Harmonise standards of assessment of competence
• Make CoBaWeb useful to trainers, trainees, patients, other specialities

Longer term aims:
• Absorption / adoption / linking competencies in national training progs
• Harmonisation of quality & outcomes of training
• More reliable care of critically ill patients
A proposed structure for the CoBaTrICE programme, 2006 onwards

"JB Sept 30th 2006"
The CoBaTrICE Programme

1. Management by the ESICM’s Division of Professional Development

2. Oversight (governance) by the European Board of Intensive Care Medicine

3. Engagement and ownership by all national training organisations through the proposed CoBaForum, with transdisciplinary links

4. Social Sciences & Educational research evaluation over whole professional lifetimes
How do we evaluate a (transnational) training programme?

• What impact would you expect an effective training programme to have?
• Process or outcome measures, or both?
  – Uptake of CoBaTrICE by national programmes
  – Mobility of professionals using CoBa
  – Better doctors
    • Knowledge, skills, behaviours
    • Continuing professional development
  – Safer patients
  – More reliable care
CoBa-IT: what do we need to do?

- **Endorsement by National Training Orgs (NTOs) (WP1)**
  - Letter of endorsement; your photograph; trainees
- **Survey challenges in delivering ICM training (WP2)**
  - Structures, processes, outcomes
  - Generic / Special issues
- **Develop common standards for Quality Assurance of NT progs (WP3)**
  - NC meeting; survey; consensus process; working group
- **Develop effective methods & guidance for assessment of individual competence (WP4)**
  - Tools – show how to use – link to competencies – harmonise processes
- **Make CoBa useful in electronic/web format (WP5)**
Triangulating best practice knowledge, delivery, & lifelong learning across the healthcare system
CoBaTrICE-IT 2007-2009

Workpackages

1. Establish a European Forum for national ICM training organisations
   – Function as expert group, and acquire ownership over future developments
   – Link via ESICM Div Prof Dev to European Board of ICM

2. Survey current education and training provision & needs in ICM at national level.
   – identify current challenges for trainers and trainees
   – develop a database for benchmarking & accreditation (objective 3).

3. Develop minimum standards for quality assurance (monitoring & accreditation) for programmes of training in ICM, using consensus techniques
   – Aim: harmonise minimum accreditation standards across the EU.

4. Review workplace-based methods of assessment of individual competence
   – Including case-based discussion, simulation techniques, multi-source feedback
   – Link assessment methods to competencies
   – Identify quality indicators within these measures

5. Web-based tools for E&T support & life-long learning for trainers and trainees
   – Translate materials into national languages
   – Develop learning tools and resources (video clips, case histories, clinical scenarios, laboratory data) linked to competencies
   – E-portfolio
   – Link materials to other acute care disciplines

6. Evaluation of impact
   – Process measures: surveys of uptake and utility
# CoBa-IT Timelines!

| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| **Phase, activity** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WP1** | Forum of National ICM Training Organisations | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WP2** | VET Survey (web-based) | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WP3** | VET QA standards for programmes of ICM training | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WP4** | Competence assessment quality indicators | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WP5** | Website, e-learning, VET support, translation | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
CoBaTrICE-IT
(Work Package 2)

INTERNATIONAL SURVEY OF TRAINING & ACCREDITATION

Jude Wilde
Coba Research Nurse
Aims of the Survey

- Identify changes
- Planned developments
- Current standards
- Seek opinions
- Identify challenges
- Feedback results

Training & Accreditation
National Training Organisations

Please let us know...

• That your NTO endorses CoBa-IT (this is essential for completing WP1 – the Forum of NTOs. Standard letter will be made available via web-based survey

• Contact details and Web address

• Role and responsibilities in training

• Standards documents relating to training, as PDFs if possible
Training Survey

• Structures & processes of training
• Responsibilities and support for trainers
• Undergraduate teaching in ICM
• Supervision and Quality Assurance
• Methods for assessing competence
• Current challenges for trainers
• Specialist certification and criteria for appointment to a specialist post
The Survey will be made available via

www.cobatrice.org

in the next few weeks

Thank you for your support
Work Package 3: Quality Assurance

Develop minimum standards for quality assurance (monitoring & accreditation) for programmes of training in ICM.


Consensus techniques: nominal group, web Delphi
QA standards

Accredited ICM training programmes will need to meet the agreed international quality assurance standards.

Which aspects of training should be included?

- Explicit selection criteria
- Induction, learning needs and objective setting
- Appropriate supervision
- Availability of sufficient practical experience
- Protected learning time
- Compliance with regulations and legislation
- Assessment and feedback systems, including for failing trainee
Small Group Discussion

How can you show that your national training programme is of high quality?

Which aspects of training should be used to assess and assure quality of training programmes?

eg: Access to a range of intensive care case mix

Within each aspect, what are the minimum requirements?

eg: 4/6/20 bed general ICU / specialist ICUs

10 minutes for discussion.

Then brief feedback.
Feedback...
WP4: Assessment


Aim: guidance on assessment of competence – available tools and how to make assessment ‘easy’ (managable, feasible, informative).

Survey – e.g. Current assessment methods - monitoring progress in routine clinical work; use of Coba; examinations; certificates of completion.

Working group: develop support for trainers and trainees.
Assessment Methods

Structured clinical observation
e.g. Mini-CEX (clinical evaluation exercise) – observation of interaction with a patient in a clinical encounter.
DOPS – direct observation of procedural skills.

Who assesses? Clinical supervisor.
Focus of assessment: clinical, technical and professional skills.
Duration: 15-20 mins + feedback.
Assessment Methods

**Simulation** - Mannequins, actors or computer-based programmes.

Who assesses? Trainer.

Focus of assessment: decision-making, communication and technical skills - like workplace based observation.

Duration: varies.
Assessment Methods

Multi-source feedback

Who assesses? Range of co-workers (8-12).
Focus of assessment: professional behaviour and attitudes.
Duration: few mins for each assessor + feedback by educational supervisor.
Practical issues: selection of respondents, attributability while maintaining confidentiality
Assessment Methods

**Case based discussion** – indepth discussion about the management of a clinical case using patient records.

Who assesses? Educational supervisor.

Focus of assessment: clinical judgement, decision-making, application of knowledge.

Duration: 15-20 mins + feedback.
Assessment Issues

- Assessor training (training the trainers)
- Feedback to trainees
- Identification of failing trainee
- Frequency of assessment; time demands
- Competence sampling and identifying daily clinical practice suitable for assessment
- Separating or bundling assessments
- Recording evidence
- Reliability / validity
- Competence versus excellence
- Making summative assessments – satisfactory completion of training.
Small Group Discussion

Implementation of workplace-based assessment: what are the practical challenges?

10 minutes for discussion.
A written note of challenges will be collected from each group.
Web based distance learning

Tom Clutton-Brock
Education challenge
Education challenge
E-learning?

- Accessibility
- Flexibility
- Standard
- Formative assessments
- Practical “Pre-load”
Symptoms and signs - awake patients

Tension pneumothorax MAY need to be treated on clinical grounds alone. As such it needs to be
differentiated from other serious chest injuries that on occasion require urgent treatment: open
pneumothorax, massive haemothorax, flail chest and cardiac tamponade. When considering the
symptoms and signs of tension pneumothorax you should work out how they can or cannot be used to
differentiate it from these other injuries.

Box 1 summarises the symptoms and signs of tension pneumothorax in awake patients taken from 31
case reports and five key papers summarising experiments on animals with similar mediastinal pathology
to humans. 

Box 1 Symptoms and signs of tension pneumothorax in awake patients

Reliable and early

- Pleuritic chest pain
- Respiratory distress
- Tachypnoea
- Tachycardia
- Low SpO₂
- Agitation
Time & Money

- SMEs
- Designers
  - Instruction
  - Web, LMS, etc
- Flexibility
- Maintenance
Acute Coronary Syndromes
Suggestions

- Simple but effective
- Users more interested in content than design
- Engagement
- Sim *in situ*?
- How much LMS do you really need?
Life-long learning for specialists (CME, CPD)

Tom Clutton-Brock
Acquisition & Retention
Time & Money

- Study leave
- Budgets
- Flexibility
- 1 day Vs 2/3 days
- Pre-load sessions
Expense Claim Forms

Jude Wilde
**EXPENSES CLAIM FORM FOR CoBa-IT PARTNERS**

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Competency Based Training in Intensive Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Code</td>
<td>DDDK/REAN13215</td>
</tr>
<tr>
<td>EC programme</td>
<td>Leonardo da Vinci Programme</td>
</tr>
<tr>
<td>EC contract Reference</td>
<td>UK/07/LLP-LdV/TOI-003</td>
</tr>
<tr>
<td>Partner Organisation</td>
<td></td>
</tr>
</tbody>
</table>

**Your name**

**Address**

**Country**

**Telephone** | Country | Area | Number |
|--------------|---------|------|--------|

**Bank Name**

**Bank address**

**Account number**

**IBAN code**

**SWIFT code**

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Maximum Amount Claimed in Eur</th>
<th>Evidence required (receipts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td>€ 200 - national coordinators</td>
<td>Invoice showing amount paid</td>
</tr>
<tr>
<td></td>
<td>€ 400 - partners</td>
<td>Boarding passes, tickets</td>
</tr>
<tr>
<td>Subsistence</td>
<td>Berlin &amp; Brussels</td>
<td>Hotel invoice Other receipts</td>
</tr>
<tr>
<td></td>
<td>€183, Lisbon €288, UK €203</td>
<td>Barcelona €203</td>
</tr>
<tr>
<td>Total claim</td>
<td>€400 - national coordinators</td>
<td>No reimbursement possible without all receipts as above</td>
</tr>
</tbody>
</table>

PLEASE NOTE THAT THE EU GRANT DOES NOT ALLOW US TO REIMBURSE VAT (TVA). IF YOUR INVOICES ITEMISE VAT (TVA), THIS WILL HAVE TO BE DEDUCTED FROM THE TOTAL SUM REQUESTED.
Invoices – National Coordinators

• Please include
  • Travel Invoices
  • Boarding Passes
  • Tickets
  • Hotel invoice
  • Other receipts

• Maximum allowance
  • € 200
  • € 200 – Brussels & Berlin
  • €183 – Lisbon
  • €203 - Barcelona
  • €400 – Total claim

PLEASE NOTE THAT THE EU GRANT DOES NOT ALLOW US TO REIMBURSE VAT (TVA). IF YOUR INVOICES ITEMISE VAT (TVA), THIS WILL HAVE TO BE DEDUCTED FROM THE TOTAL SUM REQUESTED
Where to Send Them

• Please e-mail expense claim forms to
  • jdw724@bham.ac.uk

• Expenses and invoices that cannot be e-mailed please post to
  • FAO Jude Wilde
    Coba Research Nurse
    5th Floor Anaesthetic Department,
    Queen Elizabeth Hospital,
    Birmingham
    B15 2TH

• Any problems please contact jdw724@bham.ac.uk
  • If unable to contact then try ESICM address
    • RDCoordinator@esicm.org
Summary of rules

• a. Only one claim per EU country (+Turkey)
• b. Max claim 400 Eur, and please note split between travel and subsistence
• c. YOU MUST PROVIDE FULL RECEIPTS INCLUDING BOARDING PASSES
• d. If your invoices include VAT/TVA, this cannot be refunded (sorry, EC rules, not ours)
• e. Expense claims submitted to JDW724@bham.ac.uk any problems contact ESICM
Invoices - Partners

- Please include
  - Travel Invoices
  - Boarding Passes
  - Tickets
  - Hotel invoice
  - Other receipts

- Maximum allowance
  - € 400
  - € 200 – Brussels & Berlin
  - €183 – Lisbon
  - €288 – UK
  - €203 - Barcelona

- €600 – Total claim

PLEASE NOTE THAT THE EU GRANT DOES NOT ALLOW US TO REIMBURSE VAT (TVA). IF YOUR INVOICES ITEMISE VAT (TVA), THIS WILL HAVE TO BE DEDUCTED FROM THE TOTAL SUM REQUESTED.
Finally

- Partners - Hours

- Please keep a log of your hours each month

- Send them to me monthly

- Jude Wilde

- JDW724@bham.ac.uk
<table>
<thead>
<tr>
<th>Week</th>
<th>Week Commencing</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>17/03/2008</td>
<td></td>
<td></td>
<td></td>
<td>Partners meet</td>
<td></td>
<td></td>
<td></td>
<td>5hrs</td>
</tr>
<tr>
<td>2</td>
<td>24/03/2008</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>31/03/2008</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>07/04/2008</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>14/04/2008</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Hours for Month:

Researcher Signature

Principal Investigator Signature

Name