CoBaTrICE Faculty (The CoBaTrICE steering committee) Meeting
Wednesday, October 5, 2016, 08:30-10:00 – MiCo Milano Congressi (Room BM3)

Present: HU Rothen (HUR, chair), J Bion, A Castellanos, F Duska, V Fuhrmann, L Galarza, G Sigurdsson, N Weiler, A Wong
Guest: Jaap Tulleken
Excused: A Batchelor, K Preller, F Saulnier, C Sitzwohl, M Terblanche
Protocol: D De Boom

The minutes of the CoBaFaculty meeting held on October 7, 2015 were approved as fair copy.

CoBaTrICE Faculty Composition (HUR)
HUR informed the audience that the majority of the CoBa Faculty members are finishing their office at the GA of LIVES 2017 in Vienna. Some may renew their mandate, but HUR, F Saulnier and G Sigurdsson may not. HUR asked the Faculty to look for new “blood” but also to keep continuity in the achievement.

Report from EBICM Meeting (HUR)
EBICM met on Friday Sept 29, 2016. During the meeting, JDC informed the participants about the latest developments in the recognition process of ICM as a medical (sub)-speciality.
In October 2014, the Common Training Framework (CTF) was adopted by the UEMS Council. Since then, EBICM started to approach the National Training organizations (NTOs) in view to adopt CTF at national level. This was a hard task and the EBICM President and co-Chair faced some difficulties in getting positive answers. UEMS also informed EBICM that the EU Members States are no longer in favour of a “Common Training Framework (CTF)”; some (among them UK, Germany, France) are even reluctant to adopt the concept, although everyone agreed on it in the past. Therefore, the current document called Common Training Framework must change of title, and should become the “European Training Requirements (ETR)”. However, the content remains unchanged. -> New strategy to be elaborated by EBICM

A Castellanos notified the CoBa Faculty that the Spanish training programme is changing. Within one year, the Spanish Government should adopt a new training programme based on CoBaTrICE that includes an e-logbook, but still no exit exam.

Report from the WFSICCM Task Force (N Weiler)
The World Federation of Societies of Intensive and Critical Care Medicine (WFSICCM) has set up a task force (TF) to address issues concerning the training, functions, roles, and responsibilities of an ICU specialist. The report of this TF has been published in Journal of Critical Care, Volume 35, Pages 223–228. Here is the abstract:
The role of the critical care specialist has been unequivocally established in the management of severely ill patients throughout the world. Data show that the presence of a critical care specialist in the intensive care unit (ICU) environment has reduced morbidity and mortality, improved patient safety, and reduced length of stay and costs. However, many ICUs across the world function as “open ICUs,” in which patients may be admitted under a primary physician who has not been trained in critical care medicine. Although the concept of the ICU has gained widespread acceptance amongst medical professionals, hospital administrators and the general public; recognition and the need for doctors specializing in intensive care medicine has lagged behind. The curriculum to ensure appropriate training around the world is diverse but should ideally meet some minimum standards.

Further details, see separate file.
CoBaTrICE Actual State (HUR)
- V.2.0 of the competencies list to be submitted for publication to ICM journal. F. Rubulotta is actually working on a first draft of a manuscript. Latest by the End of 2016, she will send this draft to HUR who will continue on that manuscript. Before submission to a journal, the manuscript will be sent for comments to the members of CoBaFaculty (and in a second step to the members of CoBaForum).
- As concerns ultrasound, HUR refers to the meeting of CoBaForum where A Wong will present results of a recent survey.
- the basic structure of the CoBa competencies are used for the e-learning platform.

E-learning platform (K Preller)
Due to restrictions in time, Kobus will give the presentation during the subsequent meeting of CoBaForum (further details see there).

Entrustable professional activities (EPA) (J Tulleken)
Basic Concepts: The EPAs were designed to link competencies to clinical practice and make them feasible. The EPAs—tasks or responsibilities that can be entrusted to a trainee once sufficient, specific competence is reached to allow for unsupervised execution—are now being defined in various health care domains. Because EPAs represent what physicians do in daily practice, the new language can be briefer and less complicated.

The difficulty with the competencies is that the language used to date was considered as too complicated by some in facilitating the translation of competency domains into training practices and the monitoring and assessment of trainees.

Competency-based medical education (CBME) is increasingly dominating clinical training, but also poses questions as to its practical implementation. There is a need for practical guidelines to translate CBME to the clinical work floor.

The EPA concept appeared to be a useful tool to build competency-based clinical workplace curricula. Implementation of the curriculum requires use of trainee portfolios and progress interviews, statements of rewarded responsibility and training of supervisors. The individualised approach and flexibility that true CBME implies is brought into practice with this model.

EPA can be seen as a unit of professional practice (task) that can be entrusted to a sufficiently competent learner. EPA can be allocated to individuals, executable within a time frame, observable and measurable, suitable for entrustment decision, and gives an assessment result framed as permission with designated level of supervision.

EPAs include five levels of supervision, reflecting increasing trust in trainee autonomy:
1. Presence but no permission to enact EPA
2. Practice EPA with direct (pro-active) supervision
3. Practice EPA with indirect (re-active) supervision
[Threshold]
4. Unsupervised practice allowed (distant oversight)
5. EPA may be supervised for junior learners

7-item format of EPA description (with an example):
1. Title of the EPA (Routine check-up of the stable adult patient)
2. Specification and limitations (includes measuring vital parameters, explaining all actions to the patient, reporting results to the health care team including interpretation, orally and/or written)
3. Most relevant domains of competence (medical expert, communicator, collaborator)
4. Required experience (all measurements done at least 5 times), knowledge (basic knowledge of anatomy including relevant arteries; normal values of vital parameters), skills (skill in using necessary devices to measure vital parameters; recognition of stable and unstable patients), attitude and behaviour for entrustment (professional communication with the patient; proactive alertness in case of adverse events; willingness to ask for help if needed)
5. Assessment information sources to assess progress and ground a summative entrustment decision
   - Short practice observation: Satisfactory observation of all measurements at least twice by experienced health care professionals (nurse, physician or other)
   - Case-based discussions: One CBD with a qualifies health care professional
6. Entrustment for which level of supervision is to be reached at which stage of training? (Indirect supervision ultimately before the transition to the second fulltime clinical clerkship)
7. Expiration date (after one year without practice following summative entrustment decision)
The ultimate aim of EPAs is an integrative, holistic approach in education which is considered as positive by the members of CoBaFaculty. It is suggested that this topic should be taken up during a future meeting such as e.g. ESICM education day and in the meetings of CoBaForum (it is already set on the agenda of todays’ meeting of CoBaForum).

Further details, see separate file.

**ESICM education day (HUR)**
HUR briefly referred to his proposal of an ESICM education day. Due to restriction in time, the discussion is delayed to the meeting of CoBaForum.

**Any other business (all participants)**
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**Next meeting**
Sunday September 24, 2017, 11:30-13:30, room tba. During ESICM LIVES 2017, Vienna – Austria note change in date/time, as compared to announcement during last meeting!)

**Attachment**
Slides, presented by HUR during the meeting
Slides to the presentations of N Weiler and J Tulleken.