

Evropská perspektiva vzdělávání v intenzivní medicíně

František Duška

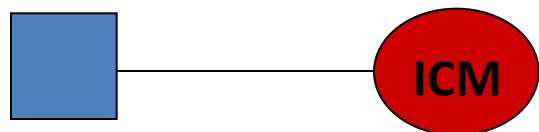
Chair, Clinical Training Committee,
ESICM

Délka vzdělávání v intenzivní péči

Barret H. and Bion JF, ICM 2005 31:553 updated in 2016

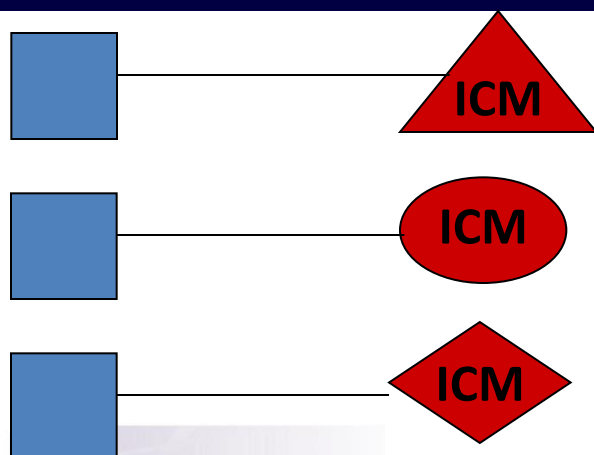
ICM training	Countries
Competency-based training	Spain, Switzerland
ICM Training < 18 months	Bulgaria
ICM Training 18-24 months	Belgium, Croatia, Estonia, France, Germany, Greece, Hungary, Ireland, Israel, Italy, Latvia , Lithuania, Netherlands, Poland, Portugal, Czech Republic, Slovakia, Slovenia, Argentina, Brazil, Canada, Egypt, India, Indonesia
ICM Training > 24 months	Austria, Finland, Scandinavia, Spain , Switzerland, Turkey, UK

Subspecializace jedné disciplíny



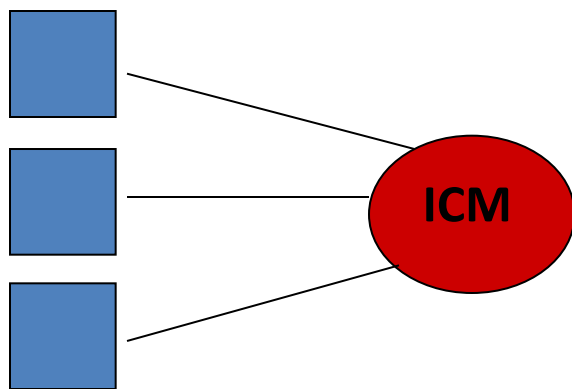
- Sub-specializace jedné disciplíny (Anesteziologie) s extra diplomem nebo bez
- Litva, Lotyšsko, Estonsko, Polsko, do r. 2004 ČR

Subspecializace více disciplín



- Liší se tréninkové programy podle vstupní specializace
- Itálie, Německo, Rakousko

Nástavbová disciplína (duální certifikace)



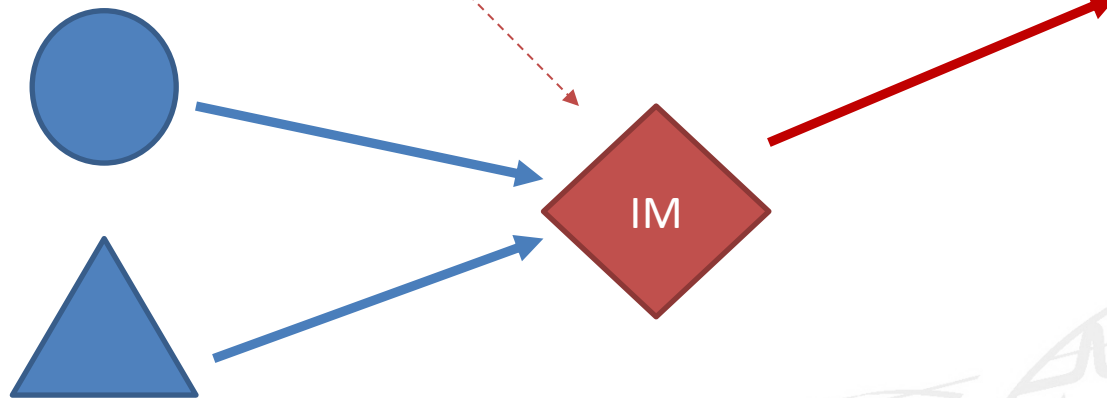
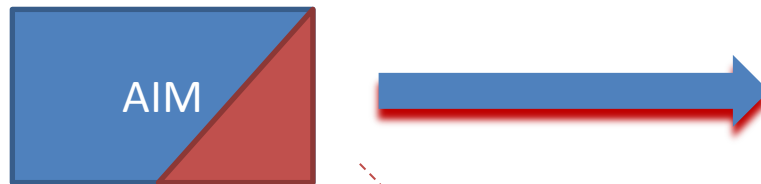
- Multidisciplinární přístup, univerzální kurikulum
- UK, Belgie, Francie, Irsko

Primární specializace



- Španělsko, Švýcarsko

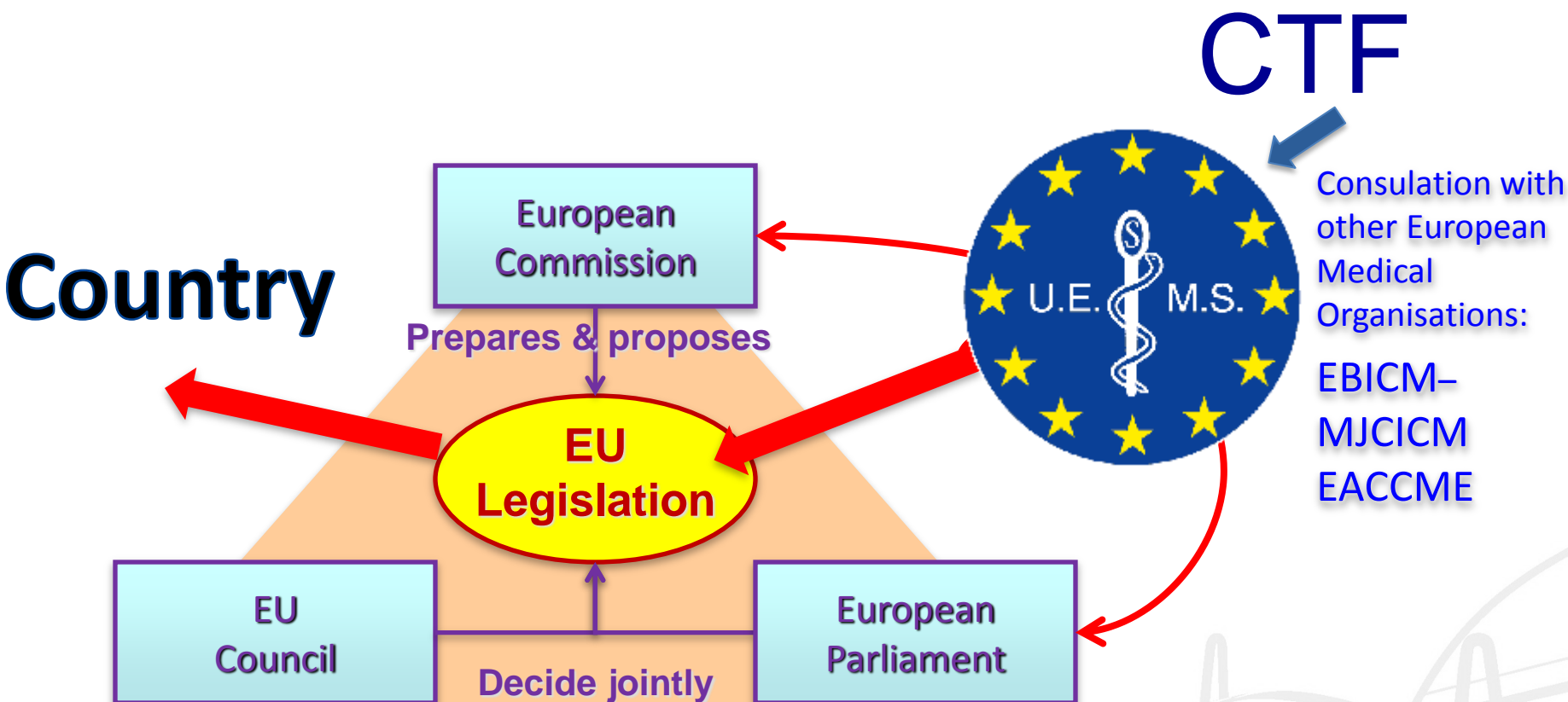
Model v České republice



Evropská legislativa

- Directive 2005/36/ED on the recognition of professional qualifications
 - Annex 5
- Intenzivní péče není v seznamu disciplín s povinným vzájemným uznáváním kvalifikací (ani po novelizaci v r. 2012)

UEMS political involvement in EU Affairs



**The EU institutional triangle
(simplified)**

Idea

Když nelze sjednotit systém vzdělávání a vzájemné automatické uznávání kvalifikace, pojdme definovat **kompetence**, které má mít intenzivista v Evropě a nabídnout jejich **testování**.

Projekt CoBATRICE

Projekt EDIC



A project to define the minimum standard of knowledge skills and attitudes required for specialists in Intensive Care Medicine

*Julian Bion, Hannah Barrett, Steve Field, Alison Bullock, Julian Lonbay, Andreas Hasman, Janet Askham, Ivan Novak, Aarno Kari, Audrey Augier,
and National Coordinators & Reporters from 42 countries worldwide*

CoBaTrICE based training program

CoBaTRICES' 102 COMPETENCIES

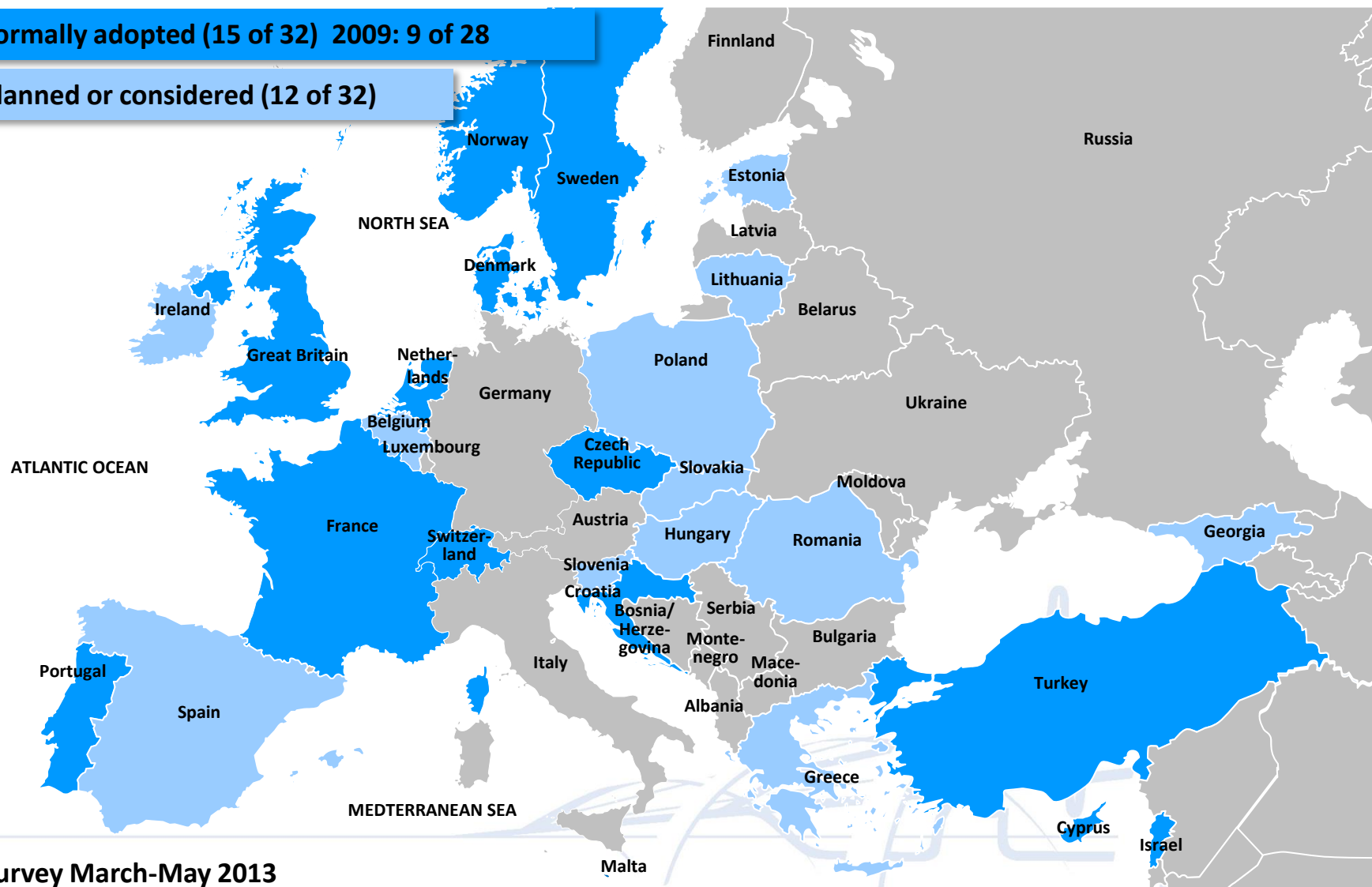
DOMAIN	COMPETENCE STATEMENT	
1. RESUSCITATION & INITIAL MANAGEMENT OF THE ACUTELY ILL PATIENT	1.1	Adopts a structured and timely approach to the recognition, assessment and stabilisation of the acutely ill patient with disordered physiology
	1.2	1.1 ADOPTS A STRUCTURED AND TIMELY APPROACH TO THE RECOGNITION, ASSESSMENT AND STABILISATION OF THE ACUTELY ILL PATIENT WITH DISORDERED PHYSIOLOGY
	1.3	
	1.4	
	1.5	
	1.6	KNOWLEDGE
	1.7	Early warning signs of impending critical illness Causes of cardio-respiratory arrest, identification of patients at risk and corrective treatment of reversible causes
2. DIAGNOSIS: ASSESSMENT, INVESTIGATION, MONITORING AND DATA INTERPRETATION	2.1	SKILLS & BEHAVIOURS
	2.2	Clinical Clinical Conduct a primary survey: obtain relevant information rapidly and accurately
	2.3	Recognise Recognise
	2.4	Measure ATTITUDES
	2.5	Cause Assess
	2.6	Order Rapid response and resuscitation
	2.7	- Acu Use of
	2.8	- Tac Appreciates the importance of timely institution of organ-system support
	2.9	- Upp Monitors
	2.10	- Pulr Recognises the need for supportive care for all organ systems whether failing / injured
		- Pnr Clear in explanations to patient, relatives and staff
		- Pnr Recognises the need for supportive care for all organ systems whether failing / injured
		- Hyp Consult and take into account the views of referring clinicians; promote their participation where appropriate
		- Hyp Implements
		- Sho Establishes trusting relationships with and demonstrates compassionate care of patients
		Treat Obtains
		Imme cardio
		Metho Initiates
		Surfac Respon
		Patient safety is paramount
		Determination to provide best and most appropriate care possible regardless of environment
		Appreciate the importance of ensuring physiological safety as a primary aim
		Recognises personal limitations, seeks and accepts assistance or supervision (knowledge)

PG Training in ICM

Programmes based on CoBaTrICE

Formally adopted (15 of 32) 2009: 9 of 28

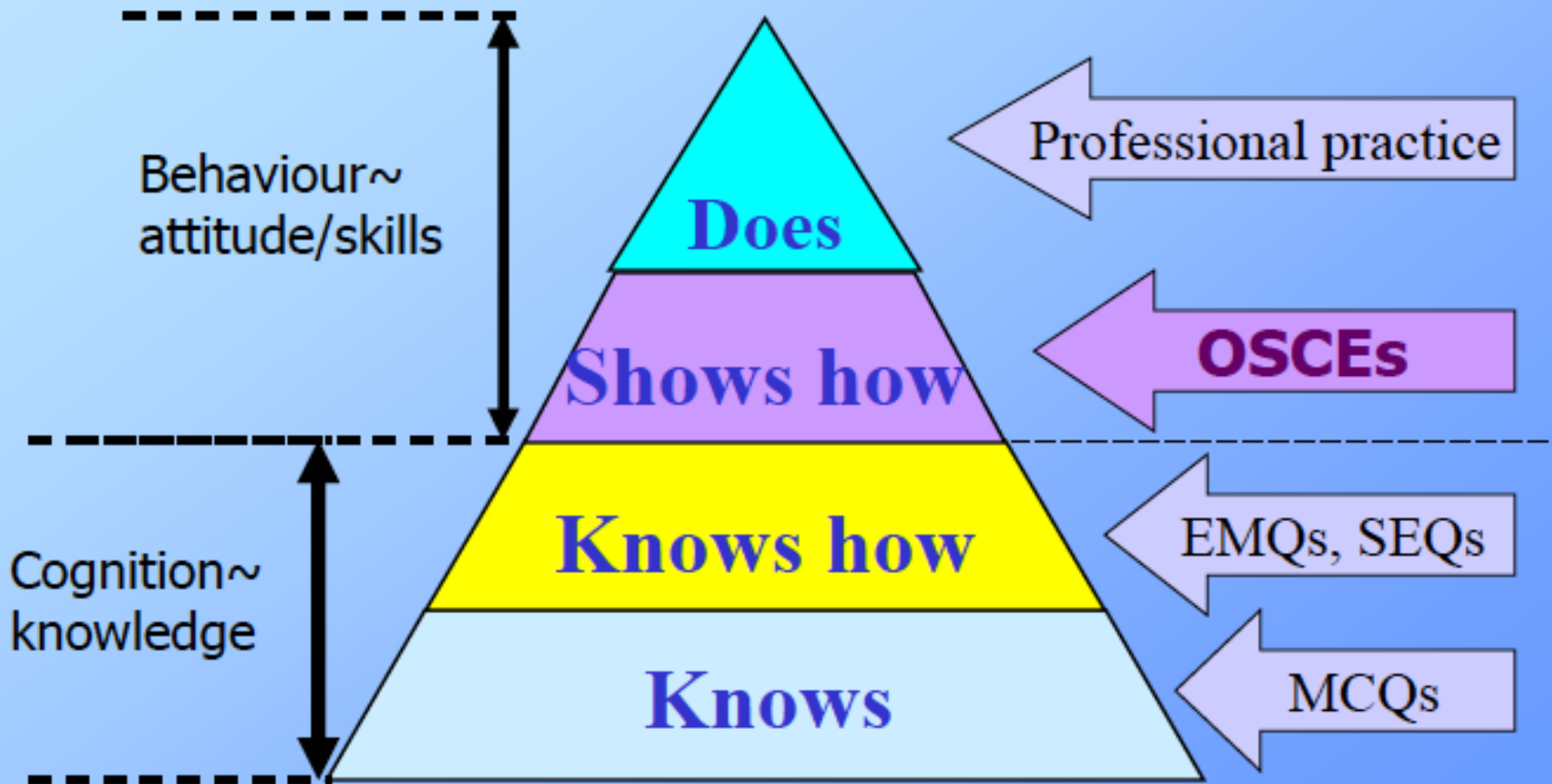
Planned or considered (12 of 32)



Jak ověřit získání kompetencí

- Formative assessment
 - průběžné přezkušování, pozorování v praxi, milníky
- Summative assessment
 - na konci ke získání diplomu nebo specializace
 - modely
 - žádné
 - subjektivní (klasické komisionální)
 - objektivní

Způsob ověřování závisí na tom, co ověřujeme



History of EDIC

1989

- MCQ true/false + oral exam at the national level

2004

- First official guidelines for the conduct of EDIC 1 & 2

2007

- EDIC 1 adopted by Swiss Society of ICM

2012

- Angoff method adopted for pass mark in EDIC 1
- Decision made to abandon national-level examinations for EDIC 2

2013

- New format of EDIC part 2 implemented

EDIC Part 1

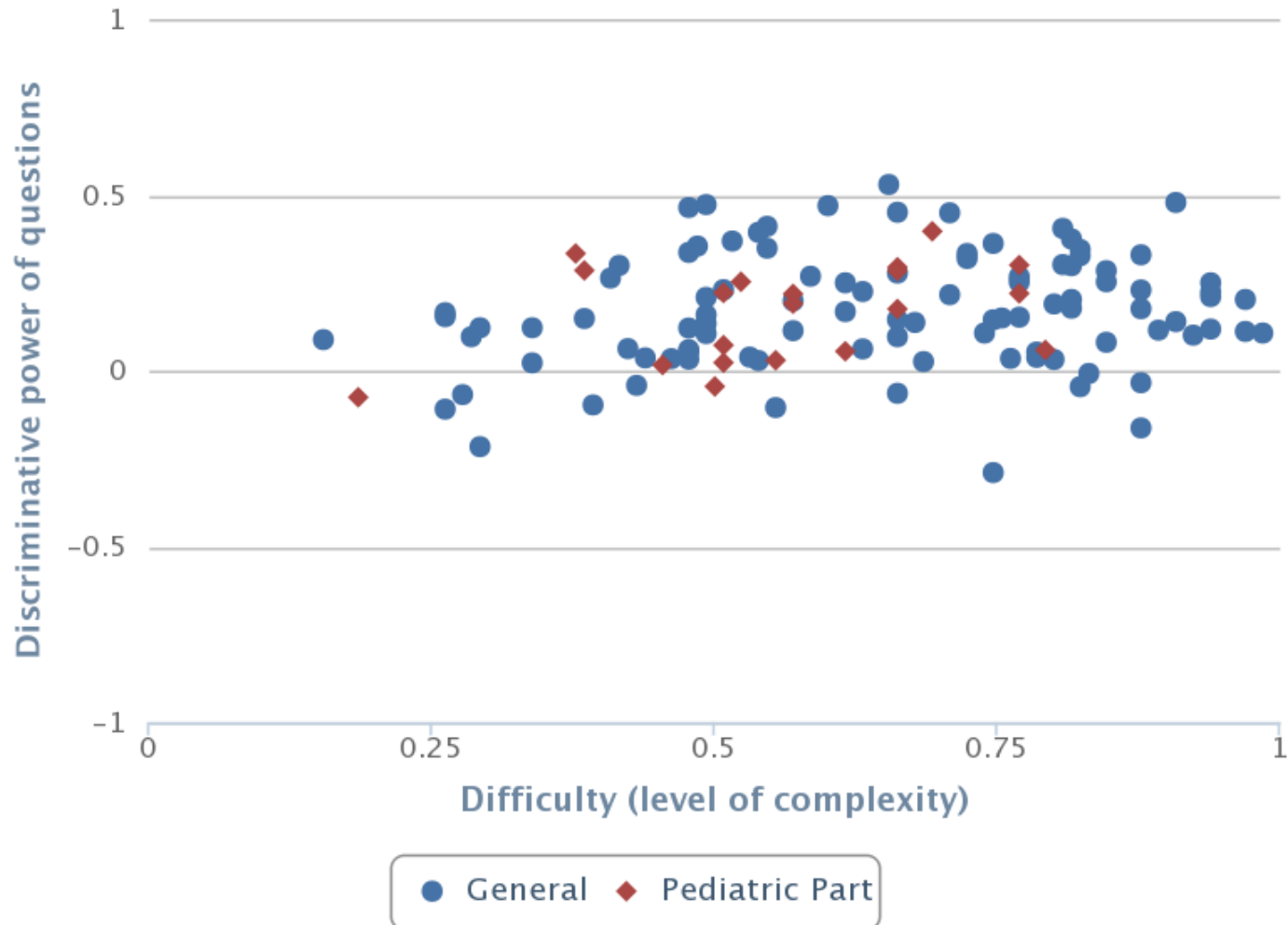
- Test mnohočetného výběru
 - 60 otázek typu A (single best answer out of 5)
 - 40 otázek typu K (4 možnosti True/False)

Příklad Otázka typu A (EDIC 2016)

- Který ze známek a příznaků je inkonzistentní s diagnosou Guillain-Barré
 - anamnéza kampylobakterové infekce před 2 týdny
 - anamnéza bolesti v zádech
 - zachovalé šlachookosticové reflexy
 - bilat. klonus kotníků
 - normální nález v likvoru (vč. negativity proteinů)

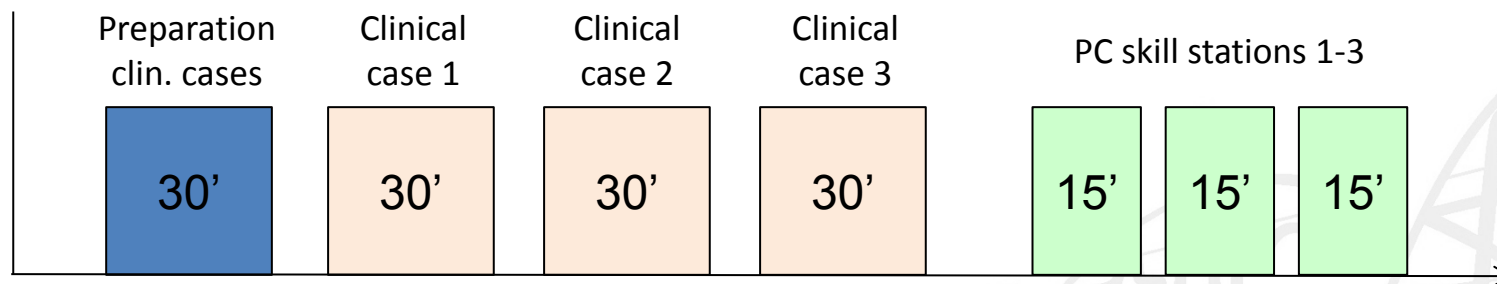
Difficulty and Discriminatory power

Difficulty (level of complexity) / Discriminative power of questions



EDIC Part 2

- 3 CCS Klinická kazuistika 3x25 min
- 3 CBA Počítačem-asistovaná examinace 3x15 min
 - Zobrazovací metody
 - Křivky (monitoru a ventilátoru)
 - Biochemický scénář



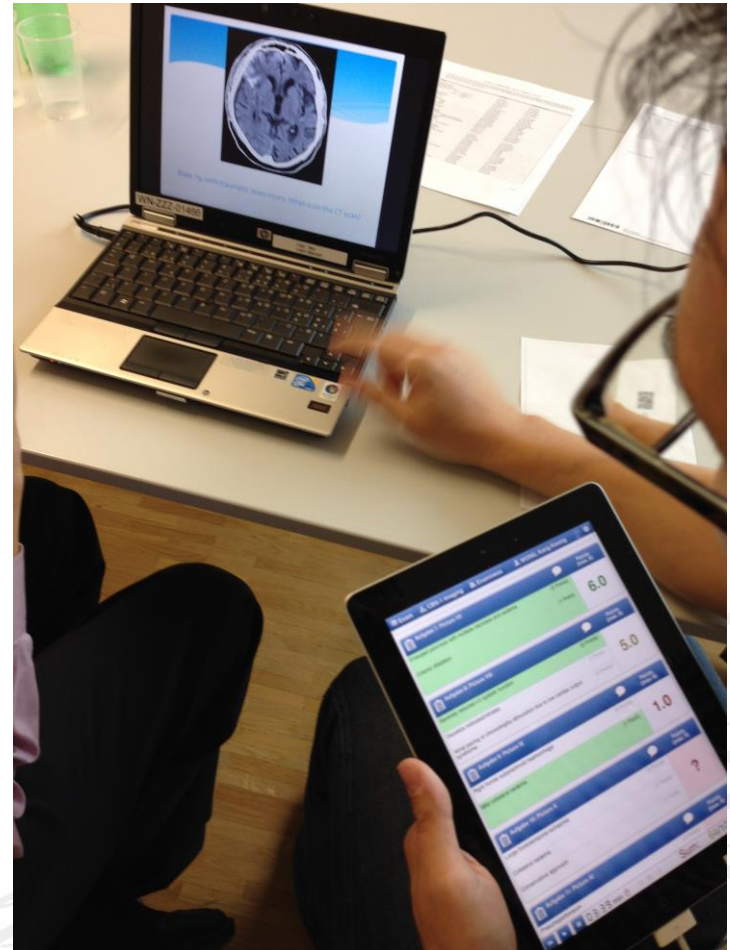
EDIC part 2

- Clinical Case: Objectives
 - To assess clinical competences and skills while dealing with a critically ill patient in the ICU setting (health advocate & manager)
 - To assess candidates ability to communicate and interact/collaborate with other intensive care specialists
 - To assess candidate professional behaviors



EDIC part 2

- PC based scenario: Objectives
 - To assess clinical competences and skills in different key domains of patient management (interpretation of images, pressure and flow curves, ECGs, biochemical scenarios, and
 - To assess candidates ability to explain and communicate with other intensive care specialists
 - To assess candidate professional behaviors



Factors associated with success in the oral part of the European Diploma in Intensive Care

Petr Waldauf¹, Francesca Rubulotta^{2,3}, Christian Sitzwohl^{4,5}, Paul Elbers^{4,6}, Armand Girbes^{4,6}, Rajnish Saha^{4,7}, Brian Marsh^{4,8}, Ravindra Kumar^{4,9}, Marco Maggiorini^{4,10} and František Duška^{1,4}

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Abstract

Introduction: The oral part of European Diploma in Intensive Care diploma examinations changed in 2013 into an objective structured clinical examination-type exam. This step was undertaken to provide a fair and reproducible clinical exam. All candidates face identical questions with predefined correct answers simultaneously in seven high throughput exam centres on the same day. We describe the factors that are associated with success in part 2 European Diploma in Intensive Care exam.

Methods: We prospectively collected self-reported data from all candidates sitting European Diploma in Intensive Care part 2 in 2015, namely demographics, professional background and attendance to a European Diploma in Intensive Care part 2 or generic objective structured clinical examination preparatory courses. After testing association with success

Závěr

- Velká variabilita obsahu, formátu i náplně oboru Intenzivní péče v Evropě
- Neexistuje automatické uznávání kvalifikací v EU (min. do revize Annexu 5 v r 2019)
- Krok k integraci a stanovení standardu je CoBATRICE a EDIC
- V ČR je podpora odb společnosti pro uznávání EDIC jako náhražky atestační zkoušky