

POSTER PRESENTATION

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Intensive care medicine in europe: the state of the training art

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From ESICM LIVES 2015

Berlin, Germany. 3-7 October 2015

Introduction

In many European Union (EU) countries, Intensive Care Medicine (ICM) remains a 'sub-specialty'. Many clinicians/ researchers envision the figure of dedicated intensivists who practice exclusively ICM. Distinct local differences exist in the minimum knowledge, skills, duration of training and non-technical behaviours and this may result in subsequent heterogeneous working conditions.

Objectives

To characterise EU training patterns and the perception on the quality of education and working conditions.

Methods

A web-based multi-question survey (SurveyMonkey®) was prepared and delivered via email to all ESICM members, so as to be received by all related ICM trainees and young specialists. Descriptive questions and a 5-point Likert scale were used. The survey was run for one year, thereafter the collected data were anonymously analyzed (Microsoft Excel 2013). Results are expressed in mean \pm SD.

Results

Among the 392 respondents, 196 were still in training, while 121/54 were working as young specialists/resident-fellow respectively. The length of ICM training programmes was of 4.2 ± 2.6 years; in 45% of cases it was a joint programme with other specialties (mostly anesthesiology and internal medicine). The attended programme did not clearly define competencies for 36% of respondents, whereas bedside teaching and grand

rounds represented 54% and 65% of used knowledge and skill teaching methods. Formal resuscitation courses were mandatory in 52% of cases; 70% of formal practical training were funded. Training programmes could be implemented with greater access to courses, scientific events and journals. Independence in taking clinical decision was appropriate in 76% of cases. Average week workload was 53.2 ± 12.4 hours, with 5.6 ± 7.7 night shift per month. Considering the extra workload, neither financial nor time compensation were provided to 60% and 73% of respondents respectively. Recipients' monthly salary were different: in 20% of cases, net allocation exceeded 4000 euros, while 30% were paid less than 2000 euros. Workload was evaluated as heavy in 53% of cases (too heavy in 8%) and moderate in 39%; personal-life was rated as good in 27% of cases, fair in 44% and poor in 24%.

Conclusions

Most ICM training programmes define competencies and training objectives; nevertheless, nor standards of assessment or duration of training are uniform. No speculation can be made on how training is actually affected by different European ICU-staffing systems. Besides, training and working cannot be parted: more than half of respondents defined their workload as heavy and nearly half of them considered their personal-life just fair. Mutual recognition of the speciality need both common training framework and a multidisciplinary ICM core curricula: this would probably create the firm foundation and consistent standard required to train intensivists to a uniform figure across the EU.

Grant Acknowledgment

This survey was endorsed by ESICM.

NEXT Committee, European Society of Intensive Care Medicine, Brussels, Belgium

Published: 1 October 2015

doi:10.1186/2197-425X-3-S1-A859

Cite this article as: Wong *et al.*: Intensive care medicine in europe: the state of the training art. *Intensive Care Medicine Experimental* 2015 **3**(Suppl 1): A859.

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