



## Are Newly Licensed Intensivists Prepared for Practice?



A study in the Netherlands indicates that recently licensed intensivists are well prepared for most tasks in intensive care medicine (ICM). However, lower preparedness scores on tasks related to leadership and management, science, and professional development call for re-evaluation of the current curriculum. The findings will be published in *Journal of Critical Care*.

**See Also:** [What is the Optimal Patient-Intensivist Ratio?](#)

"As the leadership role for physicians is becoming increasingly important, initiatives are being developed internationally to improve residents' training in management and leadership skills," the authors write. "The results of our study call for a similar increased attention to and training in management and leadership skills in ICM training programmes."

Competency based education (CBE) has been globally adopted in medical education in order to adhere to societal requirements and to implement generic competencies (e.g., communication, collaboration and leadership) more strongly. In ICM, 43 national societies have collaborated to develop a competency framework and common standards for postgraduate training within the "Competency Based Training in Intensive Care medicine for Europe collaboration" (CoBaTrICE). These standards should ensure high quality education in ICM.

The Netherlands was one of the first countries to adopt the CoBaTrICE framework. A syllabus with a translated list of all ICM competencies is used by all nine ICM training institutes in the country. Given the extensive experience with CoBaTrICE and the harmonisation of training programmes, the Netherlands provides a unique opportunity to evaluate CBE in ICM. The researchers set out to evaluate how well ICM trainees feel prepared for practice and whether trainees from different base specialities feel prepared for practice differently.

An inventory was developed to cover the tasks that constitute ICM practice, which was applied as a questionnaire. Recently licensed Dutch intensivists ( $n = 205$ ) received the questionnaire in which they could indicate how well their ICM training programme prepared them for these tasks on a 5-point Likert scale.

Ninety-one respondents returned the questionnaire (response rate 45%). Respondents felt excellently prepared for 67 tasks, well prepared for 16 tasks, marginally sufficiently prepared for 6 tasks and insufficiently prepared for 15 tasks. Intensivists from anaesthesiology felt better prepared for IC specific activities (mean 4.25, SD 0.38) than those from internal medicine (mean 4.01, SD 0.40,  $p = 0.02$ ). Average scores on tasks related to medical expertise were relatively high, while tasks relating to management and leadership, science, and professional development scored lower.

"In line with findings in others specialities, graduate intensivists generally feel well prepared for independent ICM practice, but they feel insufficiently prepared for tasks related to leadership and management, science, and professional development," the authors note. "These results call for a re-evaluation and update of the current (Dutch) CoBaTriCE framework. Although the medical expert role should evidently remain the core of ICM training, ICM training frameworks should expand its focus to the generic roles of independent practice more explicitly."

Source: [Journal of Critical Care](#)

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