



XI congresso nazionale

simeu

ROMA 24-26 MAGGIO 2018

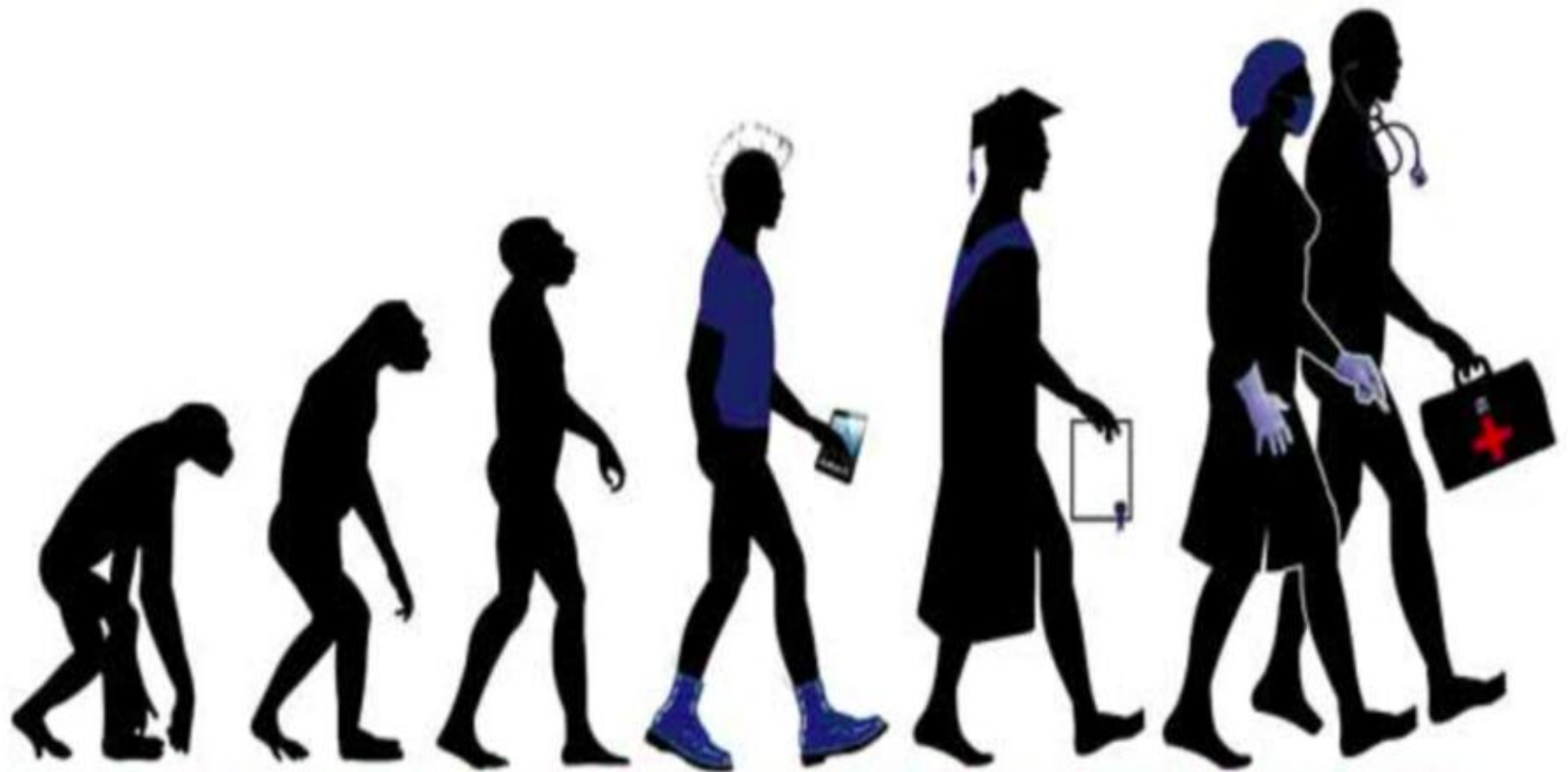
Dalle nozioni alle competenze:
un nuovo paradigma per la formazione
post-laurea e continua
in medicina d'emergenza-urgenza

Dott. Stefano Sartini

U.O.C MECAU, Ospedale Policlinico San Martino, Genova

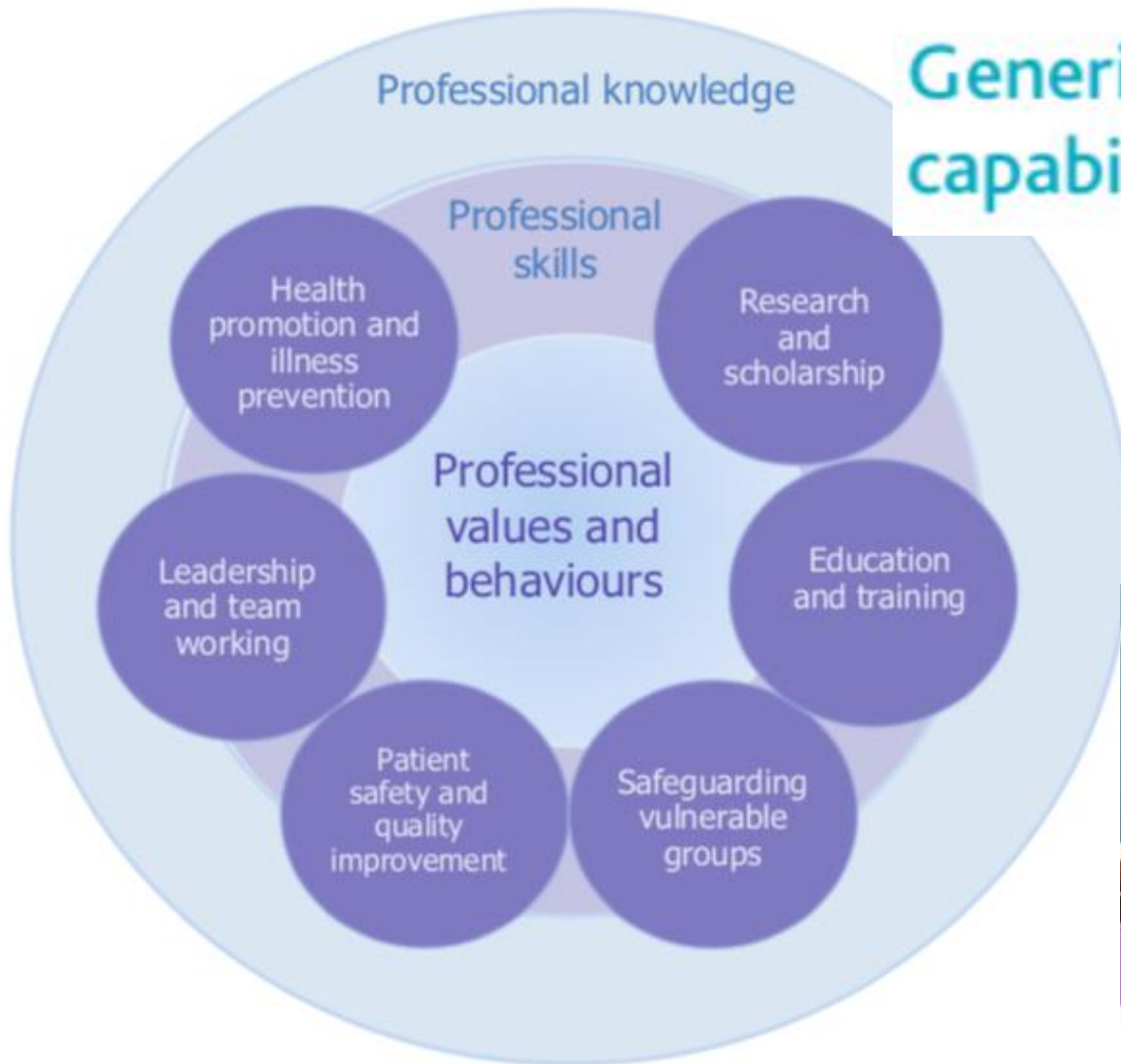


today's students...
tomorrow's specialists?



transitions in the continuum of medical education

Cos'è un professionista?



Generic professional capabilities framework



General
Medical
Council

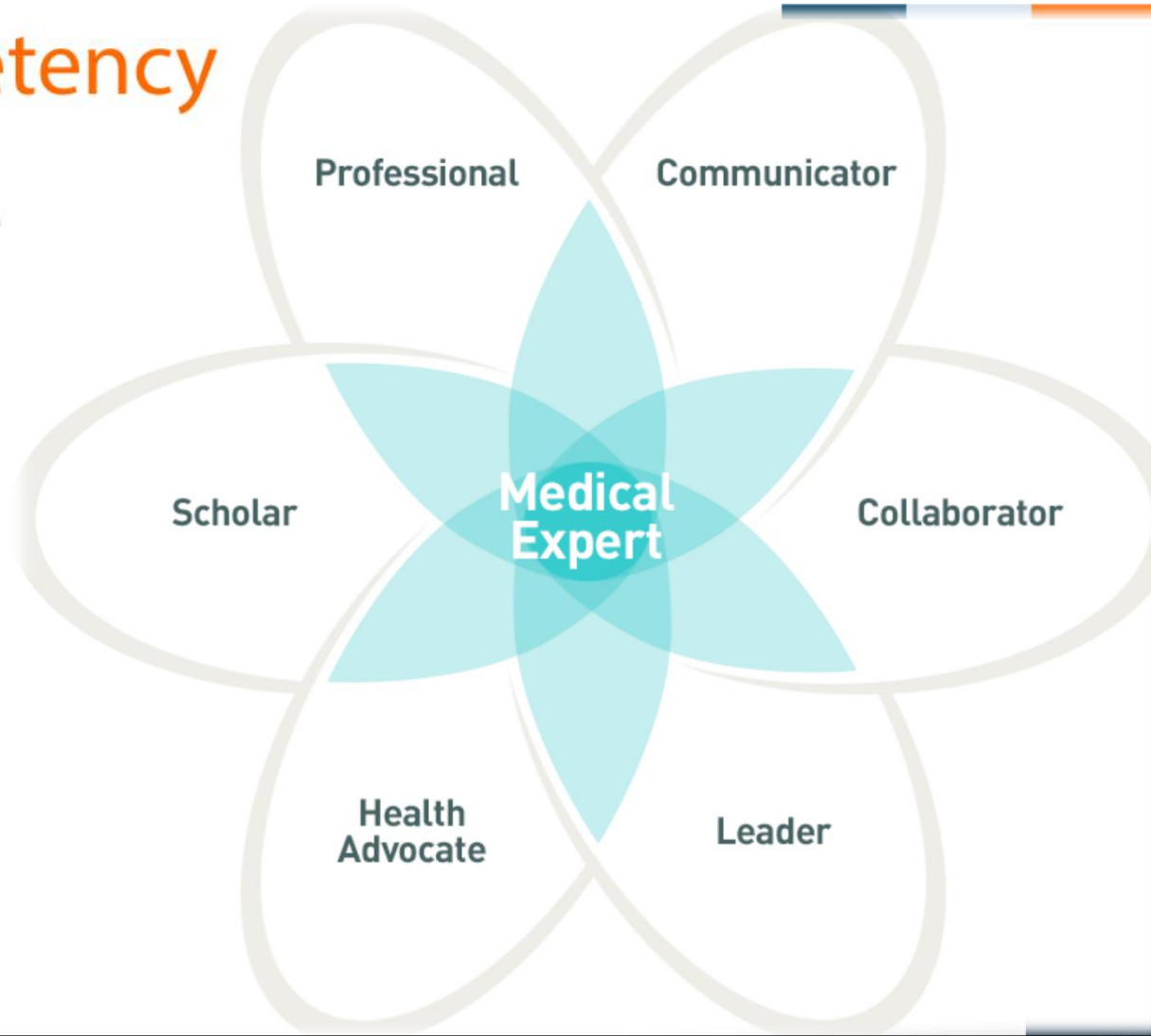
Cos'è un professionista?

CanMEDS 2015

Physician Competency Framework

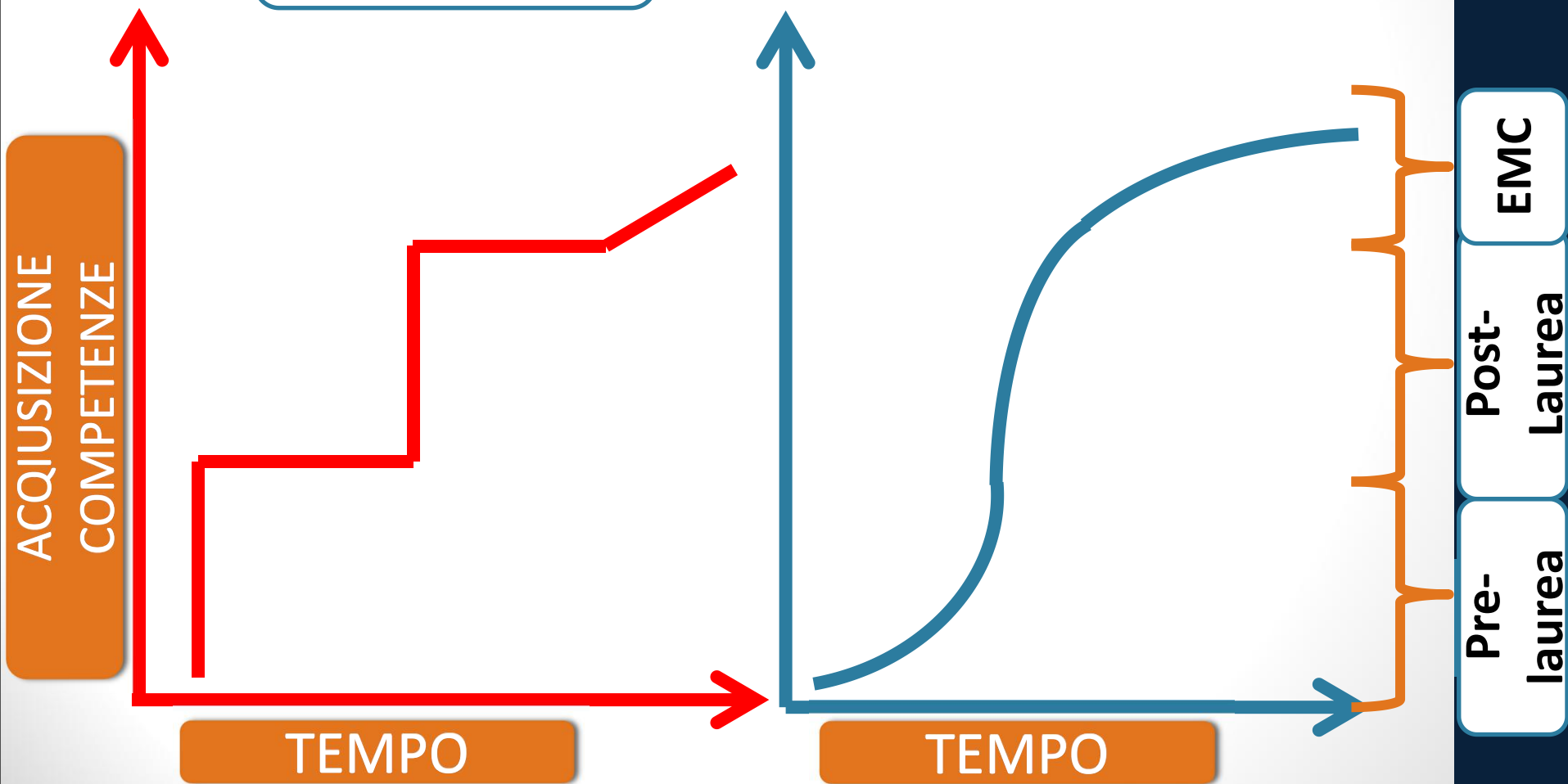


ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA



Come acquisiamo le competenze?

ITALIA



Guidelines for critical care medicine training and continuing medical education

PROGRAMME
CONTENT

About CME

- Ever-increasing, measurable quantity of knowledge
- Regularly perform and teach an increasingly broader set of skills
- Continue to demonstrate advanced, ethical decision making
- Serve as a role model for compassionate and caring attitude toward patient who are critically ill.

Clinical

Cognitive skills

Core Procedural skills

Research

Administrative

Come facciamo formazione post-laurea?

SCUOLA DI SPECIALIZZAZIONE IN MEDICINA D'EMERGENZA-URGENZA (SCUOLE DI AREA MEDICA - CLASSE DELLA MEDICINA CLINICA GENERALE)

La classe della MEDICINA CLINICA GENERALE e' integrata con la seguente tipologia:

obiettivi formativi di base:

obiettivi della formazione generale:

obiettivi formativi della tipologia della Scuola:

Sono attività professionalizzanti obbligatorie

- avere partecipato, per almeno 3 anni, all'attività medica - compresi i turni di guardia diurni, notturni e festivi - nelle strutture di Emergenza-Accettazione - e nelle strutture collegate- identificate nell'ambito della rete formativa regionale;
- sapere praticare l'accesso chirurgico d'emergenza alle vie aeree: cricotiroidotomia;
- avere praticato almeno 10 sedazioni-analgesie per procedure;

Le attività caratterizzanti elettive a scelta dello studente



	1° anno				2° anno				3° anno		4° anno			5° anno	
	A	B	C		E	F	G	H	I	L	M	N	O	P	Q
nov-17					Med Interna	DEA/Med Urg	Med Urgenza	Med Urgenza	DEA/Monitor	UTIC	UTIC	PS/Salette	Pinerolo	PS/Salette	118
dic-17					Med Interna	DEA/Med Urg	Med Urgenza	Med Urgenza	DEA/Monitor	UTIC	118	PS/Bergamo	Pinerolo	PS/Salette	Milano
gen-18	Med Urgenza	Med Urgenza	Med Interna	Med Interna	PS/Salette	DEA/Med Urg	Med Interna	DEA/Monitor	118	UTIC	Pinerolo	PS/Bergamo	Pinerolo	PS/Salette	Milano
Feb-18	Med Urgenza	Med Urgenza	Med Interna	Med Interna	DEA/Med Urg	PS/Salette	Med Interna	DEA/Monitor	UTIC	PS/Salette	Pinerolo	PS/Bergamo	Pinerolo	PS/Salette	Milano
Mar-18	Med Urgenza	Med Urgenza	Med Interna	Med Interna	DEA/Med Urg	PS/Salette	DEA/Monitor	Med Interna	UTIC	PS/Salette	Pinerolo	PS/Bergamo	PS/Bergamo	118	Milano
Apr-18	Med Urgenza	Med Urgenza	Med Interna	Med Interna	DEA/Med Urg	PS/Salette	DEA/Monitor	Med Interna	UTIC	118	Pinerolo	Pinerolo	PS/Bergamo	Rianimazione	Milano
May-18	Chirurgia	Med Urgenza	Med Urgenza	Med Interna	Med Interna	DEA/Monitor	DEA/Med Urg	Med Interna	Sala operatoria	PS/OBI	UTIC	Pinerolo	PS/Bergamo	Rianimazione	Milano
Jun-18	Chir/Torace	Med Urgenza	Med Urgenza	Med Interna	Med Interna	DEA/Monitor	DEA/Med Urg	Med Interna	Gaslini	PS/OBI	UTIC	Pinerolo	PS/Bergamo	Rianimazione	Milano
Jul-18	Med Interna	Chirurgia	Med Urgenza	Med Urgenza	PS/Salette	Med Interna	DEA/Med Urg	PS/Salette	Gaslini	DEA/Monitor	UTIC/Aritm	Pinerolo	PS/Bergamo	PS/Salette	Milano
Aug-18	Med Interna	Chir/Torace	Med Urgenza	Med Urgenza	PS/Salette	Med Interna	PS/Salette	DEA/Med Urg	Gaslini	DEA/Monitor	PS/Ortopedia	UTIC	PS/Salette		
Sep-18	Med Interna	Med Interna	Chirurgia	Med Urgenza	DEA/Monitor	Med Interna	PS/Salette	DEA/Med Urg	PS/OBI	Sala operatoria	PS/Ortopedia	UTIC	PS/Salette		
Oct-18	Med Interna	Med Interna	Chir/Torace	Med Urgenza	DEA/Monitor	Med Interna	PS/Salette	DEA/Med Urg	PS/OBI	Gaslini	PS/Salette	UTIC/Aritm	UTIC		
Nov-18	Med Urgenza	Med Interna	Med Urgenza	Chirurgia					PS/Salette	Gaslini	PS/Salette	PS/Ortopedia	UTIC		
Dec-18	Med Urgenza	Med Interna	Med Urgenza	Chir/Torace					PS/Salette	Gaslini	PS/Salette	PS/Ortopedia	UTIC/Aritm		
Jan-19	Med Interna	Med Interna	Med Interna	Med Urgenza											
Feb-19	Med Interna	Med Interna	Med Interna	Med Urgenza											



Scuola Specializzazione MEU GENOVA



RIASSUNTO TURNAZIONI		MESI
1° ANNO	MED D'URG	6
	CHIR. GEN	1
	CHIR.TORACICA	1
	MED. INTERNA	4
2° ANNO	MED.INTERNA	4
	PS/SALETTE	3
	DEA/Med.Urg	3
	DEA/Monitor	2
3° ANNO		118
	UTIC	3
	SALA OPERATORIA	1
	GASLINI	3
	PS/OBI	2
	PS/SALETTE	2

RIASSUNTO TURNAZIONI		MESI
4° ANNO	UTIC	2
	UTIC/Aritm	1
	PS/Ortopedia	2
	PS/SALETTE	3
	118	1
	ALTRO (opz)	3

5° ANNO	RIANIMAZIONE	3
	118	1
	DEA/Med.Urg	2
	PS/SALETTE	3
	ALTRO(Opz)	3

LE ROTAZIONI
basteranno a
garantire
l'acquisizione
di COMPETENZE?

Come
vengono
SUPPORTATI?

Come
vengono
INSEGNATE?

In che
modo
vengono
VALUTATE?





UNIVERSITA' DEGLI STUDI DI GENOVA
Scuola di Specializzazione in
Medicina d'Emergenza-Urgenza
Prof. Giovanni Murialdo



CURRICULUM POST-LAUREA "COMPETENCE BASED"

Progetto in collaborazione
con altre 7 scuole di
specializzazione
"non-MEU".



Excellence by design:

standards for postgraduate curricula

Themes and key principles

THEME 1: Purpose

Why is the curriculum needed?

01

- Patient safety
- Maintaining standards across the UK
- Excellence
- Fairness
- Current and future workforce and service needs

02

THEME 2:

Governance and support

What processes were used to develop the curriculum?

03

THEME 3:

Programme of learning

What does a doctor need to experience and achieve to progress or complete training?

04

THEME 4:

Programme of assessment

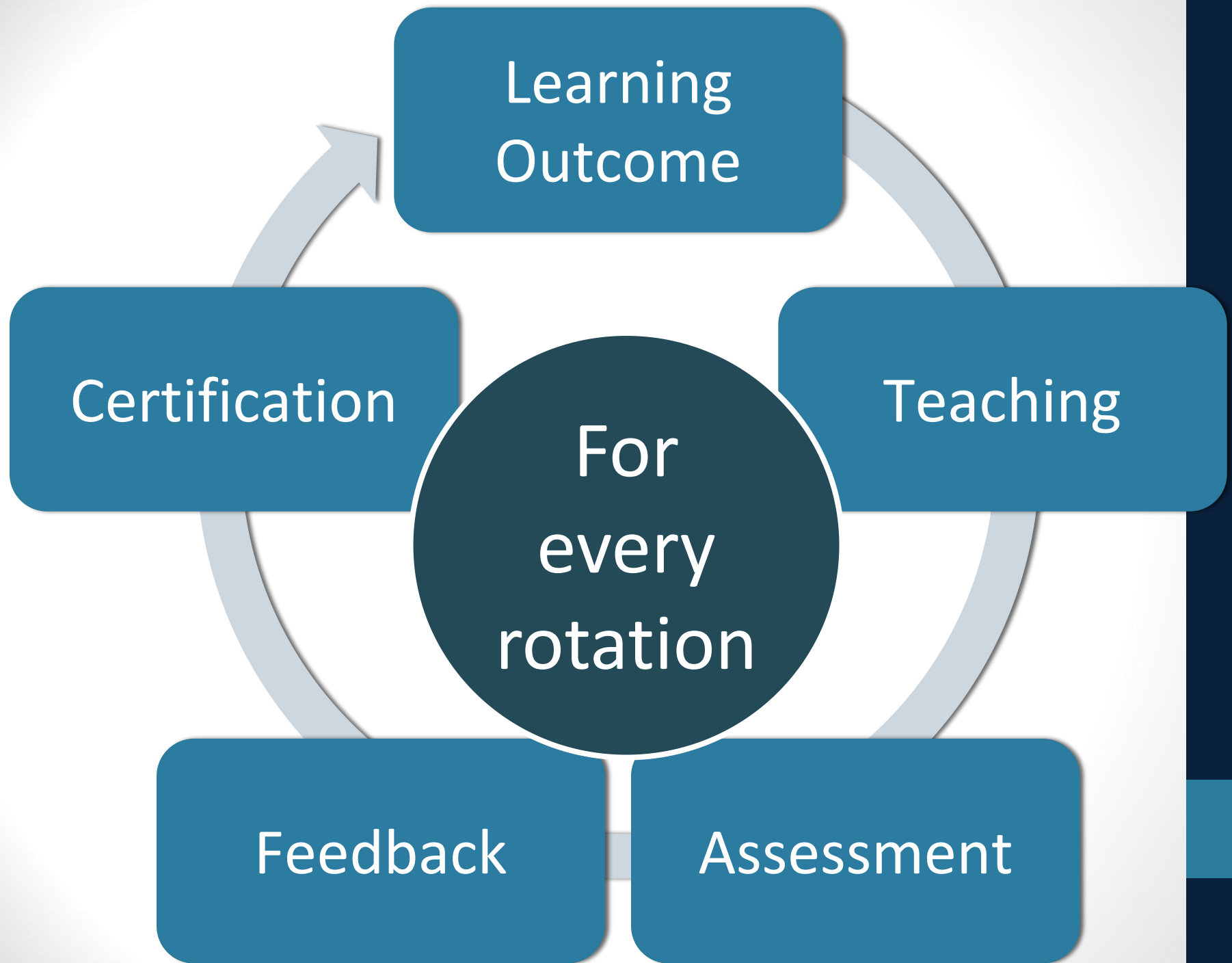
How will doctors demonstrate attainment of the intended learning outcomes?

05

THEME 5:

Quality assurance and improvement

How will the performance and development of the curriculum and programme of assessment be monitored and reviewed?





THE ROYAL COLLEGE OF EMERGENCY MEDICINE

Curriculum and Assessment Systems For Training in Emergency Medicine

CORD SUPPLEMENT

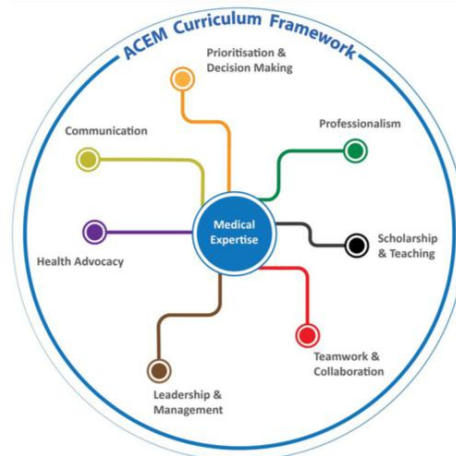
ACADEMIC EMERGENCY MEDICINE 2010; 17:e110–e129 a 2010 by
the Society for Academic Emergency Medicine

Emergency Medicine Quality Improvement and Patient Safety Curriculum

John J. Kelly, DO, Elaine Thallner, MD, MS, Robert I. Broida, MD, Dickson Cheung, MD, MPH,
Helmut Meisl, MD, Azita G. Hamedani, MD, MPH, Kevin Klauer, DO, Shari J. Welch, MD,
and Christopher Beach, MD



AUSTRALASIAN COLLEGE
FOR EMERGENCY MEDICINE



CURRICULUM

Document No:	ACF440
Approved:	
Last Revised:	Feb-2015
Version No:	v2



LEARNING OUTCOME- GENOVA



TEORICHE

PRATICHE

COMPORT
AMENTALI

TEORICHE

PRATICHE

COMPORT
AMENTALI

TEORICHE

PRATICHE

COMPORT
AMENTALI

TEORICHE

PRATICHE

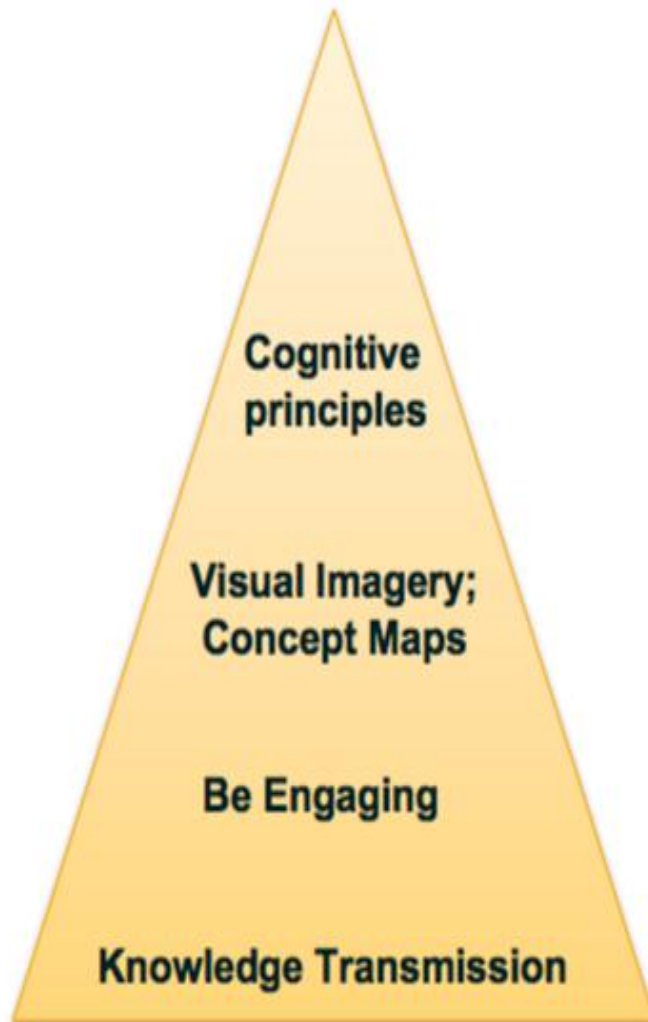
COMPORT
AMENTALI

TEORICHE

PRATICHE

COMPORT
AMENTALI

- Lecturing well: an evidence-based approach
 - *Interacting with learners cognitive states*



Brown and Manogue, 2001; Canfield, 2002; Gülpinar and Yegen, 2005; Hartley and Cameron, 1967; Johnson and Mighten, 2005; Melamed et al. 2006; McKeachie, 2006; Richardson, 2011; van Dijk et al, 2001

Cosgrove et al, 2006; MacNeil, 2007

Kessler, Dharmapuri and Marcolini, 2011; Copeland, Longworth, Hewson and Stoller, 2010

Powell, 1970

HOW-TO GUIDE FOR ACTIVE LEARNING



IAMSE MANUALS

A Publication of the International
Association of Medical Science Educators

- FLIPPED CLASSROOM
- TEAM BASED LEARNING
- Games as a Teaching and Learning Tool in Medical Education
- Brief Activities: Questioning, Brainstorming, Think-Pair Share, Jigsaw, and Clinical Case Discussions
- Concept Mapping: An Andragogy Suited for Facilitating Education of the Adult Medical Millennial Learner
- Active Learning in 'The Cloud': Using 'Social' Technologies to Expand the Medical Classroom

PRACTICAL TEACHING IN EMERGENCY MEDICINE

2nd edition, 2013, Rogers L, Mattu A, Winters M, Martinez J, Mulligan T

Experience cycle

- *Preparation*—what do you want to accomplish?
 - *Briefing*—introduction, explanation of purpose, ground rules, and review of examinations or procedures to be performed.
 - *Clinical encounter*—the actual patient encounter.
 - *Debrief*
- ## Explanation cycle
- *Reflection*—on theory and previous encounters.
 - *Explication*—how practice can be improved through evidence-based medicine.
 - *Working knowledge*—deriving knowledge to be applied to future encounters.

Implement your program through active learner participation to *focus* the learner, *promote* understanding, *probe* his or her reasoning, *crystallize* an idea, and *challenge* the conclusion.

Close the session by giving effective, prompt feedback.



METODI DI INSEGNAMENTO

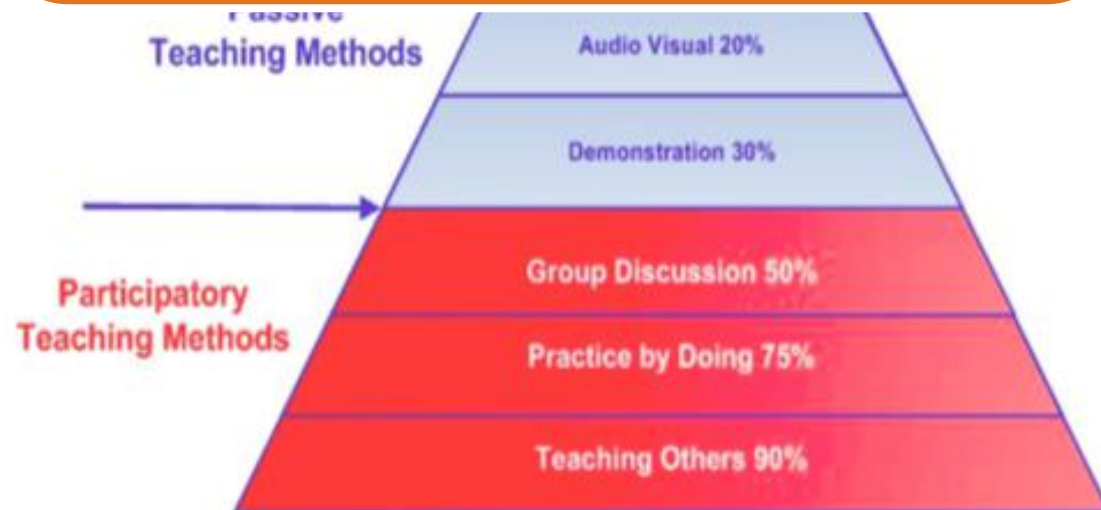


The Learning Pyramid

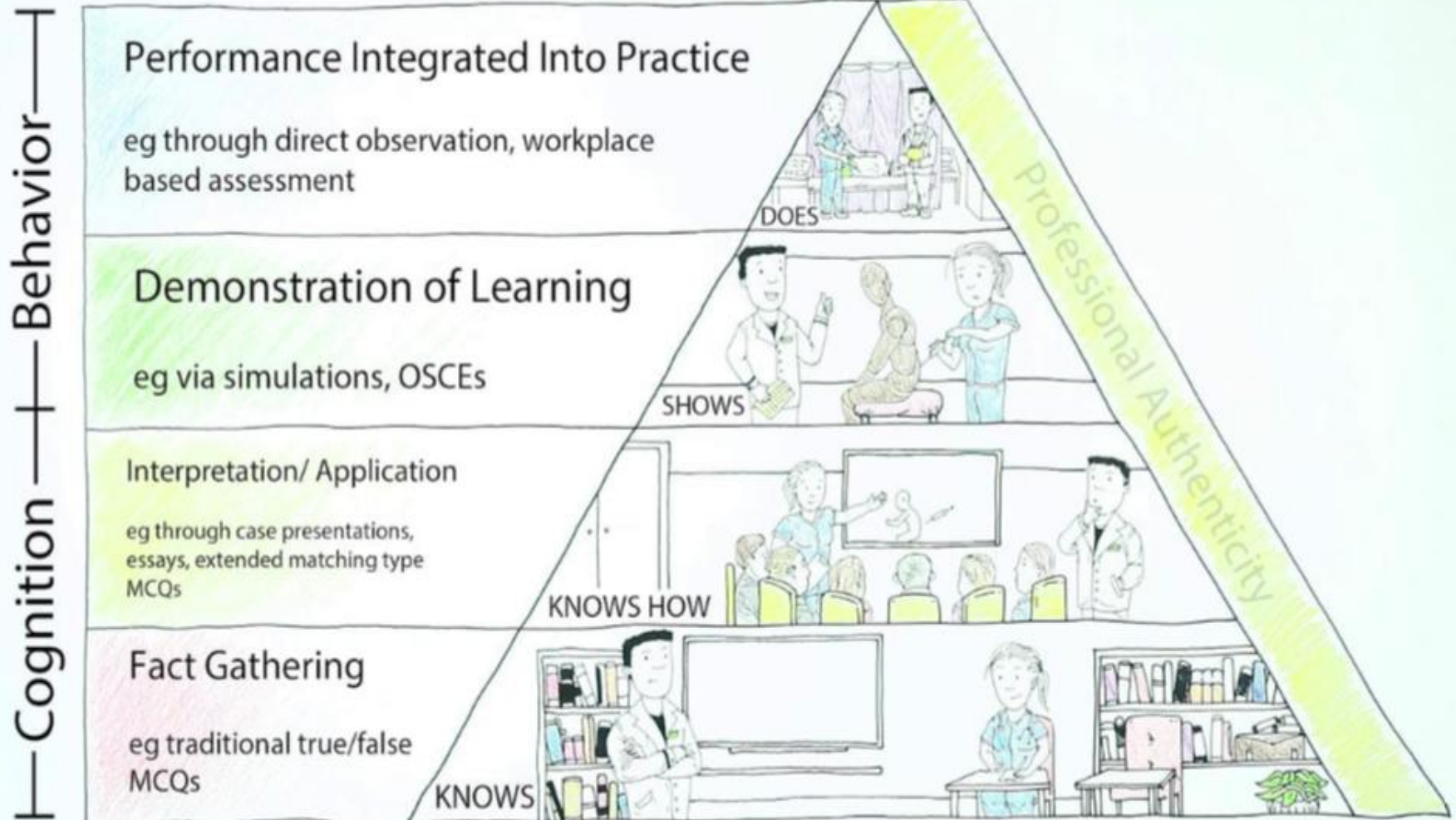
- LEZIONI FRONTALI
- SEMINARI/CONGRESSI
- CORSI/WORKSHOP
- DISCUSSIONE CRITICA LINEE GUIDA/ JOURNAL CLUB/REVISIONE ARTICOLI SCIENTIFICI
- DISCUSSIONE DI CASI CLINICI (sia in corsia che come presentazioni/incontri)
- PROBLEM SOLVING
- PROCEDURE CON CHECK-LIST SU MANICHINI
- SIMULAZIONE (macro e micro)
- ATTIVITA' CLINICA CON SENIOR
- INSEGNAMENTO AD ALTRI (studenti, specializzandi junior)

Ad integrazione dello studio personale:

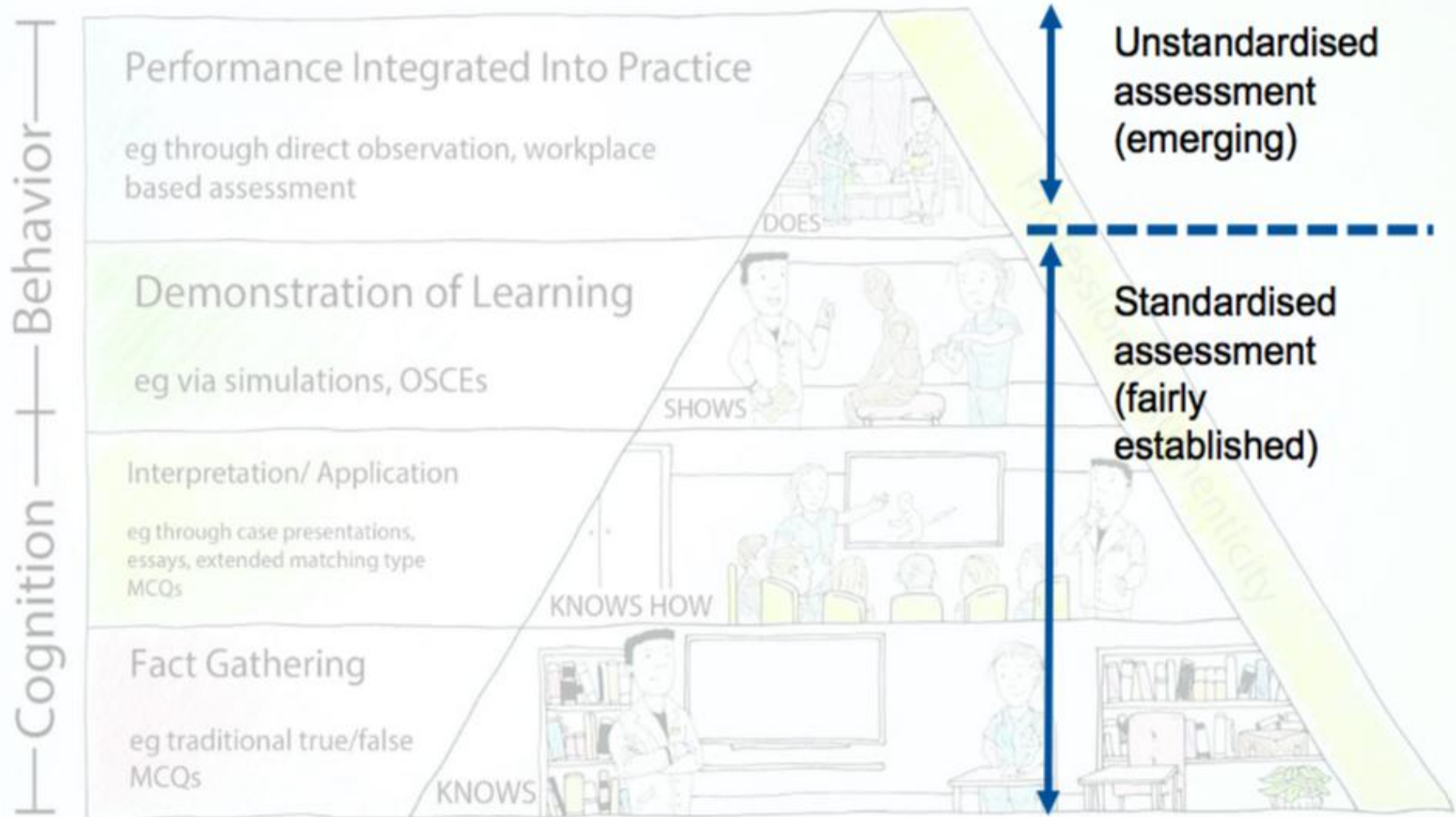
- BIGLIOGRAFIA
- SITOGRAFIA
- Indicare principali riviste scientifiche da seguire
- Creare “database” di linee guida utili



COME, DOVE, QUANDO VALUTARE?



COME, DOVE, QUANDO VALUTARE?



RCEM
July 2015



**ACCS Specialty Specific
Assessments forms
&
and EM Work Place Based
Assessment Forms**



Mini Clinical Evaluation Exercise

Please TICK to indicate the standard of the trainee's performance in each area	Not observed	Further core learning needed	Demonstrates good practice		Demonstrates excellent practice
			Must address learning points highlighted below	Should address learning points highlighted below	
Initial approach					
History and information gathering					
Examination					
Investigation					
Clinical decision making and judgment					
Communication with patient, relatives, staff					
Overall plan					
Professionalism					
For summative Mini-CEX				Unsuccessful	Successful
Things done particularly well					
Learning points					
Action points					



<i>Well below expectation for stage of training</i>	<i>Below expectation for stage of training</i>	<i>Borderline for stage of training</i>	<i>Meets expectation for stage of training</i>	<i>Above expectation for stage of training</i>	<i>Well above expectation for stage of training</i>	<i>Unable to Comment</i>
Demonstrates understanding of indications, relevant anatomy, technique of procedure:						
☐	☐	☐	☐	☐	☐	☐
Obtains informed consent:						
☐	☐	☐	☐	☐	☐	☐
Demonstrates appropriate preparation pre-procedure:						
☐	☐	☐	☐	☐	☐	☐
Appropriate analgesia or self-sedation:						
☐	☐	☐	☐			
Technical ability:						
☐	☐	☐	☐			
Aseptic technique:						
☐	☐	☐	☐			
Seeks help where appropriate:						
☐	☐	☐	☐			
Post procedure management:						
☐	☐	☐	☐			
Communication skills:						
☐	☐	☐	☐	☐	☐	☐
Consideration of patient/professionalism:						
☐	☐	☐	☐	☐	☐	☐
Overall ability to perform procedure:						
☐	☐	☐	☐	☐	☐	☐

Direct Observation of Procedures Skills

Table 5 Composite reliability coefficients (G) and standard errors of measurement (SEM) for different numbers of workplace-based assessments

N			Complete dataset		Year 1 portfolio		Weighted total dataset
DOPS	Mini-CEX	MSF	G	SEM	G	SEM	G
10	10	1	0.823	0.109	0.856	0.106	0.804
8	7	1	0.801	0.117	0.835	0.115	0.782
6	5	1	0.771	0.128	0.806	0.127	0.752
10	10	2	0.865	0.093	0.887	0.092	0.848
8	7	2	0.841	0.102	0.864	0.103	0.824
6	5	2	0.808	0.114	0.833	0.116	0.790



METODI DI VALUTAZIONE

METODI DI VALUTAZIONE



QUESTIONARI A RISPOSTA MULTIPLA

SIMULAZIONE (macro-simulazione)

SIMULAZIONE (micro-simulazione)

“CLINICAL MEETING” e DISCUSSIONE DI CASI CLINICI (sia in corsia che come presentazioni/incontri) (con scheda di valutazione standard)

VERIFICA SUL CAMPO DI GESTIONE CLINICA DEI PAZIENTI (con scheda di valutazione standard)

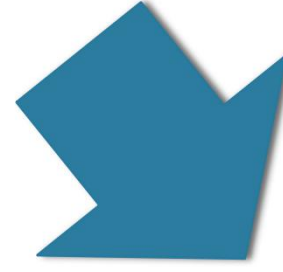
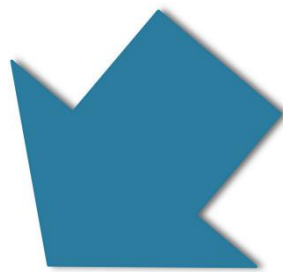
KEY FEATURES PROBLEMS e TEST CASES (con scheda di valutazione standard)

SCA STEMI

COMPETENZE	INSEGNAMENTO	VALUTAZIONE
TEORICHE		
• Conoscere l'anatomia dell'apparato cardio-vascolare e dell'albero coronarico • Conoscere la fisiopatologia delle sindromi coronariche acute • Conoscere la presentazione clinica delle sindromi coronariche • Conoscere i principi di elettrocardiografia (ECG) • Elencare i fattori di rischio cardio-vascolare • Conoscere le indicazioni al trattamento di angioplastica primaria e secondaria • Conoscere i principi dell'ALS • Conoscere le nozioni fondamentali di ecocardiografia • Conoscere la farmacologia le indicazioni al trattamento fibrinolitico • Conoscere i principi della <i>Crisis Resource Management (CRM)</i>	Lezioni frontali Corsi workshop Discussion e linee guida	questionari
PRATICHE		
• Effettuare correttamente la rianimazione cardio-polmonare e valutazione ABC • Applicare i principi della <i>CRM</i> • Gestire adeguatamente il <i>cardiac arrest team</i> • Interpretare correttamente le principali alterazioni ECG suggestive di SCA (STEMI e NSTEMI) • Correlare la sintomatologia clinica alle alterazioni ECG • Attivare precocemente la sala di emodinamica coronarica e la valutazione cardiologica specialistica • Utilizzare appropriatamente il defibrillatore • Somministrare correttamente farmaci antiaggreganti e anticoagulanti e ossigenoterapia • Somministrare correttamente farmaci antiaritmici • Eseguire Ecoscopia di base	Interpretazioni pratiche Simulazione micro e macro Discussion e casi clinici	Simulazioni Ecg test
COMPORTAMENTALI		
• Relazionarsi correttamente con i componenti del <i>cardiac arrest team</i> • Consultare precocemente il personale strutturato quando necessario • Comunicare efficacemente con il paziente ed i familiari • Comunicare una notizia infausta • Gestire le proprie emozioni	Macro simulazioni e	Macro simulazione



LEARNING OUTCOME



METODI DI
INSEGNAMENTO

METODI DI
VALUTAZIONE



ROTAZIONI/ANNO

FEEDBACK

ESAME DI FINE ANNO

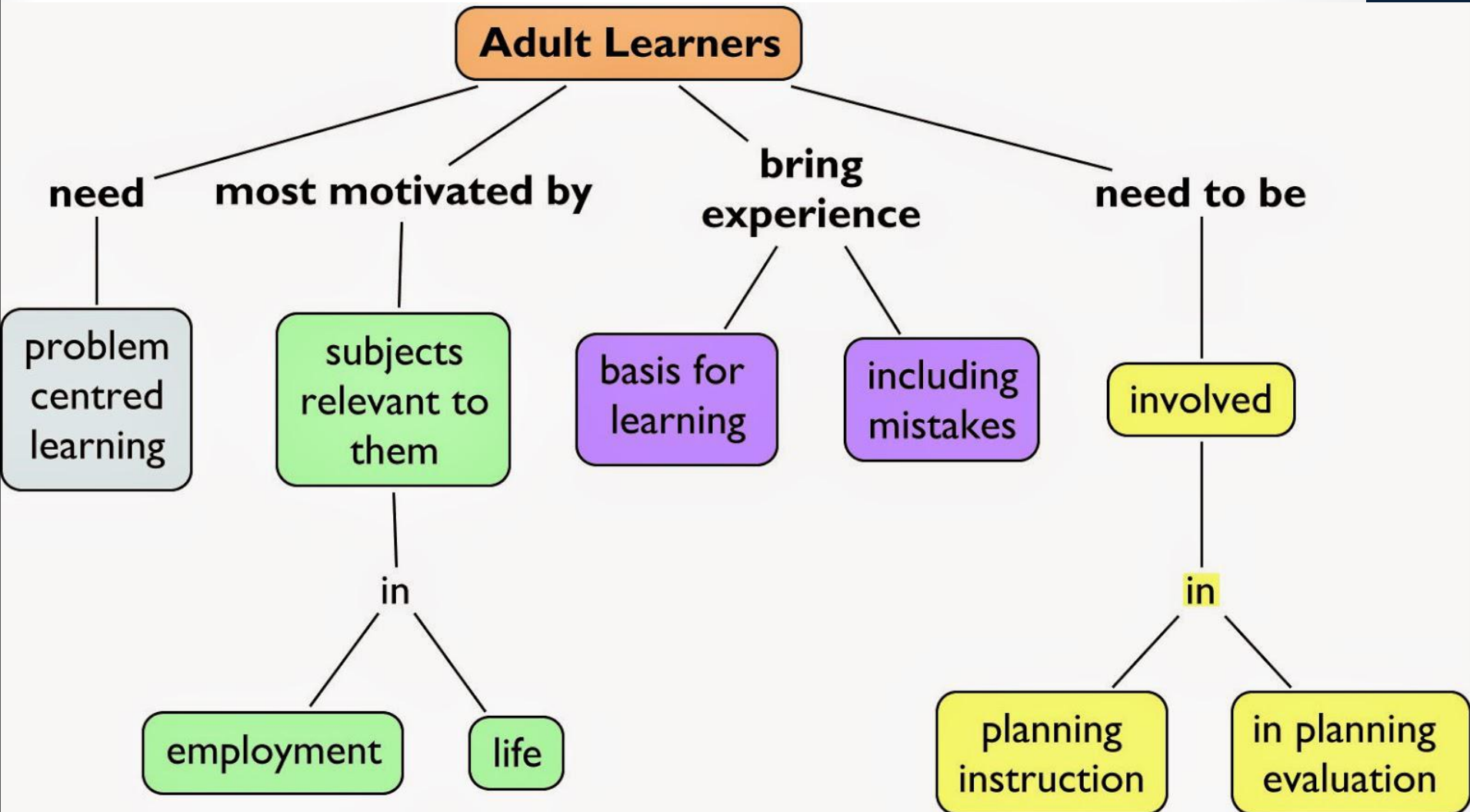


“Rimanere” un
OTTIMO
Specialista

“Diventare” un
OTTIMO
Specialista



HOW ADULT LEARN



The needs assessment in continuing medical education

Identify educational needs

Consider the target audience of healthcare professionals that can benefit from additional education about a particular topic.



Identify clinical practice gaps

The educational topic may have one or more clinical practice gaps. These represent the gaps between current and optimal medical practices.



Produce NA from the identified needs

Each gap may have one or more needs. These needs represent what is required to close the clinical practice gap, and they can comprise data on the knowledge, competencies, and performance of the target audience.



Develop educational programme

The educational programme represents the CME activity to address the needs of the target audience and close the clinical practice gaps. The programme must provide education on the specific topic that helps the target audience achieve specific outlined learning objectives.



Identify outcomes

These represent what the target audience will do differently as a result of the educational programme.



Evaluate the programme

Evaluation is an important aspect of any CME programme and helps evaluate its effectiveness. Participants may, for example, be asked to complete questionnaires comparing their pre- and post-activity knowledge. They may also be asked about what practice changes they will implement as a direct result of the activity.



Parry N, Medical Writing 2014; 23(2): 125-128

Progettazione Formativa

Spirale della pianificazione della formazione Guilbert JJ, OMS, 2002



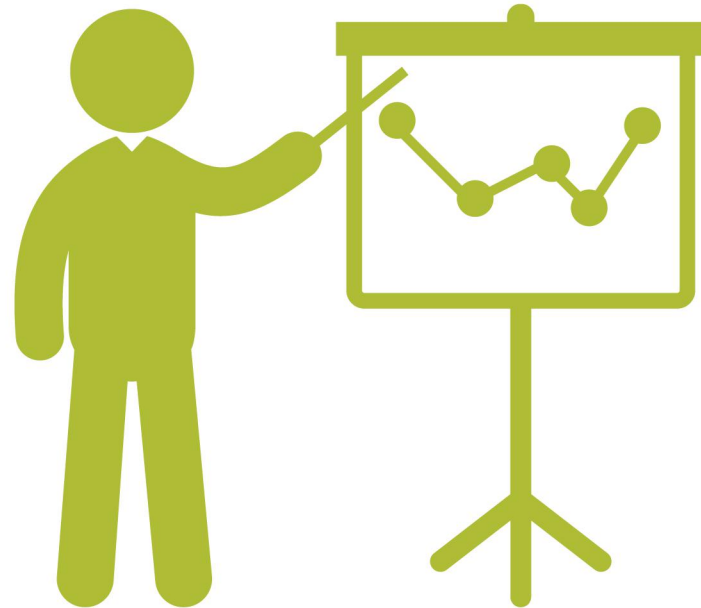
ANALISI Fabbisogni Formativi!!!

NORMATIVI

REALI

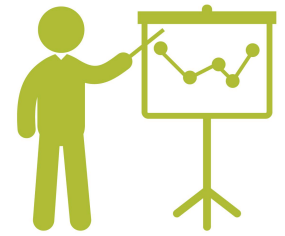
PERCEPITI

ESPRESSI



**ANALYSING
LEARNING NEEDS**

ANALISI Fabbisogni Formativi!!!



ANALYSING
LEARNING NEEDS

Bisogni formativi “esterni”

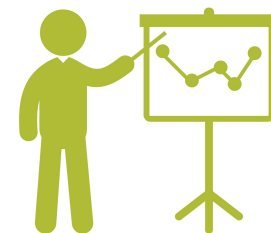
WHO, Linee Guida, Protocolli
Piano Sanitario Nazionale e Regionale



Bisogni formativi “interni”

Dell'azienda, del Dipartimento, del
singolo Servizio

ANALISI Fabbisogni Formativi!!!



ANALYSING
LEARNING NEEDS

Analisi dei bisogni "interna" alla singola azienda

Ambito	Soggetti coinvolti	fonti	frequenza	Documenti prodotti
Aziendale Tengono conto anche dal Piano formativo Regionale e Nazionale	Responsabili Formatori Destinatari Pazienti	Questionari Focus Dati organizzativi Dati clinici Dati di customer satisfaction	Triennale annuale	Paino formativo aziendale o piano annuale delle attività formative
Dipartimentale	Responsabili Destinatari Altri professionisti	Questionari Interviste Focus Osservazioni Dati organizzativi Dati clinici	On demand	Report specifici
Singolo servizio /UO	Responsabili Destinatari Altri professionisti	Interviste Focus Osservazioni Dati organizzativi Dati clinici	On demand	Report specifici

In un DEA UNIVERSITARIO di II° Livello...

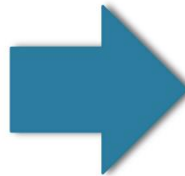
ANALISI FABBISOGNO FORMATIVO

- Medici d'urgenza non mettono drenaggi toracici
- Chir. Toracici non sempre disponibili a metterli

Definizione OBIETTIVI

Mondo del lavoro

- Funzioni professionali
- Attività professionali
- Compiti professionali



Mondo della formazione

- Obiettivi generali
- Obiettivi intermedi
- Obiettivi specifici

In un DEA UNIVERSITARIO di II° Livello di grande città...

ANALISI FABBISOGNO FORMATIVO

- Medici d'urgenza non mettono drenaggi toracici
- Chir. Toracici non sempre disponibili a metterli

OBIETTIVI FORMATIVI

- Rendere autonomi i medici d'urgenza nel posizionare correttamente drenaggi toracici

```
graph LR; A[METODI DIDATTICI] --> B[METODI DI VALUTAZIONE]; B --> A;
```

METODI
DIDATTICI

METODI DI
VALUTAZIONE

Problem-based learning in continuing medical education

Review of randomized controlled trials

Hilal Al-Azri MD MRCGP Savithiri Ratnapalan MBBS MRCP MEd FRCPC

- Online is preferred by “navigated” physicians
- Can improve clinical reasoning
- PBL could enhance competencies and clinical performance (++ in post-graduate)
- Regarding knowledge gain: Internet based CME similar to interactive group CME
- **Few studies measure health outcome**

NO MAGIC BULLETS: A SYSTEMATIC REVIEW OF 102 TRIALS OF INTERVENTIONS TO IMPROVE PROFESSIONAL PRACTICE

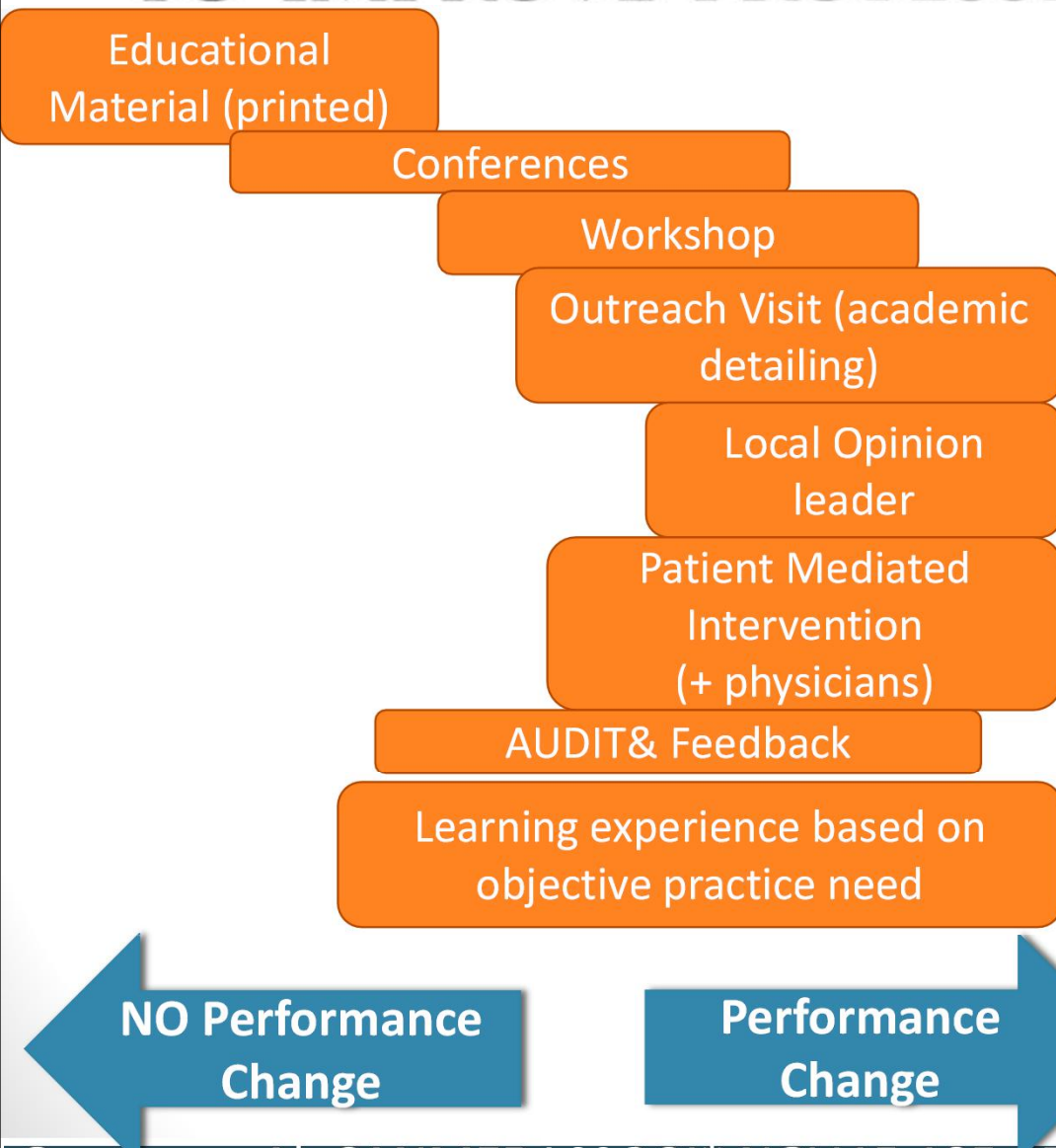


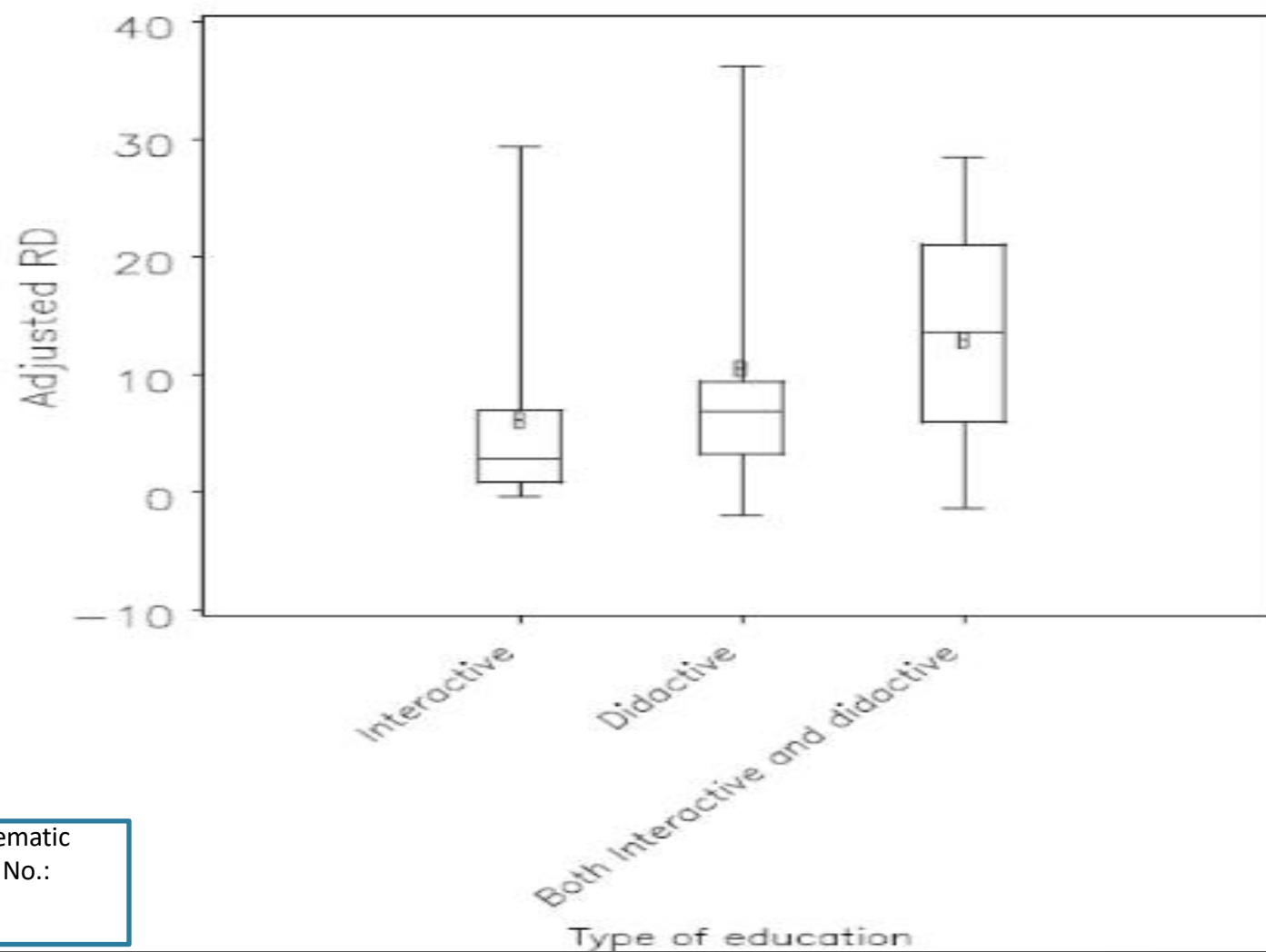
Table 1: Types of intervention aimed at improving professional practice in 102 trials

Intervention	No. of studies*	
Educational material	12	(9)
Conference	17	(8)
Outreach visit	8	(3)
Use of local opinion leader	5	(4)
Patient-mediated intervention	10	(4)
Audit and feedback	31	(21)
Reminder system	52	(35)
Marketing	3	(0)
	15	(11)
	8	(2)

Some of the trials included in the review. Numbers in parentheses were made up of the trials in the control group.

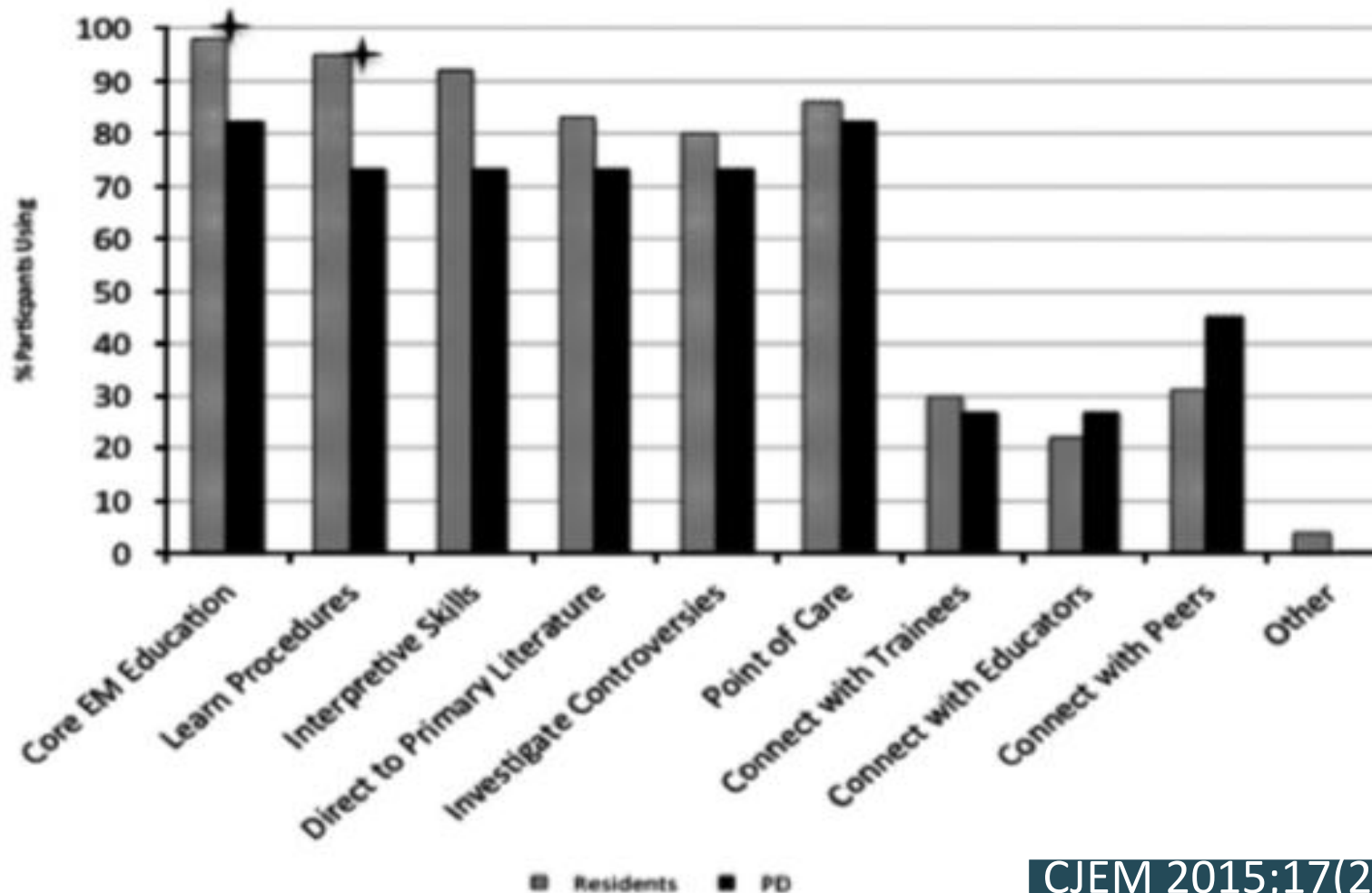
Forsetlund L, Bjørndal A, Rashidian A, Jamtvedt G, O'Brien MA, Wolf FM, Davis D, Odgaard-Jensen J, Oxman AD

Figure 1. Box plot of adjusted risk difference (RD) versus the type of education



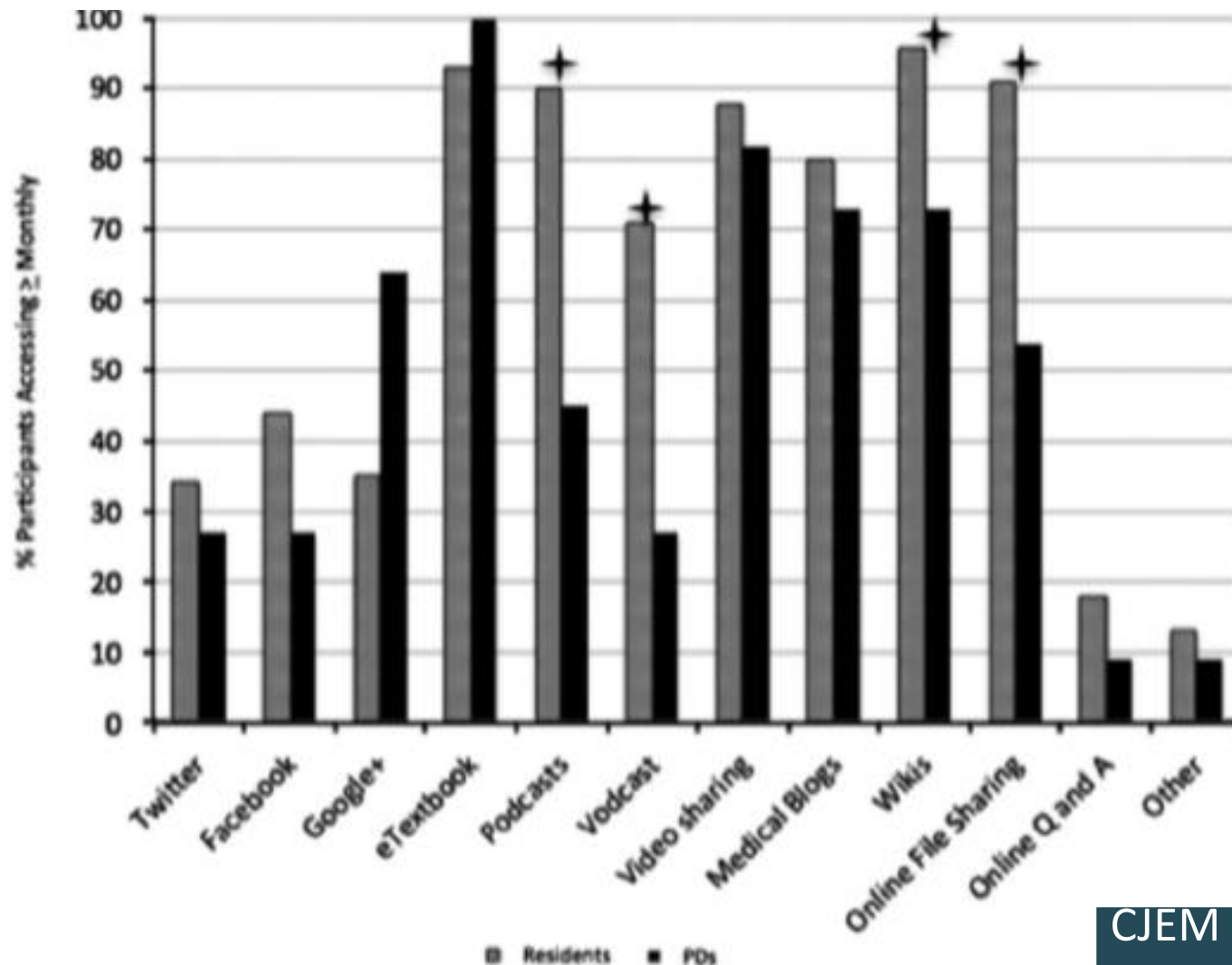
The use of free online educational resources by Canadian emergency medicine residents and program directors

Eve Purdy, BHSc*; Brent Thoma, MD, MA^{†‡}; Joseph Bednarczyk, MD[§]; David Migneault, MDCM[¶]; Jonathan Sherbino, MD, MEd^{**}



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Free Open Access Meducation (FOAM): the rise of emergency medicine and critical care blogs and podcasts (2002–2013)

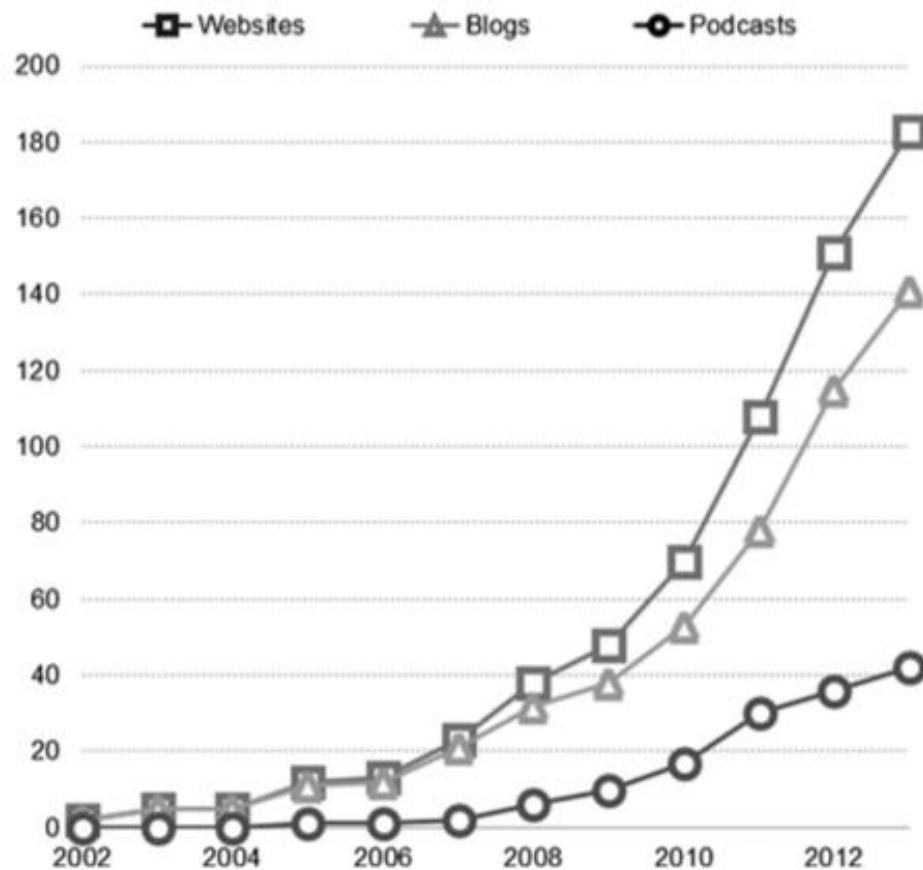
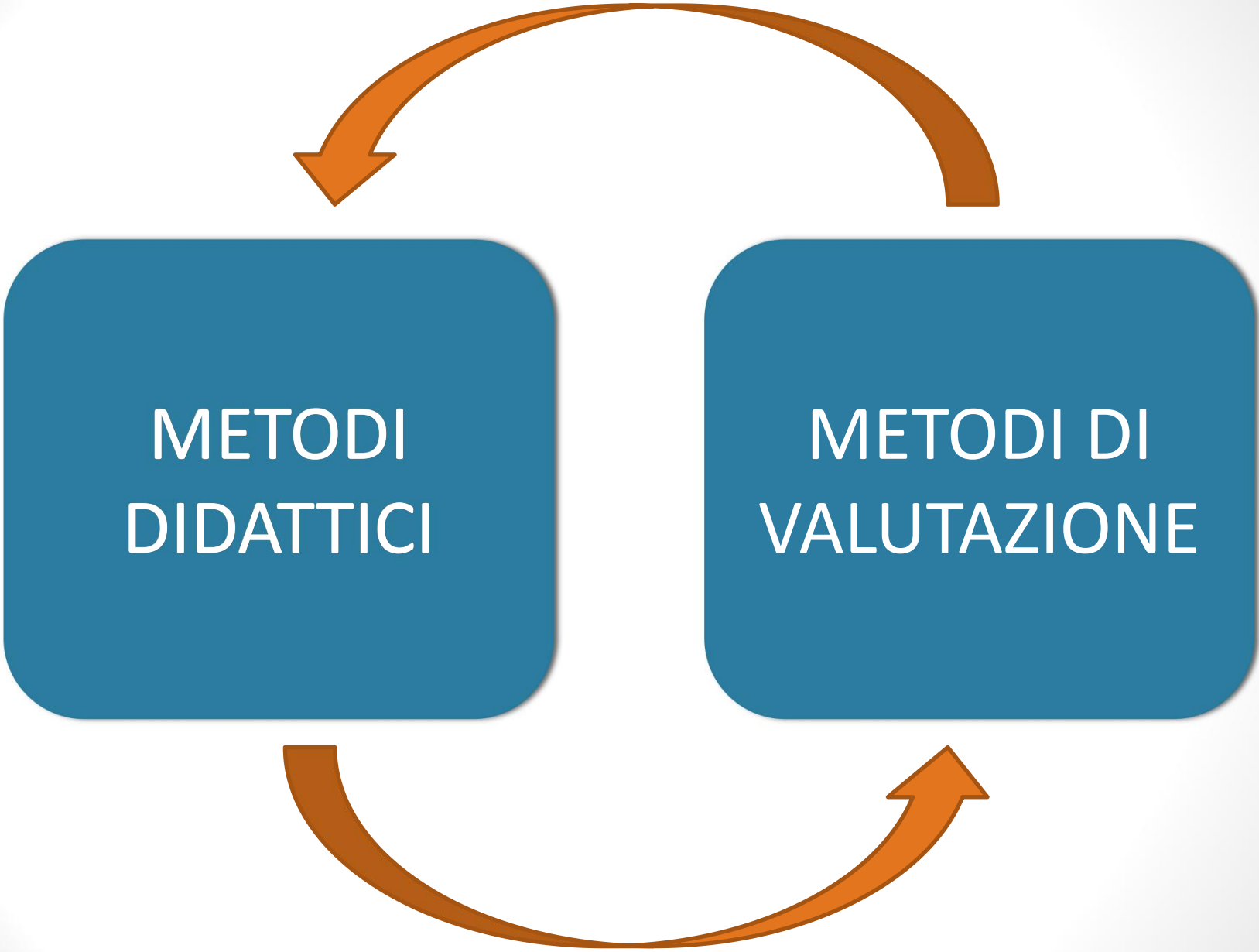


Figure 1 Number of active emergency medicine and critical care (EMCC) websites, blogs and podcasts by year.

Cadogan M, et al. Emerg Med J
2014;0:1–2.
doi:10.1136/emered-2013-
203502



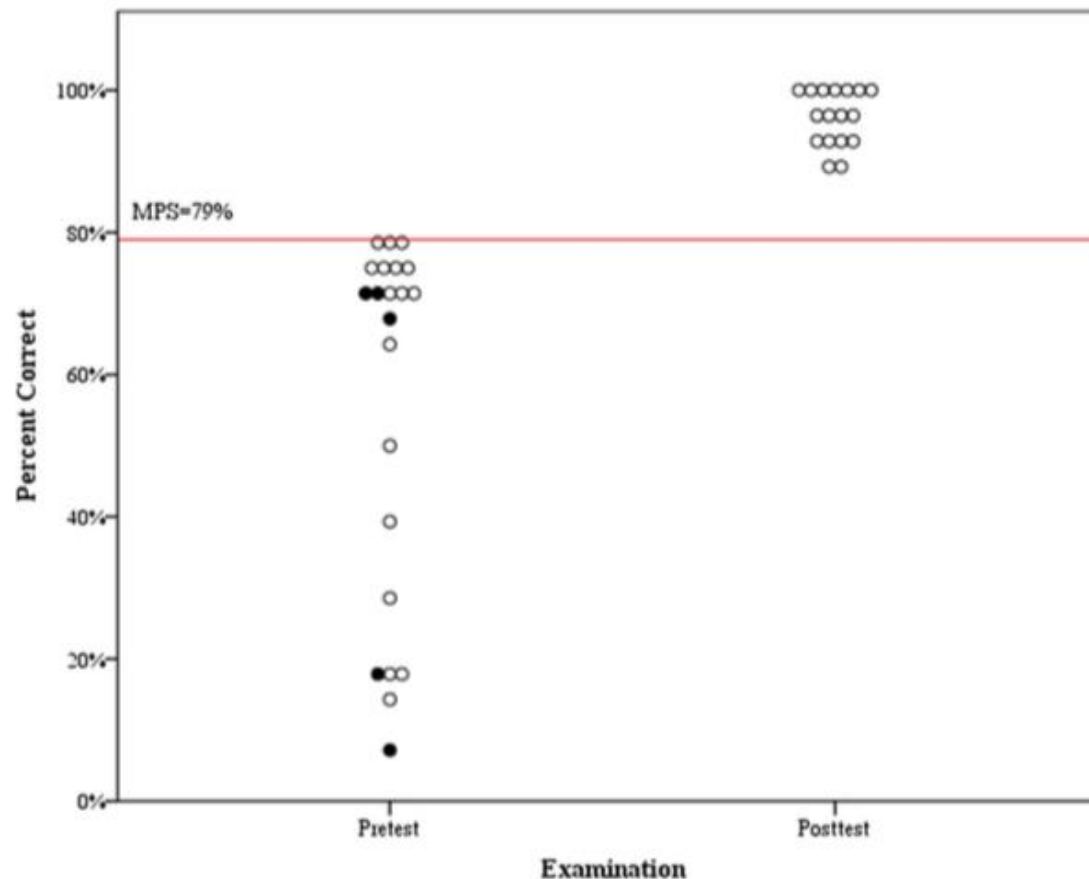
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graph LR; A[METODI DIDATTICI] --> B[METODI DI VALUTAZIONE]; B --> A;
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METODI
DIDATTICI

METODI DI
VALUTAZIONE

Use of a national continuing medical education meeting to provide simulation-based training in temporary hemodialysis catheter insertion skills: a pre-test post-test study

Edward G Clark^{1*}, James J Paparello², Diane B Wayne³, Cedric Edwards¹, Stephanie Hoar¹, Rory McQuillan⁴, Michael E Schachter⁵ and Jeffrey H Barsuk⁶



Impact of Physician Asthma Care Education on Patient Outcomes*



Table 3. Comparison of Symptoms Days and Asthma Health Care Utilization.

	Baseline Year	Follow-up Year	Change
Mean days affected by asthma symptoms per year ^a			
Control	28.5	20.0	-8.5
Intervention	30.2	14.6	-15.6
Mean urgent asthma office visits per year			
Control	1.67	0.77	-0.90
Intervention	1.83	0.75	-1.07
Mean ED asthma visits per year ^a			
Control	0.65	0.35	-0.30
Intervention	0.86	0.31	-0.55
Mean hospitalizations for asthma per year			
Control	0.13	0.07	-0.06
Intervention	0.12	0.06	-0.06

CONCLUSIONS

Pts who have more frequent asthma symptoms and higher health care utilization at baseline are more likely to benefit from their physician's attending the educational program.

Surviving Sepsis Campaign

The potential to save lives is enormous.

Assuming that the reduction in mortality seen to date can be sustained and 10,000 hospitals comply with the Campaign recommendations, together we could save 400,000 lives if we treat only half of the eligible patients with the Surviving Sepsis Campaign Bundle

In un DEA UNIVERSITARIO di II° Livello di grande città...

ANALISI FABBISOGNO FORMATIVO

- Medici d'urgenza non mettono drenaggi toracici
- Chir. Toracici non sempre disponibili a metterli

OBIETTIVI FORMATIVI

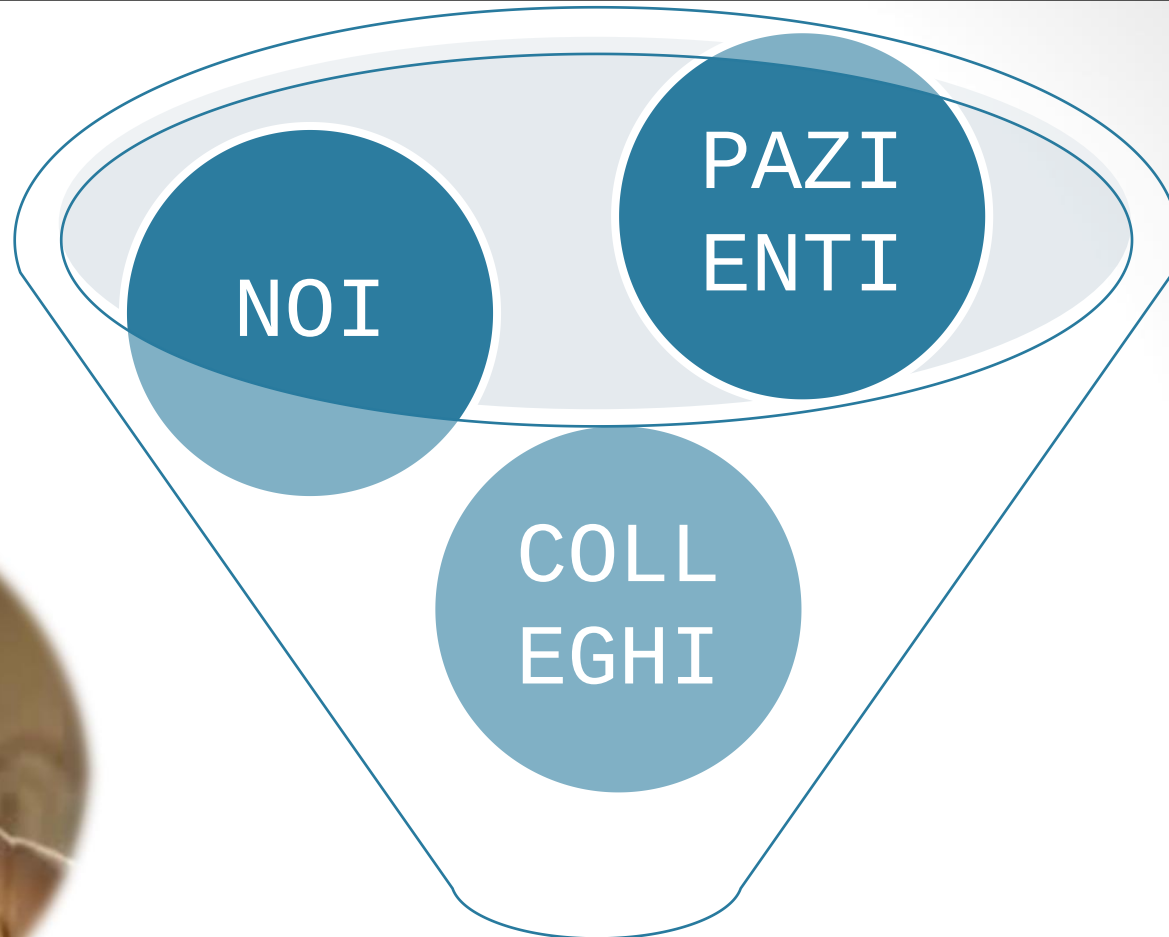
- Rendere autonomi i medici d'urgenza nel posizionare correttamente drenaggi toracici

METODI DIDATTICI

- Lezione frontale 4h
- Dimostrazione interattiva con manichino 4h
- Tutoraggio sul campo con posizionamento di 10 drenaggi in modo "assistito"

METODI VALUTAZIONE

- N° di Consulenze chir. Toracica x posizionamento drenaggio richieste in meno nell'anno successivo al corso
- "Portfolio" continuo di competenza (annuale)



FORMAZIONE=CAMBIAM
ENTO

...in MEGLIO!!!