

## Accessible, high quality education for the critical care community

### 1 Technology should be used to enhance face to face learning

There will always be a role for high quality seminars, workshops and lectures. For such face to face events, technology should be appropriately and imaginatively used to encourage interaction and learning. Podcasts, webinars, blogs and social media can also be used to expand the reach beyond those present, reducing pressure on study budgets and time whilst also reducing the environmental impact of travel.

**2 Education needs to consider the whole team** - Whilst specific areas of interest should be addressed, educational outputs should appeal to as many of the intensive care community as possible.

**3 Online education should utilise multiple media** - Web hosted resources can provide a range of ways to learn e.g. podcasts, blogs, e-learning modules. The most appropriate method of delivery should be used, considering both topic, content and target learner.

**4 Electronic learning must be mobile** - We appreciate that learning is more likely to take place on a train than in a library. Our electronic outputs must work cross-platform and be optimised for mobile viewing and interaction.

**5 Education needs to cater for all types of learner** - We accept that not everyone favours every method of educational delivery. More traditional educational approaches can and should sit aside more modern methods but, where possible, a blended approach should be favoured.

**6 Education must be high quality but accessible** - It is important that education is peer reviewed to ensure it is accurate and of high quality. It is also essential that the intensive care community are encouraged and given support to develop and produce educational outputs. Processes must assure quality but not be unduly restrictive.

**7 Learners source education from multiple sites and specialties but are selective** - The rise of free open access medicine has enabled learners access to far more resource than could ever be found on a bookshelf. We need to be mindful that with such a range of available resource, learners will engage with resources only out of choice and with specific outcomes in mind.

**8 Educational provision must be defined by need** - The ultimate focus and driver of medical education is to improve patient care. To know whether needs are being met requires feedback and encouragement from target learner groups, but also to be responsive to current demands and challenges.

**9 Topics must address a range of areas beyond clinical medicine** - Education should be provided to cover important non-clinical topics, including communication skills, leadership and wellbeing. It can also be useful to encourage adoption of guidance and to promote understanding of processes of the wider NHS landscape.

**10 Simulation requires support and investment as well as local enthusiasts** - There is widespread acceptance that simulation is a powerful learning tool that can change behaviours and build effective teams. We also know, however, that local enthusiasts are required to invest a huge amount of time and resource for it to succeed. It is important that they are supported and that their enthusiasm is maintained. Health Education England's Technology Enhanced Learning team is developing a suite of document on simulation-based education including, a toolkit guidance, a faculty development document and a strategic overview. For more information please visit: [www.hee.nhs.uk/tel](http://www.hee.nhs.uk/tel).

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