



Education Committee Minutes

Saturday 3rd February 2018,

Chair: Elise De

Members: Frankie Bates, Amy Dobberfuhl, Matthew Fraser, Alex Digesu, Paula Iguualada-Martinez, Kari Tikkinen, Nikolaus Veit-Rubin,

Apologies: Margot Damaser, Enrico Finazzi Agrò

Also in Attendance: Roger Dmochowski, Lori Birder, Avicia Burchill, Dominic Turner, Dan Snowdon, Mauro Cervigni

	Item
1	Approve of minutes from Florence It was noted that Frankie Bates will renew her position on the committee. ED also reminded AD and MF to apply to the committee should they wish to continue. The minutes from Florence were approved
2	2018 Workshop discussion and approval RD explained that the vision for Philadelphia was to have an great international meeting. There was a wish from the local committee to showcase what the US does well but certainly not to make the whole meeting US centric. LB explained that the SOA's and round tables were still in progress but there is a hope that the SOA's will be about the NIH objectives – Electroceuticals and LUT sensation. A discussion was held around missing topics from the workshop and SOA programme and PI suggested that Rhonda Kotarinos would be good to discuss trigger points but also a round table on the latest conservative management in prolapse – when to refer would also be of interest as ED identified that there are no workshops in prolapse. KT suggested that the mesh problem is very hot topic and our society should say something about. KT also asked what the chairs want from the early career session and if there is a theme for KT to consider. RD thought the early career session continued to be a great session but maybe a bit more on the value of the mentorship, maybe to ask the presenters what they would ask for from a mentor. ED and KT suggested about having a pool of mentors and whether it could be added to the faculty database. This was discussed as there were concerns about number of clicks one individual may experience. If it went on the faculty database it would need to include what they would offer their mentee i.e. specific skills. NV suggested that the ICS should put forward the topic of mesh considering the political decisions especially when its related to continence surgery. RD suggested perhaps a person who specialises in patient knowledge and advocacy would be interesting to listen to – not a patient. ED suggested a point counter point lawyer for mesh. RD suggested a balanced lawyer and the talk could be about how to avoid litigation. FB suggested in view of prostrate news today that something could be done about screening choices and outcome radiation v's surgery. ED this would be a good workshop for next year. This would also be a good open discussion forum. Workshop Selection was conducted and the workshops selected/declined are appended to the minutes.
3	2019 Review workshops SOP/guidelines/application etc (AB) The following are noted as actions for 2019

	<p>ACTION: Office to change scoring/reviewer guidelines so that the committee workshops are scored in the same way as all workshops so that the true score can be seen even though they are likely to be all selected.</p> <p>ACTION: Due to lack of info on some applications it was agreed to introduce a minimum and maximum number of characters on certain sections of the application. PI to work with AB to review descriptions on each section and to also consider removal of “educational value”. It was also suggested that bullets points of each presentation should be detailed.</p> <p>ACTION: Amend application guidelines to state that acceptable to submit more than one workshop but only one will be accepted.</p> <p>ACTION: Amend application guidelines to state that a speaker can only be on 4 submissions and add to the terms and conditions tick at end of workshop application so that chair confirms they have approached and asked the speakers and also make it clearer in the guidelines that a speaker must be asked in advance.</p> <p>ACTION: Office to check prior to workshop call how many duplicate speakers there are.</p> <p>ACTION: It was agreed not to include “think tank” as a category in the workshop application but to refer to the Board to check its acceptable to offer groups/applicants think tank sessions and then leave to education/scientific committee to identify.</p> <p>Margot Damser raised the question on the conference call whether to have the ability to select more than one categories for an application as there is often cross over. This was discussed but due to reasons when reviewing workshops and when delegates search for workshops it was decided not to include this as a functionality.</p>
4	<p>2018 Workshop Assessment Methods</p> <p>A discussion was held about the how to get app evaluation used a bit more widely even though email blasts were sent and introduction slides were given to each chair. AB suggested that a prize for those who enter would be a good incentive but extra work for the delegate to log in. DT suggested that the delegate simply enter their email at the end of the evaluation to be entered into the competition.</p> <p>ACTION: Add prize concept to the marketing for the meeting app and include email address as additional question to evaluation.</p>
5	<p>Matters Outstanding from Florence:</p> <p>Shark Tank – ED explained that she had made the decision to drop the project.</p> <p>How to navigate ICS website video (DT) DT explained that he was very happy to make this and anyone from the office could do the voice over. DT suggested that it could be done before ICS 2018. ACTION: Create How to navigate ICS website video</p> <p>Session chair guidelines to be amended with regards to taking photos AB explained that this action was still outstanding and it was also agreed to remove the text about refraining from taking photos should be removed from the final programme too. ACTION: Office to update Session/Workshop chair guidelines to be amended with regards to taking photos and remove wording about “don’t take photos” from the final programme.</p>
6	<p>Education Committee Microsite https://www.ics.org/committees/education</p> <p>AB showed the website with the additional pages and explained the new platform for the committee pages which DT showed later in the meeting. AB requested the committee review it and see if there were any additions to be made. AB explained a link to the “faculty development” videos were still to be added.</p> <p>ACTION: AB to add the “faculty development” videos to the Education Committee microsite.</p>
7	<p>Update on ICS Institutes https://www.ics.org/institute</p>

	<p>AB showed the institute and the ICS TV and the programme improvements. AB explained that the directors had done to date and that the steering committee met to discuss next steps.</p>
8	<p>Update on all SOP types https://www.ics.org/folder/153</p> <p>The change of name of Educational Video was discussed and it was agreed to change to Express Learning.</p> <p>ACTION: Office to change name of Education Video on ICS TV to Express Learning.</p>
9	<p>Update on ICS TV www.ics.org/tv</p> <p>AB showed the current list of all ICS projects and re-iterated the need for the standard operating procedures to be followed. AB showed the quality difference between the studio work conducted in the office compared to those taken at the annual meeting or produced off site. It was agreed that the committee review the list of “faculty development” videos currently on list.</p> <p>ACTION: Office to distribute the current list of faculty development content and the NV to generate an ideas list to take forward for more content production.</p> <p>The 2018 workshops will all be filmed and it was agreed to defer to the institute directors and suggest that they choose which workshops should be filmed for studio quality. Also good to look at 2017 workshops and use best evaluated workshops. AB raised that the 2017 SOA by Dudley Robinson was the most viewed session on the app, had the highest scheduled and the most “starred” and it was therefore agreed to approach him to have it filmed to studio quality. It was also discussed that Marco Blanco’s workshop should be a faculty development studio content.</p> <p>ACTION: Office to circulate list of best evaluated workshops to directors and see if any suitable to filming in the office. Will also solicit Institute directors to create curriculum and suggest / create topics.</p> <p>ACTION: Office to contact Dudley Robinson to see if he willing to re-film his 2017 SOA in the office studio.</p> <p>ACTION: Office to contact Marco Blanco to see if he willing to re-film his 2017/2018 workshop in the office studio.</p> <p>The concept of link to high quality industry educational videos on the ICS website was discussed. DS explained that Boston Scientific and Medtronic talked but have backed off but it needs further investigation which he will pursue. The following companies were also noted for possible videos Coloplast, Hollister and Wellspect. It was discussed how to separate these videos away from the main ICS content and it was also discussed to add them with a disclaimer. It was also discussed to have them on the site for a limited time or for an annual fee. It was also discussed that it should be unrestricted to all non-members.</p>
10	<p>Learner Assessment</p> <p>AD reported on behalf of the working group with a summary to date. AD explained that it was discussed in Florence that there is a need to assess learner’s response when they watch our educational content. AD explained that we formed a task a group Adrian Wagg, Tomas Griebing and EF and we have had 2 webex conferences to discuss what are the logistics, could there be a pre and post learner assessment. It was agreed that it was too complex to put questions in the middle of content so it was decided at the end of the video/work then delegates can answer questions. AD explained that we already have a house style for designing questions but that we would need a procedure of selecting the questions and then make that part of the workshop. AD explained that after discussion with the office its best to run a pilot scheme this year with approximately 3 workshops. AB explained that at the moment we have no functionality to build live questioning into the website but that Survey Monkey have a functionality that would suit our interim needs. It shows the delegates whether they got the question correct and what the correct answer was. They can then enter their email to get a certificate. FB questioned why not incorporate pre testing. ED personally for me I might want to do pre-test and the motivation is the certificate. This was discussed and considered but the ICS does not intend to review the efficiency and so it was decided not to include in this pilot scheme. It was suggested that the pass mark should be 70% to get a</p>

	<p>certificate. AB asked who would review the questions and ED suggest that the institute directors. AD suggested that all non-hands on workshops chairs should be asked if they are interested in taking part in the learner assessment pilot. It was also agreed to consider to develop a learner assessment workshop.</p> <p>ACTION: Ask all non-hands on workshops chairs if they wish to take part in the learner assessment pilot and then the committee can choose from that list.</p> <p>ACTION: The office will review the concept of having our online content CME accredited and what the providers can do now.</p> <p>ACTION: Will offer learner assessment working group another Webex and complete platform for pilot</p>
<p>11</p>	<p>Faculty Database (DT)</p> <p>DT confirmed that the project had taken shape and requires some final tweaking to the wording. DT also confirmed that the old database has been deleted and requires the office to re-send an invite to all ICS members to ask them to enter their details into the database should they wish to be considered. TB is working on the project for the committee agreed to review the wording. It was also discussed that the following be amended</p> <ul style="list-style-type: none"> - that the societies were full names and not the acronym. - Wording to be changed to state shortened one page bio only required – as we did not want a full cv - Add new tick box for mentorship and why they would be a good mentor and what for. Examples could be choice of career, women in medicine. <p>It was then decided to do a mass email to invite to the faculty database and another to school directors encourage their “members” to sign up.</p> <p>ACTION: FB to work with DT to finalise the new faculty database so it can go live.</p> <ul style="list-style-type: none"> - To include that the societies were full names and not the acronym. - Wording to be changed to state shortened one page bio only required – as we did not want a full cv - Add new tick box for mentorship and why they would be a good mentor and what for. Examples could be choice of career, women in medicine. <p>ACTION: Office to send mailer to ICS membership inviting them to join faculty database.</p> <p>ACTION: Office to send mailer about faculty to institute directors, Board, and Committees to encourage all their working groups to join database. Office will also screen for important names e.g. Linda Cardozo to be sure no important names have lapsed.</p>
<p>12</p>	<p>Review of 2017/2018 Educational Events</p> <p>Review of 2017 budget and what was accomplished in 2017 (cadaver course, etc) AB presented the 2017 locations and budget so far. The last 3 events of 2017 are still pending budget wise but it is not expected that they will be over budget. AB explained that all lectures were within budget and also overall we did not spend full budget.</p> <p>Update on Phoenix Regional Course 2017</p> <p>AB provided an update of the regional course and explained that whilst numbers lower than wanted the event broke even and provided good networking and got good evaluations. Also now the delegates have a follow up package of being able to access the PowerPoints and photos. The videos will be edited soon for the full package. ED said she sent her tech and PA went and both thought it was very good.</p> <p>Update on European Regional Course 2018</p>

DS explained that it was likely to be in Brussels or London in early December.

2018 cadaver course update

AB explained that the course will run in Bristol again in late September and was pleased to report the programme now included mesh removal and 3 delegates already signed up. Need approx. 9 to break even.

2018 budget - guest lectures and add on courses

AB went through each application for 2018 and explained that funds were still being held of the Nurses to travel to Hong Kong. ED explained that she felt strongly that the ICS session at SIU should be multi-disciplinary but that we were struggling to find un-funded speakers. SIU will cover the physiotherapist but we are still seeking a colorectal surgeon. AB felt that we were unlikely to find a surgeon willing to use their own institution funds to travel to SIU which they would never normally attend. AB then requested the committee for extra funding and it was agreed to offer £2500 to fund a colorectal surgeon to attend.

- **6th International Congress of Pelvic Physiotherapy**

AB raised this new application. They are requesting the use of logo, €500 towards two speakers and to call the meeting “Post ICS Course”. AB explained that the logo was being used on the letter but on investigation the logo was not on the advertising or website at this stage. The application was discussed and as Bary has already been funded in 2018 for PACS it was agreed that ICS would support Abdul Sultan as long as it was noted that he was the supported speaker. It was discussed and the ICS would prefer not to use the Post ICS course title.

ACTION: Advise applicant of 6th International Congress of Pelvic Physiotherapy that ICS will support Abdul Sultan. It has to be clearly noted that he is the ICS speaker and that the correct logo is to be used. The ICS do not allow use of the title “Post ICS course”

13	Goals for 2018 (Circle and Open Discussion) All points were incorporated into the minutes.
14	Any Other Business None

Appendix

Accepted workshops

ID	Title	FirstName	LastName
817	ICS Core Curriculum (Free): Complications of neurogenic bladder	Emmanuel	Chartier-Kastler
809	Confirmation Surgery in Gender Dysphoria: current state and future developments	Ervin	Kocjancic
799	Post prostatectomy urinary incontinence: the patient ask	Carlos	D'Ancona
814	Noncellular regenerative therapies for stress urinary incontinence	Margot	Damaser
851	Integrated Total Pelvic Floor Ultrasound in Pelvic Floor Dysfunction	Alison	Hainsworth
843	Female urethra: challenging scenarios	Paulo	Palma
793	Approach to chronic pelvic pain and sexual dysfunction	Kristene	Whitmore

794	Pregnancy-Related Musculoskeletal Conditions: The Pelvic Floor and Linea Alba Connection	Sinéad	Dufour
803	ICS Core Curriculum (Free): Urodynamic study and its role in treatment of neurogenic bladder in children	Jian Guo	Wen
790	The Overactive Pelvic Floor	Anna	Padoa
804	ICS Core Curriculum (Free): Update on the evidence for conservative management of female pelvic floor dysfunction	Doreen	McClurg
800	Practical interpretation of research evidence for shared decision making	Marco	Blanker
775	Where are we with intravesical therapeutics in 2018?	Heidi	Brown
805	Management of Female Stress Urinary Incontinence After a Failed Midurethral Sling	Tufan	Tarcan
769	Basic Urodynamics - An Interactive Workshop	Andrew	Gammie
773	Underactive Bladder—Clinical Implications, Mechanistic Concepts and Therapeutic Options	Anthony	Kanai
785	ICS Core Curriculum: Urodynamics – everything you need to know – basic and advanced	Enrico	Finazzi Agro
820	ICS Core Curriculum (Free): The Future of ICS and Urology terms - ICS Wiki	Elizabeth	Shelly
821	Obstetric anal sphincter injury (OASIS): What next?	Alexis	Schizas
768	Ambulatory Urogynaecology	Angie	Rantell
781	Radiotherapy of cervical and endometrial cancer – Prevention and management of lower urinary tract, vaginal, vulvar and pelvic floor dysfunction in cancer survivors	Amy	Dobberfuhl
807	Cultivating the Next Generation of Nurse Leaders to Create a Global Vision and Strategic Plan for Geriatric UI/LUTS	Annemarie	Dowling-Castronovo
811	Neurodegenerative disease's impact in bladder function: A multidisciplinary approach in diagnosis, treatment and improving quality of life	Christian	Cobrerros
812	The Aging Bladder Reconsidered : Urinary Homeostasis from Basket to Casket	Phillip	Smith
815	ICS Core Curriculum (Free): Intermittent catheterization in patients with neurological disease : indications and challenge	Emmanuel	Chartier-Kastler
819	Are we meeting the needs of older people with nocturnal LUTS?	Karel	Everaert
824	Transitioning Care; The Evolving care of women with congenital genitourinary anomalies	Margaret	Mueller
828	Hands on workshop on rectal balloon training and transanal irrigation in the management of lower bowel dysfunction	Paula	Igualada-Martinez
835	The Need for Raising Health and Incontinence Literacy	Michael	van Balken
841	ICS Core Curriculum (Free): Ethical Dilemmas in the Care of the Aging Patient: A Case-Based Interactive Workshop	Nina	Davis
845	ICS Core Curriculum (Free): Continence Care Nursing	Sandra	Engberg

850	Genitourinary Cancer Survivorship: A Practical Master-class	Matthew	Rutman
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Declined workshops

829	Continence Promotion Begins with Prevention: A New Paradigm Using Transdisciplinary Team Science	Alayne	Markland
827	The use of OnabotulinumtoxinA in Adolescents transitional care in neurogenic detrusor overactivity : A clinical algorithm proposal by Italian Society of Urodynamics working group.	Giovanni	Mosiello
770	The International Society of Urodynamicists	Peter	Rosier
823	A transdisciplinary approach to maternal birth trauma: A day in the life of a perineal clinic	Christina	Lewicky-Gaupp
822	The use of patient-reported outcomes in treating lower urinary tract symptoms	Kevin	Carlson
783	Pudendal neuralgia and other intrapelvic peripheralnerve entrapment - A neuropelveological approach to a neglected cause of pain and pelvic floor dysfunction	Nucelio	Lemos
788	There is an app for that - challenges and solutions using eHealth for incontinence	Eva	Samuelsson
844	New Insights into Detrusor underactivity and Underactive bladder	Gommert	van Koeveringe
806	Pathophysiology of neurogenic bladder, a cases based discussion	Riyad	Al Mousa
833	Challenges in sacral neuromodulation	Mai	Banakhar
840	Collaboration of professionals: Physiotherapy and Nursing, networking to treat disorders related to the dysfunctional pelvic floor.	Frankie	Bates
825	Innovative diagnostics and conservative treatment: 'Women with (chronic) pelvic pain and sexual dysfunction knocking' the Door-to-Door concept	Bary	Berghmans
848	Diagnosis & Treatment of Complex Voiding Dysfunction in Men	Jerry	Blaivas
798	Is Nocturia a Sleep Disorder?	Donald	Bliwise
816	ICS Core Curriculum (Free): Incontinence in patients with cerebral disorders	Emmanuel	Chartier-Kastler
772	Potential applications of low energy shock waves in functional urology	Yao-Chi	Chuang
792	Conservative management of male LUTS	Andrew	Gammie
801	Contemporary surgical therapy of post prostatectomy incontinence	Wilhelm	Huebner
818	Autonomic dysreflexia: a serious, rather underestimated condition	Charalampos	Konstantinidis
826	Non-tape surgical management of stress urinary incontinence	Vivek	Kumar
776	Urodynamics - Bench - Bedside - Repeat.	John	Lavelle

831	CESA and VASA - surgical procedures for pelvic organ prolapse with or without urinary incontinence	Sebastian	Ludwig
786	Differential Diagnosis of Pelvic Pain: Urology and Beyond	Jeannette	Potts
796	ICS clinical round in urodynamics	Peter	Rosier
849	Advanced Male Stress Incontinence Surgical Management: Practical Approaches to Complex Anatomy and Revision Surgery	Matthew	Rutman
846	Pelvic Floor Ultrasound	S. Abbas	Shobeiri
787	Urodynamic Evaluation & Advances in Management of Neurogenic Lower Urinary Tract Dysfunction in Adults: A Case Based Approach	Hari Siva Gurunadha Rao	Tunuguntla
791	Multimodality approach of bladder dysfunctions	desiree	vrijens
842	ICS Core Curriculum (Free): Planning for effective and efficient clinical research and reducing the waste in incontinence research	Sakineh	Hajebrahimi