



Education Committee Minutes

Tuesday 28th August 2018,

Venue: Pennsylvania Convention Center (PCC)

Room: Meeting Room 3

Time: 07:30-10:30

Chair: Elise De

Members: Alex Digesu, Paula Igualada-Martinez, Frankie Bates, Amy D. Dobberfuhr, Enrico Finazzi Agrò, Kari A O Tikkinen, Nikolaus Veit-Rubin, Matthew Oliver Fraser

Apologies: Mauro Cervigni, Massarat Zutshi

Also in Attendance: Avicia Burchill

Name	Country	Field	End
Elise De Chair	USA	Urologist	05/09/2019
Margot Damaser	USA,	Biomedical Eng	30/08/2018 not renewing
Kari Tikkinen	Finland	Urologist	30/08/2018 6 year term finished
Alex Digesu	UK	Urogynaecologist	28/08/2020
Paula Igualada-Martinez	UK	Physiotherapist	28/08/2020
Nikolaus Veit-Rubin	Austria	Gynaecologist	14/10/2021
Frankie Bates	Canada	Nurse	14/10/2021
Enrico Finazzi Agro	Italy	Urologist	14/10/2021
Amy D. Dobberfuhr	USA	Urologist	14/10/2021
Matthew Fraser	USA	Neuroscientist	14/10/2021
Mikolaj Konrad Przydacz	Poland	Trainee	14/10/2021
Massarat Zutshi	USA	Coloproctologist	14/10/2021
Mauro Cervigni	Italy	Urogynaecologist	Ex-officio Trustee position

1	<p>Outline of Role of Education Committee and Relationship to other Committees and Institutes</p> <p>ED started the meeting by explaining that the ICS is becoming more of a complex institution and the structure of the Institutes were a little confusing to membership when they first started. There is also confusion when reviewing projects in that the Education Committee TOR discuss overseeing all content – but when asked to review we are only meant to be reviewing for standardisation/preventing overlaps – not on content. We need to restructure the role a little bit so that our role is clear within the standard operating procedures. We need to know what the role of education committee has within the SOP.</p> <p>ED explained that the next main role/action is to work on the SOP's and to work with the Institute Directors and how their role may expand the reach of ICS and also non duplication of projects.</p> <p>ACTION POINT: Review all the SOP's by end of September with a view to getting to the board by end of October. Of note, SOPs were discussed with Institute directors on Friday and revisions underway for review by Ed Comm and others.</p> <p>ACTION POINT: Arrange a meeting at annual meeting between education and Institute directors.</p>
2	<p>Approval London minutes</p> <p>FB proposed</p>

	MF seconded All in favour - approved
3	<p>Committee Terms of Office</p> <ul style="list-style-type: none"> a) Welcome to new members - Massarat Zutshi, Matthew Fraser, Amy Diane Dobberfuhr and Mikolaj Konrad Przydacz term starts on Thursday, runs until 2021. b) Goodbye to Margot and Kari – certificates were given c) Elise De – 1st term will be completed in 2019, will need to apply to stand for a second elected term
4	<p>Proposed changes to Committee Terms of Reference</p> <p>A discussion was held about the terms of reference and how it should be changed to reflect the relationship with the Institute. It was raised that perhaps there should be a vice chair for the School Directors (on reflection the Directors will be having an assistant). There was also a discussion about budget and video production and the continued strategy of trying to target people in Europe or travelling through. ED also explained that the IT staff are looking into either sending the IT staff to places to film, or sending a package of filming equipment with simple instructions (of note Dom did trial this with Carlos D'Ancona at the end of the Phili meeting, sending some equipment with him).</p> <p>AB explained that the Board approved the request for two years of budget, £25k/year for 2 years for education courses. Online content creation £5k/yr, and £8k/yr to meet face to face</p> <p>ACTION POINT: Revise TOR to address role with respect to Institute ACTION POINT: Reiterate to all ICS members the adherence to SOPs ACTION POINT: Investigate better software to prevent overlap and document projects so that all can see progress.</p>
6	<p>Outstanding actions points not on the agenda</p> <p>ACTION POINT: DT to prepare a video on how to navigate the website.</p> <p>ACTION POINT: Office to contact Marco Blanco to see if he willing to re-film his 2017/2018 workshop in the office studio.</p> <p>ACTION POINT: Office to circulate list of best evaluated workshops for 2017 and 2018 to Institute directors and see if any suitable to re-film in the office. Will also solicit directors to create curriculum and suggest / create topics. (Of note there was an official Institute director meeting at the end of the meeting in Phili discussing this, and is in the works).</p>
7	<p>2018 Workshop Review</p> <p>A discussion was held about the ultrasound workshops and lack of general imaging abstracts/workshop applications and people to review the abstracts. NV suggested to contact the Austrian Continence Society and invite them to give an ultrasound workshop. EF explained he has contacts with a school of ultrasound based in Padoa. KT there is no imaging evidence but then if you do not include in the programme then you don't see the papers. KT also noted that whilst the online system for selecting workshops works it still feels random and that we should consider adding distribution of types (field) of study, and also distribution of geographic representation.</p> <p>ACTION POINT: Suggest to send an email to ICS members about imaging and see if they are interested in becoming more involved. ED recommends asking members if they have a radiology colleague in Pelvic Imaging who might like to become an ICS member.</p> <p>ACTION POINT: Check workshop list for geographical location and field of study to ensure there is everything is covered.</p> <p>ED asked the committee for other workshop ideas – the following were noted: Pediatrics Public health</p>

	<p>Radiology General practice / Family medicine How to train your family / GP provider, have a workshop on how to collaborate with consultants/ managing UTIs – how to train your family care physician. Private practice versus academics Plastic surgery ACTION POINT: Email blast to be sent about under represented workshop topics.</p> <p>A discussion about the Developing World Committee Workshop was held. ED explained that the outcome was a fail and that we tried to support but it didn't come through. Maybe we should assist the committee identifying the type of workshop they should run. KT noted that we actually have a lack of developing world delegates attending which means the target audience is not there. HIV, Malaria Fistula "surgical challenge", GU Tb, Schistosomiasis get lots of attention because they are either a good public health issue or surgically interesting. The following ideas were noted for a possible workshop: Fistula prevention Public health in the developing world Matt suggested encouraging a combined surgical and public health workshop on e.g. Fistula</p> <p>It was discussed how can we better reach the developing world and online education would assist with this.</p> <p>ACTION POINT: propose expansion ideas to the board, proposing broad subjects for the next Developing World workshop, and mentors to help this group with future workshop submission. If in line with a major ICS initiative, we could suggest filming a studio quality video. E.g. "Prevention of FGM"</p>
8	<p>Plans for 2019 Workshops ACTION POINT: Change scoring/reviewer guidelines so that the committee workshops are scored in the same way as all workshops. ACTION POINT: PI to work with AB to review descriptions on each application section to ensure more robust applications. ACTION POINT: CME requirements to be mentioned in workshop application (e.g. no industry slides) ACTION POINT: Make sure country and geo/degree are visible to workshop scorers ACTION POINT: Amend application guidelines to state that acceptable to submit more than one workshop under chair but only one will be accepted. ACTION POINT: Amend application guidelines to state that a speaker can only be on 4 submissions and that speaker must be approached in advance (speaker can be accepted for 4?)</p> <p>Learner assessment AB gave an outline of the year's work and explained end process of survey monkey. A discussion was held about the questions asked and supplied by those involved in the pilot as they vary in quality. AD and sub-committee reviewed some samples of the questions and noted that some of the questions are very hard/difficult. 10 questions too much. AD it would be good to have one good question per speaker rather than 10. Or it could be case-based. EF questioned what is our real aim of this – if it is CME then we have to adhere to certain standards i.e. minimum number of questions for the length. If we want a basic question then maybe just 3 questions is enough. NV if this is the requirement then it would involve proactively all the speakers of the workshop. ED noted that we need to look into the CME guidelines and then maybe 1 question per speaker is enough. It was agreed to continue</p>

	<p>with the questions supplied by the 4 workshops this year. ED suggested to create subgroup to work on this project, if board approves. Solicit members to apply to help</p> <p>ACTION POINT: Find out the CME requirements with regards to learner assessment – work underway with Dan Snowdon and Avicia Burchill to seek CME credit. Need working group outside of Ed Comm for this due to time involved.</p> <p>POST SCRIPT NOTES ON CME</p> <p>CME Requirements EACCME:</p> <p>Must have a minimum of 10 modules,</p> <p>Must be 1-3 hours</p> <p>Modules must be complementary part of the same educational scope</p> <p>One application for whole platform. Accreditation for 2 y.</p> <p>Maybe target core curriculum first.</p> <p>Qual control after 1 year (250 Euro)</p> <p>1 EMCEC per 1 hour (60 min of education)</p> <p>Apply once every two years, can change content if within the same scope.</p>
9	<p>SOPs</p> <p>ED explained that there is a need to review of each of SOP's and we need a new SOP on a number of things, e.g. Collaboration with other Societies. Also clarify for the Educational Modules – who will be independent reviewers. If there is a working group on e.g. UDS within the Institute then the UDS Committee could be external review. The creator of a module or Workshop needs to be responsible for CME Standards.</p> <p>Need SOP for offsite/external filming (Dom suggests a kit – two Go Pros and a microphone with instructions, we are trialing currently with Carlos).</p> <p>There needs to be clarity on communication between Ed Comm and Institutes (attend each others' meetings), Institutes and Board Steering Committee. PI will liaise with PT Institute Director. Education Committee should be more about organization and prevention of reproduction but then who has the final sign off?</p> <p>Should Institute Director be elected, appointed, should there be a vice chair who assists prior to appointment? Should Institutes have a budget?</p> <p>ACTION POINT: Revise all SOP's to Board by end of September, Complete by end of October.</p>
10	<p>Faculty development videos</p> <p>NV showed the faculty videos which are quite good! The following were suggested for commissioning:</p> <p>Express tips and tricks – how to get involved in the ICS.</p> <p>How to get involved in the ICS – mission/vision/committees- motivational video to attract people</p> <p>How to apply for support from the ICS – for courses</p> <p>How to apply for a ICS award/grant</p> <p>Introduction to early career – what happens in the ICS</p> <p>How to chair eposter</p> <p>How to present and eposter</p> <p>How to get my workshop proposal accepted – PI</p> <p>A day in the Bristol office/ICS TV team/preparing for the meeting/what happens on the day before</p> <p>How to chair a basic science session</p>
11	<p>Plans for 2019</p> <ul style="list-style-type: none"> a) SOP Revisions b) CME for ICS TV – major initiative



	<ul style="list-style-type: none">c) Mentorship – NV is interested in following up on this. Will prioritize this year once we have secured progress with the faculty database.d) Budget Proposal for 2019/2020 – now approvede) Think Tank Sessions and other new concepts we may proposef) New projects suggested for the horizong) Consider soliciting new members – Radiology, Pediatric urology, general practitioners, public health. Marco Blanco could give input on how to treat incontinence etc as a PCP. Educational Module for the General Practitioner.h) We need a mechanism to organize Prior, Current, and Future projects that everyone including Membership can see
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Additional Thoughts:

Faculty Development: Martin Michel creating and submitting a reproducible non-clinical study. He has a project underway presented at NUU meeting. We might send him and Roger SOPs to look for a Faculty Development Video.