Society of Critical Care Medicine
The Intensive Care Professionals

Hosted Training Instructor Curriculum Readings

Thank you for your interest in becoming a Hosted Training instructor and reading the Society of Critical Care Medicine's (SCCM) instructor curriculum. Your dedication and commitment will provide opportunities to educate others in your community and beyond. With your help, the programs will continue to expand, promoting improved care for critically ill and injured patients worldwide.

Please read the materials here to learn information about the Hosted Training courses, instructor responsibilities, and other aspects useful for discussions with course learners and faculty.

- Reading Assignment I: Program Overview
- Reading Assignment II: Course Faculty
- Reading Assignment III: Teaching the Course
- Reading Assignment IV: Teaching Challenges

Comments or questions about material can be directed to hostedtraining@sccm.org.

Reading Assignment I: Hosted Training Program Overview

Background

The inaugural components of the Hosted Training Program are the Fundamental courses, which began with Fundamental Critical Care Support (FCCS), a course that was developed to prepare nonintensivists to assess and manage critically ill or injured patients for the first 24 hours or until transfer or appropriate critical care consultation can be arranged. The first courses were held in 1996, and the program quickly grew to become a recognized international educational tool. The FCCS course has since been translated into several languages and is offered throughout the world.

In the two decades since its launch, SCCM has added FCCS: Pediatrics, FCCS: Crisis Management (FCCS: CM) (formerly Fundamental Disaster Management), FCCS: Obstetrics (FCCS: OB), FCCS: Resource Limited (FCCS: RL), and FCCS: Surgical.

More recently, several SCCM-run courses have been added to the Hosted Training Program. These courses, which offer more specialized training, are: Airway and Mechanical Ventilation Management, Critical Care Ultrasound, ICU Liberation, and Multiprofessional Critical Care Review.

Hosted Training Program Overview

The modular nature of the topics within each course in the Hosted Training Program allows the presentations and skill stations/simulations to be emphasized and ordered in a variety of ways to best meet learner and facility needs. All learners are provided with the corresponding textbook to read before the course, enabling them to come prepared to participate during the in-person course discussions. An

online posttest evaluates their knowledge.

Hosted Training courses are defined as much by what they do not include as by what they do include. A Hosted Training course might not include all methods of monitoring or intervention, particularly those that require a higher level of expertise and care in a tertiary care center. Such extended options can be highlighted or discussed as examples of available therapy for which referral or consultation may be warranted or imperative.

Details about each course are included here.

FCCS	
What is the FCCS course?	FCCS was developed to prepare nonintensivists to manage the care of critically ill and injured patients for the first 24 hours or until transfer or appropriate critical care consultation can be arranged. The two-day course includes a series of presentations and skill stations designed to provide knowledge, guidance for decision-making, and limited practice in some clinical procedures and scenarios. Learners who successfully complete the course receive a certificate of completion.
Who should attend?	The course is intended for primary care physicians, emergency medicine physicians, residents, fellows, advanced practice providers, nurses, and other clinicians who may or may not be skilled in critical care but who must care for such patients during early stabilization and in anticipation of the arrival of an intensivist or specialist, or pending transfer of a patient to a tertiary center. The curriculum may be presented in a modular format as well, which may be appropriate for resident training.
What are the benefits?	On completion of the FCCS course, learners will be able to: • Prioritize assessment needs for the critically ill patient • Select appropriate diagnostic tests • Identify and respond to significant changes in the unstable patient • Recognize and initiate management of acute life-threatening conditions • Determine the need for expert consultation and/or patient transfer and prepare the practitioner for optimally accomplishing transfer
How does a learner successfully complete the course?	Successful course completion includes: • Completion of all required presentations • Attendance at the in-person skill stations day • Passing score (≥70%) on the posttest • Completion of the participant evaluation

FCCS: Pediatrics	
What is the FCCS: Pediatrics course?	FCCS: Pediatrics was developed to prepare nonintensivists to manage the care of critically ill pediatric patients for the first 24 hours or until transfer or appropriate critical care consultation can be arranged. The two-day course includes a series of presentations and skill stations designed to provide knowledge, guidance for decision-making, and limited practice in some clinical procedures and scenarios. Learners who successfully complete the course receive a certificate of completion.
Who should attend?	The course is intended for nonintensivists, primary care physicians, emergency physicians, residents, fellows, advanced practice providers, nurses, and other clinicians who may provide pediatric critical care and for clinicians in pediatrics seeking additional education in critical care.
What are the benefits?	On completion of the FCCS: Pediatrics course, learners will be able to: • Prioritize assessment needs for the critically ill pediatric patient • Select appropriate diagnostic tests • Identify and respond to significant changes in the unstable patient • Recognize and initiate management of acute life-threatening conditions • Determine the need for expert consultation and/or patient transfer and prepare the practitioner for optimally accomplishing transfer
How does a learner successfully complete the course?	Successful course completion includes: • Completion of all required presentations • Attendance at the in-person skill stations day • Passing score (≥70%) on the posttest • Completion of the participant evaluation

FCCS: Crisis Management	
What is the FCCS: Crisis Management course?	FCCS: Crisis Management is a one-day course that prepares healthcare professionals to treat victims of natural or manmade mass casualty events. The course covers the core structure and functions of disaster incident management, guiding principles for triage and allocation of scarce resources during a disaster, and recognition of emergency situations that require use of personal protective equipment or environmental controls. The course is formatted as a series of presentations and skill stations to provide knowledge, guidance for decision-making, and limited practice in some clinical procedures and scenarios. Learners who successfully complete the course receive a certificate of completion.
Who should attend?	The course is intended for intensivists, nonintensivists, advanced practice providers, nurses, and other clinicians who want to be prepared to assist victims of manmade or natural disasters.

What are the benefits?	On completion of the FCCS: Crisis Management course, learners will be able to: • Identify core structure and functions of disaster incident management • Describe the guiding principle for triage and allocation of scarce critical care resources during a disaster • Explain the significant changes in organization, staffing, and responsibility that may improve the provision of critical care during a mass casualty event • Recognize emergency situations that require use of personal protective equipment or environmental controls
How does a learner successfully complete the course?	Successful course completion includes: • Completion of all required presentations • Attendance at the in-person skill stations day • Passing score (≥70%) on the posttest • Completion of the participant evaluation

FCCS: Obstetrics	
What is the FCCS: OB course?	FCCS: OB is a two-day course that covers physiologic changes during pregnancy, specific obstetric medical conditions and appropriate treatment, maternal cardiovascular resuscitation, and airway management of critically ill pregnant patients, as well as appropriate steps in fetal assessment, delivery, and neonatal management. The course is formatted as a series of presentations and skill stations to provide knowledge, guidance for decision-making, and limited practice in some clinical procedures and scenarios. Learners who successfully complete the course receive a certificate of completion.
Who should attend?	The course is intended for intensivists, nonintensivists, residents, fellows, advanced practice providers, nurses, and other clinicians who may provide maternal/fetal critical care and for clinicians in obstetrics seeking additional education in critical care.
What are the benefits?	On completion of the FCCS: OB course, learners will be able to: • Explain physiologic changes during pregnancy • Describe specific maternal obstetric and medical conditions and appropriate treatment • Demonstrate optimum maternal CPR and airway management in the care of critically ill pregnant patients • Describe appropriate steps for fetal assessment, delivery, and neonatal management
How does a learner successfully complete the course?	Successful course completion includes: • Completion of all required presentations • Attendance at the in-person skill stations day • Passing score (≥70%) on the posttest • Completion of the participant evaluation

FCCS: Resource Limited	
What is the FCCS: RL course?	FCCS: RL is a two-day course that covers critical care fundamentals which apply to austere and operational environments. Additional components of an austere environment may include the necessity to triage patients because of resource limitations and the use of telemedicine to obtain essential subspecialty advice or procedural guidance when transport or evacuation is delayed. The course is formatted as a series of presentations and skill stations to provide knowledge, guidance for decision-making, and limited practice in some clinical procedures and scenarios. Learners who successfully complete the course receive a certificate of completion.
Who should attend?	The course is intended for intensivists, nonintensivists, advanced practice providers, nurses, and other clinicians who practice in resource-limited environments, those who voluntarily travel to these areas to provide care, or those who are part of military deployments to foreign countries for humanitarian aid or other military missions.
What are the benefits?	On completion of the FCCS: RL course, learners will be able to: • Summarize the fundamentals of resource-limited critical care and how they apply to clinician knowledge, skills, abilities, and time availability • Describe the epidemiology and management of unique illnesses and injuries associated with armed conflicts and disasters and the implications of risk to caregivers • Employ the principles of resource-limited critical care management, including preplanning, the minimum-better-best paradigm, resource utilization, and telemedicine
How does a learner successfully complete the course?	Successful course completion includes: • Completion of all required presentations • Attendance at the in-person skill stations day • Passing score (≥70%) on the posttest • Completion of the participant evaluation

FCCS: Surgical	
What is the FCCS: Surgical course?	FCCS: Surgical was developed to provide nonsurgical healthcare professionals with the knowledge and training they need for the initial care, stabilization, and urgent disposition of the critically ill surgical patient. The two-day course includes a series of presentations and skill stations designed to provide knowledge, guidance for decision-making, and limited practice in some clinical procedures and scenarios. Learners who successfully complete the course receive a certificate of completion.
Who should attend?	The course is intended for nonintensivist physicians, residents, fellows, advanced practice providers, nurses, pharmacists, and respiratory therapists who may provide the initial care, stabilization, and urgent disposition of the critically ill surgical patient.

What are the benefits?	On completion of the FCCS: Surgical course, learners will be able to: • Summarize the fundamental principles of critical care in the surgical patient • Describe the initial management before critical care assistance or transfer • Avoid morbidity and prevent mortality
How does a learner successfully complete the course?	Successful course completion includes: • Completion of all required presentations • Attendance at the in-person skill stations day • Passing score (≥70%) on the posttest • Completion of the participant evaluation

Airway and Mechanical Ventilation Management	
What is the Airway and Mechanical Ventilation Management course?	Airway and Mechanical Ventilation Management is a two-day course that reviews airway and mechanical ventilation management strategies for critically ill patients.
Who should attend?	This course provides education and training for physicians, advanced practice providers, nurses, respiratory therapists, and pharmacists who seek more knowledge of airway and mechanical ventilation management.
What are the benefits?	On completion of the Airway and Mechanical Ventilation Management course, learners will be able to: • Practice essential airway management skills • Recognize examination findings that implicate a difficult airway • Use innovative advanced airway tools to manage difficult airways • Understand the indications, contraindications, and benefits of noninvasive positive pressure ventilation • Apply mechanical ventilation strategies for both conventional and advanced modes • Explain and troubleshoot common problems related to patient-ventilator dyssynchrony
How does a learner successfully complete the course?	Successful course completion includes: • Completion of all required presentations • Attendance at the in-person skill stations day • Passing score (≥70%) on the posttest • Completion of the participant evaluation

Critical Care Ultrasound	
What Is the Critical Care Ultrasound course?	This course includes online learning modules and a self-paced eBook review followed by a full day of in-person skills training, all aimed at increasing ultrasound diagnostic skills and scanning proficiency in the critical care setting. The full-day interactive session is led by subject matter experts and uses live models. Significant experience is ensured with a low faculty to learner ratio.

Who should attend?	This course provides education and training for physicians and advanced practice providers who seek more knowledge about ultrasound training with a special focus on echocardiography.
What are the benefits?	On completion of the Critical Care Ultrasound course, learners will be able to: • Understand topics such as cardiac output, left/right ventricular function, focused assessed transthoracic echocardiography (FATE) examination, and vascular ultrasound • Perform and interpret ultrasound imaging in a critical care setting • Integrate their learned skills into clinical practice
How does a learner successfully complete the course?	Successful course completion includes: • Completion of all required presentations • Attendance at the in-person skill stations day • Passing score (≥70%) on the posttest • Completion of the participant evaluation

ICU Liberation	
What is the ICU Liberation course?	The ICU Liberation course incorporates recommendations on pain, agitation/sedation, delirium, immobility, and sleep disruption guidelines and provides implementation strategies through the ICU Liberation Bundle (A-F). Developed by international experts, the ICU Liberation course is designed for the whole ICU team and allows institutions to provide uniform patient management training for their clinicians.
Who should attend?	This course is intended for critical care physicians, advanced practice providers, nurses, respiratory therapists, pharmacists, physical therapists, and occupational therapists.
What are the benefits?	On completion of the ICU Liberation course, learners will be able to: • Understand the importance of liberating patients from the harmful effects of an ICU stay • Work as a multiprofessional team to apply implementation strategies through the ICU Liberation Bundle (A-F)
How does a learner successfully complete the course?	Successful course completion includes: • Completion of all required presentations • Attendance at the in-person skill stations day • Passing score (≥70%) on the posttest • Completion of the participant evaluation

Multiprofessional Critical Care Review (MCCR): Adult	
What is the MCCR course?	The MCCR course helps critical care clinicians acquire in-depth clinical knowledge to improve patient outcomes.
Who should attend?	This course is intended for clinicians who wish to acquire in-depth clinical knowledge to improve patient outcomes in core critical care.

What are the benefits?	On completion of the MCCR course, learners will be able to: • Discuss relevant clinical topics and updates to increase their knowledge base in critical care • Assess the scientific foundations and literature evidence for the diagnosis, monitoring, and management of patients with critical illness • Compare information among multiprofessional practitioners involved in the practice of critical care medicine
How does a learner successfully complete the course?	Successful course completion includes: • Completion of all required presentations • Passing score (≥70%) on the posttest • Completion of the participant evaluation

Certificates of Course Completion and Renewal of Training

Learners who have successfully completed course requirements will receive a dated certificate of completion. All required learner information must be submitted through Director Resources in MySCCM before certificates are issued. Once all required learner information is entered, the course director/contact can issue course certificates. One certificate will be issued for each learner who successfully completes the course.

Certificates include the date of course completion and will be valid for four years, after which the "[Course Name] trained" title will no longer apply unless the course is retaken. SCCM will not notify learners of upcoming certificate expiration.

Hosted Training Program Oversight

The SCCM Council is accountable for the Hosted Training Program. Operational responsibility for each course in the program is delegated to the following committees:

FCCS	Fundamental Critical Care Support Committee
FCCS: Pediatrics	Fundamental Critical Care Support: Pediatrics Committee
FCCS: Crisis Management	Fundamental Critical Care Support: Crisis Management Committee
FCCS: Obstetrics	Fundamental Critical Care Support: Obstetrics Committee
FCCS: Resource Limited	Fundamental Critical Care Support: Resource Limited Committee
Airway and Mechanical Ventilation Management	Airway and Mechanical Ventilation Management Course Committee
ICU Liberation	ICU Liberation Committee
Multiprofessional Critical Care Review	MCCR: Adult Committee
Ultrasound	Ultrasound: Adult Committee Ultrasound: Pediatric and Neonatal Committee

Membership of each committee represents the broad multiprofessional and international interests of

SCCM and the SCCM executive vice president/CEO. Each committee oversees curricula, policies, procedures, and guidelines for its respective program. The committees meet virtually once each year and may hold additional conference calls during which initiatives and challenges are discussed. Actions of all Hosted Training committees are subject to review by the SCCM Council.

The committee chairperson is charged with the ongoing implementation of the program in accordance with policies and procedures. The chairperson also serves as the primary liaison between the committee, SCCM Council, and SCCM administrative staff.

Other duties may also include:

- Supervision of periodic curriculum revisions as directed by the program committee
- Review of program policy and procedure revisions
- Representation of SCCM interests in all discussions, grievances, and collaborations regarding the program

Certification and Limitation of Liability

Each Hosted Training program is solely an educational curriculum. It is not intended or designed to certify or validate the competency or capability of any individual learner or practitioner who has completed the course to provide specific patient care. SCCM, the committee, and instructors disclaim any responsibility for any supplemental material added to the curriculum during individual courses and for the utilization of this information by individual practitioners. This curriculum is not intended to substitute for or delay consultation with a critical care specialist.

This important principle should directly influence your conversation with instructors and course learners. SCCM emphasizes the educational value of this program but strongly requests that you not refer to "certification" because this term connotes matters such as verification of competency. It is not practical to expect that this short course could ensure such a level of expertise, and you should refrain from any such inference or implication.

Neither SCCM, the committees, nor instructors certify competency at any level of knowledge or procedural skill following the course. It is highly recommended that you also avoid use of such terminology in your discussions with learners and through your marketing. The recommended terminology avoids the terms "certified" or "competency" but emphasizes the benefits of the new knowledge and limited exposure to selected procedures. SCCM also cannot be responsible for any curriculum material added to the course by individual instructors or course directors.

Copyright Statement

rendering of medical, legal, financial, accounting, or other professional service, and SCCM hereby disclaims any and all liability to all third parties arising out of or related to the content of this course.

The information presented in this course is subject to change at any time without notice and should not be relied upon as a substitute for professional advice from an experienced, competent practitioner in the relevant field. Neither SCCM nor the authors, instructors, or licensees make any guarantees or warranties concerning the information contained herein, and no person or entity is entitled to rely on any statements or information contained herein. If expert assistance is required, please seek the services of an experienced, competent professional in the relevant field.

Accurate indications, adverse reactions, and dosage schedules for drugs may be provided in this course, but it is possible that these may change. Course learners must review current package indications and usage guidelines provided by the manufacturers of the agents mentioned.

Reading Assignment II: Course Faculty

Hosted courses are administered and presented by a course contact, an SCCM-approved director and consultant (if necessary), and at least two SCCM-approved instructors. Being a Hosted Training instructor provides opportunities to educate others around the world.

Course Instructor Responsibilities

- Present lecture and/or skill station/simulation materials, as assigned by the course director
- Review assigned materials before the course and come prepared
- Encourage audience participation
- Adjust teaching style to the audience as needed
- Follow course material without inserting personal bias

Instructor Eligibility

FCCS, FCCS: Pediatrics, FCCS: Crisis Management, FCCS: Surgical

Prospective instructors must meet/complete **one** bulleted criterion for a given clinician type in the table below.

Physician
• Critical care certification or activity or board eligibility for certification **or** • A minimum 50% critical care practice ratio as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator*
Advanced Practice Provider
• Baccalaureate or higher degree with critical care certification **or** • Baccalaureate or higher degree with a minimum 50% critical care practice ratio, as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator*
Nurse
• Baccalaureate degree with critical care certification **or** • Graduate or higher degree with a minimum 50% critical care practice ratio as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator*
Respiratory Therapist

• Baccalaureate or higher degree with a minimum 50% critical care practice ratio as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator*
Pharmacist
• Baccalaureate or specialty degree in critical care **or** • Baccalaureate or higher degree with a minimum 50% critical care practice ratio as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator*

**Critical care practice* is considered either a didactic or education-based role focused on the critically ill or injured patient. The practice requirement ensures (as much as possible) that the instructor will be comfortable with the majority of the lecture components and skill stations and can answer questions with credibility.

FCCS: Obstetrics

Prospective instructors must meet/complete **one** bulleted criterion for a given clinician type in the table below.

Physician
• Critical care certification or activity or proof of board eligibility **or** • A minimum 50% critical care practice ratio as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator***or** • Obstetrics/gynecology board certification or board eligibility for certification with a minimum 50% clinical practice and labor and delivery management as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator**
Advanced Practice Provider
• Critical care certification or activity or proof of board eligibility **or** a minimum 50% critical care practice ratio as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator***or** • Baccalaureate or higher degree with obstetrics/gynecology certification with a minimum 50% clinical practice and labor and delivery management, as confirmed by a department chair, division director, chief medical officer, or hospital administrator**
Nurse
• Baccalaureate degree with critical care certification **or** • Graduate or higher degree with a minimum 50% critical care practice ratio as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator* **or** • Baccalaureate degree or higher degree with obstetrics/gynecology certification with a minimum 50% clinical practice and labor and delivery management as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator**
Respiratory Therapist
• Baccalaureate or higher degree with a minimum 50% critical care practice ratio, as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator*
Pharmacist
• Baccalaureate or specialty degree in critical care **or** • Baccalaureate or higher degree with a minimum 50% critical care practice ratio, as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator*

**Critical care practice* is considered either a didactic or education-based role focused on the critically ill or injured patient. The practice requirement ensures (as much as possible) that the instructor will be comfortable with the majority of the lecture components and skill stations and can answer questions with

credibility.
**_Clinical practice and labor and delivery management_ refers to the management of pregnant patients, including inpatient management of labor, performance of deliveries, and care of the postpartum patient. Critical care-certified practitioners will be accredited as instructors on successful completion of all criteria listed in this document.

FCCS: Resource Limited

Prospective instructors must meet/complete **one** bulleted criteria for a given clinician type in the table below and submit the required letter to substantiate critical care experience in a resource-limited setting.

Physician
• Critical care certification or activity or board eligibility for certification **or** • A minimum of 50% critical care practice ratio as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator.* Requires letter from FCCS: RL director or consultant to substantiate resource-limited critical care experience.
Advanced Practice Provider
• Baccalaureate or higher degree and critical care certification **or** • Baccalaureate or higher degree with a minimum 50% critical care practice ratio, as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator.* Requires letter from FCCS: RL director or consultant to substantiate resource-limited critical care experience.
Nurse
• Baccalaureate degree and critical care certification **or** • Graduate or higher degree with a minimum 50% critical care practice ratio as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator.* Requires letter from FCCS: RL director or consultant to substantiate resource-limited critical care experience.
Respiratory Therapist
• Baccalaureate or higher degree with a minimum 50% critical care practice ratio as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator.* Requires letter from FCCS: RL director or consultant to substantiate resource-limited critical care experience.
Pharmacist
• Baccalaureate or specialty degree in critical care **or** • Baccalaureate or higher degree with a minimum 50% critical care practice ratio as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator.* Requires letter from FCCS: RL director or consultant to substantiate resource-limited critical care experience.
Prehospital Medic
Special operations combat medic (18 Delta), emergency medical technician-paramedic (EMT-P), emergency medical technician-basic (EMT-B) • Prehospital medic (certification required) with resuscitative medicine experience in a resource-limited setting (e.g., wilderness medicine, overseas medicine in a low-economic or war-torn country). Requires letter from FCCS: RL director or consultant to substantiate resource-limited critical care experience.

*_Critical care practice_ is considered either a didactic or education-based role focused on the critically ill or injured patient. The practice requirement ensures (as much as possible) that the instructor will be comfortable with the majority of the lecture components and skill stations and can answer questions with credibility.

ICU Liberation

Prospective instructors must meet/complete **one** bulleted criterion for a given clinician type in the table below.

Physician
• Critical care certification or activity or board eligibility for certification **or** • A minimum of 50% critical care practice ratio as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator*
Advanced Practice Provider
• Baccalaureate or higher degree with critical care certification **or** • Baccalaureate or higher degree with a minimum 50% critical care practice ratio, as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator*
Nurse
• Baccalaureate degree and critical care certification **or** • Graduate or higher degree with a minimum 50% critical care practice ratio as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator*
Respiratory Therapist
• Baccalaureate or higher degree with a minimum 50% critical care practice ratio as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator*
Pharmacist
• Baccalaureate or specialty degree in critical care **or** • Baccalaureate or higher degree with a minimum 50% critical care practice ratio as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator*
Physical Therapist
• Baccalaureate or higher degree with a minimum 50% critical care practice ratio as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator*
Occupational Therapist
• Baccalaureate or higher degree or specialty with a minimum 50% critical care practice ratio as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator*

**Critical care practice* is considered either a didactic or education-based role focused on the critically ill or injured patient. The practice requirement ensures (as much as possible) that the instructor will be comfortable with the majority of the lecture components and skill stations and can answer questions with credibility.

<u>Airway and Mechanical Ventilation Management</u>

Prospective instructors must meet/complete **one** bulleted criterion for a given clinician type in the table below and provide proof of two or more years of experience with airway or mechanical ventilation use in daily clinical practice.

Physician
• Critical care certification or activity or board eligibility for certification **or** • A minimum 50% critical care practice ratio as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator.* Must provide proof of two or more years of experience with airway or mechanical ventilation use in daily clinical practice.
Advanced Practice Provider

• Baccalaureate or higher degree with critical care certification **or** • Baccalaureate or higher degree with a minimum 50% critical care practice ratio, as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator.* Must provide proof of two or more years of experience with airway or mechanical ventilation use in daily clinical practice.
Nurse
• Baccalaureate degree and critical care certification **or** • Graduate or higher degree with a minimum 50% critical care practice ratio as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator.* Must provide proof of two or more years of experience with airway or mechanical ventilation use in daily clinical practice.
Respiratory Therapist
• Baccalaureate or higher degree with a minimum 50% critical care practice ratio as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator.* Must provide proof of two or more years of experience with airway or mechanical ventilation use in daily clinical practice.
Pharmacist
• Baccalaureate or specialty degree in critical care **or** • Baccalaureate or higher degree with a minimum 50% critical care practice ratio as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator.* Must provide proof of two or more years of experience with airway or mechanical ventilation use in daily clinical practice.

Critical Care Ultrasound* *Critical care practice* is considered either a didactic or education-based role focused on the critically ill or injured patient. The practice requirement ensures (as much as possible) that the instructor will be comfortable with the majority of the lecture components and skill stations and can answer questions with credibility.

Critical Care Ultrasound

Prospective instructors must meet/complete **one** bulleted criterion for a given clinician type in the table below and provide proof of two or more years of experience with ultrasound use integrated into daily clinical care practice *or* a letter of recommendation from a Critical Care Ultrasound instructor, director, consultant, or current or past course faculty member.

Physician
• Critical care certification or activity or board eligibility for certification **or** • A minimum of 50% critical care practice ratio as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator* ***and*** • Proof or two or more years of experience with ultrasound use integrated into daily clinical care practice **or** • Personal recommendation from a Critical Care Ultrasound director, consultant, or current or past course faculty member
Advanced Practice Provider
• Baccalaureate or higher degree with critical care certification **or** • Baccalaureate or higher degree with a minimum 50% critical care practice ratio, as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator* ***and*** • Proof or two or more years of experience with ultrasound use integrated into daily clinical care

practice **or** • Personal recommendation from a Critical Care Ultrasound director, consultant, or current or past course faculty member

*_Critical care practice_ is considered either a didactic or education-based role focused on the critically ill or injured patient. The practice requirement ensures (as much as possible) that the instructor will be comfortable with the majority of the lecture components and skill stations and can answer questions with credibility.

Multiprofessional Critical Care Review

Prospective instructors must meet the bulleted criteria in the table below.

Physician
• Critical care certification or activity or board eligibility for certification ***or*** • A minimum 50% critical care practice ratio as confirmed by an ICU director, department chair, chief medical officer, or hospital administrator*

*_Critical care practice_ is considered either a didactic or education-based role focused on the critically ill or injured patient. The practice requirement ensures (as much as possible) that the instructor will be comfortable with the majority of the lecture components and skill stations and can answer questions with credibility.

Apply to Become an Instructor

1. Successfully complete a hosted training course with a score ≥ 80% on the posttest
2. Complete the online instructor curriculum
3. Submit the online instructor application and supporting documents
4. Teach at least two components of the course (presentation and/or skill station) within two years of instructor application approval

Visit the SCCM website to complete the online instructor curriculum and to submit the application and supporting documents.

Maintain Instructor Status

Instructor status will expire in two years unless the instructor:

1. Maintains certification and special/added qualifications listed in the instructor eligibility criteria
2. Teaches in at least one course every two years

Course Director

The course director, with the assistance of the course contact, is responsible for planning, organizing, and conducting the course. This includes purchasing learners, selecting and mentoring faculty, organizing course logistics, securing equipment, registering learners, requesting necessary course resources, and providing accredited continuing education credits, if applicable. The course director should ensure that the course runs smoothly and is consistent with SCCM's goals, objectives, and vision. Criteria and instructions for applying to become a course director are available on the SCCM website.

Course Consultant

The course consultant is considered an expert in both critical care practice and the Hosted Training Program and has a duty to be very familiar with all aspects of the course and administration thereof. The course consultant's responsibilities are to guide first-time course directors and contacts in course planning and on-site oversight during the course. The consultant will provide feedback to the director and contact and ensure that the new course site adheres to the goals of the program. Criteria and instructions for applying to become a course consultant are available on the SCCM website.

Reading Assignment III: Teaching the Course

Course Design

Each Hosted Training course is presented as a series of presentations followed by skill stations or simulations. The sequence of presentations and skill stations/simulations can be varied to meet audience and facility needs, but skill stations should not be conducted before their corresponding presentations.

Skill stations/simulations may be interspersed throughout the day or grouped in the afternoons. Although the skill stations/simulations are problem-based case scenarios, key objectives listed for each should remain the focus. Instructors should generalize from the cases and not become too absorbed in the individual case details.

Each course is organized as modules developed around largely independent topics. This allows a course site to emphasize and de-emphasize modules depending on the knowledge base of the learners. Still, it is important to remind learners that the posttest will include material from all modules, so the textbook should be carefully read.

Required FCCS Presentations and Skill Stations

Presentations	Skill Stations
Required: • Recognition and Assessment of the Seriously Ill Patient • Airway Management* • Cardiopulmonary/Cerebral Resuscitation** • Diagnosis and Management of Acute Respiratory Failure • Mechanical Ventilation I • Mechanical Ventilation II • Monitoring Oxygen Balance and Acid-Base Status • Diagnosis and Management of Shock • Neurologic Support • Basic Trauma and Burn Support*** • Acute Coronary Syndromes** • Life-Threatening Infections: Diagnosis and Antimicrobial Therapy Selection • Management of Life-Threatening Electrolyte and Metabolic Disturbances	*Include all THREE*: • Mechanical Ventilation I • Mechanical Ventilation II • Noninvasive Positive Pressure Ventilation *And choose ONE integrated station:* • Integrated Sepsis A Scenario • Integrated Sepsis B Scenario • Integrated Airway Management • Hypovolemic Shock Scenario • Integrated Hemorrhagic Shock Scenario • Integrated Traumatic Brain Injury Scenario • Recognition and Assessment of the Seriously Ill Patient

• Special Considerations *Optional (based on services provided at institution):* • Critical Care in Pregnancy • Ethics in Critical Care Medicine • Critical Care in Infants and Children: The Basics	

*May be omitted if all learners are ACLS or ATLS certified.
**May be omitted if all learners are ACLS certified.
***May be omitted if all learners are ATLS certified.

Required FCCS: Pediatrics Presentations and Skill Stations

Presentations	Skill Stations
Required: • Airway Management • Assessment of the Critically Ill Child • Diagnosis and Management of the Child With Acute Upper and Lower Airway Disease • Diagnosis and Management of Shock • Fluids, Electrolytes, and Metabolic Derangements • Neurologic Emergencies • Postoperative Management • Sedation, Analgesia, and Neuromuscular Blockade *Optional (based on services provided at institution):* • "Abusive" Trauma: Diagnosis and Management • Acute Infections • Acute Kidney Injury • Acute Poisoning in Children • Invasive Medical Devices • Management of the Child With Congenital Heart Disease • Mechanical Ventilation • Oncologic and Hematologic Emergencies and Complications • Pediatric Burn Injury • Pediatric Cardiac Arrest • Pediatric Emergency Preparedness • Transport of the Critically Ill Child • Traumatic Injuries in Children	*Required:* • Advanced Integration Scenarios • Cardiopulmonary Dysfunction • Mechanical Ventilation • Radiology and Invasive Devices • Sedation • Transport *Optional:* • Trauma

Required FCCS: Crisis Management Presentations and Skill Stations

Presentations	Skill Stations
Required: • Disaster Preparation for the Critical Care Clinician: Setting the Stage • The ICU's Role in Disaster Response • Augmenting Critical Care Capacity During a Disaster • Critical Care Management of Chemical Exposures • Intentional and Natural Outbreaks of Infectious Disease • Critical Care Management of Radiologic Exposures • Blast and Burn Injuries • Mass Shootings • Acute Disaster Care in Special Populations • Tertiary Triage and Allocation of Scarce Resources in Disasters, and the Role of Palliative Medicine	*Required:* • Mass Shootings • Crisis Management in Natural Disasters • Chemical Exposure

Required FCCS: Resource Limited Presentations and Skill Stations

Presentations	Skill Stations
Required: • Welcome and Introduction • Scenario 01: Diarrhea • Scenario 02: Fever in the Tropics • Mechanical Ventilation, Sedation, and Packaging • Pediatric Critical Care • Scenario 03: Pediatric Burn Injury • Scenario 04: Mass Casualty Incident *Optional (based on services provided at institution):* • Management of Pregnancy • Chest Pain • Environmental Injuries • Electrolyte and Metabolic Disturbances • Safety and Security of Medical Personnel	*Required:* • Diarrhea • Severe Malaria: Transport Ventilator Setup, IV Infusion Setup Without a Pump, Packaging the Patient • Pediatric Burn • Mass Casualty Trauma

Required FCCS: OB Presentations and Skill Stations

Presentations	Skill Stations
Required: • Physiologic Changes During Pregnancy • Preeclampsia/Eclampsia • Airway Management in the Pregnant Patient • Sepsis in Pregnancy • Maternal Cardiac Arrest • Obstetric Hemorrhage • Nonobstetric Surgical Diseases in the Pregnant Patient • Fetal Evaluation and Fetal Concerns in the Seriously Ill Pregnant Patient • Thromboembolic Disease and Pregnancy • Management of Delivery and the Newborn • Mechanical Ventilation in Pregnancy *Optional:* • Hemodynamic Monitoring • Pregnancy-Related Acute Kidney Injury • Transport of the Critically Ill Pregnant Patient • Cardiac Conditions in Pregnancy • Neurocritical Care in Pregnancy • Trauma in Pregnancy	*Required:* • Management of Preeclampsia • Cardiopulmonary Arrest in Pregnancy • Mechanical Ventilation Syndrome • Postpartum Hemorrhage • Delivery and Neonatal Resuscitation *Optional:* • Trauma in Pregnancy

Required FCCS: Surgical Presentations and Skill Stations

Presentations	Skill Stations
• Recognition and Assessment of the Seriously Ill Patient • Approach to the Surgical Patient Part 1: Overview of the Critically Ill Patient • Approach to the Surgical Patient Part 2: Surgical Emergencies • Diagnosis and Management of Acute Respiratory Failure • Surgical Airway Emergencies • Mechanical Ventilation I • Mechanical Ventilation II • Monitoring Oxygen Balance and Acid-Base Status • Diagnosis and Management of Shock • Neurologic Support • Neurosurgical ICU • Life-Threatening Infections: Diagnosis and Antimicrobial Therapy Selection • Basic Trauma and Burn Support* • Abdominal Surgical Emergencies: Part 1 • Abdominal Surgical Emergencies: Part 2 • Acute Coronary Syndromes** • Cardiovascular Surgical Emergencies • Management of Life-Threatening Electrolyte and Metabolic Disturbances • Management of Special Populations • Surgical Soft Tissue Complications and Urgencies	*Required:* • Mechanical Ventilation I • Mechanical Ventilation II • Assessment of the Critically Ill Postoperative Patient • Hypotension After Abdominal Operation • Integrated Abdominal Sepsis *And choose one of the following:* • ICU Care for Multisystem Trauma Patients • Integrated Severe Sepsis A Scenario • Integrated Airway Management and Hemorrhagic Shock Scenario • Noninvasive Positive Pressure Ventilation • Recognition and Assessment of the Seriously Ill Patient

*May be omitted if all learners are ATLS certified.

**May be omitted if all learners are ACLS certified.

Required Airway and Mechanical Ventilation Management Presentations and Skill Stations

Presentations	Skill Stations
Required: • Overview of Airway Practice, Complications, and Outcomes • Intubation Medications • Direct Laryngoscopy and Videolaryngoscopy • Surgical Airways • Team Approach to Airway Management • Advanced Airway Techniques • Safe Mechanical Ventilation • Patient-Ventilator Dyssynchrony • Refractory Hypoxemia • Heated High-Flow Nasal Cannula and Noninvasive Positive Pressure Ventilation • Disease-Specific Strategies • Weaning the Difficult Patient	*Required:* • Overview of Airway Management • Intubation Medications • Direct Laryngoscopy and Videolaryngoscopy • Surgical Airways • Team Approach to Airway Management • Advanced Airway Techniques • Safe Mechanical Ventilation • Patient-Ventilator Asynchrony • Refractory Hypoxemia • Noninvasive Positive Pressure/High-Flow Nasal Cannula • Disease-Specific Strategies • Weaning the Difficult Patient

Required Critical Care Ultrasound: Adult Presentations

Presentations	Skill Stations
Required: • Ultrasound Physiology and Knobology • Basic Windows and Views • Left Ventricular Function and Cardiac Output • Echocardiographic Evaluation: Right Ventricular Function • Echocardiographic Evaluation of Hypovolemia and Volume Responsiveness • Clinical Cases A • Clinical Cases B • Ultrasound and Pulmonary Embolism • Pericardial Tamponade: Evaluation of Tamponade Physiology • Approach to Lung Ultrasonography • Echocardiographic Approach to Shock • Vascular Ultrasound: Deep Venous Thrombosis and Vascular Access • Abdominal Ultrasound: eFAST and Beyond • Clinical Cases C	• Apical Views • Parasternal Views • Subcostal Views • Cardiac Output • Right Ventricular Function • Left Ventricular Function • Volume • Vascular Ultrasound • Lung: Pleural Effusions and Thoracentesis • Focused Assessment With Sonography in Trauma (FAST) Examination • Tamponade Evaluation/Focused Assessed Transthoracic Echocardiography (FATE) Examination • Ask the Expert

• Clinical Cases D • FAST Station (HOT Clips) • Lung Station (HOT Clips) • Vascular Shock Station (HOT Clips) • Vascular Access Station (HOT Clips) • Ventricular Function Station (HOT Clips) • How Can We Move Forward? *Optional:* • Supplemental Clinical Cases E • Supplemental Clinical Cases F • Supplemental Clinical Cases G • Supplemental Clinical Cases H	

Required Critical Care Ultrasound: Pediatric and Neonatal Presentations and Skill Stations

Presentations	Skill Stations
Required: • Ultrasound Physics and Machine Basics • Introduction to Focused Cardiac Ultrasound • Qualitative Assessment of Left Ventricular Function • Lung and Thorax • Focused Assessment With Sonography in Trauma (FAST) or Focused Assessment for Free Fluid (FAFF) • Right Ventricle • Predicting Volume Responsiveness • Ultrasound in the Perioperative Setting • Review • Quantitative Assessment of Left Ventricular Function • Pericardial Fluid and Pulmonary Embolism • Shock and Resuscitation • Education and Program Development • Ultrasound-Guided Resuscitation *Optional:* • Pediatric and Neonatal Procedures • Lunch Cases • Neonatal Ultrasound Diagnostic Applications	• Apical Views • Parasternal Views • Subcostal Views • Lung and Thoracic Examinations • Vascular Procedures • Left and Right Ventricular Function • Focused Assessment With Sonography in Trauma (FAST) or Focused Assessment for Free Fluid (FAFF) • Predicting Volume Responsiveness • Lumbar Puncture and Thoracentesis • Ask the Expert and Pathology Review • Scenario 1 • Scenario 2

Required ICU Liberation Adult Presentations and Skill Stations

Presentations	Skill Stations
Required: • ICU Liberation Course Overview • Assessment, Prevention, and Management of Pain • B: Spontaneous Breathing Trials • B: Spontaneous Awakening Trials • Choice of Analgesia and Sedation • Delirium Assessment, Prevention, and Management • Good Sleep Hygiene • Early Mobility and Exercise • Family Engagement and Empowerment • Post-Intensive Care Syndrome: Issues and Answers • Implementation Strategies	*Required:* • Assessment of a Nonventilated Patient, High-Fidelity • Assessment of a Low-Fidelity Patient • Assessment of Nonventilated Patient, Sample Progress • Assessment of a Ventilated Patient, High-Fidelity • Assessment of Ventilated Patient, Low-Fidelity • Assessment of Ventilated Patient, Sample Progress • Assessment of Spontaneous Awakening Trial and Spontaneous Breathing Trial, High-Fidelity • Assessment of Spontaneous Awakening Trial and Spontaneous Breathing Trial, Low-Fidelity • Assessment of Spontaneous Awakening Trial and Spontaneous Breathing Trial, Sample Progress • Choice of Drug, High-Fidelity • Drug of Choice, Low-Fidelity • Choice of Drug, Sample Progress • Early Mobility, High-Fidelity • Early Mobility, Low-Fidelity • Family Involvement, Low-Fidelity

Required MCCR Presentations

Presentations
The complete list of the MCCR presentation titles can be found in the Director Resources in MySCCM.

Preparing for Course Delivery

As an instructor, you may be expected to present one or two lectures and/or direct a skill station, depending on the number of learners and the total number of instructors, as determined by the course director.

Before the course, the course director *may* give each instructor an opportunity to select a preferred lecture(s) or skill stations(s). You should respond with several options, in order of preference, to allow the course director flexibility in making assignments among all instructors. The course director will send copies of the lecture slides and the instructor lesson plan(s) for the skill station(s) you will conduct.

Each Hosted Training course closely follows the textbook and is designed to provide the same curriculum in each course. Because learners are tested on this curriculum, it is important that instructors use the slides provided and be prepared to cover each presentation within 30 to 45 minutes.

To ensure the quality and integrity of the course, instructors must avoid personal bias when presenting the course content. The addition of information such as "This is how I do it," may detract from the curriculum, confuse learners, and extend the lecture beyond the allocated time. Instructors should present the previously developed and formatted presentations and skill stations.

Presentations

The course director should meet with instructors for 5 to 10 minutes before each course segment (morning and afternoon) to answer questions, encourage communication, and remind instructors of their responsibilities.

The course contact should provide a laser, penlight, or other pointer and have backup files of the presentation materials ready should they be needed.

Because of the prescribed format of the program, the techniques required to present lectures in an interesting fashion differ somewhat from those used to prepare and deliver an original lecture. Here are suggestions to assist you in planning and presenting.

- Review the audiovisual setup before your presentation to ensure that the slides are programmed correctly. Familiarize yourself with the audiovisual equipment, microphone, and podium before your presentation so as not to distract learners during the lecture. Recognize whatever limits are imposed (e.g., microphone or slide programmer cords that may limit mobility), and be ready to pass equipment (e.g., clip-on microphone) to the next speaker.
- Do not fall into the trap of reading slides. Learners can read the slides faster onscreen than you can verbalize them. Reading produces a slow, uninteresting interaction between the instructor and learners. Variation in voice cadence, inflection, and pitch are important.
- Transition carefully from one slide to the next. This makes for a smooth presentation and shows the audience that you are prepared.
- If you anticipate that you will need cues from the slides, consider positioning the podium or standing as far to the side and toward the screen as possible. In this position, you will minimize turning your back to the audience as you view the slides.
- Moving away from the podium while presenting enhances your lecture by providing visual interest. However, excessive walking or wandering around the room while presenting can be distracting.
- A laser or manual pointer should be used for emphasis only. Excessive flashing of the pointer light over the slide or overuse of a manual pointer distracts the audience and may cause them to pay more attention to the pointer than to the presentation material.
- Use of hand gestures and other body language can be effective for emphasizing specific points or illustrating techniques. However, excessive movement may also distract the audience.

- Within Fundamentals courses specifically, the last slide of each presentation is titled "Key Points" and corresponds to the last section of the associated textbook chapter. Try to engage learners in discussion when summarizing the key points, but if you are running over on time, you may refer the learners to the key points in the textbook.
- Determine beforehand whether you will introduce the next speaker and topic following your presentation. If so, be prepared with your introduction.
- Room lighting should be as bright as possible while still allowing clear illumination of the slides.
- Room temperature should be cool but not cold.

Skill Stations/Simulation Scenarios

Skill stations offer learners hands-on experience through case scenarios guided by instructor and learner objectives. The course director will determine which skill stations will be presented in the course. Instructors should use case scenarios and guidance provided in the skill station instructor guides to generalize pertinent information, ensuring that the focus remains on the objectives. Instructors should encourage learners to answer the questions included within each skill station and to participate by exhibiting physical skills whenever possible.

The skills achieved by each learner during any skill station will vary depending on factors such as equipment, instructor availability, and learner training and experience. Therefore, course objectives are designed to provide exposure to, information about, and limited practice of the techniques included in the curriculum. A fundamental understanding of the principles discussed and procedures presented should be the general standard.

<u>Skill Station Delivery</u>
The recommended instructor-to-learner ratio is 8:1 for skill stations but may vary depending on course enrollment and the number of instructors available. It is possible that more than one instructor will be assigned to a given skill station. If this occurs and sufficient equipment is available, the instructors may divide learners into groups and each conduct the full skill station. Otherwise, each instructor could manage half of the skill station or alternate taking the lead. Such decisions must be made in advance of conducting the skill station and discussed with the course director.

The course director could elect to use a variety of brands or types of equipment (e.g., mechanical ventilators, defibrillators). To be effective as a teacher, instructors should visit their assigned skill station ahead of the scheduled session to become familiar with the equipment provided.

Course schedules and time allotted for skill stations will vary by site. Instructors should be aware of the time allotted for each skill station and carefully review the lesson plan. It is the instructor's responsibility to ensure that the skill station is completed.

As a courtesy to the course director, instructors should assist with setting up and dismantling the skill station area whenever possible.

<u>Skill Station Instructor Guides</u>
Instructors should use the skill station instructor guides to ensure that the skill station curriculum is presented in a structured manner to provide the same educational experience to all learners. Carefully review the instructor guide for your assigned skill station before the skill station begins. Each guide will direct you to review specific textbook chapters from which the station was derived and include teaching

points and other specific activities to follow.

The Fundamentals instructor guide is structured in two columns. The right column contains information for the instructor: logistical details (e.g., sequencing of the curriculum), specific objectives and teaching points, and knowledge or skill actions expected of the learners. The left column contains questions to help guide learners through the scenario. The guides are structured in a temporally sequenced manner, corresponding to the recommended curriculum flow during the time available for each skill station.

To ensure that all learners are taught the same content, it is important that the activities and curricula in the instructor guides are followed. Deviations from the curriculum will put the learner at a disadvantage during later testing.

Skill Station Scoring

Skill stations are scored as pass/fail. In the Director Portal in MySCCM, the course director will check off the learners' participation in the skill stations and ensure satisfactory participation. Each skill station has been formatted to align with learner objectives, allowing instructors to evaluate learners as objectively as possible. Participation in the interactive components of the station, answers to questions, satisfactory knowledge and skills, and subjective feedback from learners will provide information to the instructor. Therefore, please try to ask specific questions of each learner and provide practice opportunities to each learner.

This method of scoring is intended to help the instructor identify learners who might require special attention. The special attention may be evaluative or remedial in nature. If you encounter a learner who does not meet the fundamental criteria of understanding or performance, notify the course director immediately. The course director may ask other experienced instructors to join you in evaluating that learner, develop a special remedial session, ask the learner to repeat the session, or advise the learner about areas to focus on in later self-study.

Online Testing

SCCM's hosted training courses all require online testing, whether the learner attends a live course or completes the modules online. The pretest will be available to learners as soon as the course director adds the learner to the course roster. Learners will receive an email with instructions to access the pretest. Course faculty should not share or discuss pretest answers with learners during the course.

Course directors should instruct learners to wait to complete the posttest until after participating in the skill stations. SCCM recommends that course directors instruct learners to complete the posttest within two weeks after participating in the skill stations. It is the course director's responsibility to remind learners to complete the posttest in a timely manner.

Learners will have three attempts to pass the posttest. Their first attempt will be unassisted, meaning they will see only the question and options. On the second and third attempts, they will have access to the references and rationales for missed questions.

All test progress is saved in real time. A "save and continue" option is available if a learner has to stop their examination. Attempts need not occur consecutively.

Reading Assignment IV: Teaching Challenges

Although lectures do not allow much interactivity, posing questions to the learners during your lecture will help keep the learners involved. During skill stations, it is important to give all learners time to gain some level of ability with each procedure. Because time is limited, it is best to keep your demonstration minimal, allowing enough time for learners to practice the procedure. The following suggestions may help in attaining these objectives.

1. Initially ask simple questions or invite comment about easy issues and respond positively to correct answers or comments.
2. Refer to the learners as "Doctor" or other appropriate title with their surnames to establish a professional level of discussion.
3. Reinforce spontaneous comments, when correct, to encourage further involvement.
4. Advance directed questioning until you are comfortable that an acceptable fundamental knowledge has been achieved.
5. If an acceptable level of knowledge or skill has not been achieved, contact the course director for further discussion or other evaluation.

Most learners enroll in the course with appropriate learning goals and are anxious to derive the maximum benefit from their investment of time and money. They may be slightly overwhelmed by the information compressed into such a short time and apprehensive about their skill station performance.

The instructor's attitude contributes greatly to the learners' enthusiasm and to a positive learning environment. As always in a teaching role, you have the opportunity to make a significant contribution to each learner through your knowledge and skills, as well as your supportive and enthusiastic interactions.

Unprepared or Nonparticipative Learners

Although the course is intended to provide an educational opportunity only, successful completion, and hence receipt of a certificate, does require learners' demonstration of knowledge and skill. The posttest is designed to measure some knowledge within the limited format of a multiple-choice test. As an instructor, you are the major instrument used by the course.

Should you identify a learner who is clearly unprepared to understand the issues presented either in lectures or skill stations, notify the course director immediately. Such learners usually are not identified until the first set of skill stations and often are withdrawn and nonparticipative. Gentle but directed questioning might confirm or alleviate concerns.

Limited remediation is available in this type of course. The course director may elect to recommend repetition of some skill stations or other learning activities, but failure to successfully complete the course must be considered and does happen. Under such circumstances, complete documentation must accompany the course site evaluation that is returned to SCCM. Often the course director will ask your assistance in providing additional evaluations or further documentation. Providing an unbiased, objective assessment is an important part of the due process afforded all learners.

If a direct conflict between you and a learner arises regarding your evaluation, the course material, or any other issue, you should immediately consult with the course director. If you are the course director in such a situation, you must consider several options:

1. If a matter of curriculum content arises, such as information presented in a lecture or in test

questions, encourage the learner to contact the SCCM office and speak directly to the SCCM Hosted Training Team who will ask for necessary information and relay concerns to the appropriate committee, who may respond directly to the learner.

2. If a conflict appears to be of a personal nature between the learner and instructor, relieving the situation by reviewing the material with the learner yourself or even setting up subsequent sessions to minimize future contact between the two individuals may suffice.
3. If the learner is not adequately prepared to take the course, you must evaluate the learner completely and confirm the deficiencies yourself. This due process should include input from other instructors and documentation of objective examples of knowledge or skill deficits. This documentation must be returned to the SCCM office and brought to the attention of the SCCM Hosted Training Team.

Appeals/Grievance Process

In the unlikely event of a dispute involving a learner and a matter (e.g., course score, result) that you cannot resolve to the learner's satisfaction, please tell the learner how to initiate the appeal process.

The learner is required to correspond in writing with the SCCM Hosted Training Team. The initial letter should state the issues disputed, the course sponsor, and the course dates. SCCM will contact you for related information. The committee chairperson will arbitrate the dispute.

A further and final level of appeal to SCCM Council is available to the learner thereafter if desired. If you are aware of a learner's dissatisfaction, please include this information in your commentary material returned to the SCCM office at the end of your course. A simple phone call may resolve the dispute.

This process is in place to assist you with difficult situations in which you and your faculty believe that a learner has not demonstrated sufficient understanding or skill proficiency to receive a passing score for the course. This is why it is important to return all documentation or anecdotal commentary in the return packet.