

# **ESBICM**

*Educational Society of Bedside Intensive Care Medicine*

## **ESBICM Mentorship Forum**

Programme Framework

Version 1.1 | April 2026

## Table of Contents

1. Introduction .....	4
2. What the Forum Is Not .....	4
3. Vision.....	4
4. The Gaps the Forum Addresses.....	5
5. Who Can Join.....	5
5.1 Global Scope.....	5
5.2 Institutional Scope .....	6
5.3 ESBICM Life Membership Policy.....	6
6. Mentors .....	6
7. Peer Community and Horizontal Learning.....	6
8. Operational Workflow.....	7
8.1 Application.....	7
8.2 Verification and Review.....	7
8.3 Onboarding.....	7
9. Operating Model.....	7
9.1 Primary Platform.....	7
9.2 Response Model .....	8
9.3 Online Sessions and Meetups.....	8
9.4 Group Size and Capacity .....	8
10. Code of Conduct.....	8
10.1 Patient Anonymity — Non-Negotiable .....	8
10.2 Professional Conduct.....	9
10.3 Signal Discipline.....	9
10.4 Commercial and Promotional Content.....	9
10.5 Confidentiality of Forum Content .....	10
11. Membership Continuity and Exit.....	10
11.1 Multi-Course Training Journey .....	10
11.2 Near-Peer Mentor Continuation.....	10
11.3 Relationship to the ESBICM Faculty Network .....	10
11.4 Natural Exit Pathways .....	10
11.5 Disciplinary Exit Pathways .....	11
11.6 Relationship to ESBICM Life Membership .....	11
12. Administration and Governance.....	12
12.1 Reporting and Accountability .....	12
12.2 Communication Channels.....	12

12.3 Member Identification .....	12
12.4 Feedback and Suggestions .....	12
12.5 Applicable Policies.....	12
12.6 Annual Review .....	12
13. Closing Note.....	12

## 1. Introduction

---

The ESBICM Mentorship Forum is a supplementary mentorship initiative of the Educational Society of Bedside Intensive Care Medicine, established to support Critical Care trainees through their training journey. It is designed as a senior-led learning community that widens the horizon of the trainee's own departmental mentorship by bringing the collective clinical wisdom of senior intensivists and the wider ESBICM community to each member's bedside questions.

The Forum is not a substitute for a trainee's primary guide, faculty, or departmental senior. Every trainee enrolled in a recognised Critical Care training programme has a formal primary mentor through their institution, and the Forum exists alongside that relationship, never in place of it. The value of the Forum lies precisely in what it adds on top of primary mentorship: the hesitation-free space to ask questions that a junior may not always feel comfortable asking their own senior; the exposure to how intensivists at other institutes think about the same clinical problem; and the breadth of cases and contexts that a single unit cannot provide.

**Position of the Forum:** The ESBICM Mentorship Forum is a supplement to, not a substitute for, the trainee's primary guide and institutional faculty. Trainees are expected to continue to use their own unit's seniors as the first and primary resource for all clinical decisions. The Forum exists to widen, not replace, that relationship.

## 2. What the Forum Is Not

---

It is equally important to state what the ESBICM Mentorship Forum is not, so that members, mentors, institutions, and the wider community hold a clear and shared understanding of the Forum's boundaries.

- The Forum is not a substitute for primary training. It does not replace or supplement the formal training, supervision, teaching, or assessment that is the responsibility of the trainee's enrolled course and institution.
- The Forum is not institutionally affiliated. ESBICM has no formal affiliation, partnership, or contractual relationship with any institution whose trainees participate in the Forum. The responsibility for formal training, supervision, accreditation, and educational outcomes rests entirely with the trainee's own institution and its faculty.
- The Forum is not a certification or credentialing body. Participation in the Forum does not confer any formal qualification, certificate, or credential. The Forum does not contribute to the trainee's formal training record, CME hours, or examination eligibility.
- The Forum is not a substitute for the trainee's own guide. The relationship between the trainee and their primary guide, faculty, and department remains primary. The Forum operates alongside, not in place of, that relationship.
- The Forum is not a live clinical decision-making service. The Forum operates on an educational timescale. It is not an emergency consultation service and must not be used for real-time decision support on deteriorating patients.

## 3. Vision

---

The ESBICM Mentorship Forum widens the horizon of Critical Care training. It does this in two ways: by offering access to senior clinical guidance from across the wider Critical Care

community, and by connecting trainees horizontally with their peers across institutes and across the world. Both kinds of learning — senior-to-junior, and peer-to-peer — complement, never replace, the mentorship of the trainee's own department and guide.

## 4. The Gaps the Forum Addresses

---

Even within a well-structured training programme, there are spaces where a trainee's learning can be strengthened by access to a wider mentor community and a peer network. The Forum is designed to address these spaces:

**Hesitation gap.** Questions a trainee may not feel comfortable raising within their own hierarchy, whether because of perceived seniority barriers, the worry of being judged for a basic question, or the demands on a busy consultant's time.

**Perspective gap.** Exposure to how intensivists and peers at other institutes — with different training cultures, case mixes, and clinical schools of thought — approach the same clinical problem.

**Resource gap.** Learning from the experience of trainees and mentors at institutes with equipment, techniques, or case volumes that the member's own institute does not offer, such as ECMO, advanced haemodynamic monitoring, neurocritical interventions, or organ support modalities.

**Case exposure gap.** A broader case mix than any single institute can offer, through anonymised case-based discussions shared across the Forum.

**Safe-space gap.** A low-pressure forum for discussing confusing decisions, interesting cases, reflective learning, and next-step career guidance — away from the performance pressure of the trainee's own department.

## 5. Who Can Join

---

The ESBICM Mentorship Forum is open to Critical Care trainees pursuing any of the following recognised training courses or fellowships, irrespective of the institution (government, private, trust, or corporate) or the parent society through which the course is offered:

- DM — Critical Care Medicine
- DrNB — Critical Care Medicine
- FCCCM — Fellowship of the College of Critical Care Medicine (CCEF)
- IDCCM — Indian Diploma in Critical Care Medicine (ISCCM)
- EDIC — European Diploma in Intensive Care (ESICM, international)
- Or any other recognised Critical Care fellowship or training course, including international programmes

### 5.1 Global Scope

The Forum is global in its design and its membership. Trainees pursuing recognised Critical Care training programmes anywhere in the world are welcome to apply. The Forum operates as an international community of Critical Care learners, consistent with the ESBICM Global Critical Care Faculty Network's worldwide identity.

## 5.2 Institutional Scope

The Forum is open to Critical Care trainees from every kind of institution — government medical colleges, private institutions, trust hospitals, corporate hospitals, and independent training centres. Trainees from any parent society or training stream are welcome. Forum membership is a relationship between ESBICM and the individual trainee; it neither requires nor creates any affiliation with the trainee’s institution or training society.

ESBICM itself has no formal affiliation, partnership, or contractual relationship with any of the institutions whose trainees participate in the Forum. The responsibility for formal training, supervision, accreditation, and educational outcomes rests entirely with the trainee’s own institution and its faculty. The Forum operates as an independent, voluntary learning resource offered directly by ESBICM to individual trainees, parallel to and outside the institutional training framework.

## 5.3 ESBICM Life Membership Policy

ESBICM Life Membership is not mandatory for Forum participation. However, applicants who are already ESBICM Life Members have their credentials already verified on file, which significantly shortens the review step and expedites Forum onboarding. Applicants who wish to become ESBICM Life Members — which is lifelong and provided at no cost, and carries its own set of benefits independent of the Forum — may register on the ESBICM website before, alongside, or after their Forum application. Life Membership is encouraged but not required.

## 6. Mentors

---

Mentorship within the Forum is provided collectively by a panel of senior intensivists drawn from the ESBICM Global Critical Care Faculty Network, led by the Founder President of ESBICM. The mentor panel includes contributors from the Research Faculty and Educator Faculty tiers of the Faculty Network.

Mentorship within the Forum is a voluntary act of collegial service by senior intensivists who give their time to the next generation. Mentors respond as and when their clinical and academic commitments allow, contributing where their expertise and interest align. The strength of the Forum lies in the collective presence of the panel rather than in any individual commitment of hours.

Contributions by Faculty Network members to the Forum are recognised as a form of meaningful contribution within the Faculty Network framework, consistent with the wider ESBICM policy of appreciation for academic and mentorship service.

## 7. Peer Community and Horizontal Learning

---

The Forum’s value is not only vertical — senior to junior — but also horizontal, from peer to peer. Trainees who are going through Critical Care training at the same time, in different institutes and different systems, have much to offer each other. This peer dimension is as much a part of the Forum as the mentor dimension.

Members are encouraged to use the Forum for:

- Case sharing. Posting interesting, instructive, or unusual clinical cases from their own units for discussion — not only for mentor input, but for collective learning by the peer group.

- Practice comparison. Sharing how their own unit handles specific clinical questions — protocols, pathways, sedation practices, weaning strategies, and bundles — so that peers across institutes can learn from each other’s institutional cultures.
- Exam and training-journey support. Exchanging experiences, reading approaches, resources, and practical advice around exam preparation, course transitions, and academic milestones.
- Reflective sharing. Talking honestly about the realities of Critical Care training — tough shifts, difficult patients, ethical dilemmas, moments of self-doubt, and moments of growth. The Forum is a space where colleagues can be honest with each other and be met with understanding.
- Training milestones. Sharing small wins and learning breakthroughs — a first difficult airway, a first independent procedure, a complex case well managed. Brief celebration of these moments is welcome and builds the community.

Peer exchanges are governed by the same Code of Conduct as mentor-led discussion. In particular, patient anonymity, confidentiality, and signal discipline apply to every post, regardless of whether it is addressed to a mentor or a peer.

## 8. Operational Workflow

---

Entry to the Forum follows a structured three-step process designed to ensure that the community remains focused, verified, and mission-aligned:

### 8.1 Application

Prospective members apply through the ESBICM Mentorship Forum Application Form, published on [esbicm.org](http://esbicm.org). The form collects basic professional details, details of the training programme currently being pursued, and institutional information required for verification.

### 8.2 Verification and Review

Applications are reviewed by the ESBICM Office. The review confirms that the applicant is enrolled in a qualifying Critical Care training programme. Applicants who are already ESBICM Life Members have pre-verified credentials, which shortens the review cycle. Applicants who are not yet Life Members undergo full verification, which may take a little longer.

### 8.3 Onboarding

Successful applicants receive an email confirmation from the ESBICM Office containing an invitation link to the Forum WhatsApp group. On clicking the link, the applicant submits a request to join the WhatsApp group, which is then approved by the Forum’s WhatsApp admin. This two-step process — the applicant’s initiation via the link, and the admin’s approval — acts as a final confirmation of consent from both sides before Forum entry. The Forum Code of Conduct is maintained in the WhatsApp group description for ongoing reference by members.

## 9. Operating Model

---

### 9.1 Primary Platform

The primary operating platform for the Forum is WhatsApp. A dedicated ESBICM Mentorship Forum WhatsApp group serves as the main space for discussion, mentor responses, and community interaction. The platform may evolve in future iterations as needs and technology allow; any such transition will be communicated to members in advance.

## 9.2 Response Model

Mentors read the questions posted in the Forum and respond as per clinical commitments. Depending on the question and the mentor's availability, responses may arrive within minutes to hours, though most responses arrive within twenty-four to seventy-two hours. Some questions are answered quickly; others benefit from considered thought and arrive after reflection. The Forum is unhurried by design; the rhythm of responses reflects the care that goes into them, and that is what gives them their value.

Members are asked to recognise that mentor time is voluntary and valuable. Silence on a question does not imply rejection; it may simply mean the question has not yet surfaced in a mentor's review cycle.

**Not for Live Patient Management:** The Forum is a learning space, not a live clinical decision-making service. Members must not post questions about a crashing, unstable, or acutely deteriorating patient in expectation of real-time guidance. All clinical decisions on real patients must be taken with the member's own unit and consultants, following their institutional protocols. The Forum operates on a learning timescale, not a resuscitation timescale.

## 9.3 Online Sessions and Meetups

The Forum may host periodic online sessions via Google Meet, Zoom, or equivalent platforms — for topic-based discussions, case reviews, or guest interactions. In-person meetups and workshops may also be organised when opportunity and resources allow, typically around major Critical Care conferences or regional gatherings.

## 9.4 Group Size and Capacity

The Forum WhatsApp group operates within the platform's native member limit. When the first group reaches capacity, a second parallel group will be opened. The operational model for multi-group coordination will be shaped at the point when capacity is first reached.

# 10. Code of Conduct

---

The Forum Code of Conduct exists to protect patients, members, mentors, and the integrity of the learning environment. It is not a set of rigid bureaucratic rules but a statement of shared values. All Forum members are expected to abide by it at all times.

## 10.1 Patient Anonymity — Non-Negotiable

Patient anonymity is the single most important rule in the Forum. The following are strictly prohibited:

- Patient names, initials, hospital identification numbers, or admission dates
- Photographs of patients, their beds, or monitors displaying any patient identifier
- Images, documents, or recordings of any kind that could directly or indirectly identify a patient

De-identified clinical imaging — such as X-rays, CT scans, ECGs, or ABG printouts — is permitted only after all patient identifiers have been fully cropped, redacted, or otherwise removed. When in doubt, err on the side of redaction.

**One-Strike Rule:** A breach of patient anonymity results in immediate removal from the Forum, without prior warning. This rule is absolute because the consequences of identifying a patient in a public group — for the patient, the member, and ESBICM — are too serious to admit gradations of response.

## 10.2 Professional Conduct

The Forum is a collegial space. Members and mentors are expected to conduct themselves with professional respect at all times:

- Respect in the Forum is collegial and peer-level. Mentors and members engage with one another as colleagues in a shared profession, regardless of seniority, institution, or stage of training.
- Disagreement and clinical debate are welcome and encouraged; personal attacks, sarcasm, and belittlement are not.
- Evidence-based reasoning is preferred. Clinical positions in the Forum are grounded in evidence and clinical thinking, not in authority.

## 10.3 Signal Discipline

The Forum operates on a principle of clinical signal. Non-clinical content dilutes the learning environment and burdens every member's attention. The Forum's signal discipline protects the time and attention of every member — mentors and peers alike — so that the space remains genuinely useful for clinical learning, peer support, and meaningful exchange.

The following are not permitted:

- Good-morning messages, good-night messages, or any form of generic greetings
- Forwarded motivational content, quotes, inspirational videos, or chain messages
- Generic celebratory or social content — festival greetings, birthday messages, personal life milestones unrelated to training
- Political, religious, or ideological content
- Promotional content of any kind (see Section 10.4)

Brief and specific acknowledgements of help received are welcome and reasonable. Training-related milestones — a first independent procedure, passing an exam, completing a course — are welcome as part of the peer community spirit described in Section 7.

## 10.4 Commercial and Promotional Content

The Forum is a non-commercial space, dedicated to learning rather than marketing. To protect this, the following content is not permitted:

- Self-promotion or commercial promotion of any kind, including individual courses, consultancies, products, or services offered by a member or by a third-party commercial entity.
- Promotion of private hospitals, clinics, or consultancy practices.
- Pharmaceutical, device, or equipment promotion.
- Personal brand-building activity, solicitation of followers, or social media self-promotion.

Academic announcements from recognised educational bodies and Critical Care societies — conferences, workshops, courses, and webinars hosted by such bodies, including those hosted by ESBICM — are welcome and encouraged, and may include paid programmes. All such sharing is at the discretion of the ESBICM Office, and members are asked to check with the Office before posting announcements on behalf of external bodies.

## 10.5 Confidentiality of Forum Content

Forum discussions, case presentations, voice notes, and session recordings are shared within the Forum for the learning of its members. They are not to be forwarded, screenshotted, or redistributed outside the Forum without explicit permission. This confidentiality protects both the educational integrity of the Forum and the implicit trust between members and mentors.

# 11. Membership Continuity and Exit

---

## 11.1 Multi-Course Training Journey

The ESBICM Mentorship Forum recognises that Critical Care training is often a multi-course journey, not a single event. A member's relationship with the Forum continues across transitions between recognised Critical Care courses and fellowships. Members who complete one qualifying course and enrol in another continue their Forum membership uninterrupted. The member is asked to update their professional details with the ESBICM Office at each such transition.

## 11.2 Near-Peer Mentor Continuation

On completion of the member's final recognised Critical Care training course — that is, on exit from the training phase entirely — the member may continue in the Forum for up to two years as a near-peer mentor. During this period, the member's role shifts gradually from learner to peer-guide, contributing the perspective of someone who has recently travelled the path that current trainees are navigating. Near-peer mentors are particularly well-placed to help current trainees with exam preparation, transition questions between courses, and next-step career guidance.

## 11.3 Relationship to the ESBICM Faculty Network

The ESBICM Mentorship Forum and the ESBICM Global Critical Care Faculty Network are two separate initiatives of ESBICM. Membership in one does not automatically lead to or require membership in the other. Forum members who, on completion of training or at any appropriate stage of their career, wish to contribute to ESBICM's academic mission as Faculty Network members may apply through the Faculty Network's own independent application and eligibility process. Forum membership does not confer any special eligibility or preference for Faculty Network membership.

## 11.4 Natural Exit Pathways

Exit from the Forum on the following grounds is a natural transition, not a disciplinary matter:

**Completion of training with no further enrolment.** Subject to the near-peer mentor continuation window described in Section 11.2.

**Voluntary exit at any time.** Members who wish to exit the Forum are asked to inform the ESBICM Office at academics@esbicm.org, along with a brief reason for exit. This feedback helps the Forum learn and improve for current and future members. Exit is always the member's own decision and is respected without condition.

**Departure from Critical Care training.** Members who leave Critical Care training altogether — whether through change of specialty, career change, or other reasons — exit the Forum. This exit is not punitive.

**Prolonged inactivity.** Members who remain inactive for more than twelve months will receive a check-in message from the ESBICM Office. If there is no response within thirty days, the member will be quietly removed from the Forum. Members who wish to return to the Forum at a later point are welcome to re-apply through the standard application and verification process. Re-applicants are asked to share, along with their application, a brief explanation of the previous period of inactivity and the reason for wishing to return. Re-application ensures that each return is a considered step and that the member's training status is verified anew.

## 11.5 Disciplinary Exit Pathways

Exit on the following grounds is disciplinary:

**Patient anonymity breach.** Immediate removal from the Forum, without prior warning. Refer to Section 10.1.

**Commercial or promotional misuse.** Immediate removal from the Forum. Refer to Section 10.4.

**Misrepresentation at application.** If a member is found to have provided false information during the application process — for example, misrepresenting their training status or institutional affiliation — immediate removal from the Forum.

**Other Code of Conduct breaches.** Handled at the discretion of the ESBICM Office, with responses scaled to the seriousness and frequency of the breach. Responses range from a private reminder, to a formal warning, to exit from the Forum. Persistent or deliberate misuse results in exit.

**Documented external misconduct.** The Founder President or the ESBICM Executive Committee reserves the right to review Forum membership in cases of documented professional misconduct external to the Forum — for example, proven fraud, plagiarism, or serious professional breach in the member's training institution or in another society.

## 11.6 Relationship to ESBICM Life Membership

Natural exits from the Forum — completion of training, voluntary exit, departure from Critical Care training, or prolonged inactivity — do not affect the member's ESBICM Life Membership or their standing in any other ESBICM initiative. The Forum is one specific initiative of ESBICM; membership in it is distinct from, and does not determine, membership in the broader society.

Disciplinary exits, however, may carry consequences beyond the Forum. Where the breach involves patient safety, misrepresentation of identity or credentials, or documented professional misconduct, the Executive Committee may review the member's ESBICM Life Membership standing in accordance with the ESBICM Organisational Structure & SOP.

**Important:** Exit from the Forum due to natural exit pathways does not affect the member's ESBICM Life Membership or their standing in any other ESBICM initiative. Exit through disciplinary pathways, however, may impact ESBICM Life Membership, based on the seriousness of the violation of the Code of Conduct and in accordance with the ESBICM Organisational Structure & SOP.

## 12. Administration and Governance

---

### 12.1 Reporting and Accountability

The ESBICM Mentorship Forum is a standalone initiative of ESBICM. It reports to the Founder President and the ESBICM Executive Committee. Operational administration — applications, verifications, member records, onboarding communications, and disciplinary actions — is handled by the ESBICM Office.

### 12.2 Communication Channels

All administrative and official communication regarding the Forum — including applications, verification queries, warnings, disciplinary communications, and appeals — takes place through the ESBICM Office, not within the Forum WhatsApp group. The Forum group is reserved for clinical and academic discussion only. The official contact address for the Forum is [academics@esbicm.org](mailto:academics@esbicm.org).

### 12.3 Member Identification

Forum members are identified within the Forum by their full name and professional details — institution, current training programme, and year of training — as submitted at application. The ESBICM Office maintains these records for Forum administration. ESBICM Life Members who join the Forum continue to hold their Life Membership and its associated benefits independently of their Forum participation.

### 12.4 Feedback and Suggestions

Members and mentors are welcome to share feedback, raise concerns, or propose improvements to the Forum. Feedback may be shared either by email to the ESBICM Office at [academics@esbicm.org](mailto:academics@esbicm.org), or openly in the Forum group where appropriate. Thoughtful feedback directly shapes the Forum's future development.

### 12.5 Applicable Policies

All ESBICM terms, policies, and privacy practices available on [esbicm.org](http://esbicm.org) apply to Forum participation. Members are expected to familiarise themselves with these policies as part of their engagement with the Forum and the wider society.

### 12.6 Annual Review

The Forum is reviewed annually by the Founder President and the Executive Committee. The review covers membership activity, mentor contribution patterns, Code of Conduct incidents, and the overall functioning of the initiative. Changes to this Programme Framework follow from the annual review or from specific decisions of the Founder President or the Executive Committee.

## 13. Closing Note

---

The ESBICM Mentorship Forum is, at its heart, an act of collective generosity: senior intensivists giving their time and wisdom to junior colleagues, without fee and without expectation of return, in the belief that Critical Care medicine is strengthened when its practitioners learn

together across institutes and across borders. It is offered in the same spirit that has animated ESBICM since its founding — the principle that Bedside Intensive Care education should be freely accessible and affordable to every healthcare professional involved in the care of critically ill patients.

Members are invited to participate in this spirit: to ask honest questions, to share honest reflections, to engage with humility, and to help strengthen the Forum for those who come after them.

**Authority:** This Programme Framework is the authoritative reference for the ESBICM Mentorship Forum. Revisions are versioned, dated, and communicated to the Members. The current version is recorded on the cover page and in the page header.