Joint Faculty of
Intensive Care Medicine of Ireland

College of Anaesthetists of Ireland • Intensive Care Society of Ireland
Royal College of Physicians of Ireland • Royal College of Surgeons in Ireland

JFICMI Fellowship Exam Format – WRITTEN and CLINICAL / VIVA EXAM
(Last update: 2018)

INTRODUCTION

The examination consists of an initial written component after which, the candidate may be invited to attend for the Clinic / Viva exam, usually 3-4 weeks later. The dates will already have been pre-announced by the Faculty's Examinations Committee at the beginning of the year.

In all, there are six sections to the exam:

Section	Section Content	Time allowed
1	MCQ	90 mins
2	SAQ paper (short answer questions x 8)	90 mins
3	Clinic – Major Case	30 mins
4	Clinic – Minor Cases	30 mins
5	Viva 1 (ECGs, X rays, Labs, Traces)	20 mins
6	Viva 2 (Intensive Care Medicine)	20 mins

SECTIONS 1 AND 2 - MCQ and SAQ PAPER

The MCQ exam consists of 100 questions consisting of 30 Single Best Answer (type-A MCQs) questions and 14 type-K MCQs (each with 5 stems for which there is a True / False answer). The short answer question (SAQ) paper consists of eight questions which require 10 - 12 minutes of written response. The nature of the SAQ paper is best appreciated by viewing the Faculty's SAQ papers from previous years – see appendix 8b of the Faculty's submission to the IMC Feb 2015 for papers for the five years 2010-2014. The subjects of both the MCQ and SAQ exam questions are drawn on Critical Care practice (illnesses and therapies) and are based on the assessment

areas outlined in the Faculty's Exam Regulations document, particularly Section 3 (Scope of Assessment). See appendix 8 of the Faculty's submission to the IMC Feb 2015.

After the written exam (MCQ and Short answer questionnaire (SAQ) examination, candidates will be notified of whether they are eligible to progress to the Clinics / Viva portion of the exam. Candidates should note that being admitted to the Clinic / Viva does not necessarily imply that they have reached a pass mark (3) in each of the MCQ and SAQ sections of the exam.

If a mark of 5 (or greater), between the MCQ and SAQ, has been achieved, the candidate is invited to progress to the rest of the exam on the basis s/he they may achieve marks in the Clinic / Viva exam that allows compensation for the 5 (bare fail) in the MCQ / SAQ sections.

When such a candidate receives the invitation to proceed to the Clinic / Viva examination, s/he will be notified of which hospital to attend, normally on the morning of the exam. Please attend in good time and in attire which is suitable for clinical activity. Exam invigilators will guide the candidate through the components of the clinical exam – the major case and the short cases. The Vivas are normally held at 22 Merrion Square North, Dublin 2 in the afternoon.

SECTONS 3 AND 4 - CLINICAL EXAM (Major Case and Minor cases):

The major case clinical examination in ICU will last for 30 minutes and the minor clinics (usually two clinical cases) will last another 30 minutes. This component of the exam is usually conducted in the morning and is normally held in one (or two) of four or five major hospitals in Dublin or Belfast, which are accredited for training in Intensive Care Medicine in Ireland.

A short pre-exam conference of examiners is held in the hospital on the morning of the exam. General orientation, reiteration of marking system and confirmation of the clinical signs on which the candidate will be evaluated is the primary purpose of this meeting.

A) MAJOR CASE (Section 3)

Nature of clinical case: This will be a substantive Intensive Care patient e.g.

a) Multiple trauma / post surgery / fat embolism syndrome.
b) Severe pancreatitis / multi organ dysfunction.
c) Severe asthmatic / pneumonia + ventilator dependence.

Aim of exam:

Candidate and examiners approach bedside together. There are normally two examiners, who will interact with a candidate **and agree** a mark before taking the next candidate**.** The aim of the 30 minutes of examination is to assess how well a candidate is able to elicit clinical information which is accurate, relevant and comprehensive – within the constraints of the circumstances - and how well the candidate can tie the elicited information together, present it coherently and construct relevant differential diagnoses.

The 30-minute format outlined below is by way of example. A candidate who chooses to use the 30 minutes (strictly applied) in a different way will be assessed on the same basis as those utilising the format below. Everyone has their own style. It should be natural to the candidate, though the candidate's style should reflect a structured experienced approach.

The process mimics a practical ICU handover situation. Appropriate questions are expected from the candidate as per a Consultant / NCHD handover relationship. **Random questions without a focus on the clinical context will be marked down.**

The standard required is that which would be expected after a year of Intensive Care Medicine training and which allow such a senior trainee or junior consultant to take charge of an ICU and the clinical care of its patients for a period.

The timelines outlined in the sample format below are designed to be helpful to the candidate to achieve completion within the 30-minute examination time. A candidate may choose to use the time to suit their own style but keeping in mind that the **aims of the exam (described above) need to be achieved.**

Minutes 1-4

Potted history given verbally to candidate by an examiner.
Relevant additional introductory information may be briefly sought by candidate e.g. any relevant patient co-morbidity?
Perusal of patient 'Daily Flow Sheet' or Clinical Information System (CIS) is encouraged as part of this process and the candidate may seek guidance from the examiners for particular information they are expecting to find in the notes (eg. trends in labs, prescription etc.). Some candidates and examiners prefer to leave this element of the exam until after the clinical examination.
The candidate is encouraged to survey the patient surrounds before examining the patient. This may include taking account of drainage tubes and displayed monitored information.

Minutes 5-6

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Candidate introduces self to patient.
Candidate ensures there is appropriate privacy for the patient during the examination
May enquire re sedation / coma status.
May seek additional broad information relating to patient devices e.g. drug infusions, ventilator, Pacemaker, CVVHD settings etc.

Minutes 7-16

The duration of the physical examination of the patient should be appropriately interactive to facilitate a good flow of information and take account of practical patient circumstances. The narrative should be relevant and reflect a seniority of thinking and experience.

Minutes 17-18

Candidate washes hands.
Candidate may ask some final supplementary questions. Again, perusal of daily flow sheet or CIS may be appropriate at this time.

Minutes 19-20

Candidate presents the case. The presentation and evaluation will be global in nature but with a focus on matters highlighted in the 'potted history'

Minutes 20 – 30

Full discussion of case between candidate and examiners.

Must be all completed within 30 minutes.

Notes:

- This section of the exam is primarily physical examination-based but includes information to be gained from around the bedside e.g. from tubes, sputum containers, machines and monitors.
- the approach of the candidate to the patient in terms of professionalism, politeness, patient dignity and ensuring that no pain or indignity is caused the patient is considered fundamental.
- the candidate should complete a structured clinical examination with due respect for the staff and environment (e.g. showing compliance with isolation procedures where applicable)
- the candidate will be asked to make management evaluations and suggest and discuss therapeutic options in a manner becoming of a Consultant in Intensive Care Medicine or with a special interest in ICM.

> *It is **not** the section of the exam where general knowledge or knowledge of ECGs or CXRs is evaluated. Another section of the exam (see Viva 1 below) is designed specifically to evaluate these areas.*

B) MINOR CASES (Section 4)

> May be an ICU or non-ICU case.
> The same considerations pertain in respect of patient dignity and avoidance of discomfort
> Might focus on a sign e.g. new murmur / other signs of endocarditis or a procedure e.g. chest drain / IABP or on a specific clinical examination e.g. brain stem testing.
> Two cases are the usual – occasionally there may be three cases.
>
> **Must be completed within 30 minutes.** This coincides with other candidates doing major cases – also adhering to a strict 30-minute duration of examination

SECTIONS 5 AND 6 - 'TABLE' VIVAS

The Viva component is normally conducted in the afternoon – usually, but not necessarily, at 22 Merrion Square North, Dublin 2. There are two vivas of 20 minutes duration with each (of two) examiners being given 10 minutes to ask questions. The two examiners are obliged to agree a joint mark at each table before taking the next candidate. A third observing examiner may sit in e.g. the Chair of the exam, the Extern or a trainee examiner.

A	VIVA 1	ECGs, X-rays, Laboratory results, Clinical Traces	20 mins

This section of the examination is standardised and consists of evaluation the candidates capacity with various clinical investigations as utilised in Intensive Care Medicine. It will include ECGs, X-rays (CXRs particularly) and various biochemical scenarios (e.g. ketotic / non-ketotic diabetic crises) which are usually presented on a computer screen. Additional clinical investigations / measurement questions may be used at the discretion of the Examination Committee including the use of additional CT scans e.g. of the Brain. The examiners take all candidates through these pre-set investigations / scenarios in a standardised manner.

B	VIVA II	Intensive Care Medicine (Section 6)	20 mins

This is a broad – based section of the examination whereby a series of question formats and sequences are given as options to the examiners before the exam. Usually two (or three) options are addressed per examiner. The Chair of the examination takes measures to avoid overlap with topics that were used for the Short Answer Questionnaire section of the exam or with the topics of Major Cases that were used earlier in the exam.

Questions utilised in this section of the exam are of broad relevance to ICM, its evolution, administration, ethics, audit and research priorities. Example include questions relating to Severity of illness scoring, Standardised mortality ratios, Importance of individual elements of a 'care bundle' (such as that of the surviving sepsis campaign), Antibiotic stewardship in ICU, Intensive Care Training e.g. CoBaTrice, End of life care and management and quality improvement / management.

The examiners choose from the pre-set scenarios and each examiner takes the candidate through a pre-set sequence of questions but some relevant diversion is acceptable. The candidate has 10 minutes with each examiner; the other does the marking. A final mark is agreed between the two examiners **before** taking next candidate.

CONCLUSION

After the exam, the 'court of' examiners meet and, in accordance with the marking system outlined in the Faculty's exam organisation document, arbitrate as a group on the outcome of the exam. Fail marks are scrutinised carefully and need to be justified in writing by examiners. The Faculty medal is awarded to the candidate with the highest mark, provided it is 25 or greater – see marking system in Exam Organisation document. Results are announced immediately afterwards and successful candidates are invited to meet the examiners. The Chair of the Examination will meet those who have not been successful and offer information on their performance in the exam and any appropriate advice / counselling sought by the candidate.

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