



**College of Intensive Care Medicine  
of Australia and New Zealand**  
ABN: 16 134 292 103

**Document type:** Examinations  
**Date last reviewed:** March 2019

## **NOTES TO CANDIDATES FOR THE SECOND PART EXAMINATION**

The following notes apply to the General, Paediatric and Overseas Trained Specialists (OTS) candidates sitting the Second Part Examination.

### **1. OVERVIEW OF THE EXAMINATION**

The examination consists of three sections; written, clinical and vivas. Some candidates may be exempted from the written section (e.g. carrying a previous pass in that section). The marking structure is as follows:

| TOPIC   | MAXIMUM MARK | PASS MARK      |
|---|--------------|----------------|
| Written Section<br>2 x 150-minute papers                  | 30           | Angoff cut-off |
| Clinical Section<br>Hot cases<br>2 x 20-minute encounters | 30           | 15             |
| Cross Table Vivas<br>8 x 10-minute vivas                  | 40           | 20             |

If a candidate achieves the Angoff cut-off score in the written section and is unsuccessful at the oral section, they will be invited to the oral section at the next two scheduled examinations without re-sitting the written section. Candidates will be required to achieve at least 50% in the clinical section (=>35 marks from a possible 70).

To progress to the oral section, candidates must:

- a) Achieve the pre-determined Angoff cut-off score in the written section;

To pass the examination overall, candidates must:

- b) Achieve at least 50% in the oral section (=>35 marks from a possible 70); and
- c) Not fail more than one topic; and
- d) Not receive a severe fail in the hot case section\*.

\*A "severe fail" indicates failure in both Hot Cases AND an overall mark of less than 40% (<12 marks from a possible 30) for this topic. This results in an automatic fail in the examination overall.

It is important to note the following:

- 1) Candidates carrying a written mark from 2018 **will not be disadvantaged**. These candidates will be able to use this mark under the marking system stipulated in the Notes to Candidates pre-2019 version;
- 2) Candidates should be aware that this change will only affect how the final pass mark of the written examination is calculated. It **does not** alter the format or nature of the SAQs or any other aspect of the marking process;
- 3) These changes **do not apply** to candidates sitting the Second Part Paediatric Examination in 2019.

## 2. WRITTEN SECTION

There are two papers consisting of 15 Short Answer questions (SAQ) each. The time allowed for each paper is 2.5 hours. Candidates are encouraged to allow approximately ten minutes per question. All questions carry equal marks.

### 2.1 Guidelines for answering the SAQs:

All answers must be written in the provided answer booklets and candidates are advised to carefully follow the instructions provided by the College and the invigilators at the examination venue.

In addition, candidates are advised of the following:

- Apportion time equally for all questions;
- Read the question carefully and answer the issues specifically;
- Write legibly. If Examiners cannot decipher what a candidate has written, no marks can be given;
- Plan the answer;
- Use lists and diagrams to save time;
- Write using black or blue ink ballpoints only. Do NOT use highlighters, or other coloured ink pens;
- Explain abbreviations when first used within each question;
- Where possible provide rationale for answers;
- Answer the question specifically and concisely;
- A Consultant approach to a problem is expected;
- No credit is given for irrelevant information.

In either paper, there may be questions on haematology, biochemistry, coagulation profiles, microbiology, common ICU equipment, respiratory, cardiovascular and neurological monitoring, clinical case histories and clinical photographs, radiology, ECGs and other topics relevant to the care of a critically ill patient.

Candidates are expected to perform a systemic assessment of these investigations, discriminate between normal and abnormal features, suggest the cause of abnormality and discriminate between the signs of the most likely cause and other possible causes.

### 2.2 Examination venues:

Candidates are advised to carefully read and adhere to the regional specific correspondence from the College when preparing to attend the written component.

**Items permitted in the examination room:**

- Pencils, erasers (no markings and/or labels);
- Black and/or blue ballpoint pens;
- Clear water bottle (no adhesive labels);
- Ear plugs;
- Non-programmable calculator;
- Analogue clocks/watches (must be silent and not internet-capable);
- Pencil sharpener (no markings and/or labels);
- Rulers (no markings and/or labels).

**Items NOT permitted in the examination room:**

- Food;
- Highlighters or coloured ink pens;
- Personal computers, laptops, tablets, mobile phones, smart watches and any other electronic equipment;
- Programmable calculators;
- Digital Timers/clocks/sport watches with sound and internet capabilities;
- Text books;
- Water bottles with adhesive labels.

**3. ORAL SECTION****3.1 Clinical Section (two 20-minute sessions)**

This section is known as the “Hot Cases” and the focus is usually on a clinical problem. Candidates will be asked to carry out the physical examination of patients with acute medical or surgical problems in an intensive care unit. Candidates may be asked to suggest or interpret appropriate investigations and propose a plan of management. Candidates are also allowed to request additional information on the patient’s history.

**3.1.1 Objectives**

Candidates should be able to:

- Perform an orderly, purposeful and relevant sequence of assessment of:
  - a) a system,
  - b) a part of the body, or
  - c) those parts of the body involved in a local or general problem;
- Carry out correctly the assessment of each potential clinical sign;
- Derive an acceptable diagnosis (not necessarily the correct diagnosis) and relevant differential diagnoses.

If requested, candidates are encouraged to defend the method of eliciting a clinical sign. Candidates should also be able to briefly:

- Request and interpret relevant investigations;
- Discuss an appropriate plan of management (including priority setting) for the patient;
- Define ethical problems in the patient’s management.

Throughout interaction with the patient, candidates should display courtesy and consideration for the patient and the ICU staff caring for the patient.

### 3.1.2 Process

The Examiners will:

- Provide the candidates with a written stem containing relevant patient details and history, with an outline of the problem, system, or part of the body the Examiners wish to be addressed. The candidates will have 2 minutes to read and consider the stem before beginning the clinical examination

During the clinical examination:

- Candidates may choose either to remain silent until ready to discuss findings or explain what is happening as the examination of the patient proceeds;
- Candidates may seek permission to extend the assessment (e.g. move to an additional system).

Generally, the Examiner will not interrupt during an assessment of the patient unless:

- The Examiner feels the candidate need to be directed to another component of the exam (e.g. another system), or
- The Examiner feels that the point has been reached at which the candidate should summarise the findings and present a diagnosis.

If in doubt as to what is expected, the candidate is advised to ask the Examiner. Any equipment needed will be available however candidates are advised to bring their own stethoscope. At any time, equipment or information which will facilitate the assessment may be requested.

### 3.1.3 Questions on Equipment

Candidates may be asked to comment on the principles of items of equipment encountered in the ICU but not expected to comment on particular brands or items if they are unknown or unfamiliar. Equipment that may be shown will be common in Australasian intensive care units or operating theatres. Candidates may also be asked about equipment in the viva section.

### 3.1.4 Rest periods

The clinical section includes mandatory rest periods to ensure both candidates and Examiners are provided with adequate breaks. During these breaks, candidates are NOT permitted to access any personal items.

## 3.2 Cross-table Vivas (8 vivas, each 10 minutes)

### 3.2.1 Objective

The objective of the viva section is to test the candidate's knowledge of intensive care related topics in some depth.

### 3.2.2 Process

Candidates will encounter eight active tables with a series of "rest" stations included. 2 minutes will be allocated to read the introductory questions outside each oral area and then spend 10 minutes at the station.

- Candidates will commence reading for the first oral station with the first bell.
- A second bell will sound when it is time to move inside the station.

- A bell will sound when it is time to move to the next station.

No stoppage or changing the rotation is allowed and candidates may not return to a station.

- There will be at least one Examiner at each table.
- The viva stations will include basic and more difficult questions to allow demonstration of an appropriate level of competence, management, etc. Even if candidates are unable to answer all questions correctly, enough marks may have been gained to satisfactorily complete the viva.

The viva will also include stations where:

- The ability to communicate with relatives and staff and handle ethical and administrative problems will be tested.
- The ability to demonstrate ICU procedures will be tested.
- There will be an entire station for radiological interpretation of X-Rays, CT scans and MRI scans.

### 3.2.3 Rest periods

The viva section includes a series of mandatory rest periods to ensure both candidates and Examiners are provided with adequate breaks. During these breaks, candidates are NOT permitted to access any personal items.

### 3.3 Dress Code

There is no mandatory dress code for the oral exam, and candidates are advised to look professional and feel comfortable.

For the clinical section (Hot Cases) of the exam, candidates should conform to infection control and Occupational Health and Safety standards:

- Sleeves above the elbow;
- No ties, scarves, etc.;
- No bulky jewellery, wristwatches, etc.;
- Closed-toe shoes with non-slip soles.

Candidates will also be assisted in following the local infection control policies and guidelines of the host ICU and be given gloves, plastic aprons, etc. as needed. Candidates will be asked to advise the College prior the oral examination if they have any special requirements, e.g. latex allergy, non-standard glove size, hearing deficit, etc.

### 3.4 Quarantine periods

To ensure the confidentiality and integrity of the examination process, candidates will be quarantined at the venue prior to and after the examination. The length of each quarantine period may vary for each cohort and are subject to change without notice.

### 3.5 Conduct

The College has an expectation that respect to Examiners, staff (including venue staff), other candidates and members of the public is shown at all times. This includes keeping noise levels down and adhering to examination conditions.

In addition, candidates are expected to be punctual and arrive at the venue as stipulated by the College. An individual candidate not adhering to the arrival time(s) will have an impact on

all candidates and Examiners, leading to an increase in the length of quarantine periods and / or a delay in the release of results.

### 3.6 Examination venues

Candidates will be provided with secure areas to leave personal items that will only be accessible after the examination and quarantine periods are completed. Candidates are not permitted to access the following items during the examination:

- Personal food and water bottles\*;
- Personal computers, laptops, tablets, mobile phones, smart watches and any other electronic equipment;
- Programmable and non-programmable calculators;
- Text books;
- Timers / clocks;
- Writing material and stationery\*.

\*Refreshments (including food and water) and writing equipment will be provided to candidates by the College.

## 4. GENERAL

Each individual section is marked separately and does not influence the marks in any other section. If a candidate is unhappy with a performance in one section, they are encouraged to move on and not let it detract from performing in subsequent sections. Candidates must not assume that a poor performance on a specific question or topic will result in failure of the entire section or examination.

## 5. RESULTS

Written results are sent to candidates via email and will not be given over the telephone. Final results are handed to candidates in a sealed envelope at the completion of the oral examination (times to be specified by College staff on the day). Collection of final results is not mandatory and if candidates wish to make alternative arrangements this can be done by contacting the College **prior** to the oral examination.

The College does not send results via SMS nor can results be picked up by another candidate, Examiner, colleague or relative.

Successful candidates are presented to the Court of Examiners following announcement of results.

## 6. EXAMINATION REPORT

A detailed report is compiled following the completion of the oral component of the examination, prepared by the Examination Committee. The report contains the following for each section:

- Written: The actual SAQ and an ideal answer;
- Hot Cases: The introductory information of the patient given to the candidate;
- Vivas: The introductory information given to the candidate prior to entering the station.

## 7. FEEDBACK

Unsuccessful candidates are given a breakdown of their performance in each section of the examination they failed. Candidates are advised to consult their Supervisor of Training or mentor and use the information in conjunction with the examination report.

Due to the specific and detailed information included in the feedback letters, they may take several weeks to create.

### 7.1 Written section feedback

Feedback includes:

- Covering letter giving an overview of the marking process;
- Breakdown of marks indicating the mark range for each question;
- Spreadsheet of the questions with a mark of less than 5 indicating reasons for failure;
- Action plan for remedial training/learning to be completed by trainee and SOT.

The marking system is rigorous. Examiners mark up to 2 – 3 questions each in pairs and the final mark is the average of the two examiners. Thus, many examiners are involved in the marking for each written paper.

### 7.2 Hot Case and viva section feedback

Feedback includes:

- A cover letter;
- A breakdown of marks for the two Hot Cases and vivas indicating the mark range;
- An indication of the reasons for each Hot Case attaining an average mark of less than 7.5;
- An indication of reasons for each viva attaining a mark of less than 5;
- An action plan for remedial training/learning to be completed by the trainee and Supervisor of Training.

## 8. NUMBER OF EXAMINATION ATTEMPTS

As of 1<sup>st</sup> January 2013, candidates (including Overseas Trained Specialists) who present for either the written or oral component of a CICM examination may have a maximum of five attempts.

## 9. APPENDIX

Keywords that may appear in either the written and or oral sections of the examination:

- **Calculate:** Work out or estimate using mathematical principles
- **Classify:** Divide into categories; organize, arrange
- **Compare:** Examine similarities and differences
- **Define:** Give the precise meaning
- **Describe:** Give a detailed account of
- **Explain:** Make plain, interpret, and account for
- **Interpret:** Explain the meaning or significance
- **Outline:** Provide a summary of the important points
- **Relate:** Show a connection between
- **Understand:** Appreciate the details of; comprehend

Created by CICM Second Part Examination Committee  
Updated: 2019

*Training Documents are prepared based on information available at the time of their preparation, and the practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently. Whilst the College endeavours to ensure that documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.*

[www.cicm.org.au](http://www.cicm.org.au)

© This document is copyright and cannot be reproduced in whole or in part without prior permission.