



**College of Intensive Care Medicine  
of Australia and New Zealand**  
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## **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 2 x 150 minute papers	30	15
Clinical Section Hot cases	30	15
Cross Table Vivas 8 x 10 minute vivas	40	20

Both the total mark and the mark in each section will be considered when determining a pass/fail decision. To pass the examination, candidates must:

- (a) Achieve a total score of at least 50% (in those sections required to be sat);
- (b) Not fail more than one section; and
- (c) Not perform poorly in the clinical section. A “clinical fail” indicates failure in both Hot Cases AND an overall mark of less than 40% for this section. This results in an automatic fail in the examination overall.

If a candidate achieves 50% in the written section and is unsuccessful at the oral section, they are permitted to carry this mark at the next two scheduled examinations.

To best understand what is expected in the examination, candidates are encouraged to read previous examination reports available on the College Website.

## 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.

- Apportion time equally for all questions.
- Read the question carefully and answer the issues specifically.
- Write legibly
- Plan the answer
- Use lists and diagrams to save time
- Write using black or blue ink
- 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.

## 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 of the Hot Cases

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 of the clinical section**

The Examiners will:

- Direct candidates immediately to a specific problem, a system or part of the body that the Examiner wishes to be assessed.
- Provide candidates with such history as is necessary to perform a relevant assessment.

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.

## **3.2 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 of the vivas**

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 may be an entire station for radiological interpretation of X-Rays, CT scans and MRI scans.

## 5. 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.

Calculators, personal computers, mobile phones and other electronic equipment may **not** be taken into any section of the examination however a standard calculator (non-programmable) is permitted in the written section.

## 6. RESULTS

Written results are sent to candidates via letter and will not be given over the telephone. Oral results are handed to candidates in a sealed envelope at a designated time and place after the Examiners' meeting. Collection of oral 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.

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

## 7. 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.

## 8. 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.

### 8.1 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. 28 examiners marked 2 – 3 questions each in pairs with each examiner marking his/her allocated questions 2 – 3 times and the final mark being the average of the two examiners. Poor performance in any question requires a high performance in a corresponding number to compensate (Mathematically it is possible to pass 29/30 of the SAQs and still fail the written).

### 8.2 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.

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