

UK INTERCOLLEGIATE DIPLOMA IN INTENSIVE CARE MEDICINE

REPORT BY CHAIRMAN OF EXAMINERS

Sittings held on 9th and 10th June 2009

The exam is attracting more applications year on year. Already this year, a total of 50 summaries have been submitted for review. Summaries can be submitted at any time and the examiners will comment on them within 6 weeks.

The examination was held on the 9th and 10th of June 2009. 18 candidates were examined. The next sitting is in November. On this occasion most candidates sat both modules, 4 sat Module 1 alone and 3 sat Module 2 alone. In future new applicants will have to sit Modules 1 and 2 simultaneously, unless they have exemption through higher degree or they have already passed one module. Once a Module is passed it remains valid for 4 sittings of the examination.

Dissertation Summaries

The intention is to ensure that reasonable subjects are chosen that are feasible. It is important to comply with the summary pro forma so that the examiners assessing the summary have adequate information to try and provide useful comments.

There are clear instructions on what is expected of a dissertation available at www.ibticm.org, but candidates should also be planning their dissertation with their supervisor. Common pitfalls include very narrow subjects where there is very limited information, so no depth and no breadth, and at the opposite end of the spectrum, vast topics with both depth and breadth that cannot be adequately addressed in a 5000 word dissertation.

As an additional comment, the material that ends up in a National Guideline is usually the distillation of a large number of papers which have been critically assessed and hence, as a whole, while aspects of it may lend itself to critical review, it is unlikely to be a sensible topic for a dissertation. Comments on the summary can only be advisory given the limited information available.

Dissertation

The examiners are acutely aware of the amount of time and effort that goes into producing a dissertation. The quality of the dissertations was variable but several were of extraordinarily high standard. Some were not, and as with higher degrees, if the issue lies largely with

presentation rather than content, the examiners may ask for a rewrite. Module 1 comprises the dissertation and oral together. The examiners cannot emphasise enough the need to discuss the dissertation with your supervisor and to have it read through prior to submission. It is usually useful to heed their advice.

In producing reviews either systematic review or narratives are perfectly acceptable but the candidate should state which it is and then adhere to the rules governing systematic review if that is their choice. Please be aware that a narrative review still requires describing how searches were performed, papers selected and critical appraisal of the literature being discussed. Some candidates found vast quantities of literature which was probably quite rightly discarded, but it needs explanation of why it was discarded.

Examiners are looking for evidence of personal interpretation with the candidate formulating opinion and reaching conclusions, rather than just reiterating opinions from learned authorities. The argument for a point of view must be cogent. The examiners are looking for critique. A classic example may be a meta analysis based on a small number of small studies where, far from being authoritative, it may actually be meaningless. Likewise the same analysis may be outweighed by an RCT with far bigger numbers.

There are acknowledged methods of assessing the value of a paper which are well worth reading; one such guide, used by JAMA, can be found at:

<http://pubs.ama-assn.org/misc/usersguides.dtl>

Clinical scenario and data interpretation

In the oral examinations there was some weakness with the clinical cases. The long case lasts 15 minutes but there is an opportunity to look at the case details for 10 minutes before the examination. These will usually have investigations with them and it is wise to be able to read systematically X-rays or ECGs and to be familiar with interpreting blood gases, although the main emphasis is on aspects of management.

Likewise the short cases, three over 15 minutes, are investigation based but lead rapidly into clinical management issues. Areas covered included tuberculosis, hypothermia, pulmonary oedema associated with blood products, pneumocystis pneumonia, limb compartment syndrome, and collapse associated with heart block. It is clear that some candidates could usefully adopt a 'back to basics' approach and benefit would accrue from time spent looking at X-rays with radiologists, ECGs with cardiologists and blood gases with colleagues in the ICU, and by revisiting basic methods of reviewing these tests.

Extended case summaries

There is now a required format for these and they should be read, assessed and signed off by the educational supervisor. The quality is improving but is often still poor. It seems to be a

weak area for some and it is wise to look at this case prior to the exam and ensure that while the case may date back a few months or longer, your knowledge of the salient topics is contemporary. You do not need to update the written cases but you do need to be aware if things medical have moved on.

Structured oral examinations

The structured questions section covered a wide range of mainstream topics and was generally well managed. The examiners were generally impressed with level of knowledge of the contemporary literature and of the current controversies. The new type of question where difficult management conundrums and decision making are discussed was also handled well. In these situations the examiners are exploring a balanced and rational approach to difficult issues. Examples might include admission to Intensive Care or practical issues relating to the Mental Capacity Act.

Conclusion

The examiners were generally very impressed by the performance of the candidates across the board. The pass rate was high but the statistics will be more relevant when the November results are included. They were well versed in current intensive care practice and its literature and demonstrated an impressive level of knowledge. More importantly, they demonstrated the ability to formulate and defend their opinion.

It is our opinion that the calibre of trainees being produced by UK training programmes and sitting this examination is very high. Becoming a diplomate is an ambition to which British trainees should aspire. Congratulations to our new Diplomates.

Neil Soni, Chairman of Examiners
Nigel Webster, Deputy Chairman