



**College of Intensive Care Medicine  
of Australia and New Zealand**

ABN: 16 134 292 103

**GENERIC NOTES TO CANDIDATES FOR  
GENERAL FELLOWSHIP EXAMINATION  
PAEDIATRIC FELLOWSHIP EXAMINATION  
OVERSEAS TRAINED SPECIALIST (OTS) EXAMINATION  
(PERFORMANCE ASSESSMENT)**

The format for the General Fellowship Examination, the Paediatric Fellowship Examination, and the OTS Performance Assessment is the same. The generic notes that encompass all of these processes are provided below.

**Overview of the Examination**

The Examination consists of three sections; the Written Section, the Clinical and the Cross Table Viva. Some candidates may be exempted from the written section of the Exam (e.g. carrying a previous pass in that section, and some OTS candidates). Marks are structured 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 Exam, you 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 mark of less than twelve out of thirty (12/30) in the Clinical Section is regarded as a poor failure.

To best understand what is expected in the Exam, you are encouraged to read previous Exam reports available on the College Website at <http://www.cicm.org.au/> or contact the Co-ordinator, Training and Examinations.

## 1. **The Written Section**

There are two papers. Each paper consists of 15 questions. The time allowed for each paper is 2.5 hours. This allows approximately ten minutes per question. All questions carry equal marks.

- Apportion your time equally for all questions.
- Read the question carefully and answer the issues specifically.
- Write legibly
- Plan your 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 your answers.
- Answer the question specifically and concisely.
- A consultant approach to a problem is expected.
- No credit is given for irrelevant information.

In either of these papers 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.

You will be 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.

Calculators, personal computers, mobile phones and other electronic equipment may **not** be taken into the Examination room.

## **THE ORAL SECTIONS**

These are:

1. The Clinical Section.
- 2.. The Cross Table Viva Section.

At the beginning of every oral examination, you should identify yourself to the Examiner by your candidate number only.

## 2. **THE CLINICAL SECTION (Two twenty minute sessions)**

In these sessions (Hot cases): The focus is usually on a clinical problem. You will be asked to carry out the physical examination of patients with acute medical or surgical problems in an intensive care unit. You may be asked to suggest or interpret appropriate investigations and propose a plan of management. You may also request additional information on the patient's history to supplement that which you will be given.

## 2.1 Objectives of The Clinical: I.C.U. Acute Cases (Hot Cases)

You should be able to:

- (i) 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.
- (ii) Carry out correctly the assessment of each potential clinical sign.
- (iii) Derive an acceptable diagnosis (not necessarily the correct diagnosis) and relevant differential diagnoses.
- (iv) If requested, defend your method of eliciting a clinical sign.

You should also be able to briefly:

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

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

## 2.2 Process of the Clinical Section

The Examiners will:

- (i) Direct you immediately to a specific problem, a system or part of the body that the Examiner wishes you to assess.
- (ii) Provide you with such history as is necessary to perform a relevant assessment.

During your clinical examination:

- You may choose either to remain silent until ready to discuss findings or explain what you are doing as the examination of the patient proceeds.
- You may seek permission to extend your assessment (e.g. move to an additional system).

Generally the Examiner will not interrupt you during your assessment of the patient unless:

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

If you are in doubt as to what is expected of you do not hesitate to clarify this with the Examiner.

Any equipment you need will be available (most candidates bring their own stethoscope). At any time, you may request any equipment or information which will facilitate your assessment.

### 2.3 Questions on Equipment

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

You may also be asked about equipment in the Cross Table Vivas.

## 4. CROSS TABLE VIVAS (8 vivas, each 10 minutes)

### 4.1 Objective

The objective of the Viva Section is to test your knowledge of intensive care related topics in some depth.

### 4.2 Process of The Vivas

You will encounter eight active tables. A few rest stations may be provided. You will be allocated 2 minutes to read the question outside each viva area, and then spend 10 minutes at the table being questioned.

- (i) There will be at least one Examiner at each table.
- (ii) The Viva stations will include basic and more difficult questions to allow demonstration of an appropriate level of competence, management, etc. Even if you are not able to answer all questions correctly, you may have gained enough marks to satisfactorily complete the Viva.

The viva will also include stations where

- (iii) the ability to communicate with relatives and staff and handle ethical and administrative problems will be tested
- iv) the ability to demonstrate ICU procedures will be tested
- v) 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 you are not happy with your performance in one section, move on and do not let it distract you from doing your best in subsequent sections

The Clinical, and Vivas are marked on the whole period of the section. You should **not** assume that you have failed that section because you fail to answer specific questions. To fully test your knowledge a point must be reached where you cannot

answer. Calculators, personal computers, mobile phones and other electronic equipment may **not** be taken into the Examination room.

6. **RESULTS**

Results are handed to you in a sealed envelope at a designated time and place after the Examiners' meeting. Successful candidates are presented to the Court of Examiners immediately following announcement of results.

7. **EXAM REPORT**

A report is distributed after every Examination to Supervisors of Training, Regional Education Officers, the Panel of Examiners and Trainees. It is prepared by the Examination Committee. The purpose of the report is to provide feedback to potential candidates and those involved with teaching and training programs. It provides information about overall performance of candidates in various sections of the Examination and highlights particular problems candidates may have had in these sections.

8. **FEEDBACK**

Candidates who fail the Examination receive a letter several weeks after the Exam detailing their performance and the sections of the Examination in which they failed.

Also, the candidate's Supervisor of Training will receive a telephone call (usually from the Chairman of the Examination) to discuss the candidate's performance and plan remedial action. This discussion will relate to the exam process, conduct and performance and how best to prepare again but not specific exam questions or answers.

9. **THE G.A. (DON) HARRISON MEDAL**

The Medal is awarded annually to the candidate who achieves the highest mark in the Fellowship Examination provided that the candidate's performance is of sufficient merit.

B. Venkatesh  
Chair of Examinations

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