Examination intensive care and anaesthesia: a guide to intensivist and anaesthetist training
Reviewed by Gregory P Comadira


The second-part examination of the Joint Faculty of Intensive Care Medicine (JFICM) is a searching exit examination. This book is the only text to deal directly with how to pass this examination.

The work is well set out in three sections. Section 1 deals with the examination for intensive care. The candidate is walked through the whole process, including tips on diet, travel and study. The strongest element of this section is the chapter on “hot cases”, which are unique to the JFICM examination. The authors have produced 24 categories, which cover the general spectrum of intensive care patients a candidate will see in the examination. This is important as candidates are unlikely to have seen all these categories in their training. I particularly liked the “useful statements” paragraphs attached to the categories, which provide a convenient focus for candidates to plan their examination answers. The section concludes with a chapter of key intensive care articles. This is very useful as candidates will come to the fellowship examination with different strengths and weaknesses. The concise précis of the articles gives an overview of the breadth of knowledge required for the examination.

Section 2 deals with the anaesthetic and medical viva aspects of the examination. The authors attempt to cover the breadth of the topics, but the anaesthetic component is reduced to point lists of headings around which candidates must read. In contrast, the medical viva section deals with the typical “cold cases” that candidates may encounter.

Whilst I found the medical viva chapter more useful, this probably reflects my background and practice, and medical trainees coming to intensive care may find the anaesthetic viva section of more use.

Given that emergency medicine is now a recognised path into ICU training, it would be useful for the authors to have included aspects of this discipline, such as toxicology, as well as environmental medicine. These aspects of ICU work will probably become more common in the examination.

Section 3 on data interpretation is well written and comprehensive. Given the wide range of equipment and modalities available in ICUs in Australasia, the authors have covered this area particularly well. However, an aspect not dealt with is echocardiography in the ICU; perhaps this will be included in future editions. If candidates for the JFICM examination were to combine this book with a question/answer book on data interpretation, such as Data interpretation in critical care medicine by Venkatesh et al, then they would be well armed for this component of the examination.

Overall this work is well done and represents excellent value for any ICU library. The authors have produced a book to equip the candidate with the tools necessary to reduce the stress of the examination process, and through the book’s structured approach to equip the practitioner with a systematic method of addressing most problems in the ICU.

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