The Faculty of
Intensive Care Medicine

Dean
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FICM Examination Report – April 2018

Background

The eleventh sitting of the Fellowship of the Faculty of Intensive Care Medicine Final examination took place in January and April 2018. The oral exams took place over two days where candidates were exposed to a range of assessments covering a wide area of the curriculum.

The FFICM MCQ

The MCQ was held on 9 January 2018. 111 candidates sat the exam, of whom 97 passed (87.39%). The MCQ pass mark was 67.62%. This was reached by Angoff referencing, which was carried out by a dedicated MCQ Angoff group. The Angoff score was further adjusted by the use of Standard Error of Measurement (SEM) to allow for borderline candidates. The reliability for this exam was 0.7254, which was calculated using KR20.

The FFICM OSCE/SOE

Candidates

114 candidates attended the exam, of these 19 had a previous pass in either the Structured Oral Exam (9) or the OSCE (10).

SOE

The Borderline Regression (BR) and Hofstee methods were used in the standard setting of the SOEs, with Hofstee being used to cross reference the result achieved from the BR method. All statistical analysis available was discussed by the Board of Examiners. The final pass mark of 27 out of 32 was reached through a combination of statistical analysis and expert judgement after consideration of borderline candidates. 105 candidates sat the SOE. Of the 105, 78 (74.28%) passed the SOE component. Ten candidates sat the SOE with a previous pass in the OSCE. Seven from 10 passed giving a 70% pass rate for SOE only applicants.

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OSCE

Standard setting was performed using modified Angoff referencing by the OSCE working party in advance and a cumulative pass mark of 160/240, 160/240, 160/240 and 155/240 was reached for the four questions sets used over the two days of the exam. 104 candidates sat the OSCE. Of the 104, 70 (67%) passed this component. Nine candidates sat the OSCE with a previous pass in the SOE. Three candidates passed, giving a 33.33% pass rate for OSCE only candidates.

Overall

67 candidates from 114 (57%) passed the exam overall and achieved the Fellowship in Intensive Care Medicine. This compares with 67% in October 2017. An overview of results are set out in the table below:

All candidates	**SOE**	**Total**	**105**
		PASS (N)	**78**
		PASS (%)	**75**
	OSCE	**Total**	**104**
		PASS (N)	**70**
		PASS (%)	**67**
	Overall	**Total**	**114**
		PASS(N)	**67**
		PASS (%)	**59**

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Over the two days of examining 12 visitors attended the exam. It was much appreciated that unusually all visitors who had arranged to visit managed to attend. There were a range of interests and geographical areas represented. One visitor was a consultant Paediatrician and another was Chair elect of a postgraduate exam. Visitors provide a useful source of external auditors and their presence is much appreciated at the exam. Those whose last visit to the college was to take the DICM were interested to see the way the FFICM has developed. All found the standard to be set at a fair level although some had been unaware of the range of material used, such as the wide range of imaging. Visitors felt many candidates performed well but also saw some who were less well prepared.

The visitors were advised to make a point of observing the ECG station, simulator station and communication station. As noticed by previous observers of the exam they were surprised that candidates were finding assessing ECG's difficult. One suggested the candidates were looking for complicated diagnoses and so missing simple ones such as atrial fibrillation. They noted on occasion there would be a positive finding of minimal significance, such as a small subdural haematoma, that appeared to stop the candidate searching for the real problem.

When it comes to communication candidates are improving but still inclined to talk in jargon. Although working with members of the public on a daily basis they seem to forget that it is unreasonable to expect the public to have a knowledge of technical terms. Candidates entering the communication station in the OSCE exam may be introduced to a scenario that includes a simulated patient or relative and asked to talk to them. The examiner may say nothing and simply observe. Candidates would do well to remember that the exam uses actors who are members of the public and do not have to act when they profess not to understand what is said to them unless it is in plain English. It is not uncommon to hear the simulated patient ask for a term to be explained such as non-invasive ventilation, tracheostomy, vascath, inotrope or filtration.

Visitors remarked on the importance of timing in the OSCE exam. They noted that they would feed back to local trainees that often a lot of material is covered quite quickly. This means that candidates should be prepared for the examiner to move on from topic to topic quite quickly and not become concerned when interrupted. The examiner will aim to complete all the material in the allotted time.

In most sittings of the exam the odd question stand out as being badly handled. These then feature in my report and often are better done in future exams. Examiners do not attempt to seek out areas of the syllabus where candidates are weak. Our aim over the course of a number of exams is to cover as much of the syllabus as possible in the exam format.

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Examiners are often surprised at the questions that are not answered well. In this exam many candidates had problems with a question on bowel management systems (such as Flexi-Seal). This was raised at call over and the wide use of the devices confirmed not only with examiners but also visitors. It is possible that they are considered within the realm of the nursing staff but intensivists, and thus candidates, should be aware of the risks and benefits of such systems. Another question that caused problems was one dealing with problems experienced by patients with short bowel syndrome. These patients often need critical care support and can be difficult to manage. Examiners and visitors commented on how poorly questions on the topic were handled. A less complex area that also caused candidates problems in this exam was a question on acid base balance. Visitors felt the content was mainstream but not well handled by candidates. It is important that candidates are familiar with basic science relevant to clinical practice.

Some visitors commented that they had seen candidates appearing to test a number of suggestions for answers in the OSCE in an attempt to randomly find what the examiner is looking for, 'the blunderbuss approach'. The OSCE format is well liked by educationalists because it is very flexible. This is not good practice as it is possible for those setting the question to define the number of attempts a candidate can make answering a question such as indicating on the mark sheet 'accept first answer only'. If candidates do not know the answer to a question they would be better spending the time on the next question.

The smooth running of the exam relies upon efficient support from the Faculty Examinations Department and the hard work of the board of examiners who have many responsibilities to the exam outside of sitting of the oral exam. The senior examiners have additional responsibilities so as usual I would also like to thank Dr Vickie Robson (Deputy Chair), the Chairs of the various parts of the exam – Jerome Cockings (Audit), Gary Mills (SOE), Jeremy Cordingly (OSCE) and Jeremy Bewley (MCQ) – as well their deputy chairs and all of the Board of Examiners – for all their hard work in setting and running this examination again.

Andrew T Cohen – Chairman, FFICM Board of Examiners

April 2018