UK Intercollegiate Diploma in Intensive Care Medicine, 2007

Report by Chairman of Examiners

Introduction
An initial application, in the form of an outline was received from 35 candidates. Twenty-five candidates were listed for the oral examination, including two candidates with higher degrees who were exempt from the dissertation. There were 6 withdrawals. Sixteen candidates were passed by the examiners. The total number of candidates examined now stands at 100 and the number of diplomates in the United Kingdom is 84.

The examination consisted of 5 oral examinations as detailed below. For those who had submitted a dissertation there was a dissertation oral. There was then a clinical and data analysis examination which consisted of a long case, where a written clinical scenario was available to the candidate for 10 minutes prior to the oral examination, which was then explored by the examiners. There then followed 2 short cases used to stimulate discussion of the clinical management. In a further oral examination the candidates were examined on the 10 selected cases they had submitted. A minimum of two cases in each part of the oral examination would be discussed but often more. Finally, there were two oral examinations, both based on two structured questions.

Dissertations
These were generally strong but some weaknesses emerged. It is important that the candidate chooses a subject in which they are interested and that the subject matter is broad enough to justify exploration but not so broad as to be impossible to do as a review. If the candidate has a research background on which the dissertation can be based this is perfectly acceptable. Some candidates produced systematic reviews, others narrative, and both are perfectly acceptable, but if the dissertation states it is a systematic review then it needs to stay within those constraints.

The candidate needs to clearly identify the questions being addressed by the dissertation and ensure that these questions are then explored. The examiners are looking for the candidates' views and interpretation of the information in the discussion. The marking system used is in the instructions for the examination and clearly spells out what is being sought by the examiners. Some of the dissertations were well written and the candidates usually knew their subjects and could defend them. Areas of weakness included some search strategies which were poorly defined. For example, if only English language papers are to be reviewed, this should be stated. Clearly, searches on some topics will yield vast numbers of references, and so being able to explain how these were sifted for relevant papers and how these were chosen is a sensible matter to consider. 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**

Occasionally the conclusions seemed inappropriately weak given the information in the dissertation. If there are clearly stated objectives at the front of the dissertation then these should be addressed in the conclusion.

Please note that if literature is to be used and quoted it is important to acknowledge the source especially if 'quotes' are used verbatim. It is all too easy in writing reviews, to extract whole sentences from the literature and assemble an article. This is usually readily apparent to examiners because of the changes in writing style that are easily observed running through the dissertation. This approach is to be discouraged as it produces a dissertation that reads more like a collection of apparently unlinked sentences rather than a coherent discussion of the objectives outlined at the beginning of the dissertation.

The examiners felt that in some of the weaker dissertations there was little or no evidence of supervision. We strongly advise candidates to avail themselves of help and advice and supervision from their supervisors. It is acknowledged that there is less experience generally with writing in medical training and this makes it even more important to seek assistance from the supervisor.

Clinical scenario and data interpretation
This section comprised a long case and several short cases. The long case requires the candidate to review a written clinical case history for ten minutes prior to the oral examination. The case is then explored with the examiners. As the discussion progresses the candidate may be given further information as the clinical case evolves. This section was generally well managed by the candidates. It is similar to discussing a case on a ward round - or at least that is the intention. In this examination one case was based around severe sepsis related to a central line, the other the complications of a ruptured aortic aneurysm. Examiners were looking for a methodical approach to a clinical problem using the information provided to derive a differential diagnosis and a reasonable line of management, in a similar manner to that which happens in clinical practice.

The short cases comprised data such as an X-ray, ECG or blood gases or other commonly available information which led to diagnosis of the problem and its management from actual clinical cases. In some instances the examiners acknowledged the specific final diagnosis was difficult but it was the technique by which the data was interpreted, the differential diagnosis and the discussion of management that was of greater importance than the specific diagnosis. This was generally well handled by the candidates.

It is important to have a methodical approach to reading and interpreting an ECG or chest X-ray; likewise with blood gas and electrolyte results. The examiners were looking for a methodical approach rather than an immediate spot diagnosis. In each case, a method of describing the data, its abnormalities, and then giving a differential diagnosis, were expected. Cases included an X-ray of a collapsed lung, blood gases from a severe metabolic acidaemia (starvation), a CT scan of pancreatitis and an ECG with heart block. The blood gases required a sensible approach to interpretation and necessarily not the final diagnosis which was considered difficult by some of the examiners. Identifying and working through a severe metabolic acidaemia should be routine in intensive care practice. The ECG also posed problems and was commonly mistaken as atrial fibrillation. This in itself was not disastrous as the subsequent discussions arising were more important. Again, interpreting ECGs in intensive care is routine. It did seem that some benefit could have been gained by more 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.

Selected case summaries

This was a strong section, the cases being presented as might be seen in a journal. The relevant details in a case presentation leading into a focused discussion and review, often with a limited number of appropriate references, were helpful. The candidate selects the cases they submit for the examination so it is wise to know the details of the case and to have a reasonable depth of knowledge of the material covered in the review. It may be sensible to ask colleagues to examine on these cases so that the kinds of questions leading from the cases can be anticipated.

Structured oral examinations

These covered two main topics in both of two oral examinations. The topics were diverse and covered several aspects of intensive care, all listed in the syllabus. Acute lung injury featured and the examiners explored strategies for ventilation (ARDSnet recommendations amongst others). Blood transfusion in the critically has been a major topic in recent years and was usually well handled by the candidates. Acute liver failure was also discussed. There was some biochemistry with a discussion of lactate and its production that led directly to clinical aspects of lactate of which there are several. Again most candidates did well. Acid-base also was explored and most candidates seemed to have a good level of knowledge of the Stewart hypothesis which came up in discussion. This was a section looking at major topics in critical care. It was expected that candidates had a thorough working knowledge of these areas. Where there was contention this was often discussed. It is important to have views and opinions and to be able to defend those opinions.

A new type of question was also used on this occasion. Critical care is often about difficult management issues which evolve from fairly simple clinical matters. Whether admission is appropriate and can achieve anything, what ICU admission can genuinely offer, how to determine a sensible line of management in a difficult situation and indeed the sort of issues to which there may not be a right answer. What is more important is to define the issues and show how they could be addressed, who should or must be involved and how to seek resolution. These are the problems that arise every day and are difficult. It is intended to incorporate more of these questions in the future.

Conclusion

Overall, the examiners were impressed by the performance of the candidates, who were well versed in current intensive care practice and easily capable of demonstrating not only knowledge but also opinion. The standards achieved by the candidates reflect well on the UK training programmes, and bodes well for the future.

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