

European Diploma in Anaesthesiology and Intensive Care

UEMS Annual ORL Section and Board
Meeting

“FINNMARKEN”, 2nd – 5TH October 2008

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Why have a European exam??

“Examinations are formidable even for the best prepared, for even the greatest fool may ask more than the wisest man can answer”

Charles Colton, 1790-1832

1986 goals for the European diploma in anesthesiologi

- Testing of knowledge.
- Positive effect on training programs.
- Recognition of merit.
- Help in judging applicants trained in other countries.
- An advantage in competing for permanent positions.

Why a European Exam?

- Stimulates learning.
- Stimulates study activities in the department and nationally.
- Expensive to implement a national specialty exam.
- International reputation/recognition.
- It makes recruiting new people less chancy.
- Among anesthesiologists there is a majority for the exam.

EDA1, Oslo 1987



European Diploma

*Endorsed by the European Board of Anaesthesiology (EBA) of
the Union of European Medical Specialties (UEMS)*

- The existence of a supra-national examination in anaesthesiology provides an *incentive* for the development of departmental, university, national and European training programmes.
- The aim of the examination is to achieve a uniformly high standard of knowledge by anaesthesiologists throughout Europe as judged by an independent Board of Examiners.

Beginnings of the EDA exam

- 1978: European Academy of Anaesthesiology founded after Invitation letter to national Societies.
- April 1984: Examination committee mtg. in London to make the first Part I Exam.
- September 1984: Part I (written), Oslo and Strasburg
- 1985: Part II (oral), Oslo and Strasburg



John Zorab, U.K.



Harald Breivik, No



European diploma in Anesthesiology and Intensive Care (EDA)

Part I

25 Sept. 1984

Part II

14 June 1985



What were the options of the structure of the exam and how it is conducted today?

THE EUROPEAN DIPLOMA IN ANAESTHESIOLOGY AND INTENSIVE CARE

Paper A

Pharmacology

Physiology

Physics

Measurement methods

Statistics

Paper B

Anesthesiology

Analgesia

Intensive medicine

Internal medicine

Surgery

Other relevant clinical

topics



2002 DIPLOMA EXAMINATION

PAPER B

Saturday 5th October 2002

ENGLISH

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Candidate number

*This booklet has to be handed
at the end of the exam*

Amalgamation

European Anaesthesiology 2005

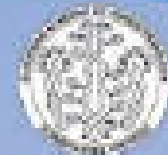
European Society of Anaesthesiology **ESA**



European Society of Anaesthesiologists



Confederation of European National Societies of Anaesthesiology



European Academy of Anaesthesiology

EDA I, Papers A and B:

Eight language versions (Four in 1984)

Two hours allowed for each Paper with 1 ½ hour break inbetween.

- Each Paper contains 60 questions of Multiple True/False (MTF) type.
- Each question starts with a stem followed by five independent true/false statements
- Each of the five are graded separately, not multiple choice.
- From 2008: No penalty for incorrect answers.
Before: Negative marking, -1 for wrong answer.

INSTRUCTIONS TO CANDIDATES

This paper consists of 60 multiple-choice questions in booklet form with a separate **ANSWER SHEET**.

Each question has five choices: A, B, C, D and E. Each choice may be true or false. It is possible for all five choices in any question to be all true, all false, or any intermediate combination. **EXAMPLE:**

1. Thiopental:

- A. is an oxybarbiturate
- B. is derived from pentobarbital
- C. is freely soluble in water
- D. can cause direct myocardial depression
- E. is contra-indicated in patients suffering from acute intermittent porphyria

INSTRUCTIONS TO CANDIDATES

- A positive mark will be awarded for each correct answer. THERE IS NO PENALTY FOR AN INCORRECT ANSWER.
- No mark will be awarded for an answer left blank.
- CANDIDATES SHOULD ANSWER ALL THE QUESTIONS

Negative marking: Problems

- General recommendation: Do not guess
- Different groups of guessers/risk takers
- Would more guessing be advantages for the very careful candidate?

Candidates select topics they feel they know. Not tested in the questions they avoid. Which questions they answer may vary widely between candidates.

Do the candidates really take the same examination???



THE EUROPEAN DIPLOMA IN ANAESTHESIOLOGY AND INTENSIVE CARE

Diploma guide

<http://www.euroanesthesia.org/education/EDADocs/Diploma%20guide%20English.PDF>

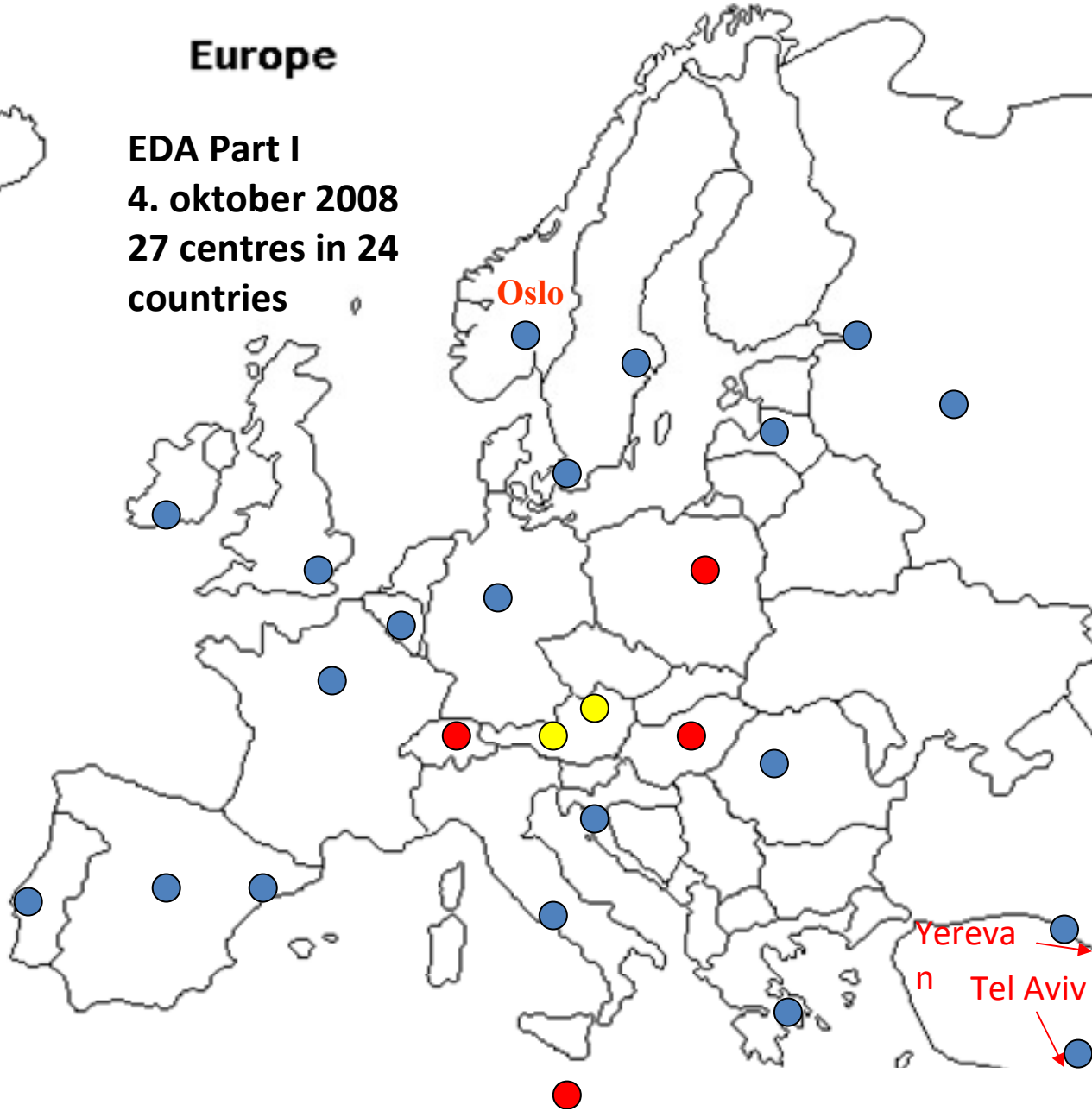
EDA Part I



Every year in October. Picture from Oslo

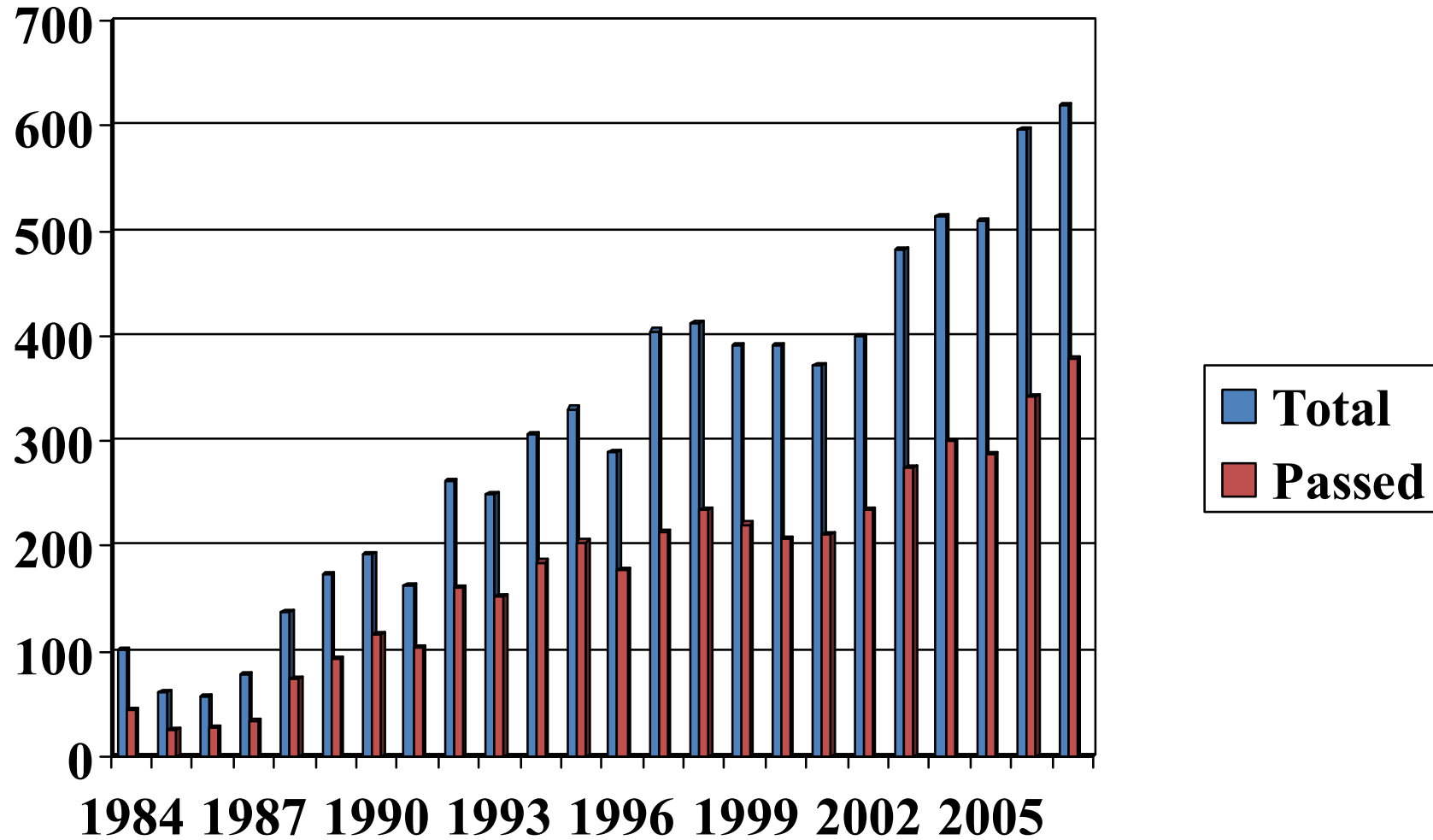
Europe

EDA Part I
4. oktober 2008
27 centres in 24 countries

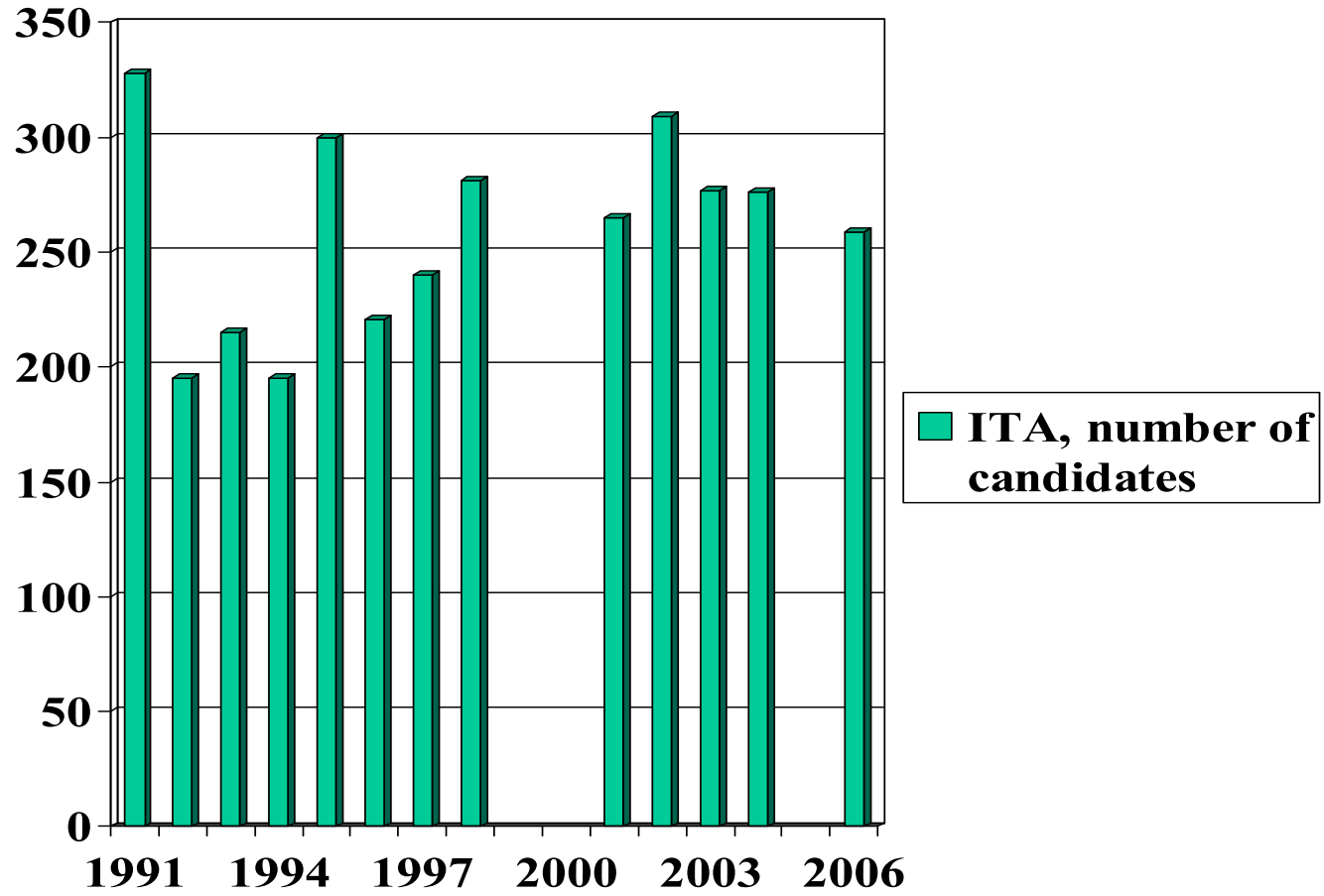


- Athens - Greece
- Barcelona - Spain
- Berne - Switzerland
- Budapest - Hungary
- Cluj-Napoca - Romania
- Cork - Ireland
- Göttingen - Germany
- Innsbruck - Austria
- Liège - Belgium
- Lisbon - Portugal
- Ljubljana - Slovenia
- London - U. K.
- Lund - Sweden
- Madrid - Spain
- Msida - Malta
- Moscow - Russia
- Oslo - Norway
- Paris - France
- Porto - Portugal
- Riga - Latvia
- Roma - Italy
- St. Petersburg - Russia
- Tel Aviv - Israel
- Uppsala - Sweden
- Vienna - Austria
- Warsaw - Poland
- Yerevan - Armenia

EDA Part I, numbers of candidates



In-training assessment



In-Training Assessment

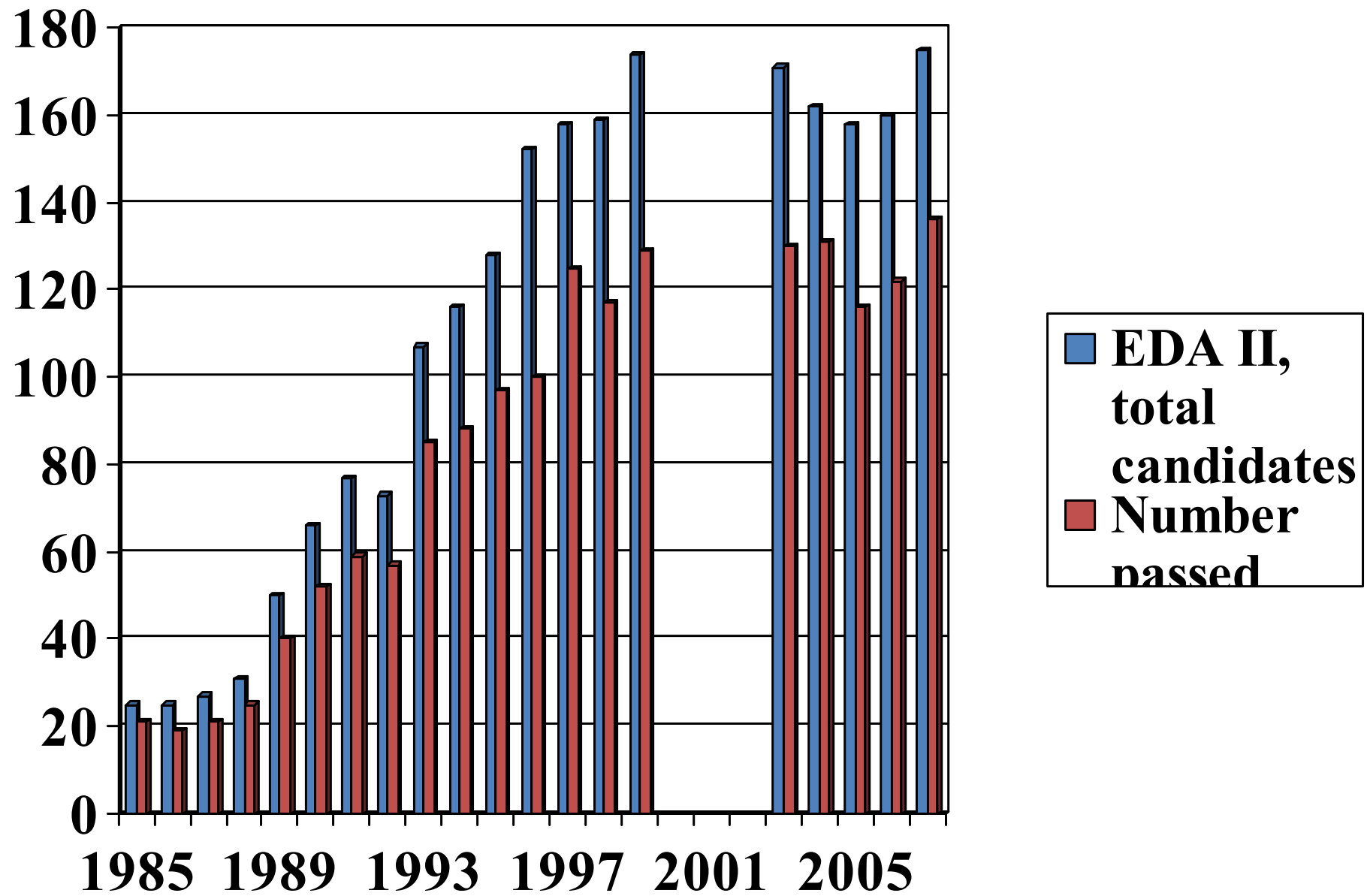
- Uses the same questions as the Part I European Diploma in Anaesthesiology and Intensive Care.
- Same date as the Part I Diploma Examination. Can be taken in: English, French, German, Hungarian, Italian, Polish, Russian or Spanish.
- Trainees may sit the ITA at any stage in their training, either in selected training departments accredited by the ESA Examinations Committee or in the European Diploma Part I Examination Centres.
- Registered Specialists, wishing to assess their knowledge, may also sit the ITA.

In-Training Assessment

Individuals who sit the ITA examination receive detailed feedback on their performance in the different subject areas covered by the examination, as well as comparison with their peers both nationally and throughout Europe.

DIRECTORS OF TRAINING send

Group application form



Languages 2008

Part I (Written)

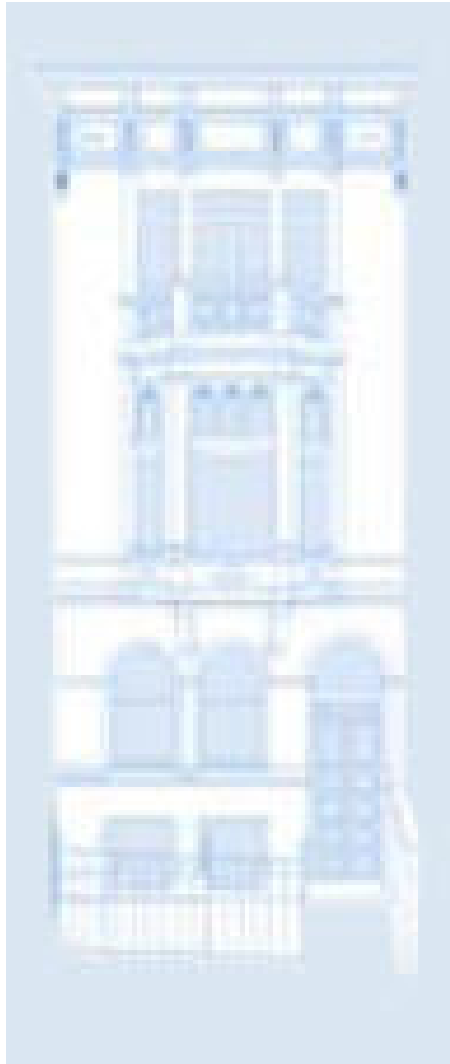
English
French,
German,
Hungarian,
Italian,
Polish,
Russian
Spanish

Part II(Oral

English
French
German
“Scandinavian”
Spanish

ESA and EDA Secretariat

24rue des Comédiens, Brussels



Hugues
Scopioni
EDA
Examinations
administrator



Part II Examination (Oral)

The Part II examinations are held annually between March and September in several centres.

English, French, German, Spanish or Scandinavian (provided there is sufficient demand).

The Part II examination may be taken only after the candidate has completed his/her training for specialist accreditation in their respective country.

Part II

Venues	Languages	Dates	Days
Barcelona, Spain	English, Spanish	15 March 2008	Sat
Göttingen, Germany	English, German	29-30 March 2008	Sat / Sun
Zürich, Switzerland	English, German	12-13 April 2008	Sat / Sun
Porto, Portugal	English, Spanish, French	17 May 2008	Sat
Uppsala, Sweden	English, Scandinavian	17-18 June 2008	Tue / Wed
Eilat, Israel	English	14 Sept. 2008	Sun
Erlangen, Germany	English, German	27-28 Sept. 2008	Sat / Sun
Athens, Greece	English	11 Oct. 2008	Sat

EDA Part II

- The examination for each candidate is held in a single day
- four 25-minute oral examinations – (vivas) - two in the morning and two in the afternoon.
- In each of these, the candidate is examined by two examiners, meeting eight examiners in all.
- If possible, candidates are not examined by examiners from their own training hospital.

EDA Part II

- The two morning vivas concentrate on applied basic sciences, and the afternoon vivas relate to clinical topics.
- Usually examiners one of the two examiners has as mother tongue the language the candidate has elected to be examined in. The other examiner should have a good working knowledge of that language.
- It is accepted that candidates may not be using their mother tongue, and some allowance for linguistic difficulties is made.

EDA Part II

- The examiners use "Guided Questions" (GQ's) which are set in advance by the Examination Committee.
- Each GQ opens with a brief scenario. Ten minutes before the viva, the scenario is handed to the candidate. This gives the candidate time to collect his/her thoughts and prepare to answer questions on the topic presented.
- These opening questions are followed by questions on the other topics listed in the examiner's GQ. The first examiner asks questions for 12.5 minutes, then a bell rings and the second examiner takes over.

EDA Part II – Morning *Applied Basic Science*

Viva 1 Start with the scenario the candidate was given on beforehand. Include applied cardiovascular and/or respiratory physiology. Then applied pharmacology, anatomy, physiology and physiology/pharmacology combined.

Viva 2 Start with the scenario and include applied pharmacology. Then move on to applied cardiovascular and/or respiratory physiology, clinical measurement, and applied pharmacology/physiology combined.

EDA Part II – Afternoon

Clinical - Critical care subject

Viva 3 starts with discussion of the Intensive care or Emergency medicine scenario the candidate prepared for beforehand. Then follow questions on other clinical topics, X-ray interpretation and anaesthetic specialities.

- **Viva 4** starts with an anaesthetic problem scenario, followed by questions on an internal medicine topic , ECG interpretation, local or regional anaesthesia, and some general questions.

Clinical scenario.

A 67-year-old man

weighing 100kg, 1.67m in height, is scheduled for an elective repair of a 10cm abdominal aortic aneurysm.

He had myocardial infarction 6 months previously, and has been a non-insulin-dependent diabetic for over 10 years. Discuss your anaesthetic management of this case.

EDA Part II

At the end of each viva, the examiners compare the mark that each has awarded and judge whether the candidate has:

- a) been tested in the required minimum number of topics, as set by the examination committee.**
- b) displayed an adequate knowledge and understanding of the principles and practice of anaesthesia & critical care.**



EDA II - Marking

Each pair of examiners can award one of three marks:

Pass.

(The examiners may also indicate that a candidate is of outstanding merit.)

Narrow fail.

The candidate has not quite reached the required standard in that viva. If the candidate passes in the other three vivas, he/she will pass the examination, but a second narrow fail means he/she will fail the exam.

Bad fail. The candidate has been found so deficient in one or more important subjects examined in this viva that even if he/she is outstanding in the other three vivas, the examiners find that he/she requires a period of further study or training prior to a future examination.

- How are the questions made?



Sir Peter Simpson
Former Chairman Examination Committee.
President Royal College of Anaesthetists.
First President European Society of
Anaesthesiologists.
Received Knighthood from Queen Elisabeth II 2006

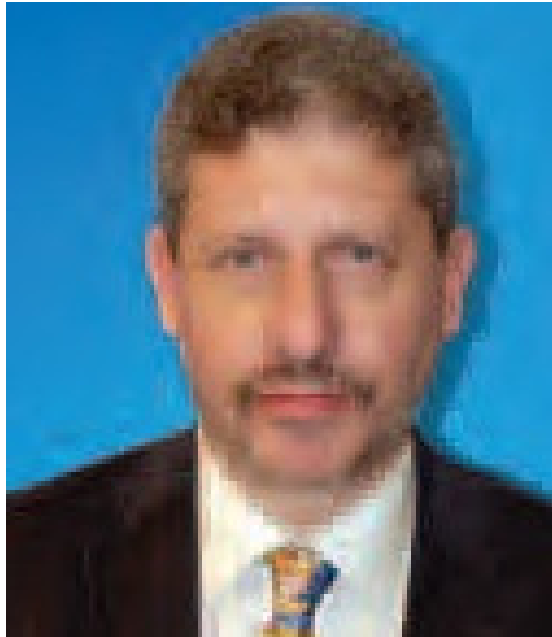


Andy McIndoe & Ed Hammond, responsible for selection of questions, Part I.



EDA-committee 2003.

Annual meeting of Examination Committee



Zeev Goldik
Chairman EDA Examination
Committee from 2006



Committee Members

- Recruited from interested countries
- Translators, two per language best??
- Long function period
- Countries with Compulsory exams should have more than one representatives??
- Increasing number of representatives as the exam grows!

Security Part I

- Dangers:
 - Wide distribution:
 - Group checking and contributing MCQs
 - Translators, increasing number of languages.
- How to avoid cheating:
 - Large collection of MCQs contributed, final selection by few persons.
 - Private email. Asked to delete.
 - Intentional erroneous answers in final version to translators?

Part II: Which are the examiners?



Uppsala, 19-20 June 2007, 34 candidates

Host and Chairperson: Prof. Lars Wiklund

Biber, Björn	Göteborg
Breivik, Harald Petter	Oslo
Edgren, Erik	Uppsala
Hunting, Anne Aass	Oslo
Kalman, Sigridur Helga	Huddinge
Melnikov, Andrey	Oslo
Pontén, Johan	Göteborg
Rasmussen, Lars Simon	Copenhagen
Sellevoid, Olav F. Munter	Trondheim
Thomson, Dick A.	Berne
Varvinskiy, Andrey M.	Torquay
Wernerman, Jan	Huddinge
Winther Henneberg, Steen	Copenhagen
Zarén, Björn	Uppsala

Part II: Which are the examiners? Athens 2007



Recruiting Examiners

- Recruited locally, considered to be competent
- By application to the EDA Examination committee:
 - Active in clinical practice in Europe, preferable in a department with trainees
 - Being a diplomate of the EDA.
 - Multilingual.
 - Two letters of recommendation.

Security Part II

- Examiners:
 - Not from candidate's department.
 - Last minute changes must be possible.
- Distribution of questions before exams:
 - Convenient for examiners' preparation
 - Leakage possible
 - Well prepared examiners have too high expectations?
- Distribution of questions at the exam site:
 - Preparation still wanted, earlier arrival needed

Economy

- Paid for by fees.
- Part II most expensive. Number of candidates has to be above a certain limit.
- Reduced fees for Part I in countries where it is obligatory. Problems with certain East-European countries.
- Hypnos foundation

Examination Fees

Fees	Euro
In-Training Assessment (ITA)	100
Part I (MCQ)	240
Part I Upgrade Fee*	240 - reduced Part I Fee
Part II (oral)	370
Completion Fee**	340

***the “Part I Upgrade Fee”** is the difference between the full Part I application fee and the reduced fee for countries with mandatory examinations. Needs to be paid if applying for the EDA Part II (voluntary).

****Completion Fee** Diplomas are issued only after payment. Candidates are not allowed to refer to their status as Diplomate of the ESA until the diploma has been issued.



American Board of Anesthesiology

The ABA is a nonprofit organization. Fees are based on the cost of maintaining the functions of the ABA. The Board reserves the right to change fees when necessary. All fees paid to the ABA are non-refundable.

The application fee for initial certification is \$550.00

A \$300.00 late fee is due with an initial certification application received by the ABA after the standard deadline and no later than the late deadline (see Section 2.07).

A \$400.00 examination fee is due when candidates accept a Part 1 (written) examination opportunity.

A \$1,725.00 examination fee is due when candidates accept a Part 2 (oral) examination opportunity.

Cancellation fee for canceling an examination appointment. The fee is \$100.00 for the Part 1 (written) examination and \$750.00 for the Part 2 (oral) examination. The fee must accompany the candidate's letter canceling the examination appointment.

A \$50.00 charge will be made whenever a check is returned for nonpayment.

European Diploma Awards Copenhagen 2008



<http://www.euroanesthesia.org/Education/European%20Diploma.aspx>

E u r o p e a n D i p l o m a i n A n a e s t h e s i o l o g y & I n t e n s i v e C a r e

HYPNOS FOUNDATION SCHOLARSHIPS

The Hypnos Foundation, instituted 1992 by the Dept. of Anaesthesiology, Inselspital, University of Bern.

Aim: Support education in anaesthesiology in Eastern European countries.

Supports specialist anaesthesiologists who have passed the Part I EDA (MCQ), to enable them to sit for the Part II (oral) examination.

Towards a European Board of Anaesthesiology?

Peter Simpson. ESA summer Newsletter 2005

The Anaesthesiology Section of the (UEMS):
Possible role of EBA.

Fellow of the European Board of
Anaesthesiology?

Fellow of the European Board of Anaesthesiology (EBA)?

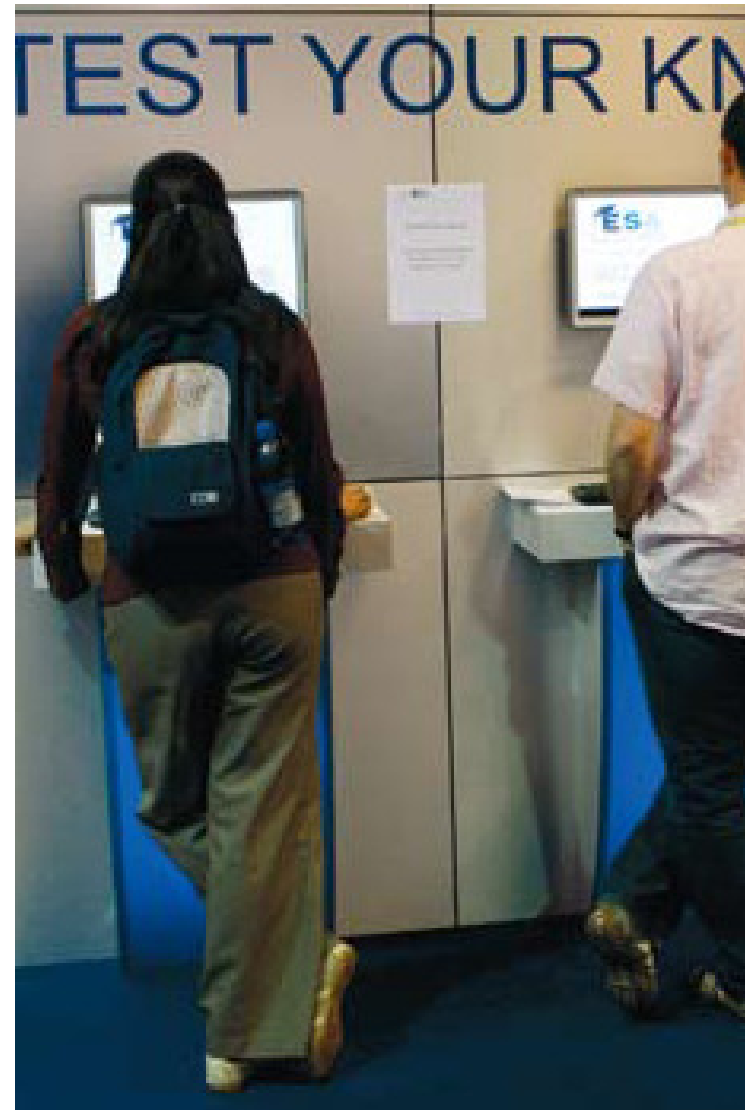
Criteria:

- On top of one of the European national specialist certifications.
- Full time clinical practice 5 years
- Continuous medical education and professional education in the preceeding 5 years.
- Successfully complete assessments of appropriate knowledge, skills and attitudes.
(EDA?)
- Transition arrangements.

EDA present status

- Part I is obligatory in Malta, Switzerland, Hungary and Poland. Austria maybe?
- Regarding the Part II exam, there is reciprocal acceptance of the Finnish and the British Part I exams.
- The exams are “endorsed” by the European Board of Anaesthesiology.
- Part of plans for a future title “Fellow of the European Board of Anaesthesiology”?
- Does it indicate true merit? What is its interaction with the job market? Does its importance increase with its spreading?
- Most important is the knowledge which individual participants acquire!

***TEST YOUR KNOWLEDGE
– diagnostic test for the
European Diploma in
Anaesthesiology
and Intensive care at
Euroanaesthesia 2008 in
Copenhagen***



Specialist training at the department level.

Study 1991-1993 in Norway: Results

- In-Training Assessment introduced.
- Increased interest for EDA Part I.
- No difference in the results between departments which did and did not participate in the yearly exams.
- The Norwegian medical society no longer planned national specialist exams for Norway.

Diploma awards Euroanaesthesia Vienna 2005



INSTRUCTIONS TO CANDIDATES

For example, if you decide that items B, D and E are true, and that items A and C are false in the question shown above, you would record this by putting a line with your pencil through the appropriate boxes on the **ANSWER SHEET**

	A		B		C		D		E	
1	[T]	[F]	[T]	[F]	[T]	[F]	[T]	[F]	[T]	[F]

Part I Instructions



European Diploma in Anaesthesiology and Intensive Care

PART I EXAMINATION

INSTRUCTIONS TO CANDIDATES



**Queen Honours
ESA President
Peter Simpson,

receives knighthood (2006)**

EDA I, Papers A and B:

Example

Thiopentone:

- A. is an oxybarbiturate
- B. is derived from pentobarbitone
- C. is freely soluble in water
- D. can cause direct myocardial depression
- E. is contra-indicated in patients suffering from acute intermittent porphyria

Mark T ~~T~~ for True F ~~F~~ for False

DO NOT TICK, CROSS OR CIRCLE.

	A	B	C	D	E
1	<input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> F
2	<input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> F
3	<input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> F
4	<input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> F
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