

## June 2021 Exam: FINAL INFORMATION

- Updated June 2021

### Examination location and dates

The 2021 examination will proceed as planned on **Monday June 28<sup>th</sup> to Thursday July 1<sup>st</sup> 2021**. All examinations will be conducted between 08:00hrs and 18:00hrs **Central European Time (CET) (BST +1hr)**

The examination is an **entirely online format which candidates will take at a specified local location under the supervision of an approved invigilator**. The **MCQs and online OCMs** will take place on the **ExamSoft platform preloaded onto the candidate's computer**. The **oral CJTs** will be conducted via **Microsoft TEAMS**; candidates will be sent individual invites. CJT candidates will be presented with clinical information in **paper format by your invigilator**

**Locations and invigilators will be nominated by the candidate** (nominees must be a diplomate of ECEIM or other EBVS college or be a professional invigilation service in an approved testing centre-subject to approval of the committee). **The invigilator MAY NOT BE the resident's supervisor** and must be authorised in advance by the examination committee. Invigilators must be available to be present throughout the whole of the examination process and, for those taking the CJT, the time which would have been spent in the holding room. **Candidates fulfilling the exam entry requirements will be emailed after the 1<sup>st</sup> June 2021 a form to finalise their nominated invigilators. You must confirm the name of your invigilator using the form provided by Friday 18th June 2021.**

### FINAL EXAM TIMETABLE – \*ALL TIMES ARE CET\*

Mon 28 <sup>th</sup> June 2021: <b>General 1 (G1)</b> 09:30 – 12:30 CET (3hrs); <b>General 2 (G2)</b> 14:00 – 17:00 CET (3hrs)
Tues 29 <sup>th</sup> June 2021: <b>Certifying MCQ</b> 09:30 – 12:30 CET (3hrs); <b>OCM</b> 13:30- 17:00 CET (3hrs 30 mins)
Wed 30 <sup>th</sup> June 2021: <b>CJT</b> all day (cases 1 and 2) individual candidate by appointment*
Thurs 1 <sup>st</sup> July 2021: <b>CJT</b> all day (cases 3 and 4) individual candidate times by appointment*

- This timetable is now confirmed and replaces any previous versions
- Candidates accepted for **extenuating circumstances** will receive an email with their start and finish times which may differ from those given above
- \*Each **candidate for the CJT** will be required on **both** Wednesday and Thursday

If you have been accepted for the 2021 exam and you have questions of a general nature relating to the process, please can I ask that these are directed in the first instance through your representatives, Francesca Worsmann (standard residency) or Abbe Kirtland (alternative residency). For personal queries or concerns please contact the examination chair, Dr Wendy Talbot, [wendy.talbot@eceim.info](mailto:wendy.talbot@eceim.info) as soon as possible.

## PREPARATION AND LOGISTICS

### Important notes:

THERE HAS BEEN AN EXTENSIVE REVISION OF THE EXAMINATION FORMAT FOR 2021. THESE CHANGES ARE DESIGNED TO PROVIDE THE BEST POSSIBLE EXAMINATION. IT IS ESSENTIAL YOU ARE FAMILIAR WITH THE FORMATS FOR EACH SECTION. YOU SHOULD READ AND DIGEST THESE NOTES CAREFULLY.

IF YOU ARE A CANDIDATE FOR THE CJT PLEASE CAREFULLY READ THE INSTRUCTIONS WHICH HAVE BEEN UPDATED IN REGARD TO TIMINGS OF THE SESSIONS.

THERE WILL BE NO NORMAL REFERENCE RANGE SHEETS PROVIDED AS IN PREVIOUS YEARS – ALL QUESTIONS WILL BE PRESENTED ALONGSIDE REFERENCE RANGES RELEVANT TO THAT CASE.

- The GENERAL paper will consist of two parts (G1 and G2)
- The multiple-choice question papers (G1, G2 and certifying) and the OCM will be presented in an electronic format with answers to be entered directly on a **COMPUTER WHICH THE CANDIDATE MUST BRING WITH THEM with THE EXAMPLIFY SYSTEM PRELOADED AND TESTED** (see below).
- **The general (G1 and G2) and certifying examinations allow you to answer questions in ANY ORDER** and candidates may change responses as many times as they like until the submission of the exam. Candidates may submit the responses at any time before the time limit of the examination. However once submitted no changes can be made.
- **The OCM exams can only be answered in the order that questions are presented** and once the response to each question is answered and the candidate moves to the next screen no further changes can be made.
- **You MUST download the examinations prior to the day of the test**, you will not be able to commence until your invigilator provides you with the password. Once you start the exam the timer commences.

### The new online testing platform, 'Exemplify'

All online examinations will be delivered using an offline platform. Prior to the examination, candidates must:

1. Confirm their device meets the minimum required standard for [Windows](#) or [Mac](#) computers and download Exemplify. **PLEASE ENSURE YOUR COMPUTER IS RUNNING VERSION 2.7.2**
2. **Undertake a test assessment** designed to orientate candidates and test the compatibility with your software
3. **Undertake a practice assessment** designed to orientate candidates to the question formats used in the examination.
4. Engage in training sessions provided by the examination committee either at summer school or at the other times provided
5. **Download exemplify and the examinations** as instructed by the chair of the examination committee
6. **Bring a compatible laptop device, charger and adapter to the examination**
7. **During the examination period (except for CJTs) candidates will have no access to any other functions on the computer. If their computer reboots during an examination it will restart**

directly into the software. The candidate's computer will only be returned to normal functions when the candidate submits the examination.

8. After submission of your attempt, your invigilator will be informed by electronic message that this has been received normally. You should not leave the room before this time.

Where candidates fail to meet these requirements, it will usually result in them being unable to complete the examinations.

## THE EXAMINATION

### Part 1: General examination (G1 & G2)

Candidates entered for the general must sit both G1 and G2

**General paper 1** will comprise 50 multiple choice questions (MCQ). The aim of these is to test candidates' knowledge and understanding of *concepts relating to the medical and biological sciences that underpin clinical practice of internal medicine* (for example pharmacology, microbiology, physiology, pathology, epidemiology, diagnostic imaging).

**General paper 2** will also comprise 50 MCQ, aimed to test candidates' *clinical knowledge and ability to address specific clinical problems*. The blueprint below documents how many MCQ will be assigned to specific body systems and spheres of knowledge within the examination.

The examination will be conducted in 2 sections (G1 and G2) each lasting **3 hours**, allowing **up to 3.6 minutes per question**. Candidates will be allowed to take a **non-medical English language dictionary** into the examination. **Calculators and a space for notes** are provided as part of the assessment platform. The examination committee DO NOT have access to any electronic notes you make in Exemplify.

### Part 2: Certifying examination

This will consist of 3 sections:

#### **1. Certifying MCQ**

This paper comprises 50 MCQ aimed to test candidates' ability to address clinical problems. Particular emphasis will be given to candidates' ability to *demonstrate clinical judgement when presented with a case scenario*. A maximum of **3 hours** is allowed for the examination, **averaging 3.6 minutes per question**. Candidates will be allowed to take a non-medical English language dictionary into the examination.

Candidates will be encouraged to provide feedback on specific questions to identify any difficulties in comprehension they have encountered and these comments will be considered in the examination assessment process by communicating these with their invigilator. The examination committee DO NOT have access to electronic notes you make in Exemplify.

## **2. Objective case management – computer based (replaces the previous oral OCM)**

The OCMs will be completed on the same **Exemplify system** used for the MCQS.

**There will be 5 OCMs each comprising 10 questions addressing a specific testing point regarding that case.** OCMs will use a combination of advanced question formats (single best answer, extended matching questions, single word/phrase responses, script concordance test) to progress in a single direction through the cases. ***Once a question is answered more information will appear to progress through the case and it will not be possible to go back to previous questions.***

You will be presented with a brief summary of all 5 cases prior to the start of the examination. This is so that you can decide in which order you wish to tackle the cases.

- To commence any OCM case you will need to enter the exam password. All passwords for the OCM are the same and will be provided to you by your invigilator.
- Once you have started the case you are committed to finishing that case.
- You will be presented with a standard examination instruction screen followed by the detailed clinical scenario. You can view this information at any time during the examination (Exam controls tab).
- The timer for each case does not start until you pass this screen.

The screenshot displays two side-by-side panels within a blue border. The left panel, titled 'Return To Waiting', contains the text 'If you have not been instructed to start your exam, please go back to the previous page.' and a dark grey 'Go Back' button. The right panel, titled 'Start Exam', contains the text 'By clicking the Start Exam button, you will be directed to your exam.' and a checkbox labeled 'I am authorized to start my exam.' which is checked. Below the checkbox is a green 'Start Exam' button.

- A maximum of **3.5 hrs is allowed for the OCM examination**, providing candidates with **10 minutes to read each case scenario** and **30 minutes to progress through each case.**
- **The maximum time allowed for any case is 45 minutes. After this time, even if you have not finished, the assessment will automatically end**
- **Despite this 45-minute limit you should only plan to spend 30 minutes on each case since the entire exam is 3 ½ hours.**
- You are recommended to take any comfort breaks **BETWEEN** cases

### **3. Clinical Judgement Tests (CJTs) (replaces the previous essay section) – oral**

**The entire exam will be conducted in English.** Candidates who are not native English speakers have the option of having a **translator fluent in their own language attend the oral CJT examination only.** If you would prefer to have a translator present this must have been indicated during your application for the examination.

All candidates will be required to answer **4 compulsory clinical judgement tests.**

**CJTs 1 and 2** will take place on **Wednesday 30<sup>th</sup> June**

**CJTs 3 and 4** will take place on **Thursday 1<sup>st</sup> July**

**Case information and clinical questions will be presented to you on paper by your invigilator or in exceptional circumstances using Exemplify.** Your computer will function normally during this time if Exemplify is used, allowing you to join your examination at the appropriate time.

**You will receive ONE meeting request for MS Teams for each day – this will cover the entire assessment period each day. You should join the meeting 5 minutes before the start of your appointment time using MS Teams by clicking the link in the email.**

**Your examiners will join the meeting and watch as you open the scenario on camera (checking the tamper proof seal). They will check you have the correct material and then leave you to prepare for the session.**

**In exceptional cases (eg in the event of delivery failure) you will be shown the material on screen using exemplify. You will be informed if this is the case.**

#### **CJT Day 1: Wednesday 30th June**

- If you are being held in 'isolation' prior to the start of your exam, you may read any books or notes, but must not use any electronic communications devices and you will NOT have any internet access other than to check the connection for your viva.
- You must surrender your mobile phone to your invigilator (switched off)
- You may use your computer and may check your internet connectivity under the supervision of your invigilator.
- **At the start of your assessment period**, your invigilator will hand you the case information or inform you of the password to access the case information in Exemplify.
  - **In the event of the need to use exemplify**
    - You will be presented with 1-3 screens of clinical information about the case
    - You can move backwards and forwards between these screens.
    - You can make any notes on paper and may use the notes and highlighting function in Exemplify.
    - You will have access to exemplify throughout your examination
- At the time of your viva (10 minutes after you entered the room), **your examiners will join the meeting and will commence recording.**
- Your invigilator will leave the room unless they are providing translation support. They should remain nearby. Your viva will last 15 minutes.

- Your invigilator will re-enter the room before the examiners end the meeting
- Your invigilator will provide the password to the second case and you should view this straight away. You will again have 10 minutes to review the case before the examiners join you for the 15mins
- The **total examination time on Day 1 is 1hr with an additional holding period** (to be determined and communicated with your individual CJT appointments)

**During the CJT examination**, you will be asked the questions that were prepared during the preparation time, **and** further structured questions **regarding clinical decision making**. Examiners are particularly interested in your **clinical justification**. For every CJT, one examiner will lead the discussion, while the other (or both) documents the candidates' answers. To ensure that the examination is consistent, all candidates will be presented with the same information in a set format.

**After your assessment you may be required to remain in isolation ('holding period') under the direct supervision of your invigilator.** At the pre-determined time you may leave – you will not be given further instruction. **Please note for some candidates the holding period may occur PRIOR to your appointment time.** This is to minimise the amount of time spent in the holding period for all candidates.

### **CJT Day 2: Thursday 1st July**

Candidates will follow the same process – however the **first viva (CJT4)** will be **about interpretation of published data**. You are not expected to have read the paper before and will be asked about the **study design, interpretation and conclusions**.

You will be **given 1 hour** to read and make notes on parts of a published manuscript. Again, this will be provided to you on paper or in emergency using Exemplify. After an hour you will again be joined by your examiners who will ask you questions for **20 minutes**.

After this you will be rejoined by your invigilator and will have **10 minutes of rest time**, before your next case. You will have **10 minutes to prepare your last case (CJT3)** in the same format as on day 1.

**The total examination time on the second day is 2hrs (including the 10 mins break) with an additional holding period**

**During the examination**, candidates will be asked the questions that were prepared during the preparation time, **and** further structured questions **regarding clinical decision making**. For every CJT, one examiner will lead the discussion, while the other (or both) documents the candidates' answers. To ensure that the examination is consistent, all candidates will be presented with the same information in a set format.

Please do not worry unduly about the logistics. The examination committee will be on hand to help you navigate the process. We will allow for any IT difficulties and you will receive your allocated time.

### Example timetable for a CJT candidate

<b>Day 1:</b> Wednesday 30th June	Time and location	Task	Time allowed
	<b>09:00</b> Enter room	Review information for CJT 1	10mins
	09:10 Examiners join	<b>Viva Examination CJT1</b>	15mins
	09:30	Review information for CJT 2	10mins
	09:40 Examiners join	<b>Viva Examination CJT2</b>	15mins
	<b>10:00</b>	Holding period	~ 2 hrs (max. 3.5hrs)
<b>Day 2:</b> Thursday 1st July	<b>10:00</b> Enter Room	Review information for CJT 4	1hr
	11:00 Examiners join	<b>Viva Exam CJT4</b>	20mins
	<b>11:20</b>	<b>BREAK</b>	<b>10mins</b>
	11:30 Enter room	Review information for CJT 3	10mins
	11:40 Examiners join	<b>Viva Examination CJT3</b>	15mins
	12:00	Holding period	~ 2hrs (max. 3.5hrs)

**An external examiner** may attend your CJT session and **all sessions will be recorded**; a copy of this recording will be retained by the Examination Committee for review in the event of an appeal. These will be deleted as per the college's normal data retention rules. The role of the external examiner is to observe the process of the exam, not to contribute to your assessment.

To prevent unfair discussion of the examination, the **break** and the **holding periods** will be supervised by your invigilator. **During the holding period candidates should anticipate having to spend several hours in a secure area**; you may bring food and books or other items to fill the time and you will be permitted comfort breaks as required. **IF ANY CANDIDATE ANTICIPATES THEY WILL HAVE ANY SPECIAL REQUIREMENTS DURING THIS PERIOD please note this on your invigilator form and we will endeavour to accommodate your needs.** All requests will be treated in confidence. **Please note that use of electronic devices with the potential to go online will not be permitted.**

## **HOW THE EXAMINATION IS SCORED:**

In any given year it is possible for all candidates to pass the examination. Cut-off standards for passing the examination are determined by Diplomates who rate the examination; they **are not based** on a predetermined proportion of the candidate population passing or failing. The rating process is designed to **ensure that at least the minimum level of competence required for specialist status is achieved** by those passing the Examination.

**Candidates must pass both the GENERAL and CERTIFYING examination in order to be considered eligible to become Diplomates of the College** (see ECEIM constitution).

**GENERAL EXAMINATION:** *marks from papers 1 and 2 will be combined to produce one final mark.* The MCQs are set and evaluated by Diplomates of ECEIM and by colleagues who are Diplomates in related disciplines or from outside of Europe. *A process of rating and evaluation of validity by Diplomates of ECEIM will determine the pass grade.*

**CERTIFYING EXAMINATION:** candidates must achieve a pass mark in each of the 3 sections.

- **Certifying Multiple Choice Questions:** These are set and evaluated by Diplomates of ECEIM and by colleagues who are Diplomates in related disciplines or from outside of Europe. *A process of rating and evaluation of validity by Diplomates of ECEIM determines the pass point at the level of a new diplomate.*
- **Objective Case Management:** The candidate will be expected to answer a predefined series of objective advanced format questions relating to disease aetiopathogenesis, and diagnostic and therapeutic plans, based on the case material provided. All candidates will be asked the same series of questions, in the same predetermined order. Each question within the OCM will be marked independently of the other questions in that case according to a predetermined marking scheme. In this way a candidate is not penalised more than once for an incorrect response. The correct response is determined by the responses of a panel of diplomates prior to the examination. Where the panel cannot agree on a single best response, marks will be assigned that demonstrate how candidates performance compared to existing diplomates. It is not an expectation that candidates will 'pass' each case and scores will be considered for the whole assessment. *The passmark for the examination will be 60%*
- **Clinical Judgement Test:** The candidate will be expected to develop justifications and case management that are evidence based. For each questions candidates will be scored as providing an inadequate answer, a borderline fail answer, an answer using evidence expected of a new diplomate or an answer above the standard expected of a new diplomate. The descriptors for these will be determined for each question based on the quality of available evidence in the current reading list. *The passmark will be determined by exceeding a median score above the mid-point between a new diplomate and a borderline failing candidate across the entire test (ie across all four scenarios)*

**Appeals:** for details of the Appeals process, see the ECEIM constitution.



## **Re-sits**

Candidates who fail the General examination have to re-sit both MCQ papers (G1 and G2) of the general examination. As described in the constitution of ECEIM, candidates that fail only one section of the Certifying Exam can re-take that section individually. Candidates that fail individual components of the examination must retake only the failed components, however, candidates must re-take all the papers they have not yet passed **each time** they attempt to complete the examination. All parts must be completed within **8 years** of the initial application. The maximum number of **reapplications** to sit parts or all of the examination is **3**. This applies to candidates who sit all parts of the examination at once as well as to candidates of category 1a, who sit the General Examination already during their residency before taking the Certifying Examination.

### **\*Re-sits in the new exam format:**

- Candidates who would have been required to re-sit the **essay will now be required to pass the oral clinical judgement test.**
- Candidates who would have been required to re-sit the **oral OCM will re-sit the OCM online**

**There is no change to the number of re-applications allowed.** For example, if a candidate had two more attempts at the essay, under the new system they will have 2 attempts at the clinical judgement test.

### **\*Candidates previously entered in the cancelled February 2021 examination**

As previously communicated, due to the Covid-19 pandemic candidates who were entered for the cancelled February 2021 examination will be allowed to attempt the June 2021 without penalty should they fail. Candidates who have opted not to sit in June 2021 will not forgo a year of the time allowed to complete the examination after residency.

## BLUEPRINT FOR MCQ SECTIONS

SYSTEM/SPHERE OF KNOWLEDGE	GENERAL 1 BIOLOGICAL & MEDICAL SCIENCES	GENERAL 2 CLINICAL SCIENCES	CERTIFYING CLINICAL PROBLEMS
Behaviour	2	-	-
Cardiovascular	2	3	3
Clinical Pathology*	3	-	-
Critical Care & emergency medicine	-	3	3
Dermatology	2	3	3
Diagnostic Imaging*	2	-	-
Epidemiology and medical statistics*	4	-	-
Endocrinology, metabolic & hepatic	3	4	4
Exercise Physiology & sports medicine	2	-	3
Fluid, electrolyte and acid-base balance	-	3	3
Gastrointestinal	3	7	7
Genetics & molecular biology*	4	-	-
Haemolymphatic		4	3
Immunology*	3	-	-
Infectious disease & microbiology*	5	3	1
Neurology, neuromuscular, & musculoskeletal	1	4	3
Nutrition*	3	-	-
Ophthalmology		3	3
Parasitology*	3		1
Perinatology*		3	3
Pharmacology & toxicology*	4	-	-
Respiratory	3	7	7
Urinary	1	3	3
<b>Total</b>	<b>50</b>	<b>50</b>	<b>50</b>

\* Elements of these disciplines will be incorporated into the clinical questions and problems relating to the various body systems.

## **FURTHER DETAIL ON QUESTION FORMATS AND EXAMPLES**

### **Multiple Choice Questions**

The MCQs are designed to test knowledge, synthesis of information and clinical judgement. Clearly the realities of practice dictate that the selection of diagnostic tests and treatments is often constrained by financial considerations but, for the purposes of this examination, candidates are encouraged to select their answer on the basis of best medical practice and to assume that there are no specific financial constraints unless mentioned within individual questions. Questions on exotic diseases or important diseases which occur only in certain parts of Europe will be included however, in selecting questions, the examination board will ensure that there is no geographic bias and thus, diseases which do not occur within some areas of Europe will not be given undue prominence within the examination. Candidates who are experiencing difficulties related to language during the examination are encouraged to seek assistance from the invigilators. Candidates will also be given the opportunity to comment on the questions, particularly if they feel that the language is difficult, or the options for answers are ambiguous.

All MCQs will be of single best answer format with 3 distractors (incorrect or less good options). This means that you must select the **one option** that you consider the **best answer** to the question. The distractors are likely to be options that are not necessarily completely wrong but the correct answer will be one that the majority of evidence or opinion in the current literature supports. For example, if you are asked “If antimicrobial therapy is to be used, which of the following drugs is considered the most appropriate for treating *Strep. equi equi* infection?” with the options of: penicillin, trimethoprim sulphonamide, ticarcillin or oxytetracycline? Notice that *Strep. equi equi* can be sensitive to all of these drugs but penicillin is the correct answer. Of the options given, it is recommended by most (probably all) current texts, although there are clinical circumstances in which one would conceivably choose to use one of the other options (for example if your case was known to be allergic to penicillin, or there were practical difficulties over arranging intramuscular injection etc). Equally, when presented with that question, you may feel that you want to make an argument that you would not use antimicrobials in a case of Strangles, however this specific MCQ does not address that issue therefore that argument, while perfectly valid in general terms, is not relevant to this specific MCQ question.

### **Objective Case Management Section**

The aim is to test clinical judgement and competency through demonstration of the ability to work up a case in a structured and logical way. A combination of advanced question formats (single best answer, script concordance tests, extended matching questions and single word/phrase answers) will be used to progress through the 5 cases in a uni-directional manner. The OCMS test the ability to integrate and act on new information provided at each stage including: history; clinical and laboratory data; disease pathogenesis; diagnostic tests; differential diagnosis; treatment/ management; prognosis and prevention.

### **Clinical Judgement Tests**

This is an oral exam designed to test the ability to justify clinical reasoning and decision-making at the level required for a specialist. Typically, a case or subject area discussion may be based around a controversial topic. Candidates are expected to logically and critically discuss the reasons for clinical decision-making using evidence from the current literature.

**Further information, example questions and training resources for the revised examination format can be found at [www.eceim.info/exam](http://www.eceim.info/exam).**

## **SUGGESTED READING LIST**

The **entire examination** will emphasize information taken from the current veterinary literature. Selected information will also be taken from the current human and general biomedical literature. **With respect to the veterinary literature, current veterinary textbooks and papers published in the refereed journals listed below should be the primary study area.** Candidates are advised to prepare for the examination by a systematic review of recent textbooks and periodicals. Your mentors can help you select appropriate study material. WE CANNOT DEFINE CONCLUSIVELY THE BODY OF KNOWLEDGE NECESSARY TO PASS THIS EXAMINATION – the following list is **ONLY A GUIDELINE.**

### **Textbooks (most recent editions of):**

A current textbook in physiology (e.g. Guyton and Hall or Cunningham)  
Respiratory Physiology (West)

Cardiology of the Horse (Marr)  
Equine Clinical Immunology (Julia and Felipe)  
Equine Dermatology (Scott and Miller)  
Equine Diagnostic Ultrasound (Reef)  
Equine Emergency and Critical care (Southwood and Wilkins)  
Equine Infectious Diseases (Sellon and Long)  
Equine Internal Medicine (Reed, Bayly, Sellon)  
Equine Fluid Therapy (Fielding and Magdesian)  
Equine Neurology (Reed and Furr)  
Equine Ophthalmology (Gilger)  
Equine Sports Medicine and Surgery (Hinchcliff et al)  
Interpretation of Equine Laboratory Diagnostics (Pusterla and Higgins)  
Large Animal Internal Medicine (Smith et al)  
Large Animal Neurology (Mayhew)  
Veterinary Epidemiology (Thrusfield)

### **Journals**

#### **Last 5 years (2016- 2020 inclusive)**

Equine Veterinary Education  
Equine Veterinary Journal  
Journal of the American Veterinary Medical Association  
Journal of Veterinary Emergency and Critical Care  
Journal of Veterinary Internal Medicine  
Veterinary Clinics of North America  
Veterinary Journal

Most recent versions of ACVIM and ECEIM consensus statements (**irrespective of year**)