

A Guide to the FFICM Written

Exams are a persistent source of consternation in post graduate medical training and the FFICM is no exception. Unlike the entry exams to get a number the Final FFICM is sat later in training (Stage 2) and can be bit of a balancing act when you factor in the family commitments that you may not have had earlier in your career. I sat and passed the exam as a late entry in to FICM training (I joined after ST5 Anaesthetics) and like many did it with children at home. Below is my guide and revision suggestions to both pass the FFICM Written at first sitting and to put yourself in the best position to move on to the SOE/OSCE.

Format

Since April 2022 the exam format has changed to consist entirely of SBA questions. There are 80 short stem questions (scoring 1 for each correct mark) and 50 extended stem questions (scoring 2 for each correct mark) to be completed in 3 hours. You will want (and need) to allocate most of your time to the long format SBA questions - don't be surprised if you finish the first part in just over an hour and need close to two hours to get through the long questions.

Short SBAs

These will tend to be a more straightforward recall of factual knowledge - 'what is the first ECG change in hyperkalaemia' or 'what is the most useful agent for treating ventricular tachycardia'. Revising for this section is very much about volume of questions practiced. There aren't currently any short SBA specific books so I would use the following MCQ books:

- Multiple True False Questions for the Final FFICM by Emma Bellchambers
- MCQs and SBAs in Intensive Care Medicine by Lorna Eyre
- Intensive Care Medicine MCQs by Steve Benington
- Critical Care MCQs - A Companion for Intensive Care Exams by Steven Lobaz
- Onexamination.com

Personally when I started revision I would plan to only cover a few questions in a session and spend a lot more time reading around the question to fill in knowledge gaps. For example the question on VT I would look at what the indications for the other drugs mentioned were and then find a well accepted guideline (RCUK/ESC etc) so I knew what the rest of the algorithm looked like and what might be used next. What you spend the reading time on will differ by your background as medics/anaesthetists/EM trainees will all have different knowledge gaps. As you get closer to the exam you'll need to do this reading less and less as your knowledge base expands. I would aim to do something like 20% questions and 80% reading to start and switch to 90-95% questions in the last 2-3 weeks before the exam. This approach isn't great for crammers but can be done - you would probably want to start with something like a 50/50 split and switch over to almost exclusively questions much quicker to make sure you cover the volume of questions available to you in the books.

Long SBAs

These can be a pig. We don't work in a specialty of certainties and definites but for the purpose of the exam only 1 of a list of several potentially reasonable answers will be right and the others will be wrong. This is frustrating but everyone is in the same boat. This section is very much about technique and needs practice - again as you practice your approach it will get quicker with time. Some will be more straightforward than others - for the trickier ones or questions where I couldn't decide between two answers I left them and went back to them at the end once I felt my brain had 'warmed up' to the long form questions. Don't be surprised if you have a lot to come back to on second look! The following resources are available for the long SBAs:

- MCQs and SBAs in Intensive Care Medicine by Lorna Eyre
- Single Best Answer Questions for the Final FFICM by Keith Davies
- Onexamination.com

The wording of the stem is very deliberate here - certain details are included to either rule something in or out. When practicing read the stem and the question and keep the answers covered to start; think about what the potential diagnosis could be and the subsequent management priorities. Once you've done this go back to the stem and see what information

supports or disproves your idea and see if you can come up with your own answer before you've seen the A-E options. Then uncover the actual offered options in the book - you may find something that matches perfectly or things you hadn't thought of, go back to the stem and see what key pieces of information affect the answers now.

This approach is great to do with a revision partner if possible, ideally someone from another training background to get a different perspective on the same problem. Talk each other through your approach to the question and why you think certain answers are right/wrong or the significance of information in the stem. Any gaps/further questions that come up can then be divided up between you for revision and you can then teach each other. Getting the technique right is important here as there are not a lot of SBA resources - don't worry if you spend a lot of time pontificating and debating with your revision partner. Finally in the last few weeks before the exam ask around if people remember any unexpected question topics from the long SBAs as the question bank can be limited; have a little read and you might get lucky. Initial malaria management has come up and so has post-operative Parkinson's drug management - things I wouldn't have necessarily known or looked at until someone had mentioned them.

General approach

If you've got family at home remember you're not the only one sitting the exam - they are going through it with you too. Give yourself that extra bit of time so you can spread revision out and be sure to book in some dedicated family time. I usually schedule 3-4 months for exam revision since having kids but this takes in to account school holidays, weeks where you're mostly on call/need to give your remaining free time to family and a light first few weeks getting back in the swing of revision. We are all professional exam sitters by this stage so do what works for you. It'll feel like a tough exam but the pass rate in the latest examiners report is pretty good at 91% - good luck.