



How to prepare

Content

INTRODUCTION	3
OVERVIEW	3
EDAIC Part I.....	3
EDAIC Part II.....	3
In-Training Assessment.....	4
On-Line Assessment	4
EXPECTED KNOWLEDGE.....	4
EDAIC PART I	6
Answer Sheet.....	6
MCQ strategy	6
Pass mark.....	6
Feedback	7
EDAIC PART II	7
Structured Oral Examinations (SOEs).....	7
Examiners and guided questions	8
Marking system	8
Expected standards.....	8
How to study for the EDAIC Part II.....	9
Examination Technique	10
Images	11
Diagrams & Graphs	11
The examination day	11
FREQUENTLY ASKED QUESTIONS	13

INTRODUCTION

The European Society of Anaesthesiology and Intensive Care has among its objectives the promotion of professional standards and quality, together with development of the Speciality in all European countries. We strive to allow free movement of clinicians and integration of European nationals into other countries' health care systems. Because of this, Europe needs an international training and assessment structure for specialist recognition.

At present assessment, training and recognition in Anaesthesiology and Intensive Care vary between and within different European countries. Many countries and regions have individual diplomas and specialist recognition with different periods of and different content of the training. Europe also has some special and unique problems, namely variations in language, individual practice, resources and in the supply and demand for doctors.

The EDAIC tests knowledge, but not skills or attitudes at a particular stage of training. It does not replace individual assessment, though it may contribute to it and it is really a Europe-wide examination, which may also be used as part of an individual country's training programme. As an examination in its own right, it is also a qualification and a title of distinction, and the letters DESAIC after a doctor's name are more and more widely recognised. It provides a framework of knowledge, an incentive to learn and to teach and thus contributes towards the setting and raising of our standards throughout Europe and beyond.

OVERVIEW

The examination is a multilingual, end-of-training, two-part examination covering the relevant basic sciences and clinical subjects appropriate for a specialist anaesthesiologist.

EDAIC Part I

Candidates may take the EDAIC Part I at any stage of their training. A pass in the EDAIC Part I has no expiry date.

The EDAIC Part I is held annually in mid-September simultaneously in a variety of languages and countries throughout the world. Please see the ESAIC website for details about languages and venues.

The Part I examination comprises two papers of 60 multiple choice questions (MCQ) each. If the examination is held on paper the duration of each paper is 120 minutes (90 minutes if the examination is taken online). Paper A covers all basic science related to Anaesthesia and Intensive Care and Paper B focuses on Clinical Anaesthesia and Intensive Care. There is a 90-minute break between the two papers.

EDAIC Part II

The EDAIC Part II examination can only be taken after having passed the EDAIC Part I (please see [Diploma Guide](#) under "Mutual recognition of other diploma examinations" for exemptions).

The EDAIC Part II can, at the earliest, be taken in the year the candidate finishes his/her specialist training (candidates from outside Europe must be full specialists). The EDAIC cannot be granted until the candidate provides the ESAIC with a recognised diploma of acquired specialist status from the country where he/she works.

The EDAIC Part II is held in different venues throughout Europe and South America every year between February and November. Please see the examination calendar on the ESAIC website for details about languages and venues.

The EDAIC Part II is held in a single day and consists of four different Structured Oral Examinations (SOEs). Each candidate will be examined by two examiners for 25 minutes in each SOE, thus encountering eight different examiners on completion of the examination.

In-Training Assessment

This is a formative option for candidates who think that they are not yet ready to sit the actual Part I examination, but still want to try out this exam type. These candidates can, in designated centres which are normally the same centres as Part I centres, sit a mock version of the actual Part I exam for a lower fee than the normal examination fee. After the assessment, they will get a detailed transcript of their results which they may use as a guide for further studies for the EDAIC Part I. Achieving the equivalent of the pass mark in the ITA does not earn a candidate a pass in the actual Part I exam.

On-Line Assessment

The On-Line Assessment (OLA) is a computer-based online test very similar to the In-Training Assessment (ITA) and the EDAIC Part I Examination. All OLA questions have been created to match precisely the domains set by the UEMS in their syllabus for the Anaesthetic and Intensive Care training, meaning that the OLA is the ideal tool to assess the anaesthetic and intensive care training as defined by the UEMS. The OLA is held in April on a yearly basis and is therefore a perfect test for all candidates wishing to assess their knowledge, whether to gauge their preparation for taking the EDAIC Part I examination the following autumn or simply to keep track of their progress after each year of training. The OLA is offered in 11 languages: English, French, German, Italian, Polish, Portuguese, Romanian, Russian, Spanish, Turkish and Chinese.

EXPECTED KNOWLEDGE

The examination aims to assess a candidate's knowledge of:

The basic sciences relevant to anaesthesiology and intensive care as follows:

- a) Anatomy: The anatomy of the head, neck, thorax, spine and spinal canal. The anatomy of peripheral nervous and vascular systems. Surface markings of relevant structures.
- b) Pharmacology: Basic principles of drug action. Principles of pharmacokinetics and pharmacodynamics, receptor drug interaction, physicochemical properties of drugs and their formulations, drug actions and drug toxicity. Pharmacology of drugs used, especially in anaesthesia and in internal medicine.
- c) Physiology and biochemistry (normal and pathological). Respiratory, cardiovascular and neurophysiology. Renal and hepatic physiology and endocrinology. Physiology of pregnancy, childhood, aging, coagulation and acid-base regulation. Physiological measurement: measurement of physiological variables such as blood pressure, cardiac output, lung function, renal function, hepatic function, blood-gas-analysis, coagulation etc.
- d) Physics and principles of measurement. SI system of units. Properties of liquids, gases and vapours. Physical laws governing gases and liquids as applied to anaesthetic equipment such as pressure gauges, pressure regulators, flowmeters, vaporisers and breathing systems. Relevant electricity, optics, spectrophotometry, and temperature measurement together with an understanding of the principles of commonly used anaesthetic and monitoring equipment. Electrical, fire and explosion hazards in the operating room.
- e) Statistics. Basic principles of data handling, probability theory, population distribution and the application of both parametric and non-parametric tests of significance.

Clinical Anaesthesiology (including obstetric anaesthesia & analgesia) as follows:

- a) Preoperative assessment of the patient, their presenting condition and any intercurrent disease. Interpretation of relevant medical images (e.g., X-rays, ECGs, ultrasound, PET scan, MRI...), lung function tests, cardiac catheterisation data and biochemical results. Use of scoring systems (e.g., ASA grading).
- b) Techniques of both general and regional anaesthesia, including agents, anaesthetic equipment, monitoring and monitoring equipment; and intravenous infusions. Complications of anaesthesia. Obstetric anaesthesia and analgesia including management of complications related to obstetric anaesthesia and analgesia. Neonatal resuscitation. Special requirements of anaesthesia for other surgical sub-groups such as paediatrics or the elderly; cardiothoracic or neurosurgery.
- c) Perioperative care of the patient including the management of acute emergencies in perioperative care and postoperative analgesia.
- d) The management of complications and incidents in perioperative care.

Resuscitation and emergency medicine as follows:

- a) Cardiopulmonary resuscitation. Techniques of Basic Life Support and Advanced Life Support.
- b) Emergency medicine. Prehospital care. Immediate care of patient with medical or surgical emergency including trauma.

Intensive care as follows:

- a) Diagnosis and principles of management of patients admitted to a general intensive care unit with both acute surgical and medical conditions. Use of assessment and prognostic scoring systems.
- b) Management of circulatory and respiratory insufficiency including artificial ventilation.
- c) Management of infection, sepsis and use of antimicrobial agents.
- d) Management of fluid and electrolyte balance. Administration of and indications for crystalloids and colloids including blood and blood products. Parenteral and enteral nutrition.
- e) Management of biochemical disturbances such as acid base imbalance, diabetic keto-acidosis, hyperosmolar syndrome and acute poisoning.
- f) Management of renal failure including dialysis and continuous veno-venous haemodiafiltration.
- g) Management of acute neurosurgical/neurological conditions.
- h) Management of patients with multiple injuries, burns and/or multi-organ failure.
- i) Principles of ethical decision-making.

Management of chronic pain as follows:

- a) The physiology of pain.
- b) The range of therapeutic measures available for the management of pain. The psychological management of pain patients. The concept of multidisciplinary care.
- c) The principles of pain and symptom control in terminal care.

Current literature:

Candidates will be expected to be conversant with major topics appearing in current medical literature related to anaesthesia, pain relief and intensive care. Whilst national and linguistic differences are recognised, some knowledge is expected on topics of international importance (e.g. new agents) even if they are not in current use in all countries. The recommended reading list for the EDAIC is available on [this webpage](#).

It must be stressed that the foregoing is NOT intended either as an examination syllabus or as a comprehensive list of topics covered by the examination. It is, however, a guide which it is hoped will prove useful to candidates preparing for the diploma examination. The EDAIC aims at covering the [Syllabus to the Postgraduate Training Programme of the European Board of Anaesthesiology](#).

EDAIC PART I

This exam consists of two different written papers, Paper A and Paper B.

The candidate has 120 minutes to complete each paper (90 minutes if the exam is online, only where available in specific designated centres). In Europe, Paper A is taken in the morning and Paper B in the afternoon – time will be adapted in other parts of the world.

Every paper has 60 questions consisting of a stem followed by five statements. The stem may be short (“Opiates are:”), or may be a few lines, for example when presenting a clinical problem. Each of the five statements that follow may be either true or false and the candidate has to decide for every single statement whether it is true or false.

The candidate scores one mark for each correct answer. There is no penalty for incorrect answers or those left blank.

It is advisable to always read the stem together with each statement. Please remember that each statement must be answered independently of all the other statements belonging to the same stem.

Paper A concentrates on the basic sciences and Paper B comprises questions on internal and emergency medicine, general anaesthesia, regional anaesthesia, special anaesthesia including pain, and intensive care medicine.

Answer Sheet

If taken on paper, the candidates have to fill in an optical mark recognition (OMR) sheet with all the answers. Please read the information on how to fill out this answer sheet carefully – you will find this information at the beginning of the question booklets as well as on the [ESAIC website](#). **It is the candidate’s responsibility to fill in the answer sheets according to those instructions.**

The candidate must use the **provided pencil only** to fill in the answer sheet.

It is advisable to **plan the time** for filling out the answer sheet during the exam. This will usually take about 30 minutes if a candidate does this after having first written all answers inside the booklet.

MCQ strategy

Every candidate should devise a strategy for coping with the EDAIC Part I MCQs.

One possible strategy could be to divide the questions into three groups of 20 MCQs and spend around 30 minutes on each group, while keeping around 30 minutes to transfer the answers from the booklet onto the answer sheet.

Another strategy could be to work your way through all the questions quite fast in the beginning, marking differently those answers you are sure of, those requiring a little thinking and those you will have to guess altogether. You can then fill in the answers you are sure of directly onto the answer sheet, and maybe also the answers you have guessed altogether, while using the rest of the time to work on the questions requiring more thinking.

Every person has his/her own way of doing this, but it will be wise to think this through before the examination.

Pass mark

The pass mark will vary slightly from year to year. There are two main reasons for this.

- The use of new and altered MCQ's each year can potentially result in slight variations in the standard of the papers. This may result in higher or lower marks being achieved as a result of the standard of the paper rather than variation in the quality of the candidates.
- The actual standard of those entering the examination may also vary between years. It would be wrong to fail one candidate simply as a result of comparison with others in a particularly strong year when he/she might have appeared comparatively better in a weaker group of candidates at another time.

Feedback

In order to provide some "feedback" information, both successful and unsuccessful candidates are provided with a Candidate Report. From this, candidates can see how well or badly they have performed in each paper of the examination and in various subject areas. This information can be of particular value to those who have failed the examination and wish to prepare themselves to re-sit. It should be noted that pass/fail marks are evaluated on the paper as a whole and both papers must be passed in order to pass the Part I examination.

EDAIC PART II

Structured Oral Examinations (SOEs)

This exam consists of four 25-minute oral examinations, called SOEs, held in a single day, two in the morning and two in the afternoon. The two SOEs in the morning will concentrate on basic sciences and the afternoon SOEs will cover clinical sciences.

SOE 1 (Applied Basic Science, Physiology and anatomy)

This will start with the physiology question the candidate was given 10 minutes before the start of the SOE. The questions may include all topics within physiology and pathophysiology. At least one question in this SOE will be about anatomy relevant to the anaesthetist.

SOE 2 (Applied Basic Science, Pharmacology and clinical measurement)

This will start with the pharmacology question the candidate was given 10 minutes before the start of the SOE and will include applied pharmacology relevant for anaesthetists. At least one of the questions in this SOE will be about clinical measurement.

SOE 3 (Clinical – Anaesthesia and management of critical incidents in anaesthesia)

This will start with questions on the anaesthesia scenario the candidate was given 10 minutes before the start of the SOE. Questions on the scenario will be followed by further questions on topics such as regional anaesthesia and anaesthetic subspecialties. At least one question will be asked about the management of a patient-related critical incident.

SOE 4 (Clinical – Critical care and emergency medicine)

This will start with questions on the critical care scenario the candidate was given 10 minutes before the start of the SOE. Questions on the scenario may be followed by questions on an internal medicine topic – possibly related to the scenario. There will also be questions on emergency medicine and questions of general interest to intensivists or anaesthesiologists. In this SOE the candidate will be asked about image interpretation related to anaesthesia and intensive care treatment.

Examiners and guided questions

Before each SOE, the candidates will be presented with a lead-in scenario or a question and will have ten minutes to prepare this before meeting the examiners and starting the SOE.

In each SOE the candidate will meet a pair of examiners. One examiner will start the questioning while the other will take notes. After 12.5 minutes, a bell will ring and the two examiners will exchange roles.

It is accepted that both examiners and candidates are sometimes not using their mother tongue and some allowance for linguistic difficulties is made.

Every SOE will have a set of five guided questions that the examiners have to cover within 25 minutes. All five questions have the same “value” in points. This means that it is not useful spending a lot of time on a question when you have already convinced your examiners of your mastery of the topic at hand.

Marking system

For each of the 20 topics of the day, each examiner can award one of three marks, which indicate respectively:

Pass ‘2’. The candidate’s performance will be deemed a ‘Pass’: fluent, able to apply knowledge, confident on core topics, thorough and able to demonstrate appropriate depth, able to correct own errors.

Borderline ‘1’. The candidate’s performance will be deemed ‘Borderline’: showing factual knowledge only (book learning with no explanation), showing poor or incomplete understanding, superficial – particularly with core topics, erratic/unstructured/disorganized, illogical but with no dangerous clinical decisions.

Fail ‘0’. The candidate’s performance will be deemed a ‘Fail’: not answering question asked despite prompting or silence, showing evidence of severe lack of topic understanding, offering multiple answers for examiner to pick, having a dangerous clinical approach.

All the marks of the eight examiners (two examiners for each of the four sessions) will be added up to make the final score of the candidate.

To be successful, the candidate needs to obtain:

1. a score of at least 25 out of 40 in the morning sessions (SOE 1 + SOE 2)
2. a score of at least 25 out of 40 in the afternoon sessions (SOE 3 + SOE 4)
3. an overall score of at least 60 out of 80.

All three conditions must be met to pass the EDAIC Part II examination.

At the end of each day, the examiners meet, and the marks are declared and summated. Until this time, no examiner knows how the candidate has fared in other parts of the examination. Following this meeting, the results are handed to the candidates and a recommendation is made to the Examinations Committee that, once all the regulations have been met, the successful candidates should receive their EDAIC.

Expected standards

The standard expected is that of a specialist anaesthesiologist who has completed his/her training. Examiners are looking both at the candidate’s approach to problems, based upon experience and understanding, and at factual knowledge. Although this judgement will inevitably have a subjective element, long experience has shown that examiners who come from different traditions of anaesthesia seldom if ever have any difficulty in agreeing that a candidate has or has not reached the required standard.

The EDAIC Part II basic science SOEs are designed to test whether the candidate understands the relevance of basic science knowledge applied to the practice of anaesthesia and critical care. Thus pharmacology, physiology, anatomy and relevant clinical measurement and instrumentation will always be tested.

Some reasons for candidates failing include:

- a) Lack of understanding, just reproducing facts without deeper insights
- b) Inability to apply knowledge and/or basic science to clinical situations
- c) Inability to organise and express thoughts clearly
- d) Unsound judgement in or lack of decision-making and problem-solving
- e) Lack of knowledge and/or factual recall.

How to study for the EDAIC Part II

Which books shall I read? How much detail is required? These are common questions. There is no simple answer particularly since the EDAIC is an international, multi-lingual examination, and the examiners and candidates come from different backgrounds. A basis for reading is a standard textbook(s) of anaesthesia favoured in your country. Familiarity with current topics from international and national journals is also expected. Access to journals may vary in different departments but the Internet provides a wealth of opportunities. In addition, a recommended reading list may be downloaded from the [ESAIC website](#).

The following points may be of assistance:

Physiology:

It is obvious that the physiology of the cardiovascular and respiratory systems will be examined in some detail. A good knowledge of neuro-, renal and hepatic physiology as applied to anaesthesia and intensive care will also be expected. Other areas of physiology relevant to anaesthesia will also be covered as appropriate.

Pharmacology:

The principles of pharmacokinetics and pharmacodynamics will be examined in some detail. An intimate knowledge of the pharmacology and toxicology of drugs used in anaesthesia is expected as well as many of the drugs in common use in intensive care. An informed anaesthetist who reads journals must have some understanding of research protocols and the relevance of statistical methods employed, in order to judge the value of articles.

Applied Anatomy:

It is expected that anaesthetists will know the essential anatomy of areas into which they may insert needles, cannulae and/or endotracheal and endobronchial tubes. Applied anatomy of the heart and lung is also examined.

Physics and Clinical Measurement:

Anaesthetists monitor and measure numerous clinical parameters and take action on the information displayed. It is expected therefore that they should understand the principle of action, limitations, accuracy, and sources of error in these monitors. Some of the basic physics of gases and vapours, and principles of electrical safety are essential knowledge for the informed anaesthetist. The principles of action, safety features and causes of failure in anaesthetic machines and ventilators is also essential knowledge.

Clinical Anaesthesia and Intensive Care

As candidates will either have completed their specialist training or be in the last year of their specialist training, they should have experience in all types of anaesthesia and intensive care practices. Candidates will be examined in the principles and practice of subspecialties of anaesthesia such as paediatric, neuro-, cardiac and obstetric anaesthesia but extensive experience in these disciplines is not expected.

Emergency Medicine

It is expected that a specialist anaesthetist masters all kinds of cardiopulmonary resuscitation including the algorithms of basic and advanced life support in patients of all age groups.

Within Emergency Medicine, the candidate is expected to answer questions on prehospital care, immediate care of patients with medical or surgical emergencies, including trauma, as well as in-hospital and interhospital transport medicine.

One common cause for failure in the exam is a haphazard approach to dealing with critical situations that are posed and not following Advanced Life Support protocols. The ABCDE approach should be the foundation of critically-ill patient assessment and 4Hs and 4Ts once CPR is initiated. Where applicable ERC Guidelines should be followed.

Pain Medicine

The candidate may be asked about all aspects in pain medicine, like the physiology of pain, differences between acute and chronic pain, pharmacological treatment of pain, the range of other therapeutic measures available for the management of pain, the psychological management of pain patients, the concept of multidisciplinary care and the principles of pain and symptom control in terminal care.

Examination Technique

Sound knowledge and comprehensive training are the main pre-requisites for success in the EDAIC Part II, but many candidates do not do themselves justice by having a poor exam technique. You should demonstrate a logical structure in the presentation and management of any theoretical problem. The examiners do not have direct experience of how you would deal with an anaesthetic problem. They therefore must make a judgement based upon your performance in the oral examination. The examiner cannot assume you would have carried out a procedure or checked a clinical or electronic monitor. You must mention it.

Clinical scenario

An example of the clinical scenario given 10 minutes in advance to a candidate would be as follows:

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

The initial discussion on this sort of opening scenario will reveal much about the candidate's approach to the problem and his/her awareness of the potential dangers. Remember that the anaesthetic management starts in the ward!

Definition of problems:

Clearly, the primary problem is the presenting aneurysm and its repair. What will it involve? Secondly the patient is obese, has as yet unquantified cardiovascular problems and diabetes.

This would lead to a full medical history with emphasis on the above with appropriate examination and investigation of potential complications. The anaesthetic management would involve choice of technique, appropriate monitoring, management of complications and postoperative pain relief.

A candidate who presents a logical well-structured answer, explaining the reasons behind the proposed course of action, is more likely to find that the examiner says very little and does not have to interrupt continually. **It cannot be emphasised enough that practice in presentation is essential, and candidates should practice this skill with their trainers or fellow trainees. This is even more important in candidates not using their mother tongue.** This topic alone, could take up most of the allotted time and so examiners may suddenly curtail discussion on a given subject and move on to something else. This is a necessary part of the examination process and does not indicate displeasure with the answers given.

Candidates should appreciate that the intention of the examiners is to enter a dialogue with them regarding whatever topic is under discussion. The intention is not simply to find the candidate's areas of ignorance although, inevitably, these may become apparent – if they exist. Bearing this in mind, the candidate should try to discuss the topic knowledgeably and should not be afraid to say when the topic is completely outside his/her experience. The EDAIC being an international exam and not a collection of national exams means inevitably that a wide range of views will be held both by the candidates and examiners.

It is assumed that candidates have been trained in standard mainstream anaesthetic techniques. They would be wise therefore to base their answers on methods with which they are familiar, and which would be normal in their institution, rather than straying into unfamiliar territory in the mistaken belief that this might be the answer the examiners require.

Examiners will sometimes query an answer to see whether the candidate is confident in his/her answer or can be swayed from his/her proposed course of action. There will often be no right or wrong answer to a question and examiners will accept an answer or opinion that is based on sound evidence and that justifies the proposed course of action.

Images

Candidates are expected to have a **systematic and logical** approach to reading images and should be able to describe their system to the examiner. All kinds of medical images can be expected.

A typical system for the description of a chest X-ray would be:

- Marking/projection
- Quality/penetration/rotation/inspiration
- Areas: extrathoracic tissues/bones/lungs/heart/mediastinum/diaphragm/abdomen
- Artifacts: presence of any equipment placed by surgeons or anaesthetists
- Suggestion of diagnosis
- Eventually, the clinical impact of the diagnosis can be discussed, too.

Diagrams & Graphs

Diagrams and graphs can be presented by the examiners, by the candidate or be included in a lead-in scenario. Pencils and paper are provided at all times during the face-to-face Part II SOEs, and candidates should prepare some black and not too thin-lining pens for the online version of the exam. Candidates can use them to their advantage in making graphs and explaining points. A typical scenario given in advance in the applied basic science exam might be: *Discuss the factors that influence carriage of oxygen in the blood.* A diagram of the various oxy-haemoglobin dissociation curves with some relevant values would create a good impression at the commencement of the exam and help the candidate settle into a structured answer. In pharmacology, the value of diagrams and graphs in explaining the principles of pharmacodynamics or pharmacokinetics is obvious.

The examination day

It is important that you show up on time on the examination day. If you arrive after the start of the exam, we cannot guarantee that you will be admitted. Plan for unexpected travel complications (traffic jams, strikes). Please check local time, it may be different from the time where you come from. For the online version of the exam, make sure to use the most stable Internet connection you can have, to attend the mock-test session (training), to follow the advice of the staff on this occasion and to connect at the required time on examination day. Please consider, that the exam is performed mostly in the weekend, where neighbours and family members might also use the bandwidth of your local internet. Sometimes, your hospital might provide a better internet connection than your home!

Please bring your admission letter and a valid ID (preferably a passport). If the staff cannot establish your identity, you will not be admitted to the exam.

A provisional timetable, from which you can see the times at which each of your SOE will take place, is sent approximately 3 weeks before the examination. An updated version will be available in the candidate waiting area. Your timetable may also be updated during the examination day.

You may leave the waiting area in the intervals between the SOE but you **must** be back **at least 15 minutes** (and **30 minutes** in case of an online exam) before the time of your next SOE. If you are not present when your group is presented with the scenario, you may not be allowed into the preparation room and may have to start the SOE with no preparation. It is your own responsibility to be there on time.

The following principles apply to the in-person onsite examination and also mostly to the online examination, but please make sure to follow the specific regulations for the online exam sent by the ESAIC Office.

Approximately 15 minutes before each SOE, each batch of candidates is called forward and given, by the Examinations Coordinator, a piece of paper briefly describing – in the language of their choice – a clinical situation (“the lead-in topic”). They are shown into a study room adjacent to the examination room. Your examination number and the table letter at which the SOE will be conducted (e.g., '12 B') are written at the top right-hand corner of the paper. You are asked to consider the topic raised, which will be the first discussed when the SOE starts. You should write your notes on this piece of paper, but you will only be judged from the oral answer given to examiners.

When you enter the study room, your hands and your pockets should be empty. No means of electronic communication are allowed in the study room or in the examination hall, even if they are turned off. This also applies to smartwatches. You are also not allowed to use your own pen or paper in the study room. If you are found with any device or pen that is not allowed, this will lead to immediate withdrawal of the exam, even if device is turned off.

During the examination day, you will be addressed by your candidate number to preserve anonymity.

Before the start of the examination, candidates will be informed about catering arrangements made for them. Coffee, tea, soft drinks and a light lunch will be provided free of charge.

The examination will end at the time shown on the timetable. It will be followed almost immediately by the Call-Over (deliberation), the meeting which all the examiners attend to review the marks and to confirm those who have reached the required standard and those who have not.

Within half an hour of the start of the Call-Over, the result – in an individually addressed envelope – will be handed personally to each candidate by the examination Chairperson.

The EDAIC is a pass/fail examination; there is no further classification of results on the day of the examination. If you are not successful, you should note that examiners cannot enter into any discussion as to the reason for this result.

A performance report showing the overall score as well as the score of the morning sessions (SOE 1 + SOE 2) and the score of the afternoon sessions (SOE 3 + SOE 4) will be sent to you later by the Examinations Coordinator, to whom any representations about the conduct of the examination should be addressed.

FREQUENTLY ASKED QUESTIONS

- What happens if I do not pass?

At present, possession of the EDAIC is not a necessary qualification for career progress in many countries. Nevertheless, you have had the courage to submit yourself to a comprehensive examination and you may not have quite reached the required standard yet. It must be understood that acquiring the EDAIC is only one step in a lifetime of learning and lack of success in the exam should serve as an encouragement to further study and/or train. While this may not be fully appreciated by unsuccessful candidates at the time, when they subsequently pass the exam, they will readily admit to the benefits of further study.

Unsuccessful Part II candidates do not need to repeat their EDAIC Part I examination – the “pass” result of the Part I examination remains valid. Unsuccessful Part II candidates can take the EDAIC Part II examination as many times as required to pass, without any time limit between each attempt.

- Where can I get training for the examination?

The ESAIC offers an array of assets to prepare for the EDAIC including sample EDAIC Part I and Part II questions, and they are all listed on [this webpage](#). Other preparatory courses for basic science and clinical examinations, which are based on MCQs or SOEs, will probably be perfectly appropriate too. Comprehensive practical experience of anaesthesia supported by wide background reading is the best preparation for the exam. More specifically, we recommend that you practice the presentation and discussion of cases with your tutors, colleagues and mentors as much as possible.