

# European Diploma in Intensive Care Medicine (EDIC)

## Part 2 Oral/Clinical Exam–Examiners’ Organisational guidelines

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## Introduction and standard

Success at the EDIC part 1 exam is an indicator of specialist knowledge of ICM and, together with competent completion of a training period in ICM, allows eligibility to take the Part 2 EDIC exam (see exam guidelines for eligibility criteria).

The standard expected of a Part 2 candidate is that of a senior trainee who is completing specialist training and who is capable of safe, independent practice in the multidisciplinary, interactive environment of Intensive Care.

## Preparing to hold the Exam

- The ESICM council representative for the country has responsibility for organising and ensuring the proper conduct of the exam. The arrangements for the exam should be made in conjunction with the Council member whether or not (s)he is already the exam coordinator.
- The office will notify the Council representative-of the number of candidates who have passed the Part 1 examination and who have applied and are eligible to sit the exam in your country / centre. A date and venue is chosen and the ESICM office is informed promptly, please. The EDIC subcommittee of the ESICM advises that it favours the holding of the exam in a centralised, coordinated fashion using these Guidelines to create a structured exam format which is valid, fair and consistent. The achievement of this objective will entail that the exam be held only once or twice per year e.g. in March–May and/or Oct–Nov annually.
- The exam will be based in the ICU of a large general or university hospital. There should be a rationalised number of examining centres in each country / jurisdiction and a system of organised rotation between major centres may be appropriate.
- Make arrangements to engage a suitable number of examiners. These should be drawn from the ESICM panel of examiners available from the ESICM office. Attention should be given to achieving a group of examiners which is broadly based and representative in your jurisdiction.
- Examiners work in pairs and at least one of the pair should have previous examining experience and at least one should be an ESICM member. The minimum number of examiners is two and a ratio of one (or more) examiner per candidate is reasonable.
- Consider incorporating a limited number of Observer Examiners with a view to building up the pool of examiners available in your country / jurisdiction.
- The ESICM recommends that you incorporate an Extern examiner, likely from another European country, for exams at a new location or from time to time. If initiating a new country centre, please give six months notice to allow arrangement for a suitable extern to be made and to allow local arrangements to be completed.
- If utilising an extern, please make the required invitation and arrangements in good time. The extern will normally be an experienced intensivist and examiner of international standing. If assistance in procuring a suitable extern is required, please make contact with the Chairman of the EDIC subcommittee who will assist in identifying a suitable person.
- Contact should be made with the office beforehand to appraise it of any expenses which might be anticipated and to determine the level of support which will be possible. A limited budget is available to defray an extern, or visiting examiner's, necessary travel and accommodation costs and other approved local expenses.

- The exam co-ordinator is requested to collate ORIGINAL receipts related to incurred expenses and attach them to appropriate reimbursement form (appendix 6). All documents have to be sent with completed exam report (appendix 2) to the Brussels office. International bank transfer will be ordered upon receipt of completed document (appendix 6) with the bank details included. IBAN and BIC details are mandatory.
- Where possible, involve a senior member of the ICU medical trainee staff in the administration and coordination of the practical aspects of the exam. This provides local knowledge, useful administrative experience for the trainee and increases the profile of the EDIC exam.
- It is recommended that there is a separate Clinical and Oral exam and it is important to identify a quiet place to allow the conduct of the Oral exam. A room will also be required for the examiners' meeting – see appendix 1. This includes outlines of example schedules for the day of the exam.
- Obtain the assent of relatives or the consent of patients where this is practicable, for inclusion in the examination process.
- Speak to the (senior) nursing staff and other ICU staff well in advance to clarify the requirements of the exam and to plan the conduct of the exam with the least disturbance to care delivery on the day. It may, for example after discussion, be easier to organise the oral exam session if the morning and do the clinics in the ICU in the afternoon.
- Inform clinicians who may be visiting patients in the ICU of possible variation in usual practice due to the exam. Inform administration or other relevant staff in case practical issues such as signage for the benefit of candidates (or examiners) is required.
- Adjunctive examination material such as ECGs, Images and Biochemical scenarios should be identified and their schedule or mechanism of utilisation planned.
- Consider the preparation of a brief guide to candidates outlining the practical approach to the exam format which will pertain on the day – see appendix 4 for an example guide.

## Setting up the Clinical exam

- On the night before, and again the next morning, evaluate and confirm which patients are appropriate. Ensure their status is sufficiently stable and that the bed-side nurse is aware and has planned for the exam
- Ensure that clinical signs on which the candidate will be evaluated e.g. jaundice, bronchial breathing, wheeze, changing heart murmur, hyperdynamic praecordium, splenomegaly, pressure ulceration, petechial haemorrhages, purulent drainage etc are still present.
- Identify which patients are suitable for 'long case' and 'short case' purposes and allocate a pattern and timing structure for the day. With careful scheduling, it is possible to overlap candidates e.g. the 'short case' of one candidate can be conducted while the next candidate is undertaking the clinical examination of the 'long case' – see appendix 1a and 1b for example day planners.

## Conduct of the Clinical Exam

All examining is conducted with respect for the patient and the ICU environment and is subject to supervision. Please comply with the EDIC exam guideline: 'the candidate is observed by the examiners in the clinical environment examining more than one patient'. The candidate does not undertake practical interventional procedures.

The clinical exam should take between 60-90 minutes. It is recommended that the candidate sees one **major case** (approximately half an hour of examining) and two to three **minor cases** (10 to 15 minutes of examining each, depending on whether two or three cases are chosen).

## **Recommended format**

### **Major case:**

This should preferably be a patient with a range of clinical problems, for example pneumonia, severe asthma, multiple trauma, post-surgical complications, sepsis, severe pancreatitis, multiple organ dysfunction or failure, acute lung injury, ventilator dependence and weaning difficulties etc.

For the long case, the candidate will be expected to make a comprehensive but practical evaluation which will include access to relevant patient records and nursing inputs, perusal of patient equipment and bedside surrounds and the examination of the patient. Some centres choose to supervise the clinical examination of the 'long case' directly and allow limited interaction – but not interference – with the candidate.

The candidate should present the case succinctly but demonstrate a comprehensive knowledge of the important, pertaining medical issues. Questioning is primarily aimed at determining the quality of the clinical information elicited and the capacity of the candidate to integrate the information diagnostically thus allowing him / her to formulate and articulate a sound and effective management plan.

### **Minor cases:**

Two or three cases may be appropriate. These may be ICU or non-ICU cases. They might for example focus on a clinical sign e.g. new cardiac bruit / other signs of endocarditis, equipment such as chest drains or an intra-aortic balloon pump, or a specific clinical examination e.g. brain stem testing.

The minor cases are usually directly supervised by the examiners and involve ongoing interaction with the exam candidate. The assessment is primarily based on the quality of the recognition and elicitation of clinical signs, the capacity to interpret and identification of appropriate clinical entities.

## **Candidate assessment and recording – Clinical exam**

The (pair of) examiners should jointly agree and record their mark (excellent, pass, bare fail or fail) for the clinical exam before proceeding to another candidate – or to the Oral exam of the same candidate. The marking sheet, which is to be completed for each candidate, is included as appendix 3.

To maintain the discriminatory capability of the exam, especially in marginal situations, examining pairs are advised, at each section of the exam, to utilise the BF (bare fail) mark where it applies and the Pass (P) mark when a candidate has passed comfortably.

The following extract from the exam guidelines 2006 expands on the approach to candidate assessment.

'The assessment, particularly in the major case should take account of:

- how well a candidate is able to elicit clinical information which is accurate, relevant and comprehensive – within the constraints of the critical care circumstances. This is primarily physical-examination based, but includes information to be gained from around the bedside, for example from the nurse, the case records, the ICU charts or information system, drainage and other tubes, sputum collection containers, machines and monitors.

- the approach of the candidate to the patient in terms of professionalism, politeness, minimisation of patient discomfort, patient dignity and ethical probity and compassion.
- the capacity of the candidate to complete a structured clinical examination with due consideration for the staff and environment (e.g. showing compliance with isolation and hand-washing procedures where applicable)
- how well a candidate can integrate information, present it coherently, construct relevant differential diagnoses, make management evaluations and then suggest and discuss therapeutic options at a level of expertise appropriate for a specialist in Intensive / Critical Care Medicine.'

In addition to agreeing the candidate's mark at the end of each component (Clinical and Oral) of the exam, the examiners are requested to keep a careful record of your questions and of the candidates performance (in both the clinical and the oral exams) to inform discussion at the 'court of examiners' post-examining meeting. Good records are also important for audit purposes and for explanation to the candidate in the event of an enquiry or complaint. It is especially important to provide careful explanatory notation in instances where candidates have failed the exam.

## **Oral exam – recommended format**

This is normally a distinct examining session separate from the Clinical Examination which usually takes 30-40 minutes and may be divided into two separate sections. Consideration should be given to incorporating a level of standardisation to encourage consistency and fairness in the exam.

## **Conduct of the Oral exam**

- Questioning may be broad-based and take a variety of formats and may, for example evaluate:
- Knowledge of practical scenarios e.g. ECGs, Radiology images, Biochemical scenarios and patient equipment. It is often advisable to minimise the (unnecessary) utilisation of the direct clinical environment for evaluation of ECGs, Images etc.
- Familiarity with the immediate assessment and therapy of common medical emergencies.
- Knowledge of and attitudes to ethical dilemmas
- Knowledge of, and attitudes to, recent literature and evidence based practice

If there is to be two parts to the Oral section of the exam e.g. one for ECGs, Images etc, a mechanism should be identified to preclude the possibility of examining the same area of enquiry in the two parts of the Oral exam.

## **Candidate Assessment and recording – Oral exam**

- The (pair of) examiners should jointly agree and record their mark (excellent, pass, bare fail or fail) for the Oral exam before starting to examine another candidate.
- To maintain the discriminatory capability of the exam, especially in marginal situations, examining pairs are advised, at each section of the exam, to utilise the BF (bare fail) mark where it applies and the Pass (P) mark when a candidate has passed comfortably.
- 
- Examiners should allow adequate time e.g. 2–3 minutes with the co-examiner to reach a decision. All decisions to fail a candidate must be unanimous and the reasons should be clearly and carefully documented.

28/03/2011

- Stages where the 'bare fail' mark has been given should be carefully noted with reason(s) as the result of discussion of 'bare fail' areas is likely to determine the examination outcome of borderline candidates
- As outlined for the Clinical section of the exam, please keep a careful record of your questions and of the candidate's performance. This will be important information for the discussion at the post-exam 'court of examiners' meeting. It is also useful for audit purposes and for explanation to the candidate in the event of an enquiry or complaint.

## Ongoing organisation of the day's schedule & alternative formats

- The enlisting of secretarial or other help is very useful in organising the logistics of the day including time-keeping, invigilating, cohorting of candidates etc. Coffee for examiners for early morning meeting, mid-morning and mid-afternoon breaks are important; a short lunch is sometimes also required.
- It takes approximately 2 hours to process each candidate. A cycle of turn-over is established using the example pattern outlined in appendix 1a or 1b or other pattern more suited to local circumstances.

A senior trainee colleague or other suitable person may take a key organising role. The collection and collation of candidate's marks at intervals during the day usually greatly facilitates the 'court of examiners' meeting at the end of the day.

- The usual format is to do the clinical component first – usually in the morning. The Oral may then be conducted after lunch in a place removed from the direct clinical environment.
- An alternative, which some centres find more suitable, is to conduct the Oral exam as an extension of the Major case examination. If doing this, it is likely to be important to vacate the direct clinical area at the time of the Oral to minimise disturbance to the clinical area and to allow a quiet, undisturbed environment for the Oral exam.
- If an Extern examiner is being deployed, it is desirable to rotate him / her throughout the various components of the exam process during the course of the day – see appendix 1a for example pattern.
- When a candidate's exam is completed, ensure that he/she is thanked for participating. Please explain that the official result of the exam will be available from the ESICM Brussels office within a short period.

## Post-examining 'court of examiners' meeting

This includes:

- Notation of each candidate's result from all sections of the exam. (The mark for each candidate should have been pre-agreed by each pair of examiners when the candidate finished each section of the exam)
- Final arbitration on outcome of all candidates. A 'fail' in either (Clinical or Oral) section of the exam determines a 'fail' in the exam as a whole. A 'bare fail' in one component may, at the discretion of the examiners, be compensated by an 'excellent' or possibly a 'pass' in the other section
- Discussion of any candidate failures

- Careful, agreed documentation of the reasons for such failures
- Noting any other features of the exam process worthy of reporting to the EDIC subcommittee of the ESICM. Corresponding recommendations for exam improvement if agreed by the examiners are welcome.
- Providing an opportunity to hear the Extern's comments. If there has been an extern for the exam, the transmission of a brief Extern's report to the ESICM is requested
- Meet with the successful candidates with tea/coffee or refreshments if appropriate.

## **Results, audit and reporting**

- On completion of the examiners' meeting, send the candidates' results sheets (appendix 3) to the education secretary, ESICM in Brussels.
- Complete the standardised Exam report (see appendix 2) and send to Brussels also.
- Please send these (Candidate Results and Exam Report) immediately after the exam. No reimbursement of any expenses will be payable until the signed Results and exam Report have been received in Brussels.
- The exam co-ordinator is requested to collate ORIGINAL receipts related to incurred expenses and attach them to appropriate reimbursement form (appendix 6). All documents have to be sent with completed exam report (appendix 2) to the Brussels office. International bank transfer will be ordered upon receipt of completed document (appendix 6) with the bank details included. IBAN and BIC details are mandatory.
- The ESICM Council member/Exam coordinator is advised to use this opportunity (via the Exam Report) to appraise the EDIC subcommittee of any updates of the Examiner Panel for his/her jurisdiction / country.

## **On-site / local information to candidates incl. counselling**

- Successful and unsuccessful candidates will be informed of the formal result by the Brussels ESICM office.
- Feedback is available from the Brussels office (simply using the record of the marks allocated to the candidate).
- Some centres opt to inform candidates of the outcome after the 'court of examiners' meeting and allow feedback at this time.
- It is strongly advised that candidates who have failed more than once should be counselled by the exam co-ordinator or an agreed designated examiner. Counselling should include specific information on where the candidate performed poorly and might include advice if appropriate on how an improvement might reasonably be expected to be achieved.
- Please note (see EDIC guidelines) that two initial attempts are allowed at the Part 2 exam. If a candidate has failed on each occasion, (s)he will be required to allow one years break for further preparation before taking the exam again – when two final attempts are allowed.



**Schedule for Exam day – example (b)**

Day and date:

Venue:

Candidate	Long case (40 mins) Oral exam (20 mins)	Oral (20 mins) Short cases (40 mins)
<i>Examiners' pre-exam meeting: 09:00-09:30</i> <i>Includes case review &amp; confirmation of signs by examiners</i>		
1. Dr A	09:30-10:30	10:30-11:30
2. Dr B	09:30-10:30	10:30-11:30
<i>Break</i>	<i>11:30-11:40</i>	
3. Dr C	11:00-12:00	12:00-13:00
4. Dr D	11:00-12:00	12:00-13:00
<i>Lunch</i>	<i>13:00-13:30</i>	
5. Dr E	13:30-14:30	14:30-15:30
6. Dr F	13:30-14:30	14:30-15:30
<i>The above format presumes the incorporation of the Clinical and the Oral component into each of the two hours in which candidates are being examined. Other centres make a physical separation between the Clinical and the Oral section – see text for recommended format.</i>		
<b>Court of Examiners' meeting</b>		<b>15:30 -16:30</b>
<i>Includes:</i>		
<ul style="list-style-type: none"> <li><i>Noting of each candidates outcome from all stages of the exam. (This should have been pre-agreed by each pair of examiners at the end of each stage. Stages where the 'bare fail' mark has been given should be carefully noted as the outcome of discussion of 'bare fail' areas may determine the outcome in borderline candidates.)</i></li> <li><i>Final arbitration on outcome of all candidates,</i></li> <li><i>Discussion of any candidate failures and documentation of the reasons for such failures</i></li> <li><i>Provide opportunity for Extern's comments. If an extern has been used for the exam, the transmission of a brief Extern's report to the ESICM is requested</i></li> <li><i>Noting any other features of the exam process worthy of reporting to the (EDIC subcommittee of the) ESICM.</i></li> <li><i>Preparation for transmission of Exam report to ESICM – You are invited to use accompanying proforma report format – see appendix 2</i></li> </ul>		

**EDIC Part 2 Examination Report \***

**ADMINISTRATIVE DETAILS**

Date		
Hospital		
City/Country		
ESICM Council Member		E-mail
Exam Coordinator (if not the Council Member)		E-mail
Number of Examiners		
Examiners names		E-mail
Observers		E-mail
Extern (if applicable)		E-mail
New examiner		E-mail

**CONDUCT OF EXAM**

Number of candidates	
Overall number of long cases	
Overall number of short cases	
Separate oral and clinical exam(Y/N)?	
Each candidate's duration of clinical exam	
Each candidate's duration of oral exam	
Duration of total exam (per candidate)	
Examiners' post exam meeting (Y/N)?	
Duration of meeting	
Overall exam-day duration	
Comments from Examiners' meeting: (e.g. adequacy of marking system)	

**OUTCOME FROM EXAM (candidate details)**

Number	Candidate's name	Candidates city	Marks (Pass/Fail)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**I hereby certify to have examined all the candidates listed below following the ESICM rules.**

**Name:**

**Signature:**

**Other comments** (incl candidates' comments if relevant)

**Extern's comments** (Please submit separately)

*\*Please return to the ESICM office immediately after the exam accompanied by the completed marking sheet for each candidate. If a claim for defrayment of any examiner's expenses is anticipated, please include claim (appendix 6) with this report.*

**EDIC PART 2 / Oral-clinical examination - Mark sheet**

**Name of the candidate** .....

**Venue**.....

**Date**.....

The STANDARD expected is that of a senior trainee at, or nearing completion of Specialist training in Intensive Care Medicine. (S)he should be capable of safe, independent practice in the multi-disciplinary environment of Intensive care.

**Clinical Examination**

**MARK**

**Please quote:**

**0 (Severe failure); 1 (Failure); 2 (Bare Failure); 3 (Pass); 4 (Good pass)**

**5 (Excellent)**

**-ELICITING OF CLINICAL INFORMATION:**

Patient environment – Case records, bedside nurse, monitors, drains, patient equipment / machines.

Physical examination – Targeted, relevant, comprehensive and accurate

.....

**-APPROACH TO THE PATIENT**

Professionalism, concern for patient dignity and comfort.

.....

**-CLINICAL CAPACITY IN INTENSIVE CARE ENVIRONMENT**

Complete structured examination with respect for patient, other professionals, Equipment, procedures and protocols e.g. isolation and hand-washing

.....

**-PRESENTATION OF CLINICAL FINDINGS**

Integration of elicited information, formulation of differential diagnosis, Evaluation of management & discussion appropriate consultation and therapeutic options

.....

**-OTHER (please specify)**

.....

.....

.....

.....

**Overall Clinical Mark**

.....



## EDIC Part 2 – Example exam day guide for candidates

**Venue:**

**Date:**

Dear Dr,

Thank you for coming for the European Diploma of Intensive Care Part 2 examination. You have demonstrated sufficient knowledge to pass the MCQ examination, and the Clinical / Oral examination now evaluates clinical skills and attitudes. The standard expected is that of a doctor who is completing training in ICM, and is capable of safe independent practice in a supportive environment. You will be expected to have knowledge of current literature, including recent advances and controversies, and to be able to discuss these in the context of day to day medical management and care of patients.

### The long case

The long case usually takes 30 – 40 minutes and you will be warned when there are 10 minutes left. It will involve presenting the history, examination, investigations and treatment plan for a patient in the intensive care unit. The sources of information available to you include the patient, the case notes, and the nurse at the bedside, radiological examinations which include 'hard copy' and digitised images in the office, and other laboratory tests including haematology, clinical chemistry and microbiology. You are expected to examine the patient, and to demonstrate sensitivity in so doing. Please ensure that you remove your jacket and roll up your sleeves, wash your hands and don a plastic apron before examining the patient, and wash your hands again afterwards. You are welcome to ask questions and seek clarification on any matters that are unclear.

### The short cases

The short cases will take approx 30 - 40 minutes involving evaluation of two or three short cases. It will be conducted under the supervision of the examiners and at their direction. They may include examining a patient, commenting on X-rays or laboratory results, or demonstrating the safe use of medical equipment.

### The Oral exam

This will consist of a 20- 30 minute oral examination on a variety of topics covering clinical practice, laboratory investigations and therapy, followed or commenting on clinical investigations and equipment in the ICU. The oral exam will (*or will not depending on local organisational choice*) be incorporated into the clinical sessions. *If the oral exam is to be a sequel to the Clinical exam, the candidate may be advised that he/she may make notes and bring them to the oral examination.*

Yours Sincerely,

\_\_\_\_\_  
Exam coordinator

- *You will be informed officially of the outcome of the examination by the ESICM office within 2 weeks or so. You are welcome to contact the Exam coordinator for feedback after the examination if you wish.*
- *Office address and contact details:*  
Tania Kapu  
EDIC  
ESICM  
19 Rue Belliard  
B-1040 Brussels  
BELGIUM

***Recommended Criteria for acceptance as an Examiner for the EDIC Part 2 examination***

***The applicant should***

- Be an established, senior Specialist (consultant) in Intensive Care Medicine with broad acceptability among national peers.
- Have been a formal Observer at an EDIC Part 2 exam and subsequently recommended by the Examination Coordinator of the day.
- Be recommended by the ESICM council member for the country.
- Be a member of ESICM.

***The applicant might also***

- Be a successful holder of the EDIC diploma or of other comparable postgraduate specialist examination in ICM.
- Be an experienced examiner in Intensive Care or other Post-graduate medical disciplines at Tertiary educational level.
- Have an established track record in post-graduate training or research in Intensive Care Medicine.
- Be a doctor in an academic position with an involvement and special interest in ICM or related specialty areas.

***Term of office:***

- 5 years.
- Option to renew by application to the Country coordinator / ESICM council member and the EDIC subcommittee.
- If an examiner wishes to re-apply having served a full 2 terms (10 years), it will be necessary to allow at least one year break from examining before re-applying.

## EDIC Part 2: Reimbursement of expenses claim form

The exam co-ordinator is requested to collate ORIGINAL receipts related to incurred expenses and attach them to the appropriate reimbursement form (appendix 6). All documents have to be sent with completed exam report (appendix 2) to the Brussels office. International bank transfer will be ordered upon receipt of completed document (appendix 6) with the bank details included. IBAN and BIC details are mandatory.

Reasons for travelling		
Name of the examiner		
	Currency	Amount
Transport (flight or train)		
Private transportation : Mileage .....Km		
Taxi, Parking		
Others (please justify)		
Total amount to be transferred		

Attendee (named above)

Please tick the beneficiary of the payment

Institute, University or Hospital

Beneficiary's Details Complete name and address	Name
	Address
	City, Zip, Country
Bank Details Complete name and address	Name
	Address
	City, Zip, Country
IBAN code for EU countries	
Account number and Swift code or Routing number for non EU countries	

Date ...../...../20...

Signature

Send this document, together with completed Appendices 2 and 3, by regular mail to the Education Secretary, ESICM, Rue Belliard 19, 1040 Brussels, Belgium who will forward the claim to the ESICM Accounting Department.

## **Travel and Accommodation Expenses Reimbursement Rules**

### **Introduction**

The ESICM Executive Committee has made the decision to reduce the impact of the travel and accommodation costs on the finance of the Society.

The following rules have already been applied to the organisation of the Summer Conference and the Annual Congress. They are now valid for all travellers who travel for or on behalf of ESICM, to the Brussels Office or to any other place, including the ESICM Officers.

### **Reimbursement rules**

*Are eligible for reimbursement by ESICM*

1. flight costs
2. train costs
3. car costs (at 0.2903€/km current official Belgian rate)
4. taxi costs exclusively from home-airport-home and from airport-hotel-airport in an acceptable amount. Long drive costs must be part of the travel costs. Taxi costs home-airport-home can be replaced by private car parking costs at airport at reasonable tariffs.
5. accommodation at an acceptable, reasonable rate, bed and breakfast only (all other costs, bar, minibar, lunches or dinners, Internet connexion, etc. are not eligible for reimbursement)

### *Maximum reimbursable amounts*

The following flight rates are maxima. Reimbursement will be made on the basis of the real costs paid.

1. Europe 500€
2. USA 1000 USD - Canada 1100 CAD
3. Israel 700€ = 900 USD
4. Australia 1400€ - 1800 USD (2400 AUD)
5. Brazil 1200€ - 1500 USD

### **Methods**

Reimbursement will be required using the Reimbursement Form provided by ESICM Accounting Department. This document must be filled in completely including the requested bank data. The form must send to the Brussels Office Accounting Department by regular post and the ORIGINAL proofs and receipts must be attached. All claimed amounts must be justified by an original receipt. Reimbursement will be made by bank wire transfer as soon as possible. All non eligible amounts will be deducted.

The ESICM Treasurer, Herwig Gerlach, will make final decision if any dispute arises.

The ESICM is happy to wholeheartedly thank all travellers who devote time and energy to represent the Society when and where needed.

March 2011