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Introduction: The docimology or "science of examinations" is a scientific discipline devoted to the study of the examination in all its dimensions. The main objective is the development of standards guaranteeing valid, reliable and objective tests. It was adopted within a Medical School in 2007.

Our aim was to analyze results of docimological survey results of written acute medicine examinations through a global approach, by discipline and by item.

Method: This was a retrospective study analyzing the notes of acute medicine examinations (January and May sessions) of Second Cycle Medical Studies 3). We have calculated docimological parameters allowing three levels of assessment: global, by discipline, and items analysis.

Results: We analyzed 407 scripts, 99 questions and 6,919 pieces of data. The overall success rate was 97.6%. Highest success rates were found in Medical resuscitation (87%). The lowest rate was found in emergency medicine (53%). The difficulty index for the January session was 0.53 and 0.61 for the May session. For the January session: 24% of questions were easy, 14% of questions were difficult and 61% were of acceptable difficulty. For the May session: 40% of questions were easy, 6% of questions were difficult and 54% were of acceptable difficulty. The discrimination index was 0.27 for the January session and 0.24 for the May session. Discrimination was very good in 18% of items and good in 25%. Useless and bad discrimination items were about 35% for both sessions. Average Cronbach's Alpha was 0.84, showing good internal-consistency.

Conclusion: Overall, acute medical examinations have joined docimological recommendations and had an acceptable internal consistency and a good level of difficulty and discrimination. However, some weaknesses had been revealed specially for the discipline with low weighting. A reflection on the integration of questions would make up for these weaknesses. This would ensure better assessment and training.

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A Delphi Consensus Study to Define Non-Consultant Hospital Doctor Competencies Essential for a Focussed Curriculum in Major Emergency Management

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Introduction: In this era of increasingly fragile hospital systems, major emergency preparation is firmly being placed under the spotlight. The response to major emergencies requires the mobiliZation of numerous resources to ensure an effective, coordinated response. Yet, studies confirm a global deficit in the knowledge and skills of staff responding to these events in Ireland. Non-consultant hospital doctors (NCHDs) provide a useful and necessary surge response during these events, but currently there are no training programs specifically focused on their major emergency training requirements. The aim of this research was to define the essential elements of a focused curriculum for non-consultant hospital doctors responding to a major emergency (ME).

Method: A two-step process was employed. Initially, a comprehensive ME competency set was compiled from relevant literature, consulting field-specific experts and from current ME training programs. A sample of experts was paneled from several acute hospitals in Ireland using purposive and snowball recruitment. A modified Delphi process, using on-line surveys, was utilized to identify the competencies deemed essential for NCHDs responding to an ME event.

Results: Three Delphi rounds were required to complete this study. Of the 116 initial survey items, 68 competencies were confirmed as essential NCHD competencies, a total reduction of 40%. A 70% consensus rate was applied to 71 survey items in the final round, resulting in an agreement in 68 competencies (96%). A preponderance of the rejected competencies were specific to managerial and administrative tasks, whilst many retained competencies related to direct clinical care.

Conclusion: This study has defined the essential elements of a curriculum for NCHD doctors responding to a major emergency in Ireland, using the Delphi methodology. This derived competency set should be useful to national bodies, regional organizations, and hospital stakeholders to allow the creation of bespoke NCHD major emergency training programs.

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Use of Bedside Ultrasound at Wexford General Hospital Emergency Department: Compliance to NICE Guidelines [NG158] for Venous Thromboembolic Disease

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Introduction: Ultrasound is the standard imaging technique for diagnosing lower limb deep venous thrombosis (DVT). The National Institute for Health and Care Excellence (NICE) guidance 158 recommendation 1.1.3 states that all patients with sufficient pretest probability for DVT should be offered a proximal leg vein ultrasound within four hours. However, due to high patient volumes, formal radiology department ultrasound wait times often exceed one week. Point-of-care ultrasound (POCUS) is used to bridge diagnostic delay in our emergency department (ED) .

This study aimed to quantify numbers offered POCUS for suspected proximal lower DVT in our ED and accuracy of such studies.