



Multiple choice and the only answer: the HERMES examination

LThe European Respiratory Society (ERS) is pleased to announce that the inaugural examination for the European Diploma in Adult Respiratory Medicine will be held on the afternoon of Saturday, October 4 in Berlin during the ERS 2008 Congress (October 4-8, 2008).

The European examination is the latest accomplishment of the Harmonised Education in Respiratory Medicine for European Specialists (HERMES) project. This project was launched in 2005 by the ERS School, based on the principle that, no matter whether they were trained in Sweden, France, Portugal, Greece or elsewhere in Europe, all respiratory specialists should possess the same core skills and abilities. The entire HERMES project, including the examination that is about to start, is proof of the ERS's commitment to achieving the highest possible standards of practice in the specialty and to harmonising training across Europe. Indeed, the introduction of European standards will greatly facilitate free movement of respiratory specialists throughout the different phases of their career. Furthermore, better-harmonised training and education programmes will also help to raise the level of qualifications of medical professionals throughout Europe, to the benefit of patients and of the whole healthcare system.

In phase I, the HERMES project enabled the development and publication of the first European consensus-based syllabus in respiratory medicine [1]. As stated below, this syllabus will now serve as a blueprint for the European examination. In phase II, more comprehensive curriculum recommendations are being developed, incorporating useful advice with regard to training structure as well as teaching and assessment methods. In parallel, phase III is dedicated to the development of a European examination, which is one of the assessment methods recommended by the HERMES Task Force in its curriculum recommendations. Speedy development of this phase of the project was made possible thanks to the assistance of the Swiss Society of Pneumology (SGP/SSP)

and the Swiss Institute for Medical Education, which kindly agreed to share their know-how and experience in the running of high-level knowledge-based multiple-choice questionnaire (MCQ) examinations both at national and international levels.

Why take a European examination?

You might wonder why you should go through the painful exercise of sitting such an examination if it is not even legally recognised. The reasons are manifold:

- **Proof of excellence.** As an experienced physician, or even if you are still at the beginning of your career, you might wish to obtain the ERS European Diploma to show patients and colleagues your commitment to high-quality life-long learning.
- **Mobility.** If you are at a stage of your career when you think of moving to another country, this European Diploma, even if it is not legally recognised by national authorities, will certainly be known and recognised within the profession.
- **Self-assessment.** No matter how experienced you are, it might be interesting for you to sit this examination in order to find out where you stand with respect to what is regarded as the current European gold standard.
- **Tangible recognition.** Upon successful completion of the examination, the ERS will award you a European Diploma in Respiratory Medicine. You will also enter the ERS club reserved for diplomates, which will provide enhanced networking possibilities. Diplomates will also have the opportunity to update their qualification at intervals throughout their career to confirm their continuing high quality.

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Competing interests
None declared

Provenance
Submitted by the ERS School

Main image © Chris Schmidt istock photo

Am I entitled to take the examination?

In accordance with the EU principle of subsidiarity, this examination will have no legal standing, since only national authorities can grant doctors the right to practise. The examination will therefore be reserved to registered medical practitioners who have already obtained their national accreditation (or equivalent) to practise as a specialist in adult respiratory medicine. Proof of national qualification/accreditation will be required. Confirmation of current good standing as a specialist in the profession will also be required in the form of recommendation letters signed by the head of your hospital and by an official representative of your national respiratory society (contact details can be obtained from the ERS headquarters). Furthermore, the examination

is open to ERS members only.

In short, you are eligible to take the examination if you meet the following criteria:

- you are a qualified medical practitioner with current full medical registration;
- you are a qualified specialist in adult respiratory medicine;
- you are in good standing in the profession; and
- you are an ERS member.

What will the examination look like?

The examination is knowledge-based only. It will be run in the form of a paper-based MCQ in English. Candidates will have a total of 2 hours 45 min to answer 90 questions. The blueprint for the content of this examination is the consensus-based European syllabus [1], available in 24 languages at hermes.ersnet.org. The selected format for the first examination has two dimensions: 'Respiratory diseases' and 'Actions of the doctor' (table 1). Sample questions are presented opposite.

Table 1 The dimensions of the examination

Respiratory diseases	
1	Obstructive lung disease
2	Diffuse parenchymatous lung disease
3	Infectious lung disease
4	Neoplastic disease of the lungs and pleura
5	Pulmonary vascular disease; thromboembolic disease
6	Pleural and chest wall disease
7	Sleep-related breathing disorders
8	Allergic and systemic disease
9	Intensive care
10	Congenital disease; other
Actions of the doctor	
1	Basics
1.1	Anatomy, pathology
1.2	Pathophysiology
2	Diagnostic evaluation
2.1	Pulmonary function tests
2.2	Blood gas analysis
2.3	Ergometry
2.4	Imaging
2.5	Endoscopy
2.6	Haemodynamics
2.7	Other
3	Differential diagnosis, prognosis
4	Therapy
4.1	Pharmacotherapy
4.2	Surgery
4.3	Oncological therapy
4.4	Physiotherapy and rehabilitation
4.5	Mechanical ventilation
5	Prevention, environmental and work-related disease
6	Cost/utility, ethics
7	Scientific methodology
7.1	Study design
7.2	Statistics
8	Other

Sample questions

Type A questions: Single choice

In positively formulated questions, as below, candidates should mark the only correct or the most appropriate answer.

Mark exactly one answer for each question by circling the appropriate letter.

1. A 25-year-old woman has had nearly continuous daytime sleepiness for 6 years. She either falls asleep or "blacks out" involuntarily several times a day, especially in business meetings, and has to be woken by colleagues. She has frequent nocturnal awakenings, sometimes associated with nightmares. She has been told that she snores, although she now lives alone. Review of symptoms is remarkable for a several-year history of almost daily "collapsing" spells, lasting 20–30 seconds, during which she feels her knees buckle, requiring her to sit for a few minutes. She is 152 cm tall, weighs 70 kg, has a neck circumference of 43 cm, a blood pressure of 100/72 mmHg, and an otherwise normal physical examination.

What is the most appropriate next step?

- (A) Polysomnography
- (B) Polysomnography followed by a Multiple Sleep Latency Test (MSLT)
- (C) Overnight screening pulse oximetry
- (D) Periodic office follow-up and advice to avoid or eliminate obesity, sleep deprivation and bedtime alcohol or sedative intake
- (E) Diagnostic psychiatric evaluation

2. Which of the following statements about treatment of obstructive pulmonary diseases is correct?

- (A) A 20-year-old man with well-controlled asthma without nocturnal and rare daytime symptoms should be treated continuously with low-dose inhaled glucocorticosteroids.
- (B) It has been shown in long-term controlled studies that treatment with 100–200 µg per day of inhaled glucocorticosteroids in children reduces their final height.
- (C) Chronic obstructive pulmonary disease patients (GOLD II and III) should receive monotherapy with inhaled corticosteroids to slow down the decline of lung function.
- (D) Anti-immunoglobulin (Ig)E (Omalizumab) should be offered as add-on therapy to most patients with allergy-related asthma with an elevation of IgE.
- (E) Leukotriene modifiers as add-on treatment to medium- to high-dose inhaled glucocorticosteroids have been shown to provide benefit in asthma.

Note: some questions are also formulated negatively. In that case, you have to mark the only exception, or the only incorrect answer or the answer that appears least appropriate.

Type Kprime questions: Quadruple correct/incorrect decision

For each question or incomplete statement there are four answers or statement completions. Decide for each of the four parts whether they are correct or incorrect and mark them appropriately.

Independent of the grammatical formulation of the question (singular or plural), 1, 2, 3, 4 or none of the answers may be correct.

Marking all four answers or completions correctly results in a full mark; three correct marks result in half a point.

K1. Which of the following statements concerning benign asbestos pleural effusion is/are true?

- (A) The presence of haemorrhagic fluid almost always indicates malignancy.
- (B) The latency period between exposure to asbestos and onset of disease is the same for mesothelioma and benign pleural effusion.
- (C) It rarely produces diffuse pleural thickening.
- (D) The predominant cell on cytological examination of pleural fluid is the lymphocyte.

Correct answers

1. B; 2. E; K1. -, -, +, +.

When will the examination take place?

From 2008 onwards, it will be held annually under the authority of the ERS, during or immediately before the ERS Annual Congress. In 2008, the examination will be held on Saturday, October 4 from 14:00-17:00 h.

How much will it cost?

The price for the examination has been set at €250. Registrations will close on June 30, 2008.

This is a unique opportunity to be among the first practitioners to become ERS-certified European Specialists in Respiratory Medicine.

Registration is now open, using the attached form or through the website, hermes.ersnet.org.

The ERS can be contacted at: 4 Ave Sainte-Luce, CH-1003, Lausanne, Switzerland. Tel: 41 21 213 0101. Website: www.ersnet.org. E-mail: hermes@ersnet.org.



References

1. Loddenkemper R, Séverin T, Eiselé J-L, et al. HERMES: a European core syllabus in respiratory medicine. *Breathe* 2006; 3: 59-70.



The European Diploma in Respiratory Medicine

1st Examination, Oct. 4, 2008
Berlin, Germany
OFFICIAL REGISTRATION FORM

Administration details

Last Name:
Former or Other Last Name/Maiden name:
First name:
Date of birth (DD/MM/YYYY):
Gender: Male Female
ERS Membership number:
Correspondence address:
Street:
City: Zip Code: Country:
Tel: Email:
Fax:

Basic Medical Education:

Country of graduate training
Medical School
Date of Medical Degree

Specialty training in Respiratory Medicine:

Country of specialty training
Training institution
Training Director
Enrolment date Completion date

Current post:

Position:
Hospital:
Department:
City: Zip Code Country
Tel Email

Scientific Activities (for information and profile purposes only)

Number of articles in peer-reviewed journals as first author:
As co-author:

Conflict of Interest:

I confirm that I am in good professional standing, that I have never been charged with medical negligence, and that I have no tobacco-related conflict of interest.

Date of application:
Signature:

(see next page for requirements and examination fee payment details)



European Respiratory Society

Full registration form and requirements to be submitted to the ERS Headquarters
4 Avenue Ste-Luce
CH-1003 Lausanne
Switzerland
Fax +41(0)212130103



Enclose the following requirements:

- Photocopy of university-awarded medical degree
- Photocopy of current certificate of full medical registration
- Copy of national accreditation or written equivalent as a specialist in Respiratory Medicine
- Up-to-Date Curriculum Vitae
- Recent Passport style photograph, signed and dated
- Letters of endorsement from the head of your hospital and from your National Society President or Secretary General

Payment details:

Examination Fee: 250€

Credit Card:

Visa

Mastercard

Credit Card No.

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Expiry date

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Cardholder's Name:.....

Card Holder's Signature:.....

Bank Transfer (The invoice will be sent to you by email)