



EPIC Diploma™

European Paediatric / Neonatal Intensive Care Diploma™



Applicant Guide

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EPIC Diploma™ Program Purpose / Mission Statement

The purpose of the European Paediatric / Neonatal Intensive Care Diploma™ (EPIC Diploma™) program is to harmonize and improve quality standards for safe, independent practice in paediatric and neonatal intensive care in Europe and elsewhere. The EPIC Diploma program assesses the minimal competencies necessary to practice as a paediatric / neonatal intensive care specialist. The EPIC Diploma program is intended to be complementary to national standards and enhance the competent, ethical, and professional care of critically ill children.

EPIC Diploma Program Components

The EPIC Diploma program consists of two component credentials that constitute a pathway of professional development for paediatric and neonatal intensive care practitioners. These two parts are:

Part 1 – *Certificate in Paediatric and Neonatal Intensive Care*

Part 2 – *EPIC Diploma (European Paediatric / Neonatal Intensive Care Diploma)*

Periodic recertification ensures that those who maintain their EPIC Diploma remain competent and continually enhance their competency as the subspecialty's body of knowledge, technical content, and scope of practice evolves over time.

Individuals who have a currently valid EPIC Diploma in good standing (i.e., have earned the EPIC Diploma, have periodically recertified in compliance with the EPIC Diploma recertification standards, and have not had the EPIC Diploma suspended or revoked) are authorized by ESPNIC's European Board of Paediatric and Neonatal Intensive Care (EBPNIC) to refer to themselves as a "Board Certified Specialist in Paediatric and Neonatal Intensive Care." In this context, "Board Certified" means "certified by the European Board of Paediatric and Neonatal Intensive Care of the European Society of Paediatric and Neonatal Intensive Care." (For clarity, please note that ESPNIC is a scientific society, not a governmental regulatory authority, and neither ESPNIC nor EBPNIC are yet a Section, Division, or Multidisciplinary Joint Committee of the UEMS.)

Topical Scope, Geographic Scope, and Language

While the focus of the EPIC Diploma program is on harmonizing the standard of practice among paediatric and neonatal intensivists in Europe, and the exam content is limited to practice in Europe, practitioners from around the world are encouraged to apply for and become certified through the EPIC Diploma program. Candidates of any nationality are eligible to apply for the EPIC Diploma program.

Initially, the EPIC Diploma program's assessments and other materials are in English. In recognition of varying levels of bilingualism across Europe, and respectful of the potential impact on exam pass rates of requiring candidates to take the exam in a language other than their primary language, the ESPNIC European Board of Paediatric and Neonatal Intensive Care has decided to phase in localized translations of the exam and supporting materials over time, in collaboration with national societies. If you want the EPIC Diploma exam to be available in a specific language, please **have the relevant national society contact ESPNIC** at epic@espnice.org.

Neonatal intensive care is covered in the EPIC Diploma exam, but not neonatology aside from neonatal intensive care.

Advanced Nurse Practitioners—and equivalent high-level allied health professionals—performing essentially the same role as paediatric / neonatal intensive care physicians are eligible to participate in the EPIC Diploma program.

As indicated in the EPIC Diploma program Purpose / Mission Statement, the EPIC Diploma program is intended to harmonize and improve quality standards and be complementary to national standards. In effect, this means that some national authorities may choose to accept the EPIC Diploma as satisfying all national requirements for authorized practice as a paediatric / neonatal intensive care specialist, and other national authorities may choose to impose additional, localized requirements for specialist practice.

Eligibility Requirements

Eligibility requirements must be met, without exception in any circumstances. To be eligible to take an EPIC Diploma examination, applicants must satisfy the requirements by the date of application.

Documentation may be submitted in any language understood by staff (including English); if the original documentation is in a language other than those understood by staff, both the original documentation and a certified translation into English (at the applicant’s expense) must be submitted.

General Eligibility Requirements

	Physicians	Advanced Nurse Practitioners and other high-level Allied Health Professionals
General Medical Training	Medical school / faculty / university degree	Master’s Degree in Advanced Nursing Practice (ANP), Physician Assisting (PA), Physiotherapy, or other Allied Health Professions (AHPs)
Primary Specialty Training	Completion of a training program in one of the following primary specialties: <ul style="list-style-type: none"> • Anaesthesiology • Paediatrics • Paediatric Surgery • Intensive Care 	
Licensure	A valid (current), unrestricted medical license in at least one jurisdiction. If multiple licenses are held, each must be valid and unrestricted (“restricted” means “restricted for some action”—licenses that are merely expired are acceptable).	A valid (current), unrestricted legal (local) license in at least one jurisdiction. If multiple licenses are held, each must be valid and unrestricted. (“restricted” means “restricted for some action”—licenses that are merely expired are acceptable).

To enable the EPIC Diploma program’s assessment content to be incorporated into a training curriculum, the exam is divided into two Parts.

Part 1 Additional Eligibility Requirements

For Physicians:

Part 1 eligibility is based on finishing **one year of full-time-equivalent (FTE) training in paediatric / neonatal intensive care**.

For Advanced Nurse Practitioners and other high-level Allied Health Professionals:

Part 1 eligibility is based on **one year of full-time-equivalent (FTE) work in paediatric / neonatal intensive care** after earning the degree in ANP, PA, Physiotherapy, or other AHP.

For all:

Part 1 eligibility is also based on completing **training in the following specific (core) topics** (equivalent allowed if approved by ESPNIC), regardless of local practice:

- BASIC course (see <http://www.wfpiccs.org/projects/basic-course/>) or its equivalent covering:
 - Airway management
 - Acute respiratory failure
 - Ventilation (respiratory support, including mechanical ventilation)
 - Haemodynamic monitoring
 - Management of shock
 - Severe paediatric sepsis
 - Interpretation of arterial blood gasses
 - Transport of critically ill patients
 - Severe trauma
 - Neurological emergencies
 - Oliguria and acute renal failure and CRRT
 - Cardiopulmonary resuscitation
 - Arrhythmias
 - Liver and nutrition in the ICU
 - Sedation and analgesia
 - Venous thromboembolic disease
 - Stress ulceration
 - Cardiovascular and respiratory physiology
 - Metabolic and electrolyte disturbances

If an official certificate of completion of training in any of the required topics is not available, an applicant's training supervisor may attest to the applicant having completed training in that topic.

On-the-job training (OTJ) is acceptable to satisfy the *training in specific topics* requirement. To document completion of OTJ in a topic, an applicant's work supervisor must attest to having observed the applicant performing the relevant task(s) competently.

The *training in specific topics* requirement and the exam are parallel requirements. I.e., applicants who have satisfied the general eligibility requirements and have completed one year of training in paediatric / neonatal intensive care, but have not yet completed training in all of the required topics, may take Part 1 of the EPIC Diploma exam but must complete formal training in all of those topics before the Certificate in Paediatric and Neonatal Intensive Care is granted. If they pass the exam, they will have one year from the date of their exam administration to complete training in the required topics; if they complete training in all required topics within the year, they will receive the Certificate; if they do not complete training in any of the required topics within the year, they will not receive the Certificate and would need to complete a new Part 1 application, pay the Part 1 exam fee again, and take the Part 1 exam again.

Upon submitting verified documentation of meeting the general initial eligibility standards and the Part 1 additional eligibility requirements, paying the Part 1 Exam Fee, and passing Part 1 of the EPIC Diploma exam, a **Certificate in Paediatric and Neonatal Intensive Care** will be issued.

Part 2 Additional Eligibility Requirements

For Physicians:

Part 2 eligibility is based on the completion of ***an additional year of full-time-equivalent (FTE) training in paediatric / neonatal intensive care*** (beyond the one year required for eligibility to take the Part 1 exam)

For Advanced Nurse Practitioners and other high-level Allied Health Professionals:

Part 2 eligibility is based on ***a second year of full-time-equivalent (FTE) work in paediatric / neonatal intensive care*** (beyond the one year required for eligibility to take the Part 1 exam).

For all:

Part 2 eligibility is also based on completing ***training in the following specific (advanced) topics*** (equivalent allowed if approved by ESPNIC), regardless of local practice:

- Ethics, family-centred care, and professionalism
- Safe unit structure, staffing, and leadership
- Safe transport and advanced monitoring
- Neonatal intensive care, and care of term and surgical infant
- Cardiac ICU / ECMO / VAD

If an official certificate of completion of training in any of the required topics is not available, an applicant's training supervisor may attest to the applicant having completed training in that topic.

On-the-job training (OTJ) is acceptable to satisfy the *training in specific topics* requirement. To document completion of OTJ in a topic, an applicant's work supervisor must attest to having observed the applicant performing the relevant task(s) competently.

The *training in specific topics* requirement and the exam are parallel requirements. I.e., applicants who have satisfied the general eligibility requirements and have completed two years of training in paediatric / neonatal intensive care, but have not yet completed training in all of the required topics, may take Part 2 of the EPIC Diploma exam but must complete formal training in all of those topics before the EPIC Diploma is granted. If they pass the exam, they will have one year from the date of their exam administration to complete training in the required topics; if they complete training in all required topics within the year, they will receive the EPIC Diploma; if they do not complete training in any of the required topics within the year, they will not receive the EPIC Diploma and would need to complete a new Part 2 application, pay the Part 2 exam fee again, and take the Part 2 exam again.

Upon submitting verified documentation of the additional training requirements, paying the Part 2 Exam Fee, and passing Part 2 of the Diploma exam, candidates will be awarded the **EPIC Diploma™ (European Paediatric / Neonatal Intensive Care Diploma™)**.

ESPNIC may (at ESPNIC's discretion) publish (on the ESPNIC website, at ESPNIC congresses and conferences, in ESPNIC marketing materials, and in any other media) the name, city, country, date of certification, type of certification (e.g., EPIC Diploma, Certificate in Paediatric and Neonatal Intensive Care, etc.), and certification valid-through date of all individuals who are certified by ESPNIC. By submitting an application, applicants consent to and authorize all related publication of this information, assign to ESPNIC all relevant intellectual property rights and licenses irrevocably and royalty-free, and agree to hold harmless, waive any and all legal claims against, release, and indemnify ESPNIC and its employees, credentialing management team, officers, directors, consultants, agents, volunteer leaders, and vendors for publishing this information.

Eligibility to take an EPIC Diploma exam shall be for one year from the date of the eligibility notice. If a candidate does not take the exam within the one-year eligibility period, the candidate will need to submit a new application and pay the exam fee again.

Practitioners who have already completed the training required for both Parts 1 and 2 may choose to take both parts of the exam on the same day or may take Part 1 on one date and Part 2 on a later date. Candidates may not apply for only Part 2 without also applying for Part 1 (unless they already have passed Part 1). If a candidate who takes Parts 1 and 2 on the same day fails Part 1 but passes Part 2, that candidate will not earn the EPIC Diploma until he or she successfully passes Part 1. If the candidate passes Part 1 within one year of passing Part 2, he or she will not have to take the Part 2 exam again; if the candidate does not pass Part 1 within one year of passing Part 2, he or she would have to submit a new Part 1 and Part 2 application, pay the Part 1 and Part 2 exam fee, and take the Part 1 and Part 2 exam again.

Ethics and Professionalism

The European Society of Paediatric and Neonatal Intensive Care is committed to promoting excellence and professionalism through the EPIC Diploma program.

Those who earn a credential from the European Society of Paediatric and Neonatal Intensive Care affirm their commitment to upholding the highest standards of personal and professional behaviour in the conduct of their endeavours, and commitment to comply with the ESPNIC Standards and Guidelines (<http://espnice-online.org/Education/Standards-and-Guidelines>).

To file a complaint against a person who has a currently valid EPIC Diploma, please email epic@espnice-online.org.

All credential holders against whom a complaint is filed shall be entitled to due process in the resolution of that complaint, including the right to utilize legal counsel at their own expense, and to face their accuser.

A subset of applications, at the discretion of ESPNIC, shall be audited to verify the documentation submitted in support of eligibility (education, work experience, licensure, etc.). By applying, applicants attest that the information provided on the application is true, complete, and accurate, and that the applicants understand and acknowledge that the application may be rejected and / or subsequent certification may be invalidated if the information is found to be false, incomplete, or inaccurate. By submitting an application, applicants consent to and authorize ESPNIC and its employees, credentialing management team, officers, directors, consultants, agents, volunteer leaders, and vendors to access and review applicants' academic, employment, licensure, criminal, and regulatory records. Further, applicants agree to hold harmless, waive any and all legal claims against, release, and indemnify ESPNIC and its employees, credentialing management team, officers, directors, consultants, agents, volunteer leaders, and vendors, and the institutions releasing records or reporting their contents to ESPNIC and its employees, certification management team, officers, directors, consultants, agents, volunteer leaders, and vendors. Further, applicants agree to hold harmless, waive any and all legal claims against, release, and indemnify ESPNIC and its employees, credentialing management team, officers, directors, consultants, agents, volunteer leaders, and vendors from all liability and claims that may arise out of, or be related to, ESPNIC credentials, applicants' medical practice and related activities, the application, eligibility determinations, exam results, and recertification determinations, and all actions related to ethics and professionalism. Applicants agree that any decision concerning the application, qualification for any credential, recertification, or compliance with ethics and professionalism requirements rests within the sole and exclusive discretion of ESPNIC, and that these decisions are final.

Applying for the EPIC Diploma

To apply, please complete the Application Form that is available at:

<https://www.surveymonkey.com/r/EPICApplication>.

Using the same form, **you may apply for Part 1 only, Part 2 only (if you have already passed Part 1), or both Part 1 and Part 2.**

Questions about the application process may be directed to epic@espnice-online.org or +41 22 560 7401. One of our Certification Department team members will respond to your message within three business days.

Approximately fifteen business days after your application is received, ESPNIC will notify you of your eligibility status.

Eligible candidates will be provided with logistical details related to the exam and will be invited to the EPIC Diploma Candidate Study Group.

Eligibility to take the exam is valid for one year from the date the eligibility notice is sent by ESPNIC. If a candidate does not take the exam within the one-year eligibility period, the candidate will need to submit a new application (and will need to satisfy all of the application and eligibility requirements in effect at the time of the new application) and pay the exam fee again.

Exams are administered by appointment at secure, computer-based test sites around the world. To find a test centre that is conveniently located for you, please visit <https://www.prometric.com/en-us/clients/ESPNIC>.

Exams must be scheduled at least three days in advance; appointment availability varies by test centre.

Applicants who are deemed ineligible may appeal that determination to the Appeals Committee of the European Board of Paediatric and Neonatal Intensive Care by emailing epic@espnice-online.org.

EPIC Diploma Exam Fees

There is an exam fee for Part 1 and an exam fee for Part 2, with differentiated rates for ESPNIC Members / nonmembers and for applicants with current residence addresses in countries with Low-Income / Lower-Middle Income / Upper-Middle Income / High-Income economies per the World Bank classification at [http://data.worldbank.org/about/country-and-lending-groups#Low income](http://data.worldbank.org/about/country-and-lending-groups#Low_income).

Members of the ESPNIC Executive Committee, European Board of Paediatric and Neonatal Intensive Care, Job Analysis Task Force, and Assessment Development Committee receive a 50% discount on EPIC Diploma exam fees.

Current exam fees are published on the ESPNIC website, <http://espnice-online.org/Education/Diploma>.

EPIC Diploma Exam Fees are nonrefundable if the applicant is deemed ineligible. Applicants are encouraged to review the eligibility requirements thoroughly and ask us questions (via email to epic@espnice-online.org or telephone at +41 22 560 7401) **before** submitting your application if you are unsure whether you are eligible.

Cancellation and Deferral Policies

EPIC Diploma Exam Fees are nonrefundable under any circumstances.

If a candidate cancels a scheduled exam administration appointment (by email at epic@espnice-online.org) at least ten (10) calendar days before that candidate's scheduled exam date, ESPNIC will apply the exam fee that candidate paid towards that candidate's exam fee for a subsequent EPIC Diploma exam administered within the one (1) year exam eligibility period (from the date the eligibility notice is sent by ESPNIC).

Cancellations received by ESPNIC later than ten (10) calendar days before an applicant's scheduled exam date (including if an applicant is a no-show at the scheduled exam administration) shall result in a complete forfeiture of the exam fee by that candidate, with no opportunity to defer the fee to a subsequent exam administration; the candidate will need to pay the entire exam fee again (and if the one-year eligibility period has elapsed, the candidate will also need to submit a new application).

Any difference between the original exam fee paid and the exam fee applicable to the subsequent exam administration will need to be paid by the candidate. For example, if the exam fee had been EUR 800 at the time of application, the candidate had cancelled his or her appointment at least 10 days in advance of the originally scheduled exam administration, and the exam fee had increased to EUR 850 by the time the candidate were ready to schedule the new exam administration appointment, the candidate would need to pay the difference of EUR 50.

EPIC Diploma Exam Fees are not transferrable between applicants.

Regardless of who pays an applicant's Exam Fee, that credit attaches to the individual. E.g., if an employer pays the Exam Fee for one applicant who subsequently terminates employment, the employer may not transfer the already paid Exam Fee to a different applicant.

Eligibility determinations are not deferrable.

Eligibility to take the exam is valid for one year from the date the eligibility notice is sent by ESPNIC. If a candidate does not pass the exam within the one-year eligibility period, the candidate will need to submit a new application (and will need to satisfy all of the application and eligibility requirements in effect at the time of the new application) and pay the exam fee again.

Taking the Exam

Eligible candidates will be provided with logistical details related to the exam and will be invited to the EPIC Diploma Candidate Study Group.

Eligibility to take the exam is valid for one year from the date the eligibility notice is sent by ESPNIC. If a candidate does not take the exam within the one-year eligibility period, the candidate will need to submit a new application (and will need to satisfy all of the application and eligibility requirements in effect at the time of the new application) and pay the exam fee again.

Exams are administered by appointment at secure, computer-based test sites around the world. To find a test centre that is conveniently located for you, please visit <https://www.prometric.com/en-us/clients/ESPNIC>.

Exams must be scheduled at least three days in advance; appointment availability varies by test centre.

The EPIC Diploma exam components have the following number of questions and time allowed:

Exam Component	Number of Questions	Time Allowed to Complete Exam
Part 1	50	120 minutes (2 hours)
Part 2	50	120 minutes (2 hours)

Only pre-registered and confirmed candidates will be admitted to the exam room. To confirm your identity, you must have with you a currently valid, government-issued photo ID bearing the **exact** same name as the name you used on your application. If your government-issued photo ID reflects a different name, you will not be able to gain admission to the test site. Please email epic@espnice-online.org if you need to update our records of your name to ensure that it matches your ID.

To ensure the integrity of the EPIC Diploma program, all credentials issued by ESPNIC (e.g., the Certificate in Paediatric and Neonatal Intensive Care, and the EPIC Diploma) will display the exact same name that appears on the credentialed individual's government-issued photo ID and EPIC Diploma application.

EPIC Diploma exams are proctored and administered under strict security and standardized conditions. This may include physical searches, bag searches, metal detectors, and other security protocols. You must follow all proctor instructions.

You will not be permitted to bring into the exam room any reference materials, notes, dictionaries, language translation dictionaries or devices, cellular telephones, PDAs, computers or tablets, calculators, cameras, video cameras, scanners, digital watches, or other electronic or communications devices.

Special Accommodations

Reasonable special accommodations for administration of the EPIC Diploma exams will be made for eligible candidates with documented disabilities in accordance with applicable law. Only those accommodations that do not, in ESPNIC's sole discretion, compromise the validity of the exam results, will be approved. If circumstances indicate that administration of an EPIC Diploma exam would jeopardize the security of exam materials or the integrity of exam results, ESPNIC may cancel the administration of the exam.

If a special accommodation is requested, supporting documentation must accompany the application from a licensed or otherwise properly credentialed healthcare professional who possesses expertise in the disability for which the modifications or accommodations are sought and who has made an individualized assessment of the candidate, describing the disability and the need for the requested accommodation.

For accommodation requests based on mental or cognitive impairment, supporting tests must have been conducted within five years prior to the date of the accommodations request.

ESPNIC may make a request for supplemental information if the documentation submitted does not clearly establish the nature of the impairment or the need for the requested accommodations. Common reasons accommodations requests are deemed insufficient include:

- Supporting documentation is from a person who is not licensed or otherwise properly credentialed
- Supporting documentation is from a person who does not possess expertise in the disability for which the modifications or accommodations are sought
- Supporting documentation is from a person who has not made an individualized assessment of the candidate
- Supporting documentation does not describe the disability
- Supporting documentation does not explain how the requested accommodation will negate the impact of the candidate's disability on the fair assessment of the candidate's EPIC Diploma program-related competencies

ESPNIC shall consider all facts and explanations offered by the candidate regarding his or her history or the need for the requested testing accommodations, as well as objective evidence relating to the candidate's diagnosed impairment and its impact on the candidate. ESPNIC shall not reject or deny an accommodation request based solely on the candidate's average or above-average IQ score, high level of academic success, or lack of a formal history of receiving that accommodation. ESPNIC may have the documentation submitted by or on behalf of a candidate reviewed by one or more qualified professionals of ESPNIC's choosing at ESPNIC's request and expense.

ESPNIC will attempt to respond to each request for accommodations within 14 business days of receipt. Applicants who are not satisfied with ESPNIC's decision regarding requested accommodations may appeal that determination to the Appeals Committee of ESPNIC's European Board of Paediatric and Neonatal Intensive Care by emailing epic@espnice-online.org.

Exam Results

The pass / fail point (“cut score”) for each EPIC Diploma exam is set by the Cut Score Task Force, then reviewed and approved by the European Board of Paediatric and Neonatal Intensive Care. To set the cut score, the Cut Score Task Force uses generally-accepted, criterion-referenced standard-setting procedures (e.g., the Modified Angoff method).

Two exam Forms (A and B) are deployed in parallel to enhance the security of the exam. Each exam form consists of two Parts (1 and 2). To ensure fairness, the two exam Forms have been equated.

The raw cut score of each exam Form and Part is as follows, along with the scaled cut score (scaled scores fall within a range of 200-800):

EPIC Diploma Exam Form and Part	Raw Cut Score	Scaled Cut Score
Form A, Part 1	58% (29 correct answers out of 50 exam items)	600
Form B, Part 1	60% (30 correct answers out of 50 exam items)	600
Form A, Part 2	60% (30 correct answers out of 50 exam items)	600
Form B, Part 2	62% (31 correct answers out of 50 exam items)	600

At the conclusion of your exam administration (before you leave the test site), you will receive a report of your exam results. The report will indicate whether you passed or failed, along with your scaled score and a graphical sliding-scale indicator of your performance within each exam domain (topic). Your exam results report will not provide any detailed information about your performance on individual test questions or other information that could compromise the security or validity of the exam.

If you pass, ESPNIC will send you a Certificate in Paediatric and Neonatal Intensive Care (for Part 1) or EPIC Diploma certificate (for Part 2) and other materials to recognize your achievement.

If you do not pass on your first attempt, there is no limit on the number of times you may retake an EPIC Diploma exam.

If you retake the exam during your one-year eligibility period, you will not need to submit a new application, but you will need to pay the exam fee in effect at the time you schedule your retest; if you want to retake the exam after your one-year eligibility period has elapsed, you must submit a new application (and will need to satisfy all of the application and eligibility requirements in effect at the time of the new application) and pay the exam fee in effect at the time of your new application.

If ESPNIC’s European Board of Paediatric and Neonatal Intensive Care determines that results of an exam administration do not represent a valid assessment of knowledge as sampled by the exam, such as due to irregular behavior or other reasons related to the exam administration, the results may be deemed invalid (neither pass nor fail). Examinees whose results are deemed invalid must retake the exam and achieve a passing score to achieve certification.

Preparing for the EPIC Diploma exam

General Strategies for Taking Written Tests

The format of **both** Part 1 and Part 2 of the EPIC Diploma exam is multiple-choice questions (MCQ) with five distinct answer options; there is no oral exam. Here are some general hints for taking this type of test:

- Most importantly, the test is designed to have **only one answer that is best, among the five options given**.
- Your attitude about the examination process can make a difference. Approach the test confidently. Arrive early to the test site, so you do not feel rushed.
- The exam instructions are very important, so be sure to pay careful attention to them. Ask questions if you do not understand any of the instructions, but be aware that **your proctor cannot answer questions about test content**.
- Read all directions carefully—twice, if necessary.
- Your score on this test will be based only on the number of **correct** choices you make (the number of times you select the best choice from the five answer options given). Blank responses and incorrect responses are both worth zero points. That means that you have nothing to lose by guessing the best answer to questions about which you are uncertain.
- Each test item is equally weighted, even though the exam's topical content areas are weighted; the number of test items in a particular topical content area is proportionate to the weighting of that topical content areas.
- Read each question carefully, making sure that you fully understand the question and your five choices before you answer the question. Do not waste time on questions that seem too unfamiliar or difficult. Interpret words according to their generally accepted meanings. Think about alternative phrasings or focus on key words in difficult questions. No question is intended to be a "trick" or "catch" question.
- Answer easy questions first; postpone more difficult questions until later, making an initial guess in case you do not have enough time to revisit it. Check your answers if you have time; however, remember that your first response is often correct.
- Watch your time carefully during the test.

Exam Specifications / Syllabus / Topical Blueprint

The topical content of the exam is as follows:

<u>Domains</u>	<u>Weight (% of Total Exam Items Across Parts 1 and 2)</u>	<u>Part 1 or Part 2</u>	<u># of Items on Part 1</u>	<u># of Items on Part 2</u>
1. Resuscitation and initial management of the acutely ill child	10%	Part 1	10	
2. Clinical assessment, investigation, data interpretation and monitoring	9%	Part 1	9	
3. Organ system support and therapeutic interventions	13%	Per Subdomain		
A: Brain and nervous system	15% of 13% (2% overall)	Part 1	2	
B: Respiratory system	30% of 13% (3% overall)	Part 1	3	
C: Cardiovascular system	25% of 13% (3% overall)	Part 2		3
D: Liver and gastrointestinal system	7% of 13% (1% overall)	Part 1	1	
E: Renal system and electrolytes	10% of 13% (1% overall)	Part 1	1	
F: Skin	1% of 13% (1% overall)	Part 1	1	
G: Haematology and coagulation	8% of 13% (1% overall)	Part 1	1	
H: Endocrine	4% of 13% (1% overall)	Part 1	1	
4. Perioperative care	5%	Part 1	5	
5. Compassionate and family-oriented care and end-of-life care	4%	Part 2		4
6. Patient safety	5%	Part 2		5
7. Transport	3%	Part 2		3
8. Trauma and burns	5%	Part 2		5
9. Sepsis	7%	Part 1	7	
10. Professionalism and ethics	5%	Part 2		5
11. Basic sciences	3%	Part 1	3	
12. Pharmacology and toxicology	5%	Part 2		5
13. Unit management / governance	3%	Part 2		3
14. Congenital defects / prematurity	4%	Part 2		4
15. Long-term care, home care, and discharge planning	2%	Part 2		2
16. Environmental emergency	1%	Part 1	1	
17. Infectious disease	6%	Part 2		6
18. Metabolism and nutrition	5%	Part 1	5	
19. Haemato-oncology, oncology, and haematopoietic stem cell transplantation (HSCT)	3%	Part 2		3
20. Management of the older child in the ICU	2%	Part 2		2
TOTAL	100%		50	50

Authoritative References

The refinement of the authoritative references for the EPIC Diploma exams is ongoing. It is challenging to identify a list of high quality, authoritative reference materials that covers all of the important knowledge areas measured in each exam—but is not so extensive to be unreasonable in terms of candidate time commitment or cost. We continue to refine the reading list to make it more candidate-friendly without compromising the integrity of the EPIC Diploma program.

Several of the texts are available as “e-books” through a variety of providers at a price generally less than the hardcopies. Please excuse any citation errors or style inconsistencies.

Every item on the EPIC Diploma exams is referenced to at least one of the following authoritative sources:

<u>Book / Chapter / Article Title</u>	<u>Book / Journal</u>	<u>Author</u>	<u>Publisher</u>	<u>Year</u>	<u>Exam Part 1</u>	<u>Exam Part 2</u>
A code of practice for the diagnosis and confirmation of death		Academy of Medical Royal Colleges	Academy of Medical Royal Colleges	2008	X	
A Practical Approach to Pediatric Anesthesia, 2nd edition		Holzman RS, Mancuso TJ, Polaner DM	Wolters Kluwer / Lippincott & Wilkins	2015	X	
Acid-Base Disorders and Their Treatment		Edited by Gennari JF, Adroque HJ, Galla JH, Maddias N	Taylor and Francis	2005	X	
Advanced Paediatric Life Support: The Practical Approach		Advanced Life Support Group	Wiley Online Library	2011	X	
Airway foreign bodies in children		Ruiz FE		2013	X	
Anti-microbial agents (Chapter 48)	Goodman & Gilman's The Pharmacological Basis of Therapeutics, 11th edition	Brunton LL, Lazo JS, Parker KL	McGraw-Hill	2006	X	
Antimicrobial Prophylaxis (Section 5)	Red Book, 30th Edition, 2015 Report of the Committee on Infectious Diseases	Edited by Kimberlin DW, Brady MT, Jackson MA, Long SS	American Academy of Pediatrics	2015	X	

<u>Book / Chapter / Article Title</u>	<u>Book / Journal</u>	<u>Author</u>	<u>Publisher</u>	<u>Year</u>	<u>Exam Part 1</u>	<u>Exam Part 2</u>
Cardiopulmonary interaction	Pediatric Critical Care Medicine, 2009 May;10(3)	Bronicki RA, Anas NG	Society of Critical Care Medicine	2009	X	
Cerebral Edema and its Management		Jha SK	Neurology Clinic	2003	X	
Clinical practice parameters for hemodynamic support of pediatric and neonatal septic shock: 2007 update from the American College of Critical Care Medicine	Critical Care Medicine	Brierley J, Carcillo JA, Choong K, Cornell T, Decaen A, Deymann A, Doctor A, Davis A, Duff J, Dugas MA, Duncan A, Evans B, Feldman J, Felmet K, Fisher G, Frankel L, Jeffries H, Greenwald B, Gutierrez J, Hall M, Han YY, Hanson J, Hazelzet J, Hernan L, Kiff J, Kisson N, Kon A, Irazuzta J, Lin J, Lorts A, Mariscalco M, Mehta R, Nadel S, Nguyen T, Nicholson C, Peters M, Okhuysen-Cawley R, Poulton T, Relves M, Rodriguez A, Rozenfeld R, Schnitzler E, Shanley T, Kache S, Skippen P, Torres A, von Dessauer B, Weingarten J, Yeh T, Zaritsky A, Stojadinovic B, Zimmerman J, Zuckerberg A	Wolters Kluwer / Lippincott and Wilkins	2009	X	
Clinical Spectrum of Shock in the Pediatric Emergency Department	Pediatric Emergency Care, 2010 Sep;26(9)	Fisher JD, Nelson DG, Beyersdorf H, Satkowiak LJ		2010	X	
Common postoperative complications in children		Pawar D	Indian Journal of Anaesthesia	2012	X	

<u>Book / Chapter / Article Title</u>	<u>Book / Journal</u>	<u>Author</u>	<u>Publisher</u>	<u>Year</u>	<u>Exam Part 1</u>	<u>Exam Part 2</u>
Continuous Renal Replacement Therapy		Kellum JA, Bellomo R, Ronco C	Oxford University Press	2010	X	
Corticosteroids for the prevention and treatment of post-extubation stridor in neonates, children and adults	Cochrane Database of Systematic Reviews, Issue 3	Khemani RG, Randolph A, Markovitz B	Wiley Online Library	2009	X	
Critical care in the emergency department: acute kidney injury		Lewington AJ, Wootten AE, Sim KJ	Emergency Medicine Journal	2015	X	
Disorders of Glucose Homeostasis (Chapter 92)	Rogers' Textbook of Paediatric Intensive Care, 4th Edition	Edited by Nichols DG, et al.	Lippincot Williams and Wilkins	2008	X	
Emergency care of moderate and severe thermal burns in children		Joffe MD	Wiley Online Library	2013	X	
Ethics (Chapter 14)	Rogers' Textbook of Paediatric Intensive Care, 4th Edition	Edited by Nichols DG, et al.	Lippincot Williams and Wilkins	2008	X	
Evidence-based Medicine (Chapter 8)	Rogers' Textbook of Paediatric Intensive Care, 4th Edition	Edited by Nichols DG, et al.	Lippincot Williams and Wilkins	2008	X	
Fluid and electrolytes in paediatrics: A comprehensive handbook		Feld LG, Kaskell FJ	Humana Press	2010	X	
Gastrointestinal emergencies (Chapter 9)	Clinical Manual of Emergency Pediatrics, 5th edition	McCann T, Lin J, Crain E, Cunningham S	Cambridge University Press	2010	X	
Guidelines for the acute medical management of severe traumatic brain injury in infants, children and adolescents	Pediatric Critical Care Medicine	Kochanek P, et al.		2012	X	

Book / Chapter / Article Title	Book / Journal	Author	Publisher	Year	Exam Part 1	Exam Part 2
Guidelines for the retrieval and management of severe sepsis and septic shock in infants and children			Southampton Paediatric Retrieval Service	2013	X	
Guidelines of the Joint British Diabetes Societies for Inpatient Care Group		Joint British Diabetes Societies for Inpatient Care Group	Blackwell Publishing	2015	X	
Hemodynamic Monitoring (Chapter 65)	Rogers' Textbook of Paediatric Intensive Care, 4th Edition	Edited by Nichols DG, et al.	Lippincot Williams and Wilkins	2008	X	
Hemolytic Uremic Syndrome (Chapter 518)	Nelson Textbook of Pediatrics	Kliegman RM, Stanon B, St. Geme J, Schor N	Elsevier	2015	X	
Initial approach to severe traumatic brain injury in children		Vavila MS, Dooney NM, Waitayawinyu P	Wiley Online Library	2014	X	
Management of heart failure in infants and children		Singh RK, Singh TP		2014	X	
Management of raised intracranial pressure in children with traumatic brain injury	Journal of Paediatric Neurosciences, 2014 Sep-Dec; 9(3)	Kukreti V, Mohseni-Bod H, Drake J		2014	X	
Metabolic crises (Chapter 40)	Pediatric Critical Care Study Guide	Edited by Lucking SE, Maffei FA, Tamburro RF, Thomas NJ	Blackwell Publishing	2012	X	
Mortality of children aged 0-9 years: A nationwide cohort study from three Nordic countries		Yu Y, Qin G, Cnattingius S, Gissler M, Olsen J, Zhao N, Li J	PLOS ONE	2016	X	
Neonatal and Pediatric Parenteral Nutrition	AACN Advanced Critical Care, 2012 Oct-Dec; 23(4)	Gargasz A	Lippincot Williams and Wilkins	2012	X	

<u>Book / Chapter / Article Title</u>	<u>Book / Journal</u>	<u>Author</u>	<u>Publisher</u>	<u>Year</u>	<u>Exam Part 1</u>	<u>Exam Part 2</u>
Neonatal Infection (Chapter 39)	Rennie & Robertson's Textbook of Neonatology	Rennie JM	Churchill Livingstone	2013	X	
Neonatology: Management, Procedures, On-Call Problems, Diseases, and Drugs (5th edition)		Gomella TL, et al.	McGraw-Hill	2004	X	
Normal ranges of heart rate and respiratory rate in children from birth to 18 years of age: a systematic review of observational studies	Lancet, 2011 Mar 19	Fleming S, Thompson M, Stevens R, Heneghan C, Plüddemann A, Maconochie I, Tarassenko L, Mant D		2011	X	
Overview of complications occurring in the post-anesthesia care unit		Glick DB		2015	X	
Oxford Handbook of Medical Statistics		Peacock J	Oxford University Press	2010	X	
Pediatric advanced life support (Part 14)	2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care	Kleinman ME, Chameides L, Schexnayder SM, Samson RA, Hazinski MF, Atkins DL, Berg MD, de Caen AR, Fink EL, Freid EB, Hickey RW, Marino BS, Nadkarni VM, Proctor LT, Qureshi FA, Sartorelli K, Topjian A	American Heart Association	2010	X	X
Pediatric Critical Care		Fuhrman BP, Zimmerman JJ, et al.	Elsevier	2011	X	X

Book / Chapter / Article Title	Book / Journal	Author	Publisher	Year	Exam Part 1	Exam Part 2
Pediatric sepsis: important considerations for diagnosing and managing severe infections in infants, children, and adolescents	Virulence, 2014 Jan 1; 5(1)	Randolph AG, McCulloh RJ		2014	X	
Postoperative analgesia in infants and children	British Journal of Anaesthesia, (2005) 95 (1)	PA Lönnqvist, Morton NS	Oxford University Press	2005	X	
Postoperative Pain Management following Scoliosis Surgery	Current Opinion in Anesthesiology, 21: 313-316	Borgeat A	Wolters Kluwer / Lippincott and Wilkins	2008	X	
Preoperative Care of the Pediatric Cardiac Surgical Patient (Chapter 69)	Rogers' Textbook of Paediatric Intensive Care, 4th Edition	Edited by Nichols DG, et al.	Lippincot Williams and Wilkins	2008	X	
Principles and Practice of Endocrinology and Metabolism		Becker KL	Lippincit Williams and Wilkins	2001	X	
Principles of Antimicrobial Therapy (Chapter 77)	Rogers' Textbook of Paediatric Intensive Care, 4th Edition	Edited by Nichols DG, et al.	Lippincot Williams and Wilkins	2008	X	
Principles of pressure transducers, resonance, damping and frequency response	Anaesthesia and Intensive Care Medicine, Volume 5, Issue 11: 371-375	Stoker MR	Elsevier.	2004	X	
Respiratory Monitoring (Chapter 42)	Rogers' Textbook of Paediatric Intensive Care, 4th Edition	Edited by Nichols DG, et al.	Lippincot Williams and Wilkins	2008	X	
Respiratory Physiology: The Essentials		West JB, Lucks AM	Wolters Kluwer / Lippincott and Wilkins	2012	X	

Book / Chapter / Article Title	Book / Journal	Author	Publisher	Year	Exam Part 1	Exam Part 2
Severe acute asthma exacerbation in children: a stepwise approach for escalating therapy in a pediatric intensive care unit	Journal of Pediatric Pharmacology Therapy	Nievas IF, Anand KJ		2013	X	
Status Asthmaticus in Children: A Review	CHEST Journal	Werner HA	American College of Chest Physicians	2001	X	
Status Epilepticus (Chapter 57)	Rogers' Textbook of Paediatric Intensive Care, 4th Edition	Edited by Nichols DG, et al.	Lippincot Williams and Wilkins	2008	X	
Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis in the Pediatric Population: A Review	Pediatric Emergency Care, 2016 Jul; 32(7)	Alerhand S, Cassella C, Koyfman A		2016	X	
Summaries of Infectious Diseases (Section 3)	Red Book, 30th Edition, 2015 Report of the Committee on Infectious Diseases	Edited by Kimberlin DW, Brady MT, Jackson MA, Long SS	American Academy of Pediatrics	2015	X	
Surviving Sepsis Campaign: International Guidelines for Management of Severe Sepsis and Septic Shock (Special Considerations in Pediatrics)	Critical Care Medicine 41(2): 580-637. <i>Also in Intensive Care Med 39: 165.</i>	Dellinger RP, et al.	Society of Critical Care Medicine. Springer.	2013	X	X
The History of Pediatric Intensive Care Around the World (Chapter 1)	Rogers' Textbook of Paediatric Intensive Care, 4th Edition	Edited by Nichols DG, et al.	Lippincot Williams and Wilkins	2008	X	
The Paediatric Airway: Normal and Abnormal	Airway Management (Khan ZH ed.)	Shariffuddin II, Chan L	Springer	2014	X	

<u>Book / Chapter / Article Title</u>	<u>Book / Journal</u>	<u>Author</u>	<u>Publisher</u>	<u>Year</u>	<u>Exam Part 1</u>	<u>Exam Part 2</u>
The Pediatric Assessment Triangle: a novel approach for the rapid evaluation of children	Pediatric Emergency Care Vol 26 (4) Pub Med	Dieckmann RA, Brownstein D, Gausche-Hill M		2010	X	
Thermoregulation (Chapter 32)	Rogers' Textbook of Paediatric Intensive Care, 4th Edition	Edited by Nichols DG, et al.	Lippincot Williams and Wilkins	2008	X	
Tonsillectomy (with or without adenoidectomy) in children: Postoperative care and complications		Messner AH		2015	X	
0-18 years: Guidance for all doctors		General Medical Council	General Medical Council	2007		X
Adolescent Pregnancy (Chapter 118)	Nelson Textbook of Pediatrics	Kliegman RM, Stanon B, St. Geme J, Schor N	Elsevier	2015		X
Adrenergic agonists and antagonists (Chapter 12)	Goodman & Gilman's The Pharmacological Basis of Therapeutics, 12th edition	Brunton LL, Chabner BA, Knollman BC	McGraw-Hill	2011		X
Airway problems (Chapter 27.7)	Rennie & Robertson's Textbook of Neonatology	Rennie JM	Churchill Livingstone	2013		X
Anterior pituitary function during critical illness and dopamine treatment	Critical Care Medicine, 1996 Sep; 24(9)	Van den Berghe G, de Zegher F		1996		X
Antibacterial Therapeutic Agents (Chapter 235)	Feigin and Cherry's Textbook of Pediatric Infectious Diseases	Cherry J, Demmler-Harrison GJ, Kaplan SL, Steinbach WJ, Hotez P	Elsevier	2014		X

<u>Book / Chapter / Article Title</u>	<u>Book / Journal</u>	<u>Author</u>	<u>Publisher</u>	<u>Year</u>	<u>Exam Part 1</u>	<u>Exam Part 2</u>
Assessment of neurologic function (Chapter 8)	Pediatric Critical Care Study Guide	Edited by Lucking SE, Maffei FA, Tamburro RF, Thomas NJ	Blackwell Publishing	2012		X
Avery's Neonatology: Pathophysiology and Management of the Newborn		Edited by MacDonald MG, Mullett MD, Seshia MMK	Lippincott Williams and Wilkins	2005		X
Brain Death (Chapter 61)	Rogers' Textbook of Paediatric Intensive Care, 4th Edition	Edited by Nichols DG, et al.	Lippincott Williams and Wilkins	2008		X
British National Formulary for Children		National Institute for Health and Clinical Excellence	Pharmaceutical Press	2015		X
British Oxygen Corporation Medical Gas Cylinders: Identification of medical gas grade cylinders			BOC British Oxygen Corporation	2014		X
Burns, Electrical Injuries, and Smoke Inhalation (Chapter 29)	Rogers' Textbook of Paediatric Intensive Care, 4th Edition	Edited by Nichols DG, et al.	Lippincott Williams and Wilkins	2008		X
Cardiac Anatomy (Chapter 62)	Rogers' Textbook of Paediatric Intensive Care, 4th Edition	Edited by Nichols DG, et al.	Lippincott Williams and Wilkins	2008		X
Cardiopulmonary Resuscitation (Chapter 23)	Rogers' Textbook of Paediatric Intensive Care, 4th Edition	Edited by Nichols DG, et al.	Lippincott Williams and Wilkins	2008		X
Care of the critically ill child	Pediatric Emergency Care, 2001 Feb; 17(1)	Spandorfer PR	Churchill Livingstone	2001		X

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Central line–associated bloodstream infection in hospitalized children with peripherally inserted central venous catheters: extending risk analyses outside the intensive care unit	Clinical Infectious Diseases, 2011 May; 52(9)	Advani S, Reich NG, Sengupta A, Gosey L, Milstone AM	Infectious Diseases Society of America	2011		X
Clinical governance and the drive for quality improvement in the new NHS in England	British Medical Journal, 1998 Jul 4; 317(7150)	Scally G, Donaldson LJ		1998		X
Coagulation and anticoagulant, thrombolytic, and anti-platelet drugs (Chapter 64)	Goodman & Gilman's The Pharmacological Basis of Therapeutics, 11th edition	Brunton LL, Lazo JS, Parker KL	McGraw-Hill	2006		X
Consent issues for children: a law unto themselves?	Continuing Education in Anaesthesia, Critical Care & Pain, 2011; 11(3)	Williams CA, Perkins R		2011		X
Consent: patients and doctors making decisions together	GMC Guidelines	General Medical Council	General Medical Council	2008		X
Continuing Education in Anaesthesia, Critical Care & Pain, 2007; vol. 7, issues 1-6			British Journal of Anaesthesia	2007		X
Continuing professional development: guidance for all doctors	GMC Guidelines	General Medical Council	General Medical Council	2012		X

<u>Book / Chapter / Article Title</u>	<u>Book / Journal</u>	<u>Author</u>	<u>Publisher</u>	<u>Year</u>	<u>Exam Part 1</u>	<u>Exam Part 2</u>
Continuous infusion of clonidine in ventilated newborns and infants: a randomized controlled trial	Pediatric Critical Care Medicine, 2014 Jul; 15(6)	Hünseler C, Balling G, Röhlig C, Blickheuser R, Trieschmann U, Lieser U, Dohna-Schwake C, Gebauer C, Möller O, Hering F, Hoehn T, Schubert S, Hentschel R, Huth RG, Müller A, Müller C, Wassmer G, Hahn M, Harnischmacher U, Behr J, Roth B; Clonidine Study Group	Wolters Kluwer / Lippincott and Wilkins	2014		X
Diagnosis of adrenal insufficiency in severe sepsis and septic shock	American Journal of Respiratory and Critical Care Medicine, 2006 Dec 215; 174(12)	Annane D, Maxime V, Ibrahim F, Alvarez JC, Abe E, Boudou P	American Thoracic Society	2006		X
Diagnostic accuracy of delirium diagnosis in pediatric intensive care: a systematic review	Critical Care, 2014; 18(5)	Daoud A, Duff JP, Joffe AR; Alberta Sepsis Network	Daoud, et al.	2014		X
End-of-life care decisions in the PICU: roles professionals play	Pediatric Critical Care Medicine, 2013 Jan; 14(1)	Michelson KN, Patel R, Haber-Barker N, Emanuel L, Frader J		2013		X
European consensus guidelines on the management of neonatal respiratory distress syndrome in preterm infants--2013 update	Neonatology, 2013; 103(4)	Sweet DG, Carnielli V, Greisen G, Hallman M, Ozek E, Plavka R, Saugstad OD, Simeoni U, Speer CP, Vento M, Halliday HL; European Association of Perinatal Medicine		2013		X

<u>Book / Chapter / Article Title</u>	<u>Book / Journal</u>	<u>Author</u>	<u>Publisher</u>	<u>Year</u>	<u>Exam Part 1</u>	<u>Exam Part 2</u>
Evidence-based management of anticoagulant therapy: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines	CHEST Journal, 2012 Feb; 141(2 Suppl)	Holbrook A, Schulman S, Witt DM, Vandvik PO, Fish J, Kovacs MJ, Svensson PJ, Veenstra DL, Crowther M, Guyatt GH; American College of Chest Physicians	American College of Chest Physicians	2012		X
Evidence based medicine: what it is and what it isn't	British Medical Journal, 1996 Jan 13; 312(7023)	Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS		1996		X
Extracorporeal Cardiopulmonary Support in Critical Care (4th edition)		Edited by Annich GM, Lynch WR, MaClaren G, Wilson JM, Bartlett RH	Extracorporeal Life Support Organization	2012		X
Family-Centered Care in the Pediatric Intensive Care Unit	Pediatric Clinics of North America	Meert KL, Clark J, Eggly S	Elsevier	2013		X
Foundations of Respiratory Care		Wyka K, Mathews P, Rutkowski J	Wolters Kluwer / Lippincott and Wilkins	2011		X
Guidance for Healthcare Ethics Committees		Edited by Hester DM, Schonfeld T	Cambridge University Press	2012		X
Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients	<i>Morbidity and Mortality Weekly Report</i> Recommendations and Reports, 2000 Oct; 49(RR-10)	Centers for Disease Control and Prevention; Infectious Disease Society of America; American Society of Blood and Marrow Transplantation	Centers for Disease Control and Prevention	2000		X
Head and Spinal Cord Trauma (Chapter 56)	Rogers' Textbook of Paediatric Intensive Care, 4th Edition	Edited by Nichols DG, et al.	Lippincott Williams and Wilkins	2008		X

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Immunization practices (Chapter 172)	Nelson Textbook of Pediatrics	Kliegman RM, Stanon B, St. Geme J, Schor N	Elsevier	2015		X
Impact of Pediatric Critical Care on the Family, Community, and Society (Chapter 3)	Rogers' Textbook of Paediatric Intensive Care, 4th Edition	Edited by Nichols DG, et al.	Lippincot Williams and Wilkins	2008		X
Inhaled Gases (Chapter 35)	Rogers' Textbook of Paediatric Intensive Care, 4th Edition	Edited by Nichols DG, et al.	Lippincot Williams and Wilkins	2008		X
Limit of Viability Authors		Ehrenkranz RA, Mercurio MR	http://www.u ptodate.com/ contents/limit -of-viability	2015		X
Manifestations of the shaken baby syndrome	Current Opinion in Ophthalmology, 2001; 12(3)	Kivlin JD	Wolters Kluwer / Lippincott and Wilkins	2001		X
Measures to control and prevent Clostridium difficile infection	Clinical Infectious Diseases, 2008 Jan 15; 46 Suppl 1	Gerding DN, Muto CA, Owens RC Jr.	Infectious Diseases Society of America	2008		X
Multiple Organ Dysfunction Syndrome (Chapter 21)	Rogers' Textbook of Paediatric Intensive Care, 4th Edition	Edited by Nichols DG, et al.	Lippincot Williams and Wilkins	2008		X
Neisseria Meningitidis (Chapter 191)	Nelson Textbook of Pediatrics	Kliegman RM, Stanon B, St. Geme J, Schor N	Elsevier	2015		X

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Neonatal resuscitation (Part 15)	2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care	Kattwinkel J, Perlman JM, Aziz K, Colby C, Fairchild K, Gallagher J, Hazinski MF, Halamek LP, Kumar P, Little G, McGowan JE, Nightengale B, Ramirez MM, Ringer S, Simon WM, Weiner GM, Wyckoff M, Zaichkin J	Macmillan Publishers Limited. American Academy of Pediatrics.	2010		X
Neurologic Monitoring (Chapter 54)	Rogers' Textbook of Paediatric Intensive Care, 4th Edition	Edited by Nichols DG, et al.	Lippincot Williams and Wilkins	2008		X
Oxford Textbook of Palliative Care for Children, 2nd edition		Goldman A, Hain R, Liben S	Oxford University Press	2012		X
Pancreatic trauma in children	British Journal of Surgery, 2005 April; 92(4)	Stringer MD	British Journal of Surgery	2005		X
Paracetamol overdose. An evidence based flowchart to guide management	Emergency Medicine Journal, 2002 May; 19(3)	Wallace CI, Dargan PI, Jones AL		2002		X
Pathogenesis of pulmonary hypertension		Rubin LJ, Hopkins W		2015		X
Pediatric advanced life support (Part 14)	2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care	Kleinman ME, Chameides L, Schexnayder SM, Samson RA, Hazinski MF, Atkins DL, Berg MD, de Caen AR, Fink EL, Freid EB, Hickey RW, Marino BS, Nadkarni VM, Proctor LT, Qureshi FA, Sartorelli K, Topjian A	American Heart Association	2010	X	X

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Pediatric Anterior Mediastinal Mass: A Review Article	Seminars in Cardiothoracic and Vascular Anesthesia, 2015 Sep, 19(3)	Pearson JK, Tan GM	Sage	2015		X
Pediatric Critical Care		Fuhrman BP, Zimmerman JJ, et al.	Elsevier	2011	X	X
PIM2: a revised version of the Paediatric Index of Mortality	Intensive Care Medicine, 2003 Feb; 29(2)	Slater A, Shann F, Pearson G; Paediatric Index of Mortality (PIM) Study Group		2003		X
Pocket Guide to Critical Care Pharmacotherapy		Edited by Papadopoulos J	Humana Press	2008		X
Post operative cardiac care (Chapter 30)	Pediatric Critical Care Study Guide	Edited by Lucking SE, Maffei FA, Tamburro RF, Thomas NJ	Blackwell Publishing	2012		X
Practice Management: The Business of Pediatric Critical Care (Chapter 6)	Rogers' Textbook of Paediatric Intensive Care, 4th Edition	Edited by Nichols DG, et al.	Lippincot Williams and Wilkins	2008		X
Professionalism, Simulation Training, and Leadership in Pediatric Critical Care (Chapter 4)	Rogers' Textbook of Paediatric Intensive Care, 4th Edition	Edited by Nichols DG, et al.	Lippincot Williams and Wilkins	2008		X
Pulse oximetry	Journal of Critical Care, 1999; 3(2)	Jubran A	Wolters Kluwer / Lippincott and Wilkins	1999		X
Quality Improvement, Patient Safety, and Medical Error (Chapter 10)	Rogers' Textbook of Paediatric Intensive Care, 4th Edition	Edited by Nichols DG, et al.	Lippincot Williams and Wilkins	2008		X
Rationale for Hand Hygiene Recommendations after Caring for a Patient with Clostridium difficile Infection		Dubberke ER, Gerding DN	The Society for Healthcare Epidemiology of America, et al.	2011		X

<u>Book / Chapter / Article Title</u>	<u>Book / Journal</u>	<u>Author</u>	<u>Publisher</u>	<u>Year</u>	<u>Exam Part 1</u>	<u>Exam Part 2</u>
Recommendations for end-of-life care in the intensive care unit: a consensus statement by the American College [corrected] of Critical Care Medicine	Critical Care Medicine, 2008 Mar; 36(3)	Truog RD, Campbell ML, Curtis JR, Haas CE, Luce JM, Rubenfeld GD, Rushton CH, Kaufman DC; American Academy of Critical Care Medicine		2008		X
Root cause analysis. A tool for total quality management		Wilson PF, Dell LD, Anderson GF	Wolters Kluwer / Lippincott and Wilkins	1993		X
Standards for critical incident reporting in critical care	Intensive Care Society Standards	Intensive Care Society	Intensive Care Society	2006		X
Surviving Sepsis Campaign: International Guidelines for Management of Severe Sepsis and Septic Shock (Special Considerations in Pediatrics)	Critical Care Medicine 41(2): 580-637. Also in Intensive Care Med 39: 165.	Dellinger RP, et al.	Society of Critical Care Medicine. Springer.	2013	X	X
The clinical significance of measles: a review	Journal of Infectious Diseases, 2004 May 1; 189 Suppl 1	Perry RT, Halsey NA	Oxford University Press	2004		X
The Ethics of Surgery: Conflicts and Controversies		Sade RM	Oxford University Press	2015		X
The Immune System (Chapter 72)	Rogers' Textbook of Paediatric Intensive Care, 4th Edition	Edited by Nichols DG, et al.	Lippincott Williams and Wilkins	2008		X
The Parental Experience of Having an Infant in the Newborn Intensive Care Unit	Journal of Perinatal Education, 2009 Summer; 18(3)	Obeidat HM, Bond EA, Callister LC	Lamaze International	2009		X

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Tracheostomy care and complications in the intensive care unit	Critical Care Nurse, 2013 Oct; 33(5)	Morris LL, Whitmer A, McIntosh E	Critical Care	2013		X
Transporting newborn infants with suspected duct dependent congenital heart disease on low-dose prostaglandin E1 without routine mechanical ventilation	Archives of Disease in Childhood - Fetal and Neonatal Edition, 2007 Mar; 92(2)	Browning Carmo KA, Barr P, West M, Hopper NW, White JP, Badawi N	BMJ Publishing Group & Royal College of Paediatrics and Child Health	2007		X
Treatment of burns in the first 24 hours: simple and practical guide by answering 10 questions in a step-by-step form	World Journal of Emergency Surgery, 2012; 7(13)	Alharbi Z, Piatkowski A, Dembinski R, Reckort S, Grieb G, Kauczok J, Pallua N		2012		X
Use of 2% 2-phenoxyethanol and 0.1% octenidine as antiseptic in premature newborn infants of 23-26 weeks gestation	Journal of Hospital Infection, 2002 Aug; 51(4)	Bührer C, Bahr S, Siebert J, Wettstein R, Geffers C, Obladen M	Elsevier	2002		X
Validation of pediatric index of mortality 2 (PIM2) in a single pediatric intensive care unit in Japan	Intensive Care Medicine, 2012 Apr; 38(4)	Imamura T, Nakagawa S, Goldman RD, Fujiwara T		2012		X
Validation of the COMFORT Behavior scale and the FLACC scale for pain assessment in Chinese children after cardiac surgery	Pain Management Nursing, 2012 Mar; 13(1)	Bai J, Hsu L, Tang Y, van Dijk M	Elsevier	2012		X
When children die: Improving palliative and end-of-life care for children and their families		Institute of Medicine (US) Committee on Palliative and End-of-Life Care for Children and Their Families	The National Academies Press	2003		X

Online Study Group

ESPNIC has established an EPIC Diploma Candidate Study Group, hosted online as a LinkedIn Group, to empower eligible candidates to share knowledge, work with mentors, and network with peers who also plan to take the exam. Candidates will be invited to the EPIC Diploma Candidate Study Group upon being notified that they are eligible.

Practice Test

ESPNIC offers a practice test that candidates may purchase as a study tool. The practice test is accessible via the internet and is available on demand (any time, anywhere).

Registration is available at <http://espnic-online.org/Education/Diploma>.

The practice test is not intended to be an exact replica of the actual exam, and candidates should not rely on the practice test as an absolute guide to the actual exam or as a predictor of their performance on the actual exam. While there are fewer test questions on the practice test than on the actual exam, the exam items on the practice test are organized along approximately the same topical domains as the exam items on the actual EPIC Diploma exam, and the practice test items have been vetted through the same rigorous process of quality control and quality assurance as the actual exam items.

Recertification / Renewal / Maintenance of Certification

<i>Purpose of Recertification</i>	The EPIC Diploma has a dual purpose: 1) Ensure continued minimal competence; and 2) Ensure continual enhancement of competence.
<i>Frequency of Recertification Period</i>	Barring suspension or revocation, the EPIC Diploma is valid for five (5) years and may be renewed— either by exam (to ensure continued minimal competence) or by continuing professional development (CPD) (to ensure continual enhancement of competence).
<i>By Exam</i>	Board Certified Specialists in Paediatric and Neonatal Intensive Care choosing to recertify by exam must take the full-length, current version of the initial certification exam as of the last year of the recertification period.
<i>By Continuing Professional Development</i>	<p>Board Certified Specialists in Paediatric and Neonatal Intensive Care choosing to recertify by continuing professional development must earn 100 CPD points over the course of the 5-year recertification period, with at least 1 CPD point earned every year.</p> <p>To count towards EPIC recertification, all CPD activity topics must align with the EPIC Diploma exam specifications.</p> <p>CPD activities include:</p> <ol style="list-style-type: none"> 1) <i>Continuing Medical Education (CME)</i> <ul style="list-style-type: none"> 1 CPD point per 60 minutes of instructional time of a CME activity accredited by ECCME or ACCME CME activities must be a minimum of 30 minutes; shorter sessions do not count for CPD points *At least 40 CPD points must be in this category 2) <i>Teaching</i> <ul style="list-style-type: none"> 2 CPD points per 60 minutes of instructional time of a CME activity accredited by ECCME or ACCME CME activities must be a minimum of 30 minutes; shorter sessions do not count for CPD points 3) <i>Research / Authorship</i> <ul style="list-style-type: none"> 5 CPD points for lead development and presentation / 2 CPD points for contributing development and presentation of a peer-reviewed poster at a medical congress 10 CPD points for lead authorship / 5 CPD points for contributing authorship of a peer-reviewed article in a journal or a peer-reviewed chapter in a textbook 20 CPD points for lead authorship / 10 CPD points for contributing authorship of a peer-reviewed textbook 4) <i>Quality Improvement</i> <ul style="list-style-type: none"> 20 CPD points for completing a quality improvement project that incorporates strategies for improvement and tracks performance over time *At least 20 CPD points must be in this category 5) <i>Leadership and Service</i> <ul style="list-style-type: none"> 1 CPD point per hour of actual meeting time for service on a relevant committee or board 1 CPD point per draft Diploma exam item accepted as viable by the ESPNIC Assessment Development Committee
<i>Professional Standing / Probity / Personal Health</i>	A valid, unrestricted medical license in at least one jurisdiction. If multiple licenses are held, each must be valid and unrestricted.

Irregular Behavior

Any behavior that threatens the integrity or security of the EPIC Diploma program application, exams, or credentialing processes is considered by ESPNIC to be irregular behavior.

Irregular behavior includes, but is not limited to:

- Making false representations on initial certification or recertification applications or falsifying supporting documentation.
- Altering or falsifying EPIC certificates or diplomas, or otherwise misrepresenting certification status.
- Altering or falsifying EPIC Diploma exam results reports or otherwise misrepresenting exam performance.
- Seeking or having access to EPIC Diploma exam content (other than official, ESPNIC-sanctioned exam preparatory materials) before the exam is administered.
- Impersonating an examinee or engaging someone else to take an EPIC Diploma exam by proxy.
- Copying exam answers from someone else or allowing answers to be copied.
- Copying or memorizing and reproducing exam items for personal or competing use or distribution.
- Purchasing or stealing EPIC Diploma exam materials.
- Possessing unauthorized materials or equipment during an EPIC Diploma exam administration.
- Making a false or intentionally misleading report accusing others of irregular behavior.

A subset of applications, at the discretion of ESPNIC, shall be audited to verify the documentation submitted in support of eligibility (education, work experience, licensure, etc.). By applying, applicants attest that the information provided on the application is true, complete, and accurate, and that the applicants understand and acknowledge that the application may be rejected and / or subsequent certification may be invalidated if the information is found to be false, incomplete, or inaccurate. By submitting an application, applicants consent to and authorize ESPNIC and its employees, credentialing management team, officers, directors, consultants, agents, volunteer leaders, and vendors to access and review applicants' academic, employment, licensure, criminal, and regulatory records. Further, applicants agree to hold harmless, waive any and all legal claims against, release, and indemnify ESPNIC and its employees, credentialing management team, officers, directors, consultants, agents, volunteer leaders, and vendors, and the institutions releasing records or reporting their contents to ESPNIC and its employees, certification management team, officers, directors, consultants, agents, volunteer leaders, and vendors. Further, applicants agree to hold harmless, waive any and all legal claims against, release, and indemnify ESPNIC and its employees, credentialing management team, officers, directors, consultants, agents, volunteer leaders, and vendors from all liability and claims that may arise out of, or be related to, ESPNIC credentials, applicants' medical practice and related activities, the application, eligibility determinations, exam results, and recertification determinations, and all actions related to ethics and professionalism. Applicants agree that any decision concerning the application, qualification for any credential, recertification, or compliance with ethics and professionalism requirements rests within the sole and exclusive discretion of ESPNIC, and that these decisions are final.

To help ESPNIC maintain the integrity of its credentialing processes, anyone acting in good faith that has information or evidence that irregular behavior has occurred is encouraged to submit a written statement to the Ethics and Professionalism Committee of ESPNIC's European Board of Paediatric and Neonatal Intensive Care (by email to epic@espnice-online.org) detailing the incident and providing copies of any supporting evidence or documentation.

If the Ethics and Professionalism Committee determines that irregular behavior has occurred, it may invalidate scores, suspend or revoke existing credentials, temporarily or permanently bar individuals from certification, or impose other sanctions or take other actions as it deems appropriate, including civil or criminal legal action. Adverse decisions of the Ethics and Professionalism Committee may be appealed by the sanctioned individual to the Appeals Committee of ESPNIC's European Board of Paediatric and Neonatal Intensive Care by emailing epic@espnice-online.org.

Revalidation of EPIC Diploma Program Exam Content

To ensure the continuing relevance, accuracy, and validity of the content of the EPIC Diploma exams, ESPNIC performs a revalidation (updating the exam specifications, initial eligibility standards, and recertification standard) periodically according to the pace of change in the practice. Currently, the European Board of Paediatric and Neonatal Intensive Care has defined this period as every five years.

Grievances, Policy Interpretation Reviews, and Appeals

If an EPIC Diploma program applicant, eligible candidate, or current or past Board Certified Specialist in Paediatric and Neonatal Intensive Care disagrees with a credentialing decision or policy, review of the decision or policy may be requested. Such requests must be submitted to the Appeals Committee of ESPNIC's European Board of Paediatric and Neonatal Intensive Care by email to epic@espnice-online.org and should include all appropriate supporting documentation. The Appeals Committee will review all requests and provide a response within a reasonable time—usually within 90 days of receipt.

Data Confidentiality and Release of Credentialing Information to Third Parties

All data provided to ESPNIC or its representatives, contractors, or agents as part of the credentialing process is maintained under strictest security. ESPNIC may provide information necessary for compliance with laws and court orders. ESPNIC and its credentialing management team may share initial certification applicant data, exam results, candidate exam comments, and recertification applicant data with members of the European Board of Paediatric and Neonatal Intensive Care and its relevant committees.

ESPNIC and its credentialing management team may (at ESPNIC's discretion) publish (on the ESPNIC website, at ESPNIC congresses and conferences, in ESPNIC marketing materials, and in any other media) and otherwise communicate to any individual, government, organization, or other entity the name, city, country, date of certification, type of certification (e.g., EPIC Diploma, Certificate in Paediatric and Neonatal Intensive Care, etc.), and certification valid-through date of all individuals who are certified by ESPNIC. By submitting an application, applicants consent to and authorize all related publication and communication to all entities of this information, assign to ESPNIC all relevant intellectual property rights and licenses irrevocably and royalty-free, and agree to hold harmless, waive any and all legal claims against, release, and indemnify ESPNIC and its employees, credentialing management team, officers, directors, consultants, agents, volunteer leaders, and vendors for publishing this information or communicating this information to any entities.

ESPNIC will make reasonable efforts to provide no other information relative to an individual's credentialing status (other than the information described above) without written authorization by the individual in question.