SAUDI BOARD RESIDENCY TRAINING PROGRAM
OTORHINOLARYNGOLOGY HEAD AND NECK SURGERY

Final Written Examination 2018

Objectives
1. Determine the trainee has sufficient competency related to the OTORHINOLARYNGOLOGY HEAD AND NECK SURGERY.
2. Determine the eligibility for entering the final clinical examination.

General Provisions
1. The final written examination of Saudi board certificates will be held once each year.
2. The final written examination may not be repeated.
3. Examination dates shall be provided by the Specialty Examination Committee in accordance with the approved annual schedule submitted by the Executive Assessment Administration.
4. The candidate would remain eligible for final written examination for a period not longer than three years after completion of training provided that he/she presents evidence of continuing clinical practice.
5. If the candidate did not pass within the three years, an additional attempt may be granted upon the approval of the Scientific Council, provided evidence of continuing clinical practice.
6. The candidate who failed to pass the final written examination including the additional attempt, has to repeat the final year of training, after which he/she shall be allowed to sit the final written examination twice given the approval of the Scientific Council.
7. After exhausting all the above attempts (maximum 6 attempts) the candidate will not be permitted to sit for the final written examination.
Examination Format:

1. A Saudi board final OTORHINOLARYNGOLOGY HEAD AND NECK SURGERY written examination shall consist of two papers each with 100-120 SBA MCQs. Ten unscored items can be added for pretesting purposes.

2. If any other assessment format is used, the CAC must agree to its implementation (for example Short Answer Question (SAQ) or Modified Essay Question (MEQ) formats).

Passing Score:

1. The passing score is 70%. However, if the percentage of candidates passing the examination before final approval is less than 70%, the passing score must be lowered by one mark at a time aiming at achieving 70% passing rate or 65% passing score whichever comes first.

2. Alternatively, to set a passing score using a standard setting method, the specialty examination committee must obtain approval of the process and passing score from the Executive Director for Assessment one month prior to exam administration.

3. To set the passing score a standard setting method that is supported by published scientific evidence can be used, for which the Angoff method is recommended. The process to arrive to the passing score requires prior review and approval.

4. If standard setting is used the above passing score regulation does not apply and a detailed report of the process and the recommended pass score should be forwarded to the Executive Director of Assessment at least two weeks before the examination date.

5. Under no circumstances can the passing score be reduced below 65%.

Suggested References:


Note: This list is intended for use as a study aid only. SCFHS does not intend the list to imply endorsement of these specific references, nor are the exam questions necessarily taken solely from these sources.

Blueprint outlines

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<thead>
<tr>
<th>No.</th>
<th>Sections</th>
<th>Proportion</th>
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<tbody>
<tr>
<td>1</td>
<td>Basic clinical science</td>
<td>8-12</td>
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<tr>
<td>2</td>
<td>General &amp; Emergency</td>
<td>18-22</td>
</tr>
<tr>
<td>3</td>
<td>Head &amp; Neck</td>
<td>13-16</td>
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<tr>
<td>4</td>
<td>Otology / Aud</td>
<td>18-22</td>
</tr>
<tr>
<td>5</td>
<td>Neurotology</td>
<td>8-12</td>
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<td>6</td>
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<td>7</td>
<td>Pediatric &amp; Laryngology</td>
<td>14-18</td>
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<td>8</td>
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<td>Research, Ethics &amp; Professionalism and patient safety</td>
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Note: Blueprint distributions of the examination may differ up to +/-3% in each category.
Example Questions
EXAMPLE OF K2 QUESTIONS
Question 1

A 35 year-old man with squamous cell carcinoma of buccal mucosa underwent wide local excision, supraomohyoid neck dissection and mandibular reconstruction with metal plates. Two months after radiation therapy, multiple orocutaneous fistulas with discharge developed over the lower jaw. Mandible was exposed and appeared hypovascular with no evidence of healing. Removal of reconstruction plates, local dressings and systemic antibiotics shows no response (see image).

Which of the following is the best management option?

A. Wide local debridement
B. Hyperbaric oxygen therapy
C. Biodegradeable mandibular plates
D. Long term antibiotics and pentoxiphylline

EXAMPLE OF K1
Question 2

When tympanoplasty and mastoidectomy are performed in patients with chronic otitis media, ossicular pathologies are frequently encountered. The most common finding is the necrosis of long process of incus.

Which of the following is the most likely reason?

A. No muscle attachment
B. Presence of end arteries
C. Closest to the site of pathology
D. Most mobile part of ossicular chain