SAUDI BOARD RESIDENCY TRAINING PROGRAM
OTORHINOLARYNGOLOGY HEAD AND NECK SURGERY
Part One Examination 2018

Part I Examination of Saudi Board shall cover applied basic health sciences related to the OTORHINOLARYNGOLOGY HEAD AND NECK SURGERY. This examination is not applicable to other postgraduate training programs such as diplomas and fellowships.

Requirements to take the examination are as follows:

1. Completion of at least nine months training in any of the Saudi board certificate programs.
2. Valid registration in any of the Commission postgraduate programs.
3. Any other conditions approved by the Council of Education and Training.
4. Completion of the examination registration process within the specified period.

General Provisions

1. The trainee may not be promoted from junior to senior level (as determined by the relevant Scientific Council) unless he/she passes Part I Examination of Saudi board.
2. Exemption from the examination due to the completion of any other previous postgraduate studies/examinations has to be approved by the Central Training Committee.
3. Saudi Part I board examination will be held once each year on a date published on the Commission website.
4. Candidates are allowed a maximum of four (4) attempts to pass Saudi Part I board examination, before being dismissed from the program.
5. If the percentage of failures in the examination after final results approval is 50% of applicants or more (excluding year-one candidates), the exam shall be repeated after 6 months for the failing candidates.
6. If the percentage of failures in the examination after final results approval is more than 30% and less than 50% of applicants (excluding year-one candidates), the exam may be repeated after 6 months for the failing candidates upon their request which is submitted to the Executive Director of Assessment and the recommendation of the Specialty Examination Committee, then the approval of the Chief Academic Officer, conduction should not exceed a maximum of two exams per training year.
7. Each Examination Committee shall submit to its Scientific Council its observations on the candidates’ examination performance, with reference to their training centers, if possible.

**Examination Format:**

1. Part I Examination of OTORHINOLARYNGOLOGY HEAD AND NECK SURGERY Saudi board certificate shall consist of one paper with 120-150 multiple-choice questions (single best answer out of four options). 10 unscored items can be added for pretesting purposes.
2. If any other assessment format is used, the Central Assessment Committee must agree to its implementation.

**Passing Score:**

1. The passing score is 65%.
2. If the percentage of candidates passing the exam before final approval is less than 70%, the passing score can be lowered by one mark at a time aiming at achieving 70% passing rate or a score of 60% whichever comes first. Under no circumstances, may the score can be reduced below 60%.

**Suggested References:**

- Cumming’s Otolaryngology-Head & Neck Surgery.
- Scott Brown Otolaryngology-Head & Neck Surgery.
- Baily’s Head & Neck Surgery & Otolaryngology.

**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

<table>
<thead>
<tr>
<th>No.</th>
<th>Sections</th>
<th>Proportion</th>
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<tbody>
<tr>
<td>1</td>
<td>Fluid and electrolytes</td>
<td>3-6</td>
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<tr>
<td>2</td>
<td>Shock, Hemostasis, and transfusion</td>
<td>4-6</td>
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<td>3</td>
<td>Surgical infection and antibiotics</td>
<td>2-6</td>
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<td>4</td>
<td>Trauma and Critical care</td>
<td>4-6</td>
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<td>5</td>
<td>Surgical complications</td>
<td>4-6</td>
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<tr>
<td>6</td>
<td>Nutrition/ TPN &amp; Wound healing</td>
<td>5-10</td>
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<tr>
<td></td>
<td><strong>Fundamentals in Otolaryngology</strong></td>
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<tr>
<td>7</td>
<td>Pre-operative assessment &amp; Anaesthesia</td>
<td>4-6</td>
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<tr>
<td>8</td>
<td>Anatomy &amp; Embryology</td>
<td>34-41</td>
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<td>9</td>
<td>Clinical Otolaryngology</td>
<td>14-18</td>
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<td>10</td>
<td>Pathology, Pharmacology &amp; Microbiology</td>
<td>15-25</td>
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<td>Research, Ethics &amp; Professionalism and patient safety</td>
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<td><strong>Total</strong></td>
<td><strong>120</strong></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