SAUDI BOARD OF PERIODONTICS PROGRAM (SB-PERIO)

FINAL CLINICAL EXAMINATION
I Objectives

a. Determine the ability of the candidate to practice as a specialist and provide consultation in the general domain of his/her specialty for other health care professionals or other bodies that may seek assistance and advice.
b. Ensure that the candidate has the necessary clinical competencies relevant to his/her specialty including but not limited to history taking, physical examination, documentation, procedural skills, communication skills, bioethics, diagnosis, management, investigation and data interpretation.
c. All competencies contained within the specialty core curriculum are subject to be included in the examination.

II Eligibility

a. Passing Saudi Board Part II (final) written examination.
b. Candidates are allowed a maximum of three attempts to pass final specialty clinical examination within a period of 5 years provided that evidence of continuing clinical practice is presented and approved by the specialty scientific council.
c. If the candidate did not pass the three attempts, an exceptional attempt may be granted upon the approval of the scientific and executive councils, provided evidence of continuing clinical practice is presented.
d. A candidate who failed to pass the clinical examination including the exceptional attempt has to pass Part II written examination again, after which he/she is allowed to sit the final specialty clinical examination only once provided that evidence of continuing clinical practice is presented and approved by the scientific council.
e. After exhausting above attempts candidate is not permitted to sit the Saudi board final specialty clinical examination.

III General Rules

a. Saudi board final specialty clinical examination will be held once each year within 4-8 weeks after Part II written examination (normally toward the end of calendar year).
b. If the percentage of failure in the clinical examination are 50% or more the examination shall be repeated after 6 months.
c. Specialty clinical examinations shall be held on the same day and time in all centers, however if multiple consecutive sessions are used, suitable quarantine arrangements must be in place.
d. If examination is conducted on different days, more than one exam version must be used.

IV Exam Format

a. The Periodontics final clinical examination shall consist of 8 graded stations each with 10 minute encounters.
b. The 8 stations consist of 5 Objective Structured Clinical Exam (OSCE) stations with 1 examiner each and 3 Structured Oral Exam (SOE) stations with 2 examiners each.
c. All stations shall be designed to assess integrated clinical encounters.
d. SOE stations are designed with preset questions and ideal answers.
e. Each OSCE station is assessed with a predetermined performance checklist. A scoring rubric for post-encounter questions is also set in advance.
## Final Clinical Exam Blueprint*

### Dimensions of Care

<table>
<thead>
<tr>
<th>Domain</th>
<th>Diagnosis</th>
<th>Treatment Planning</th>
<th>Instructions</th>
<th>Psychosocial Aspects</th>
<th># Stations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care</td>
<td>1±1 Station(s)</td>
<td>3±1 Station(s)</td>
<td>7±1 Station(s)</td>
<td>1±1 Station(s)</td>
<td>5</td>
</tr>
<tr>
<td>Procedural Skills</td>
<td>1±1 Station(s)</td>
<td>1 Station(s)</td>
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<td></td>
<td>1</td>
</tr>
<tr>
<td>Communication &amp; Interpersonal Skills</td>
<td>1±1 Station(s)</td>
<td>1 Station(s)</td>
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<td></td>
<td>1</td>
</tr>
<tr>
<td>Professional Behaviors</td>
<td>1±1 Station(s)</td>
<td>1 Station(s)</td>
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<td>1</td>
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<tr>
<td><strong>Total Stations</strong></td>
<td><strong>2</strong></td>
<td><strong>4</strong></td>
<td><strong>1</strong></td>
<td><strong>1</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

*Main blueprint framework adapted from Medical Council of Canada Blueprint Project

### Definitions

<table>
<thead>
<tr>
<th>Dimensions of Care</th>
<th>Focus of care for the patient, family, community, and/or population</th>
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</thead>
<tbody>
<tr>
<td>Diagnosis</td>
<td>The process of enabling people to identify the current problem and the interaction with different specialty based on chief complaint and clinical examination. It includes taking medical and dental history in addition to full records as X-rays, cast models, full examination, pictures. It ends with providing a problem list for the patient covering three major parts, skeletal dental and soft tissue.</td>
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<tr>
<td>Treatment Planning</td>
<td>The method to address the problem including treatment objective and treatment options including specific appliances, length of treatment and need of patient cooperation. Also, it should include alternative treatment option, advantages and disadvantages to various options. A phase of retention should be clarified and explained to the patient with full instructions.</td>
</tr>
<tr>
<td>Instructions</td>
<td>The importance of keeping good oral hygiene, patient cooperation of attending appointments and using home instructions to use appliance.</td>
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<tr>
<td>Domains</td>
<td>Reflects the scope of practice &amp; behaviors of a practicing clinician</td>
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<td>---------------------------------</td>
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<tr>
<td>Patient Care</td>
<td>Exploration of illness &amp; disease through gathering, interpreting &amp; synthesizing relevant information that includes but is not limited to history taking, physical examination &amp; investigation. Management is a process that includes but is not limited to generating, planning, organizing care in collaboration with patients, families, communities, populations, &amp; health care professionals (e.g. finding common ground, agreeing on problems &amp; goals of care, time &amp; resource management, roles to arrive at mutual decisions for treatment)</td>
</tr>
<tr>
<td>Procedural Skills</td>
<td>Procedural skills encompass the areas of clinical care that require physical and practical skills of the clinician integrated with other clinical competencies in order to accomplish a specific and well characterized technical task or procedure.</td>
</tr>
<tr>
<td>Communication &amp; Interpersonal Skills</td>
<td>Interactions with patients, families, caregivers, other professionals, communities, &amp; populations. Elements include but are not limited to active listening, relationship development, education, verbal, non-verbal &amp; written communication (e.g. patient centered interview, disclosure of error, informed consent).</td>
</tr>
<tr>
<td>Professional Behaviors</td>
<td>Attitudes, knowledge, and skills based on clinical &amp;/or medical administrative competence, ethics, societal, &amp; legal duties resulting in the wise application of behaviors that demonstrate a commitment to excellence, respect, integrity, accountability &amp; altruism (e.g. self-awareness, reflection, life-long learning, scholarly habits, &amp; physician health for sustainable practice).</td>
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</table>

**VII Passing Score**

- The pass/fail cut off for each OSCE/SOE station is determined by the exam committee prior to conducting the exam using a Minimum Performance Level (MPL) Scoring System.
- Each station shall be assigned a MPL based on the expected performance of a minimally competent candidate. The specialty exam committee shall approve station MPLs.
- At least one examiner marks each OSCE station and two examiners independently mark each part of the SOE.
- To pass the examination, a candidate must attain a score > MPL in at least 70% of the number of stations and 60% in each component (OSCE and SOE).

**VIII Score Report**

- All score reports shall be issued by the SCFHS after approval of the Specialty Examination Committee.

**IX Exemptions**

- SCFHS at present has no reciprocal arrangement with respect to this examination or qualification by any other college or board, in any specialty.
Station Overview: OSCE STATION

DEVELOPMENT DATE:

STATION DEVELOPER/S
(contact information)

CANDIDATES (intended and potential)

R4 residents in Periodontics

OBJECTIVES

To test candidate’s ability to:
1. Diagnose aggressive periodontitis
2. Test knowledge of microbiology of aggressive periodontitis
3. Investigate causes of halitosis
4. Apply prognosis
5. Manage aggressive periodontitis
6. Test the ability to propose a treatment plan

LOGISTICS

Personnel: ACTRESS

Room requirements/resources:

1) AVAILABLE TABLE TO SHOW PRINTED COPIES OF PATIENT RECORDS.
2) Papers and pen for candidates to take notes.
Scene: DENTAL CLINIC
You are called to see the patient; Amani Bani, a 26-year-old who will referred to you. She is complaining of bad breath.

YOU HAVE 15 MINUTES TO DO THE FOLLOWING:

1) OBTAIN BRIEF RELEVANT HISTORY INCLUDING CHIEF COMPLAINTS.
   a. *think aloud during the interview.*
   b. *before performing any maneuver or intervention, inform the patient of your intentions.*

2) REVIEW THE PROVIDED INVESTIGATIONS.
   a. *think aloud during the interview.*

3) DISCUSS THE MOST PROBABLE DIAGNOSIS BASED ON FINDINGS PROVIDED.

4) EXPLAIN THE DIFFERENT OPTIONS FOR MANAGEMENT TO THE PATIENT MAIN PROBLEMS.

5) PRESENT TO THE PATIENT THE OUTLINE OF THE TREATMENT PLAN TO MANAGE HER PERIODONTAL DISEASE

6) Write down on a piece of paper
   a. Prescriptions needed for any medications you decide to prescribe.
   b. Any requests for investigations you may need
SP instructions: Title

### SCENARIO
Interview room in periodontal clinic. All radiographs and periodontal charting are printed and available.

26-year-old female patient presented to the dental clinics referred from a dentist who saw the patient in the summer to manage her (bad breath) complaint. The referring dentist performed dental and periodontal exam and advised the patient that she needs comprehensive care of her (gum disease and her cavities). She had to return to Riyadh soon after the examination and therefore, her provided her with periodontal charting and dental radiographs.

### CURRENT LIFE SITUATION
Unemployed after graduation from college.

### DENTAL FINDINGS
Multiple deep pockets, mobility, furaction lesions in molars, poor oral hygiene and bleeding gingiva and halitosis.

### PERSONALITY
Co-operative but shy

### PAST MEDICAL HISTORY
Smoker of 10 cigarettes per day.

### FAMILY MEDICAL HISTORY
Non-significant but grandmother and aunt lost teeth at young age because of bad gums.

### MEDICATIONS
None

### ALLERGIES
Could not recall

### SOCIAL HISTORY
Soon to be engaged

### ENCOUNTER BEGINNING
You complain about how your family and friends have started noticing (bad breath) from your mouth when you get close to them. It is all day long and you are concerned that your engagement party is coming soon with this problem not solved. In addition you notice that sometimes your gums bleed when you try to brush your teeth and that is why you do not brush every day. Your left side lower back tooth hurts you sometimes when you eat something sweet or drink something cold but only for few minutes. When you are asked about your smoking habit you answer yes. When you are asked about health status you mention that you have no medical problems. When you are asked about your tooth that causes pain you say it is in the right lower side and the pain does wake me up from sleep sometimes. If you are asked about allergy to medications say that do not have any. If you are asked to show your tongue approve and show your tongue.

### END (2 min warning)
Ask how could your bad breath problem be solved before January, 2017?
Ask what causes bad breath?
Ask if you can replace the your extracted teeth with implants?

### PHYSICAL EXAM
No need for physical exam except if the candidate requests to see the tongue.
### Performance Evaluation: OSCE Aggressive Periodontitis and Halitosis

0 = not done, 1 = attempted but not done correctly/completely, & 2 = done correctly/completely

<table>
<thead>
<tr>
<th>Patient Care/Assessment</th>
<th>0</th>
<th>1</th>
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<tbody>
<tr>
<td><strong>INTRODUCE SELF</strong> (2)</td>
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<tr>
<td>Identify the patient chief complaint (BAD BREATH, BLEEDING GUMS, GUM DISEASE) (4)</td>
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<tr>
<td>1. Obtain proper medical history: (4)</td>
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<tr>
<td>a. Allergies and/or drug reactions</td>
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<tr>
<td>b. Medications</td>
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<tr>
<td>c. Major diseases</td>
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<tr>
<td>d. Major treatments</td>
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<tr>
<td>e. Surgical history</td>
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<td>f. Hospitalizations and date</td>
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<td>g. Trauma history</td>
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<tr>
<td>h. Family medical history and dental history</td>
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<tr>
<td>i. Ask about the history of smoking</td>
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<tr>
<td>Ask about carious lesions and sign of pulpitis (4)</td>
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<tr>
<td>Ask about the history and signs of halitosis (6)</td>
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### Management

| Review of periodontal charting and radiographic evaluation (4) |   |   |   |
| Identify consultation and referrals with other specialties needed. (endodontist) (2) |   |   |   |
| What is the patient periodontal diagnosis? (6) Generalized aggressive periodontitis |   |   |   |
| 1. Explain aggressive periodontitis in simple form: (6) |   |   |   |
| a. An infectious disease |   |   |   |
| b. An inflammatory disease |   |   |   |
| c. Destruction of tissue around teeth (gums and bone) |   |   |   |
| d. Family and genetic link to disease |   |   |   |
| e. Suggesting to screen other siblings for periodontitis to exclude family aggregation of aggressive periodontitis |   |   |   |
| Explain to patient phases of treatment needed? (10) |   |   |   |
| a) Disease control (phase 1) includes SRP, occlusal management and antibiotics |   |   |   |
| b) Need for surgical periodontal care |   |   |   |
| c) Extraction of hopeless teeth |   |   |   |
| d) Treat carious tooth |   |   |   |
| e) Extraction of hopeless teeth (includes lower third molars) |   |   |   |

| Need for antibiotic to manage the patient periodontal diagnosis? (4) |   |   |   |
| Write proper prescription; either: |   |   |   |
| • Amoxicillin 500mg TID + Metronidazole 500mg BID for 7 days |   |   |   |
| • Augmentin 625 mg TID (or 1 gram BID) for 7 days |   |   |   |
| • Doxycycline 100 mg daily for 21 days. |   |   |   |

| Can the management of periodontitis and dental care manage the patient chief complaints before January? (2) |   |   |   |
| Informs the patient of the most common oral factors for halitosis (6) |   |   |   |
| • Caries |   |   |   |
| • Periodontitis |   |   |   |
| • open contacts with food impaction |   |   |   |
| • hairy tongue |   |   |   |
| • smoking |   |   |   |
| • dietary habits. |   |   |   |
| • Systemic problems if available |   |   |   |

| Discusses management plan of halitosis (8) |   |   |   |
| • Managing local factors including periodontitis |   |   |   |
| • tongue brushing |   |   |   |
| • anti-halitosis rinses |   |   |   |
| • toothpaste that binds with sulfa-by-products |   |   |   |

| Explain to the patient the possibility of replacing hopeless extracted teeth with dental implants if disease is well controlled and patient is compliant (if the patient ask) (6) |   |   |   |

### Overall Organization of Patient Encounter (ONE choice only) (5 points)

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<tbody>
<tr>
<td>No logical flow; scattered, inattentive to patient’s agenda</td>
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<tr>
<td>Counsels patient before taking history or doing physical</td>
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<tr>
<td>Minimal organization; scattered approach</td>
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<tr>
<td>Appropriate approach to patient</td>
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<tr>
<td>Skillful approach to patient</td>
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<tr>
<td>Skillful, professional approach to patient and effective use of time</td>
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</table>
Pre op Panoramic and intra oral radiographic x ray