الهيئة السعودية للتخصصات الصحية
Saudi Commission For Health Specialties

EMERGENCY MEDICINE
SAUDI BOARD PROGRAM

SAUDI BOARD FINAL CLINICAL EXAMINATION OF EMERGENCY MEDICINE
(2017)

I Objectives

a. Determine the ability of the candidate to practice as a specialist and provide consultation in the general domain of emergency medicine 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 emergency medicine 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.
b. If the percentage of failure in the clinical examination are 50% or more the examination shall be repeated after 6 months. Upon the approval of the General Secretary and at the discretion of the specialty examination committee, the clinical examination may be repeated even if failure is less than 50%.
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 Emergency Medicine final clinical examination shall consist of **10** graded stations each with **10** minute encounters.
b. The **10** stations consist of **5** Objective Structured Clinical Exam (OSCE) stations with 1 examiner each and **5** 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.

V Final Clinical Exam Blueprint*

INTEGRATEEM CLINICAL ENCOUNTER	DIMENSIONS OF CARE				
	Health Promotion & Illness Prevention 1±1 Station(s)	**Acute** 8±1 Station(s)	**Chronic** 0±1 Station(s)	**Psychosocial Aspects** 1±1 Station(s)	**# Stations**
Patient Care 7±1 Station(s)	-	7	-	-	7
Patient Safety & Procedural Skills 1±1 Station(s)	-	1	-	-	1
Communication & Interpersonal Skills 2±1 Station(s)	1	-	1	-	2
Professional Behaviors 0±1 Station(s)	-	-	-	-	0
Total Stations	1	8	1	0	10

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

VI Definitions

Dimensions of Care	Focus of care for the patient, family, community, and/or population
Health Promotion & Illness Prevention	The process of enabling people to increase control over their health & its determinants, & thereby improve their health. Illness prevention covers measures not only to prevent the occurrence of illness such as risk factor reduction but also arrest its progress & reduce its consequences once established. This includes but is not limited to screening, periodic health exam, health maintenance, patient education & advocacy, & community & population health.
Acute	Brief episode of illness, within the time span defined by initial presentation through to transition of care. This dimension includes but is not limited to urgent, emergent, & life-threatening conditions, new conditions, & exacerbation of underlying conditions.
Chronic	Illness of long duration that includes but is not limited to illnesses with slow progression.
Psychosocial Aspects	Presentations rooted in the social & psychological determinants of health that include but are not limited to life challenges, income, culture, & the impact of the patient`s social & physical environment.

Domains	Reflects the scope of practice & behaviors of a practicing clinician
Patient Care	Exploration of illness & disease through gathering, interpreting & synthesizing relevant information that includes but is not limited to history taking, physical examination & investigation. Management is a process that includes but is not limited to generating, planning, organizing care in collaboration with patients, families, communities, populations, & health care professionals (e.g. finding common ground, agreeing on problems & goals of care, time & resource management, roles to arrive at mutual decisions for treatment)
Patient Safety & Procedural Skills	Patient safety emphasizes the reporting, analysis, and prevention of medical error that often leads to adverse healthcare events. 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.
Communication & Interpersonal Skills	Interactions with patients, families, caregivers, other professionals, communities, & populations. Elements include but are not limited to active listening, relationship development, education, verbal, non-verbal & written communication (e.g. patient centered interview, disclosure of error, informed consent).
Professional Behaviors	Attitudes, knowledge, and skills based on clinical &/or medical administrative competence, ethics, societal, & legal duties resulting in the wise application of behaviors that demonstrate a commitment to excellence, respect, integrity, accountability & altruism (e.g. self-awareness, reflection, life-long learning, scholarly habits, & physician health for sustainable practice).

VII Passing Score

a. 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.
b. 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.
c. At least one examiner marks each OSCE station and two examiners independently mark each part of the SOE.
d. To pass the examination, a candidate must attain a score >/= MPL in at least 70% of the total stations with 60% on each component (OSCE & SOE).

VIII Score Report

a. All score reports shall go through a post-hoc item analysis before being issued and approved by the SCFHS Assistant Secretariat for Postgraduate Studies and SEC within two weeks of the examination.

IX Exemptions

a. SCFHS at present has no reciprocal arrangement with respect to this examination or qualification by any other college or board, in any specialty.

X **OSCE Station Sample****

Emergency Medicine Clinical Exam	**Station 1** **Instructions to Resident**

Scene: Emergency Department

You are called to see the patient; Ahmed Abdullah, a 35-year-old who presents with shortness of breath and chest pain for 2 hours.

YOU HAVE 10 MINUTES TO DO THE FOLLOWING:

1) OBTAIN BRIEF RELEVANT HISTORY.
2) PERFORM A FOCUSED PHYSICAL EXAMINATION.
    a. *think aloud during the physical examination.*
    b. *before performing any maneuver or intervention, inform the patient of your intentions.*
3) DISCUSS THE MOST IMPORTANT INVESTIGATIONS.
4) DISCUSS THE MOST PROBABLE DIAGNOSIS BASED ON FINDINGS PROVIDED.
5) EXPLAIN THE DIFFERENT OPTIONS FOR MANAGEMENT TO THE PATIENT.

**Examples are shown to clarify station structure regardless of case details.

X **SOE Station Sample****

Emergency Medicine Clinical Exam	Station 1 Instructions to Resident

Candidate Number:
Examiner Name:
Instructions to candidate:
EMS calls about a 35-year-old farm worker with lethargy, vomiting, diaphoresis, difficulty breathing with wheezing. Past history: Unknown
Vital signs: **HR** 40, **BP** 100/55, **RR** 30, **Temp** 36, **O2 sat** 93% on RA
Lethargic, maintaining airway, wet clothes (urine and stool)
HEENT: pinpoint pupils.
Resp: diffuse wheezing
Abdomen: soft, lax no tenderness
Neuro: flaccid muscle tone

Question/Ideal Answers	**Mark**
What toxidrome does this patient have? What pathophysiological mechanism mediates it?	
Organophosphate (cholinergic) poisoning. (10) Inhibition of acetylcholinestrase and prevention of the degradation of acetylcholine. (5)	/15
What instruction would you have for the paramedics?	
They should avoid self contamination by wearing gloves (PPE), skin should be triple washed with water and water exposed clothes or product should be discarded	/10
List the three important mechanisms of toxicity?	
• Muscarinic effect (toxicity) • Nicotinic effect • CNS	/15
What are the typical manifestations of this syndrome?	
• Salivation, Diaphoresis • Lacrimation, Urination • Gastrointestinal cramps, Emesis/Diarrhea • Bradycardia, Bronchorrhea, Bronchospasm • Myosis, seizures	/15
Patient was decontaminated, arrived unconscious, apneic, with twitching of the face and clonic contractions of the extremities.	
What is the first priority in the management of this patient?	
Continue universal precautions Airway control and mechanical ventilation	/10
What is the other treatment to be given? What is/are their mechanism of action?	
▪ Atropine: antimuscarinic agent that reverse bronchospasm and hypersecretion and its administration titrated to resolution of bronchospasm (doubling each dose). (10) ▪ Pralidoxime (2-PAM): Blocks the nicotinic receptors and reverse paralysis (restores cholinesterase activity). (10) ▪ Diazepam: to control the seizures. (5)	0
Total	**/100**

Performance Evaluation: Station 1

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

Patient Care/Assessment	**0**	**1**	**2**
1. Obtains a focused history: (if mentions 5 give full mark). • SOB (severity, orthopnea, PND) • Chest pain (Site, severity, character, radiation, aggravating and relieving factors) • Other cardiac/respiratory symptoms (palpitations, Nausea and syncope). • Fever • Previous similar complaint • Social history (Smoking) • Trauma			
2. Performs focused cardiovascular / respiratory examination: • Requests vital signs • Attempted to examine breath sounds • Bed side ultrasound			
3. Mentions the most probable diagnosis: • Tension pneumothorax			
4. Mentions the most important immediate investigations: • CBC • ECG • CXR			
5. Interpretation of ECG: normal sinus rhythm			
6. Interpretation of CXR: loss of lung markings peripherally and shifting of mediastinum.			
7. Mentions the common causes: (if mentions 4 give full mark) • Spontaneous • Trauma • Chronic obstructive pulmonary disease • Malignancy • Primary lung cancers • Others			
Management			
8. Discusses the immediate management: • ABC's • Needle decompression • Chest tube			
9. Further management: • Depends on the cause:			
Total marks:			

Questioning Skills (ONE choice only)

☐	☐	☐	☐	☐	☐
Awkward, exclusive use of closed-ended or leading questions and jargon	Somewhat awkward; inappropriate terms; minimal use of open-ended questions	Borderline unsatisfactory; moderately at ease; appropriate language; uses different types of questions	Borderline satisfactory; moderately at ease; appropriate language; uses different types of questions	At ease; clear questions; appropriate use of open and closed-ended questions	Confident; skillful questioning

Professional Behavior with Patient (ONE choice only)

☐	☐	☐	☐	☐	☐
Offensive or aggressive; frank exhibition of unprofessional conduct	Negative attitude toward patient	Borderline unsatisfactory; does not truly instill confidence	Borderline satisfactory; manner inoffensive, but does not necessarily instill confidence	Attempts professional manner with some success	Overall demeanor of a professional; caring, listens, communicates effectively

Overall Organization of Patient Encounter (ONE choice only)

☐	☐	☐	☐	☐	☐
No logical flow; scattered, inattentive to patient's agenda	Counsels patient before taking history or doing physical	Minimal organization; scattered approach	Appropriate approach to patient	Skillful approach to patient	Skillful, professional approach to patient and effective use of time

Facilitation of Informed Decision Making (ONE choice only)

☐	☐	☐	☐	☐	☐
No attempt or inappropriate attempt at information sharing (e.g., deception, slanting of facts, incorrect information)	Incomplete and / or biased information; overuses jargon; does not ensure understanding of issues	Attempts to share information; omits some critical facts; uses some jargon; attempts to ensure understanding	Gives some information on most important facts; may use jargon; attempts to ensure understanding	Gives clear information; supports patient decision making (e.g., alternatives, risks / benefits); appropriate language; ensures understanding	Organized; optimizes patient decision making; significant effort to make information relevant; clear language; attentive to patient understanding