

الهيئة السعودية للتخصصات الصحية
Saudi Commission For Health Specialties



GENERAL SURGERY SAUDI BOARD PROGRAM

**SAUDI BOARD FINAL CLINICAL EXAMINATION OF GENERAL SURGERY
(2017)**

I Objectives

- 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.
- 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.
- All competencies contained within the specialty core curriculum are subject to be included in the examination.

II Eligibility

- Passing Saudi Board Part II (final) written examination.
- 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.
- 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.
- 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.
- After exhausting above attempts candidate is not permitted to sit the Saudi board final specialty clinical examination.

III General Rules

- Saudi board final specialty clinical examination will be held once each year within 4-8 weeks after Part II written examination.
- If the percentage of failure in the clinical examination are 50% or more the examination shall be repeated after 6 months.
- 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.
- If examination is conducted on different days, more than one exam version must be used.

IV Exam Format

- The General Surgery final clinical examination shall consist of 10 graded stations each with 15 minute encounters.
- The 10 stations consist of 6 Objective Structured Clinical Exam (OSCE) stations with 1 examiner each and 4 Structured Oral Exam (SOE) stations with 2 examiners each.
- All stations shall be designed to assess integrated clinical encounters.
- SOE stations are designed with preset questions and ideal answers.
- Each OSCE station is assessed with a predetermined performance checklist. A scoring rubric for post-encounter questions is also set in advance.
- Any clinical encounter scored below pass mark in an OSCE station will be independently reviewed and assessed by a second examiner after review of the video-recording. The average of both examiners' scores will be the final candidate score on that particular station. Final results will be approved by the specialty examination committee.

V Final Clinical Exam Blueprint*

		DIMENSIONS OF CARE		
		Acute 6±1 Station(s)	Chronic 4±1 Station(s)	# Stations
INTEGRATED CLINICAL ENCOUNTER	Patient Care 6±1 Station(s)	3	3	6
	Patient Safety & Procedural Skills 3±1 Station(s)	2	1	3
	Communication & Interpersonal Skills 1±1 Station(s)	1		1
	Total Stations	6	4	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
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.
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).

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 number of stations and 60% in each component (OSCE and SOE).

VIII Score Report

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

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**

Pre-encounter instructions: (10 minutes)

Abeer Mohammad is concerned about a possible lump in her right breast. Assess the patient and conduct a systematic physical examination of both breasts. Describe to the patient what you are doing and your findings. Post-encounter you will be asked questions related to the patient's problem.

Post-encounter instructions: (5 minutes)

A 43-year-old premenopausal woman presents to your office with a tender mass in her right breast. It is not associated with any other symptoms or signs. She has had "cysts" in the breasts in the past but is now concerned because her Mother (age 65) has recently had a mastectomy for carcinoma.

Your examination shows multiple thickenings in both breasts with a discrete, 2 cm smooth, and well-defined mass in the upper outer quadrant of the right breast. There are no other findings.

QUESTIONS

1. What is your differential diagnosis?
2. What action would you like to take at this time?
3. Review the mammogram. Describe the abnormality seen, and state the most likely diagnosis.

Note

Pre-encounter: Before entering a room (station), a file containing instructions and/or patient information is available on the door. Kindly read the instructions carefully prior to entering the room.

Post-encounter (if applicable): After conducting the instructions in the room (station) and finishing your encounter, you may exit the room to the main hall and sit on the computer station linked to that specific room. On the computer screen, read the post-encounter instructions carefully.

XI SOE Station Sample**

Instructions to candidate: (15 minutes)

You are a clinical clerk working in the surgical ward. A 47-year-old female is booked for urgent laparotomy for intestinal obstruction. Her past medical history includes asthma with several hospital admissions in the past.

Note: Text in *“Italic”* is the outline of questions and information presented by the examiner. Following it are the expected actions/responses by candidate.

How will you manage this patient prior to surgery?

Detailed pre-operative assessment to include history from the patient, review of medical and nursing records and clinical examination. The likely problems with this patient include dehydration, electrolyte imbalance, acid base imbalance, asthma and compromised respiratory function as result of abdominal distension.

On clinical examination you elicit following clinical findings

- Patient looks ill, tired, and dehydrated
- Abdomen distended, nausea and vomiting
- Urine output 10–20ml/hour

What other information do you want?

Need to check her BP, heart rate, state of peripheral perfusion (capillary refill), fluid balance (composition and quantity of intravenous fluids given). Check her respiratory rate, auscultate her chest for wheezes. Monitor oxygen saturation using pulse oximetry.

BP is 90/42mmHg, HR is 110/min, RR is 22/min, bilateral extensive wheezes present, SpO2 is 90% in room air.

What investigations you would like to do at this stage?

Full blood count, urea and electrolytes, blood glucose, electrocardiogram (ECG), Chest X-ray, peak expiratory flow rate (PEFR), and arterial blood gas analysis:

- Na = 132mmol/l, K=3.1mmol/l
- Urea: 9.3 mmol/l, Creatinine: 122 Mmol/l
- PEFR: 150 l/min

The surgeon insists that she needs to go to theatre immediately as he has some other commitment later. Are you happy to anaesthetize now? Why?

No, her hydration needs to be addressed and her respiratory parameters need to be optimized.

How will you assess dehydration?

- Vital signs: Tachycardia, hypotension.
- End organ perfusion: Altered mental state, decreased urine output, and reduced skin turgor.

What electrolyte abnormalities does she have and what do you think is the cause?

Hyponatraemia and hypokalaemia. It is possibly due to vomiting and sequestration in the intestine.

How will you optimize her fluid status?

Intravenous fluids as guided by clinical parameters and monitoring. Initially Hartmanns with additional potassium would be indicated. Admitting her to the ICU and more invasive monitoring (like CVP) will be beneficial in pre-optimization.

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