

الهيئة السعودية للتخصصات الصحية
Saudi Commission For Health Specialties



PSYCHIATRY SAUDI BOARD PROGRAM

**SAUDI BOARD FINAL CLINICAL EXAMINATION OF PSYCHIATRY
(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 **Psychiatry** final clinical examination shall consist of **8** graded stations each with **10-30** minute encounters.
- The **8** stations consist of **6** Objective Structured Clinical Exam (OSCE) stations with 1-2 examiners each and **2** Structured Oral Exam (SOE) stations with 2 examiners each.
- All stations shall be designed to assess integrated clinical encounters i.e. topics from general and psychiatric subspecialties.
- SOE stations may include:
 - Interactions with real patients (50 minutes). Candidates will be assessed on their clinical skills using a predetermined performance checklist, followed by 20-30 minutes questions by the examiners.
 - Clinical scenarios or videos followed by questions by the examiners.
- In the OSCE stations there will be one or more tasks for the candidate to perform such as history taking, interpreting data, phone call consultations, one to one consultations, counselling, and management. In some stations, there will be standardized patient in a role of a patient, family member or other professional.
 - Language used in clinical encounters are Arabic and English according to each station's instructions.
 - Outside and inside each station, there will a brief clinical vignette or description of the station that will give specific directions about what candidates are to perform. In some stations, additional details about the case are available inside the room.
- 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*

		DIMENSIONS OF CARE				
		Health Promotion & Illness Prevention 1±1 Station(s)	Acute 5±1 Station(s)	Chronic 2±1 Station(s)	Psychosocial Aspects 0±1 Station(s)	# Stations
DOMAINS FOR INTEGRATED CLINICAL ENCOUNTER	Patient Care 4±1 Station(s)	1	1	2	-	4
	Patient Safety & Procedural Skills 3±1 Station(s)	-	2	-	-	2
	Communication & Interpersonal Skills 2±1 Station(s)	-	2	-	-	2
	Professional Behaviors 0±1 Station(s)	-	-	-	-	-
	Total Stations	1	5	2	-	8

*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

- 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 \geq MPL in at least 70% of the total stations with 60% on each component (OSCE & SOE).

VIII Score Report

- 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

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