

الهيئة السعودية للتخصصات الصحية  
Saudi Commission For Health Specialties



**SAUDI BOARD IN RESTORATIVE  
DENTISTRY PROGRAM (SBRD)**

**SAUDI BOARD FINAL CLINICAL EXAMINATION OF RESTORATIVE DENTISTRY  
(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 (normally toward the end of calendar year).
- 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 restorative dentistry final clinical examination shall consist of **9** graded stations each with 10 minute encounters.
- The **9** stations consist of **7** Objective Structured Clinical Exam (OSCE) stations with **1 examiner** each and **2** 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.

## V Final Clinical Exam Blueprint\*

		DIMENSIONS OF CARE				
		Health Promotion and Illness Prevention 3±1 Station(s)	Acute 2±1 Station(s)	Chronic 3±1 Station(s)	Psychosocial Aspects 1±1 Station(s)	# Stations
DOMAINS FOR INTEGRATED CLINICAL ENCOUNTER	<b>Patient Care</b> 4±1 Station(s)	1	2	2		5
	<b>Patient safety &amp; Procedural Skills</b> 3±1 Station(s)			2		2
	<b>Communication &amp; Interpersonal Skills</b> 1±1 Station(s)	1				1
	<b>Professional Behaviors</b> 1±1 Station(s)				1	1
	<b>Total Stations</b>	2	2	4	1	9

\*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
<b>Health Promotion &amp; Illness Prevention</b>	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.
<b>Acute</b>	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.
<b>Chronic</b>	Illness of long duration that includes but is not limited to illnesses with slow progression.
<b>Psychosocial Aspects</b>	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
<b>Patient Care</b>	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)
<b>Patient Safety &amp; Procedural Skills</b>	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.
<b>Communication &amp; Interpersonal Skills</b>	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).
<b>Professional Behaviors</b>	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  $\geq$  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

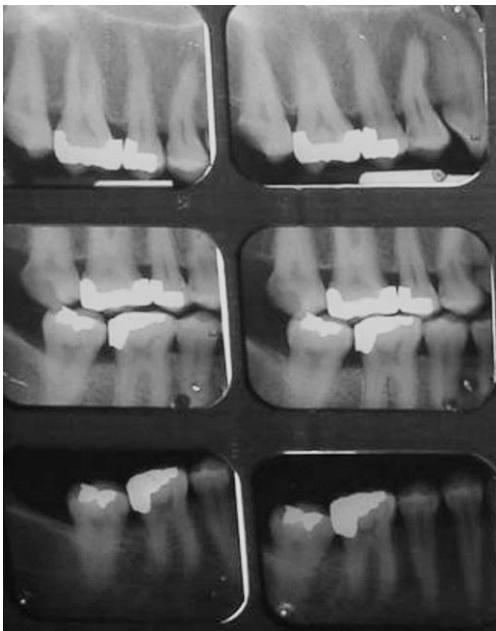
- a. SCFHS at present has no reciprocal arrangement with respect to this examination or qualification by any other college or board, in any specialty.

## Station 1

### Instructions to Resident

#### Patient Scenario:

25 year-old Saudi male patient complained from severe pain in the lower right since three days. Patient is diabetic under control. Patient was referred to your clinic from emergency clinic after making radiographic films.



You have 10 minutes to do the following:

- 1) Interview the patient and collect more information.
- 2) Inform the patient of the most possible diagnosis.
- 3) Discuss the treatment plan with the patient.

## Performance Evaluation: Station 1

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

Patient Care/Treatment Planning	0	1	2
1. Introduce Self			
2. Obtains focused History related to: ( if 6 obtained give full mark ) <ul style="list-style-type: none"> <li>• The chief complaint</li> <li>• History of chief complaint</li> <li>• Onset</li> <li>• Location</li> <li>• Duration</li> <li>• Character</li> <li>• Aggravating/relieving</li> <li>• Radiation</li> <li>• Timing</li> <li>• Severity</li> </ul>			
3. Asks about relevant past medical history: ( if 3 obtained give full mark ) <ul style="list-style-type: none"> <li>• Systemic disease</li> <li>• Medication</li> <li>• Allergy</li> <li>• Drug –drug interaction</li> <li>• Hospitalization</li> <li>• Blood transfusion</li> <li>• Pregnancy ( for female patient)</li> </ul>			
4. Interpret radiographic film: ( if 2 obtained give full mark ) <ul style="list-style-type: none"> <li>• Large amalgam restoration with distal overhang #46</li> <li>• D open margin #46</li> <li>• Amalgam restoration near to the pulp #46</li> </ul>			
5. Explain clinical finding: <ul style="list-style-type: none"> <li>• DO Ama with recurrent caries #46</li> <li>• Fracture distal of Ama restoration #46</li> </ul>			
6. Discuss the causes of pain <ul style="list-style-type: none"> <li>• Recurrent dental Caries</li> <li>• Inflammation of the pulp</li> </ul>			
7. Discuss/ Mention diagnosis of the case: <ul style="list-style-type: none"> <li>• DO Ama restoration with recurrent caries #46</li> <li>• irreversible pulpitis #46</li> <li>• Asymptomatic apical periodontitis #46</li> </ul>			
8. Discus treatment plan options: <ul style="list-style-type: none"> <li>• RCT #46</li> <li>• Full crown #46</li> </ul>			
9. Explain to the patient oral disease prevention: ( if 2 obtained give full mark ) <ul style="list-style-type: none"> <li>• Encourage reduction of sugar and carbohydrates intake</li> <li>• Encourage consumption of fruits and vegetables intake</li> <li>• Reinforce oral hygiene instructions</li> </ul>			
<b>Total marks:</b>			

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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

Candidate Number:  
Examiner Name:

**STATION 2**

**Instructions to candidate:**

**Patient name:** Ali

**Age:** 30 year-old

**Gender:** male

**C.C:** I want to fix my teeth

**Hx CC:** My teeth were extracted since many years due to destruction

<b>Question/Ideal Answers</b>	<b>Mark</b>
<b>How would you approach this patient?</b>	
<b>Case History:</b> CC Hx CC MHx Oral habits Etiology of missing teeth	<b>/5</b>
More information for examiner to give to candidate (pictures)	
<b>What are the investigations that we need to reach proper Diagnosis?</b>	
PA BW OPG U/L cast Pulp vitality test	<b>/5</b>
More information for examiner to give to candidate: (radiographic films and result of pulp vitality test)	
<b>What are the most important clinical findings expected during patient examination?</b>	
Accumulation of plaque Gingival bleeding Missing teeth Multiple caries Intra oral swelling Apical radiolucency Discoloration of anterior teeth	<b>/5</b>
<b>What is the most likely diagnosis # ?</b>	
Caries # Fluorosis # Necrotic pulp #	<b>/5</b>
<b>What is the most likely treatment planning option?</b>	
Extract non restorable teeth # RCT # Composite restoration # All ceramic Crown for posterior teeth # Porcelain laminate veneer for anterior teeth #	<b>/5</b>
<b>Total</b>	<b>/25</b>