

الهيئة السعودية للتخصصات الصحية  
Saudi Commission For Health Specialties



# **PEDIATRIC DENTISTRY SAUDI BOARD PROGRAM**

**SAUDI BOARD FINAL CLINICAL EXAMINATION OF PEDIATRIC DENTISTRY  
(2016)**

## 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.
- Examination dates should be provided by the specialty examination committee in accordance with the fixed annual schedule submitted by the examination department.
- 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%.
- Specialty clinical examinations shall be held on the same day and time in all centers, however if 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 Pediatric Dentistry final clinical examination shall consist of 10 graded stations each with 10 minute encounters.
- The 10 stations consist of 8 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				
		Diagnosis 4±1 Station(s)	Treatment planning 3±1 Station(s)	Management 3±1 Station(s)	Psychosocial Aspects 1±1 Station(s)	# Stations
<b>DOMAINS FOR INTEGRATED CLINICAL ENCOUNTER</b>	<b>Patient Care</b> 10±1 Station(s)	3	2	2		7
	<b>Patient Safety &amp; Procedural Skills</b> 1±1 Station(s)		1			1
	<b>Communication &amp; Interpersonal Skills</b> 2±1 Station(s)				1	1
	<b>Professional Behaviors</b> 1±1 Station(s)	1				1
	<b>Total Stations</b>	4	3	2	1	10

**VI Definitions**

<b>Domains</b>	<b>Reflects the scope of practice &amp; behaviors of a practicing clinician</b>
<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).

<b>Dimensions of Care</b>	<b>Focus of care for the patient, family, community, and/or population</b>
<b>Diagnosis</b>	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.
<b>Treatment Planning</b>	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.
<b>Instructions</b>	The importance of keeping good oral hygiene, patient cooperation of attending appointments and using home instructions to use appliance.
<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.

## 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: (5 minutes)***

Ayoub is a 12 yrs old male present with his parent complaining from missing upper anterior teeth.

Medical History: born with bilateral clef lip and palate,

Child attends normal school.

Examine the Facial photographs and oral radiographs in the station



***Post -encounter instructions: (5 minutes)***

Dental Diagnosis and the cause of this condition

Dental finding Describe to the patient what you are doing and your findings.

**Note**

**Pre-encounter: (if applicable):** 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: (10 minutes)

**STATION 2 : (COMMUNICATION AND MEDICAL CONSULTATION SKILLS)**

*3yrs and 8 mos female pt presented with mother to the pediatric dental triage clinic complaining pain in the upper anterior region (according to mother)*

Medical history: ASA II, Tricuspid atresia, Hypoplastic right ventricle, Restrictive ventricular septal defect (VSD) and Sub-pulmonary narrowing

Mom states that her daughter's cardiologist told her child needs medication before dental treatment.

Allergies: NKDA

Medication: Warfarin 3 mg oral / once a day and Furosemide 20 mg once / day

Dental History :Never been to dentist Currently bottle feeding with sweetened liquids, high caloric supplementation to increase weight, tooth-brushing once a day with fluoridated tooth paste with little adult supervision, no systemic fluoride exposure and no history of oral trauma.

**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 dental treatment ?*

Detailed pre-operative assessment to include history from her mother, review of medical and nursing records and clinical examination.

On clinical examination you elicit following clinical findings

- pt is a very slight child, pale
  - small for age
  - no dysmorphic feature
- Intra oral examination showed the following oral findings
- proximal and smooth surface cavitation on maxillary incisors, \
  - fissure cavitation on molars and smooth surface demineralization on molars)
- Flush terminal plane, anterior open bite

*What other information do you want?*

Need to consult her pediatric cardiology

*What you would like to do at this stage?*

Diet counseling, bottle weaning as soon as possible  
consultation with nutritionist about viable and healthier options to increase her weight.

- *What is the best treatment option for this child?*

Due to extension of caries and lack of cooperation ,dental treatment under general anesthesia will be the treatment of choice

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