

## ANATOMIC PATHOLOGY SAUDI BOARD PROGRAM

### Saudi Board Promotion Exam of Pathology 2016

#### Objectives:

- The general objective of the annual promotion assessment is to evaluate that the trainee has satisfactorily acquired the theoretical knowledge and clinical competences that he/she should have acquired during the relevant year(s).
- The annual promotion assessment consists of the following components:
  - a. Written examination (50%)
  - b. Continuous Assessment (50%)

#### Eligibility for written Examination :

- Valid registration with the SCFHS.
- Completion of at least nine months of training in the concerned year of anatomic pathology residency training.

#### Written Examination Format:

- The written examination shall consist of one paper with minimum 120 MCQs with a single best answer (one correct answer out of four options).
- The examination shall contain type K2 questions (interpretation, analysis, reasoning and decision making) and type K1 questions (recall and comprehension).
- The examination content cover topics relevant to basic and Anatomic Pathology as well as research, EBM, professionalism and medical ethics and percentage of each depends on the level of training (see blueprint below).
- Clinical presentation questions include history, clinical finding and case approach. Health maintenance questions; includes health promotion, disease prevention, risk factors assessment, and prognosis.

### Continuous Assessment Formats:

- **A. Continuous Evaluation Reports (CER) 25%**
  - CERs should be conducted at least three times which covers 9 training months per year.
  - CERs are submitted to local supervisory committee for each trainee based on a series of workplace-based assessments (WBA).
    - **Practical Examination (R1&R2= 25%) (R3&R4= 15%)**
    - **Pathology Residence In Service Exam (R3&R4= 10%)**
- **B. Other assessment formats**
  - Other assessment formats involve:
    - Objective Structured Clinical Exam (OSCE),
    - Structured Oral Exam (SOE),
    - Research activity,
    - International examinations, and/or
    - Academic assignments.
- **C. The percentage for (b) shall not exceed 50% of the continuous assessment score.**
- **D. If any other assessment format (not mentioned above) is used the CAC must agree to its implementation.**

### Passing Score for Promotion:

An average of 60% score in the annual promotion assessment with a minimum of 50% in each component (written and continuous assessment) is required for passing.

### Score Report:

- All written examination score reports shall go through a post-hoc item analysis before being approved by both the Assistant of General Secretary for Postgraduate studies of SCFHS and Scientifics Examination Committee (SEC), and then reported to the scientific council for the specialty for promotion decisions for all trainees, within two weeks of the examination.
- SEC is encouraged to provide the scientific council for the specialty with results feedback represent the performance of all residents based on each section of the exam according to the test blueprint, and based on their training center if possible.

### General Rules:

- The written examination shall be held once a year within 4-6 weeks of completion of nine months of training in that particular year.
- If both examination (written promotion examination and Part I specialty examination) conducted at the same year, a candidate who passed Part I specialty examination is exempt from promotion written examination for R2 only.
- There shall be no re-sit examination.
- There shall be no promotion written examination at the end of final year of training programs.
- Promotion written examination and continuous assessment results are valid for the specific year in which they were conducted.

### Examination Conduct and Duration:

The exam duration is 2 1/2 hours and exam will be delivered as a computer based test when available, otherwise paper and pencil.

**Blueprint outline of the written exam for the different years of residency**

**Year 1 (120 MSQs)**

Sections	Number of MCQs (Range)
1- Basic Pathology- General Pathology	
a. Cellular adaptation, Cellular injury, Cellular death	90-100
b. Acute and chronic inflammation	
b. Tissue renewal and repair, regeneration, healing, and fibrosis	
c. Hemodynamic disorder, thromboembolic disorder and shock	
d. Genetic disorders	
e. Immune system diseases	
f. Neoplasm	
g. Infectious diseases	
h. Environmental and nutritional pathology	
i. Diseases of infancy and childhood	
2- Grossing techniques and principles	10-15
3- Laboratory techniques, laboratory safety and quality improvement concepts.	5-10
<b>Total</b>	<b>120</b>

**Year 2 (120 MSQs)**

Sections	Number of MCQs (Range)
Grossing and Handling common surgical specimens	10-15
General and Systematic Pathology	80-90
Cytopathology	5-10
Laboratory techniques including: (Electronic microscopy, Quality and Safety, stains and ancillary studies including immunohistochemistry, cytogenetics and molecular)	5-10
<b>Total</b>	<b>120</b>

**Year 3(120 MSQs)**

Sections	Number of MCQs (Range)
Surgical pathology and intraoperative consultation	45-50
General and Systematic Pathology	45-50
Cytopathology	10-15
Laboratory techniques including: (Electronic microscopy, Quality and Safety, stains and ancillary techniques including immunohistochemistry , cytogenetics and molecular)	10-15
<b>Total</b>	<b>120</b>

**Year 4 (120 MSQs)**

Sections	Number of MCQs (Range)
Surgical pathology and intraoperative consultation	55-60
General and Systematic Pathology	20-25
Cytopathology	10-15
Laboratory techniques including: (Electronic microscopy, Quality and Safety, stains and ancillary techniques including immunohistochemistry , cytogenetics and molecular)	10-15
Autopsy and forensic pathology	5-10
<b>Total</b>	<b>120</b>

**Suggested References:**

1. Robbins and Cotran Pathologic Basis of Disease. 9<sup>th</sup> Edition
2. Rosai and Ackerman's Surgical Pathology. 10<sup>th</sup> Edition
3. WHO classification Series. IARC
4. Cytology: Diagnostic Principles and Clinical Correlates, by Edmund Cibas and Barbara Ducatman
5. Manual of Surgical Pathology, by Susan Lester
6. College of American Pathologist quality manual
7. Simpson's Forensic Medicine, 13th Edition. Jason Payne-James, Richard Jones, Steven B Karch, John Manlove.

## Example Questions

### EXAMPLES OF K2 QUESTIONS

#### Question 1

A 44 year-old woman with bronchiectasis submits material for sputum analysis. The sample yields cells in three-dimensional fragments, cells in papillary groups and cells producing mucin and containing nucleoli. The peripheries of the fragments have intact cilia and/or terminal bars.

Which of the following is the most likely diagnosis?

- A. Creola bodies
- B. Carcinoid tumor
- C. Bronchioloalveolar adenocarcinoma
- D. Well-differentiated bronchogenic adenocarcinoma

#### Question 2

A 55 year-old woman noted a lump in her right breast. On examination there was a 3.0 cm firm to hard mass. FNA performed and a cytologic diagnosis of carcinoma was made.

Which of the following features will most likely suggest a worse prognosis?

- A. Lack of aneuploidy
- B. ERB2 over-expressions
- C. Estrogen receptor positivity
- D. Presence of an in-situ component

## EXAMPLES OF K1

### Question 3

How often should the staining quality of cytologic smears be checked?

- A. Daily
- B. Weekly
- C. Monthly
- D. Bi-weekly

### Question 4

Transmission electron microscopy is best for high magnification viewing of which one of the following?

- A. Surface structure of fixed cells
- B. Internal structure of fixed cells
- C. Internal structure of live, motile cells
- D. Surface membranes of live, motile cells