

## ORTHOPEDICS SAUDI BOARD PROGRAM

### Saudi Board Promotion Exam; Orthopedics 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
  - b. Continuous Assessment

#### Eligibility for Written Examination:

- Valid registration with the SCFHS.
- Approval of the specialty local supervisory committee.

#### Written Examination Format:

- A written examination shall consist of one paper with 120 MCQs with a single best answer (one correct answer out of four options).
- The examination shall contain type K1 questions (recall and comprehension) and type K2 questions (interpretation, analysis, reasoning and decision making).
- Clinical presentation questions include history, clinical finding and patient approach. Diagnosis and investigation questions; includes the possible diagnosis and diagnostic methodologies (laboratory investigation, radiological imaging and clinical procedures), Management questions; includes treatment and clinical management non-therapeutic, therapeutic, patient safety, complication. Health maintenance questions; includes health promotion, disease prevention, risk factors assessment, and prognosis, *see examples below.*
- The examination shall include basic concept and clinical questions relevant to Orthopedics *see blueprint below.*

### Continuous Assessment Formats:

- Continuous assessment formats consist of:
  - a. Continuous Evaluation Reports (CER)**
    - 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) considered relevant by the specialty.
  - 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.
- In written examination, if the same paper is used for all training levels (i.e. junior or senior), pre-determined passing score to reflect the level difference in residency training shall be made where applicable. Example: R1=50%, R2=55% and R3= 60%.

### 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 SEC, and then reported to the scientific council for the specialty for promotion decisions for all trainees, within two weeks of the examination.
- Every 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 (R1 only) in the four-year SCFHS accredited programs.
- There shall be no re-sit examination.
- There shall be no promotion written examination at the end of final year of training in diploma, residency and fellowship program.
- Promotion written examination and continuous assessment results are valid for the specific year in which they were conducted.
- A candidate cannot be promoted to an advanced level unless he/she has successfully completed at least 9 training months in the year of promotion.

### Examination Conduct and Duration:

The duration of the exam is 2½ hours and the exam will be delivered as a computer based test when available, otherwise paper and pencil.

### Suggested References for Saudi Board Promotion Exam:

- 1- Campbell's Operative Orthopaedics
- 2- Rockwood, Green, and Wilkins' Fractures in Adults and Children
- 3- Surgical Exposures in Orthopaedics: The Anatomic Approach (Hoppenfeld, Surgical Exposures in Orthopaedics)
- 4- Lovell & Winter's Pediatric Orthopaedics
- 5- Tachdjian's Pediatric Orthopaedics
- 6- Netter's Concise Orthopaedic Anatomy
- 7- ALL publications by the American Academy of Orthopaedic Surgeon (AAOS) including OKU, OKO, JAAOS, and books published by AAOS
- 8- Schwartz's Principles of Surgery

**MCQ Test Blueprint for Orthopedics Board Promotion exam (R1-R2)**

No.	Section	Proportion
1	General	1-5
2	Orthopedic / Principles of surgery: <ul style="list-style-type: none"> <li>• Hemostasis, Surgical Bleeding, and Transfusion</li> <li>• Fluid &amp; Electrolytes</li> <li>• Anatomy</li> <li>• Patient safety</li> <li>• Preoperative assessment</li> <li>• Postoperative care</li> <li>• Wound</li> <li>• Perioperative complications/ICU</li> <li>• Nutrition</li> <li>• Transplantation</li> <li>• Trauma (ATLS)</li> </ul>	45-50
3	Infection	1-5
4	Trauma and Fracture	30-35
5	Pediatric	10-15
6	Arthroplasty and reconstruction	5-10
7	Sports Medicine	1-5
8	Spine	1-5
9	Upper limb	1-5
10	Foot & Ankle	1-5
11	Oncology	1-5
<b>Total</b>		<b>120</b>

**MCQ Test Blueprint for Orthopedics Board Promotion exam (R3-R4)**

No.	Section	Proportion
1	General	1-5
2	Orthopedic / Principles of surgery: <ul style="list-style-type: none"> <li>• Hemostasis, Surgical Bleeding, and Transfusion</li> <li>• Fluid &amp; Electrolytes</li> <li>• Anatomy</li> <li>• Patient safety</li> <li>• Preoperative assessment</li> <li>• Postoperative care</li> <li>• Wound</li> <li>• Trauma (ATLS)</li> </ul>	15-20
3	Infection	1-5
4	Trauma and Fracture	25-30
5	Pediatric	10-15
6	Arthroplasty and reconstruction	10-15
7	Sport Medicine	5-10
8	Spine	5-10
9	Upper limb	5-10
10	Ankle and foot	1-5
11	Oncology	5-10
12	Deformity	1-5
13	Metabolic and Neuromuscular	1-5
<b>Total</b>		<b>120</b>

**Example Questions:**

**EXAMPLE OF K2 QUESTION:**

An eight year-old girl complains of severe left knee pain and swelling for the last two days, which became progressively worse. There is no history of trauma. Knee physical examination reveals moderate knee effusion and painful range of motion. The Knee was aspirated in the Emergency Room (see results and report)

Blood pressure	110/70 mmHg
Heart rate	76 /min
Respiratory rate	18 /min
Temperature	39.2° C

Test	Result	Normal Values
Hb	125	120-160 g/L
Platelets	190	150-250 x 10 <sup>9</sup> /L
WBC	12.5	4-11 x 10 <sup>9</sup> /L
ESR	50	10-30 mm/hr
CRP	40	<10 mg/L

**Aspirate Analysis:**

Test	Result	Normal Values
Appearance	Cloudy	Clear
WBC	75,000 cells/ μL	< 150 cells/μL
PMN	95%	< 25%
Glucose	2 mg/dl	4-6 mg/dl
Protein	5 g/dl	1.3-1.8 g/dl

**Knee X-ray:** normal.

**Which of the following is the most appropriate next step?**

- A. Antipyretic and wait for final culture report
- B. Broad spectrum Intravenous antibiotic for 14 days
- C. Oral antibiotic administration for four weeks
- D. Surgical drainage and intravenous antibiotic



**EXAMPLE OF K1 QUESTION:**

In biomechanical testing, which of the following tissues has the highest maximum load to failure?

- A. Quadruple semitendinosus and gracilis tendons
- B. Bone-patellar tendon-bone with a width of 10 mm
- C. Tibialis tendon allograft
- D. Native anterior cruciate ligament (ACL)