

# OBGYN SAUDI BOARD PROGRAM

## Saudi Board Promotion Examinations of OBGYN 2016

### I Introduction

- 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

### II Eligibility for Written Examination

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

### III 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 OBGYN *see blueprint below.*

#### IV 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 Examinations of OBGYN

### Textbooks:

1. Clinical Gynecologic Endocrinology and Infertility By Marc A. Fritz and Leon Speroff
2. Telinde's Operative Gynecology By Richard W. Te Linde (Editor), John D. Thompson (Editor)
3. Comprehensive Gynecology By Morton A. Stenchever, William Droegemuller, Daniel R. Mishell, Arthur L. Herbst
4. Obstetrics : Normal & Problem Pregnancies By Steven G. Gabbe (Editor), Jennifer R. Niebyl (Editor), Joe Leigh Simpson
5. Clinical Gynecologic Oncology By Philip J. Disaia, William T. Creasman,
6. Williams Obstetrics By F. Gary Cunningham , Norman F. Gant , Kenneth J Leveno, Larry C. Gilstrap, III, John C. Houth, Katharine D. Wenstrom
7. Pediatric and Adolescent Gynecology By Joseph S. Sanfilippo, David Muram, John Dewhurst, Peter A. Lee
8. Maternal-Fetal Medicine By Robert K. Creasy (Editor), Robert Resnik (Editor), Jay Iams, (Editor)
9. UpToDate

### Journals:

- American Journal of Obstetrics and Gynecology
- Obstetrics & Gynecology
- International Journal of Gynecology & Obstetrics
- Obstetrics and Gynecology (The Green Journal)
- Fertility and Sterility
- Human Reproduction
- Gynecologic Oncology Journal
- International Journal for Gynecological Cancer
- BJOG

**A- Blueprint outlines (Saudi Board Promotion Examination: OBGYN)**

<b>Section</b>	<b>Proportion %</b>
1. General Obstetrics	10-15
2. Maternal-Fetal Medicine	10-15
3. General Gynecology	10-15
4. Gynecologic Oncology	10-15
5. Adolescent Gynecology	10-15
6. Urogynecology and Pelvic Floor Disorders	10-15
7. Reproductive Endocrinology & Infertility	10-15
8. Peri-operative Management	10-15
<b>Total</b>	<b>120</b>

## Example Questions

### EXAMPLES OF K1:

#### 1.(Item ID)

Answer: B

Maternal smoking during pregnancy is associated with which of the following?

- A. A reduction in fetal blood flow to the brain
- B. A reduction in fetal breathing movements
- C. An increased risk of placental previa
- D. An increased risk of pre-eclampsia

### EXAMPLES OF K2 QUESTIONS :

#### (Item ID)

Answer: B

A 27 year-old woman is in the second stage of labor of her first pregnancy. Over the past two hours the fetus's head has descended from the -2 to +1 station. The un-molded vertex is in the right occiput anterior position (see reports).

Blood pressure	110/70 mmHg
Heart rate	76 /min
Respiratory rate	18 /min
Temperature	36.6° C
Oxygen saturation	95% on room air

#### Cardiotocography (CTG) :

Uterine contractions are 50 mmHg in amplitude every 3 min

Fetal heart rate is 130 beats/min

What is the most appropriate management?

- A. Syntocinon
- B. Observation
- C. Caesarean section
- D. Vacuum extraction