



FORENSIC MEDICINE SAUDI BOARD PROGRAM

Saudi Board Part Two Final Written Examination of Forensic Medicine, 2016

Objectives:

- Determine that the quantity and quality of specialty knowledge-base is ranked as competent, so that the individual can be used as a referral source for the specialty.
- Using theoretical data, determine the candidate's ability to think logically to solve problems, apply basic medical science to clinical problems, and to make judgments with valid comparisons.
- Screen candidates for the purpose of being allowed to take the final clinical examination.

Eligibility:

- Successful completion of the required period of residency training Successful completion of at least nine months of training in any SCFHS residency training program.
- Obtaining a training completion certificate issued by the local supervisory committee based on a satisfactory FITER report and any other related requirement stated by the scientific board (e.g. research, publication, logbook, etc.)
- Any candidate that misses a maximum of three (3) months of training of the whole residency program is allowed to sit for the exam (written and clinical), and his/her results will be suspended till that missing period is done.
- Registering for the examination at least 1 month before the exam date.

General Rules:

- The Saudi Board Part II specialty written examination will be held once each year on a date published on the SCFHS website.
- Examination dates should be provided by the SEC in accordance with the fixed annual schedule submitted by the examination department.
- There shall be no resit exam.
- A candidate would remain eligible for the Saudi Board Part II exam for a period not longer than three years provided they could prove they had been clinically active, after which a renewal of exam eligibility would require scientific council approval.
- A candidate who failed to pass the final written examination including the exceptional attempt has to repeat the final year of training, after which he/she is allowed to sit the final written examination twice after approval by scientific council.
- After exhausting all the above attempts (maximum 6 attempts) the candidate will not be permitted to sit the final written examination.



Examination Format:

- Clinical presentation questions including clinical histories, clinical finding and the patient approach. Diagnosis and investigation questions; including the possible diagnosis and diagnostic methods (laboratory investigation, radiological imaging and clinical procedures), management questions; including treatment and clinical management, either therapeutic or non-therapeutic, patient safety and complications of management. Health maintenance questions; including health promotion, disease prevention, risk factor assessment, and prognosis, *see examples below*.
- The examination shall include basic concept and clinical questions relevant to Forensic Medicine, *see blueprint below*.

Passing Score:

- The passing score is 70%. However, if the percentage of candidates passing the examination is less than 70%, the passing score can be lowered by one mark at a time until achieving a 70% passing rate, or 65% passing score, whichever comes first. Under no circumstances can the passing score be reduced below 65%. Negative marking is NOT allowed.
- Alternatively, to set the passing score a standard setting method that is supported by published scientific evidence can be used, for which the Angoff method is recommended. The process to arrive to the passing score requires prior review and approval. If standard setting is used the above passing score regulation does not apply. See appendix 7 for more details.
- To set a passing score using a standard setting method (b), the specialty examination committee must obtain approval of the process and passing score from the SCFHS Assistant General Secretary for Postgraduate Studies one month prior to exam administration.

Exemption:

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



Suggested References for Saudi Board Part II Examination of Forensic Medicine :

1. Knight's Forensic Pathology
2. M. Tsokos .Forensic Pathology Reviews
3. Vincent JM Di Maio and Suzanna E.Dana, Forensic pathology
4. Burkhard Madea ,Handbook of Forensic Medicine
5. Spitz, Medicolegal investigation of deaths
6. Forensic patholgy of trauma
7. Handbook of Pediatric autopsy pathology, Edited by: Humana Press Arnold
8. Jason Payne James and Roger Byard. Encyclopedia of Forensic and legal medicine
9. Antony Busutil and Jason Payne James .Forensic medicine ,clinical and pathological aspect
10. Pathological Basics of Diseases. Robbins and Cotran
11. Journal of forensic and legal medicine
12. American Journal of forensic medine and pathology
13. Forensic science international journal

Blueprint outlines (Saudi Board Part II Examination: Forensic Medicine)

Section		Proportion
1	Anatomy	12-15%
2	Pathology	20-25%
3	Forensic toxicology	3-5%
4	Burn, Road traffic accident Immersion death and Injuries due to physical agents	4-7%
5	Examination of dead body	3-5%
6	Identification of human remains	3-5%
7	Wounds and its interpretation	3-5%
8	Head and spinal injuries	3-5%
9	Chest and abdominal trauma	3-5%
10	Gunshot and explosions injuries	3-5%
11	Violent Asphyxia	3-5%
12	Complication of injuries	3-5%
13	Sudden infant death, Death due to pregnancy and abortion, Infanticide	2-4%
14	Sudden unexpected death	3-5%
15	Postmortem artifacts, Death associated with surgical procedures and Medical Malpractice	2-4%
16	Forensic DNA, Forensic odontology and Forensic radiology	5-7%
17	Statistical analysis and basis of scientific research	3-5%
18	Sexual offences	3-5%
Total		100%



Example Questions

EXAMPLES OF K1

Question 1

Hazards of local and epidural anesthesia:

- A. Local anesthetics cause death, though the overall rate of complications is about 1/20000
- B. Hypersensitivity and escape of contained adrenergic drugs form the fatal hazards
- C. Some patients who have an abnormal sensitivity to the cocaine-like active constituents die by blood hypertension
- D. Diffusion away from the operative site of adrenaline-like substances may cause a late ventricular fibrillation

Question 2

Histological changes of airways in drawing:

- A. Dilatation of the alveoli and capillaries in decayed bodies
- B. In fresh bodies, increasing number of the macrophages in alveoli
- C. Dilatation and rupture of the terminal air spaces
- D. Rise of macrophages in the alveoli not depending to size of alveoli

EXAMPLES OF K2

Question 1

A 31 year-old man is working on the ungrounded electrical wiring in his house. He has not flipped the switch on the circuit breaker. He accidentally touches the bare wire of a 220 volt 20 ampere circuit.

Which of the following is most likely to be the major life-threatening problem associated with this event?

- A. Thermal burns
- B. Pulmonary edema
- C. Hyperthermia
- D. Cardiac arrhythmias



Question 2

A couple returns home from a social event to find that their infant son is dead. The baby sitter who was caring for the infant stated that she called emergency medical technicians after she checked on the infant and found him not breathing, and they could not survive the baby. The babysitter states that the child had been well an hour prior to this event.

Which of the following findings in the body of the deceased infant documented by the doctor would most strongly suggest a non-natural mode of death?

- A. Jaundice
- B. Blue-purple contusion on forehead
- C. Cyanosis
- D. Retinal hemorrhages