

UROLOGY SAUDI BOARD PROGRAM 2017

Saudi Board Part Two Final Written Examination of Urology

Objectives:

- Determine 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, to apply basic medical science to clinical problems, and to make judgments with valid comparisons.
- Screen candidates for the purposes of being allowed to take the final clinical examination.

Eligibility:

- Successful completion of the required period of residency training
- Obtaining a training completion certificate issued by the local supervisory committee based on a satisfactory FITER report and any other related requirements assigned by any mentioned scientific boards (e.g. research, publication, logbook, etc.)
- Registering for the examination at least 1 month before the exam date

Rules:

- The Saudi Board Part II specialty written examination will be held once each year on a date published on the SCFHS website (normally toward the end of calendar year).
- There shall be no resit exam.
- A candidate would remain eligible for 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 require scientific council approval.

Examination Format:

- A Saudi Board Part II specialty written examination shall consist of two papers each with 100 multiple-choice questions, one best of four options. Ten unscored items can be added for pretesting purposes.
- The examination shall contain type K2 questions (interpretation, analysis, reasoning and decision making) and type K1 questions (recall and comprehension),
- 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 urology , *see blueprint below*.

Examination Conduct and Duration:

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

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 aiming at achieving 70% passing rate or 65% passing score whatever comes first. Under no circumstances can the passing score be reduced below 65%. Negative marking is NOT allowed.

Declaration of Result:

The Urology Examination Committee shall approve the examination result before its announcement.

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 Final Written Examination of Urology

Campbell urology

***Note:** This list is intended for use as a study aid only. SCFHS does not intend the list to imply endorsement of these specific references, nor are the exam questions necessarily taken solely from these sources.

Blueprint outlines (Saudi Board Part II Examination: Urology)

Sections	Proportions
Anatomy /pathophysiology ¹	3-6
Molecular / cellular biology	3-6
Basics of Urologic surgery	3-6
Infections / inflammation	8-12
Reproductive / sexual health	5-8
Urine transport / trauma ²	16-20
Renal failure / urolithiasis ³	8-12
Adrenal / Neoplasm	12-16
Prostate	13-18
Pediatric Urology	14-18
Total	100

¹Anatomy / physiology & pathophysiology

²Urine transport /storage and emptying & trauma

³Renal failure / transplantation & urolithiasis

*Note: Blueprint distributions of the examination may differ up to +/-3% in each category

Part 2 is two paper 100 question each

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Example Questions

EXAMPLES OF K2 QUESTIONS

1.(Item ID)

Answer: C

Section	Urine transport / trauma
Domain	Treatment/ Intervention
Item Level	Part 2
Cognition	K2
Status	old
Reference	N/A

A 48 year-old man presented to the Outpatient Urology Clinic with a history of recurrent left loin pain. An IVP showed delayed function of the left kidney and an otherwise normal right collecting system. Six hours later, the image showed mild hydronephrosis, with contrast down the left ureter to the transverse process of the third lumbar vertebra.

What would be the best management?

- A. Segmental ureterectomy
- B. Start on expulsive therapy
- C. Perform left ureteroscopy
- D. Perform ESWL six hours after contrast

2.(Item ID)

Answer: D

Section	Infections / Inflammation
Domain	Treatment/ Intervention
Item Level	Part 2
Cognition	K2
Status	old
Reference	N/A

A 65 year-old man presented to the Emergency Department with fever and painful left testicular swelling. He was started on antibiotics (see lab results and report).

Blood pressure	124/70 mmHg
Heart rate	72 /min
Respiratory rate	18 /min
Temperature	38.6 C

Test	Result	Normal Values
PSA	6.2	0–4 ng/L

Ultrasound bladder

Post void residual 250 ml

Urine culture

E. coli

What is the most appropriate further management?

- A. TURP
- B. Alpha-blocker
- C. Urethral catheter
- D. Suprapubic catheter

EXAMPLES OF K1**3.(Item ID)**

Answer: A

Section	Renal failure / urolithiasis
Domain	Research and EBM
Item Level	Part 2
Cognition	K1
Status	old
Reference	N/A

What is the prevalence of renovascular hypertension as a percentage of the entire hypertensive population?

- A. 5
- B. 10
- C. 15
- D. 20

4.(Item ID)

Answer: B

Section	Adrenal / Neoplasm
Domain	Complication
Item Level	Part 2
Cognition	K1
Status	old
Reference	N/A

What is the most common complication after RPLND¹?

- A. Chylous ascites
- B. Hyperamylasaemia
- C. Spinal cord ischemia
- D. Urinary tract infections