

OBGYN SAUDI BOARD PROGRAM

Saudi Board Part Two Final Written Examination of OBGYN 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.)
- Registering for the examination at least 1 month before the exam date

Rules:

- a. The Saudi Board Part II specialty written examination will be held once each year on a date published on the SCFHS website (normally towards the end of the calendar year).
- b. There shall be no resit exam.
- c. 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.

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 un-scored items can be added for pretesting purposes. Approximately 70% of the questions will be K2 (reasoning and application) and the rest of the questions will be K1 (recall and comprehension).
- The examination shall contain K2 type questions (interpretation, analysis, reasoning and decision making) and K1 type questions (recall and comprehension),
- The examination shall contain K2 type questions (interpretation, analysis, reasoning and decision making) and K1 type questions (recall and comprehension),
- 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 OBGYN, see blueprint below.

Examination Conduct and Duration:

2 1/2 hours duration is given for each paper and the 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 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.

Score Report:

- a. All 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 issued by the SCFHS within two weeks of the examination
- b. SEC shall provide the scientific council for the specialty with results feedback represent the performance of all fellows based on each section of the exam according to the test blueprint, and based on their training center if possible.

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 2 Examination of OBGYN :

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

Blueprint outlines (Saudi Board Part II Examination of OBGYN) :

Section	Proportion
Normal Pregnancy*	8 - 12
Puerperium & Postpartum Complications + Breastfeeding	2 - 4
Abnormal Pregnancy	10 - 15
Women's Health **	4 - 8
Medical & Surgical Disorders with Pregnancy	16 - 22
Prenatal Diagnosis and Ultrasound + Fetal Monitoring	3 - 5
Urogynecology and Pelvic Floor Disorders	1 - 3
Infertility & Reproductive Endocrinology	8 - 12
Benign Gynecology Conditions	8 - 12
Malignant Gynecology Conditions	15 - 19
Peri-operative Management	4 - 6
Total	100

*(Preconception/Antenatal Care, Intrapartum, Postpartum care, Obstetric Analgesia & Anesthesia, Breastfeeding)

** (Contraception, Sterilization, Menopause, Psychosocial, Adolescent)

The exam is delivered in two papers 100 questions each.



Example Questions

EXAMPLES OF K1

Question 1:

Which of the following disorders has the worst maternal prognosis during pregnancy?

- A. Viral hepatitis
- B. Chronic active hepatitis
- C. Cholestasis of pregnancy
- D. Acute fatty liver of pregnancy

EXAMPLES OF K2

Question 2:

A 38 year-old woman presents to the Emergency Department with very painful strong contractions that are occurring every two to three minutes. She is currently at 40 weeks gestation and has had 2 normal and successful pregnancies before. She denies any vaginal bleeding or leaking fluid. On examination there is good fetal movement. Vaginal examination reveals the cervix is 1 cm dilated, 60% effaced and the vertex is at the +1 station.

What is the most appropriate next step in management?

- A. Send her home
- B. Rupture membranes
- C. Administer terbutaline
- D. Observation and analgesia