

## OPHTHALMOLOGY SAUDI BOARD PROGRAM 2017

### Saudi Board Part Two Final Written Examination of Ophthalmology

#### 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.
- Evaluate candidates for the purpose of being allowed to take the final clinical examination.

#### Eligibility:

- 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 missed a maximum of three (3) months of training of the whole residency program are 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

#### Rules:

- The Saudi Board Part II specialty written examination will be held once each year on a date announced on the SCFHS website (normally towards the end of the calendar year).
- There shall be no reset exam.
- A candidate would remain eligible for the Saudi Board Part II exam for a period not longer than three years after completion of the required residency training, provided he/she could provide evidence that he/she had been clinically active.

- If the candidate did not pass within the three years, an exceptional attempt may be granted upon the approval of the scientific council, provided evidence of continuing clinical practice is presented.
- A candidate who failed to pass Saudi Board Part II written examination including the exceptional attempt has to repeat the final year of training, after which he/she is allowed to sit the Part II written examination twice after approval by the scientific council.
- After exhausting all the above attempts (maximum 6 attempts) the candidate will not be permitted to sit the Saudi Board Part II written examination.

#### **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.
- Approximately 70% of the questions will be K2 (reasoning and application) and the rest of the questions will be K1 (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 knowledge and clinical questions relevant to ophthalmology, see blueprint below.

#### **Examination Conduct and Duration:**

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 aiming at achieving 70% passing rate or 65% passing score whichever comes first. Under no circumstances can the passing score be reduced below 65%.

- 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.

#### **Score Report:**

- 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
- SEC shall provide the scientific council for the specialty with results feedback representing 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.

#### **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 Ophthalmology:**

1. American Academy of Ophthalmology (AAO) Basic and Clinical Science Course (BCSC) Sections 1-14; 2013-2014.

2. American Academy of Ophthalmology (AAO) Basic and Clinical Science Course (BCSC) Sections 1-14; 2014-2015.
3. Bowling B. Kanski's Clinical Ophthalmology, 8th Edition. A Systematic Approach Saunders Elsevier's Health Sciences. ISBN 978-0-7020-5572-0.
4. Levin L, Nillson S, Ver Hoeve J, Wu S, Kaufman P, Alm A. eds. Adler's Physiology of the Eye, 11th Edition. Saunders 2011. ISBN: 9780323057141
5. Tabbara KF, Hyndiuk RA. Infections of the Eye, 2<sup>nd</sup> Edition, 1996. Little, Brown and Company, USA.
6. Roy FH, Fraunfelder FW Jr., Fraunfelder FT, eds. Current Ocular Therapy, 6th Edition. Saunders; 2008. ISBN 978-1-4160-2447-7.
7. Traboulsi EI. ed. Practical Management of Pediatric Ocular Disorders and Strabismus. A Case-based approach. 2016, Springer-Verlag.
8. Wright KW, Spiegel PH. eds. Pediatric Ophthalmology and Strabismus; 2003. Springer.
9. Rabbetts RB. Clinical Visual Optics, 4th Edition. Butterworth-Heinemann 2007. ISBN: 978-0-7506-8874-1.
10. Bartlett JD, Jaanus SD. Clinical Ocular Pharmacology, 5th Edition; 2008. Butterworth-Heinemann. ISBN: 978-0-7506-7576-5.



**Blueprint outlines (Saudi Board Part II Examination: Ophthalmology)**

| Sections                    | RANGE   | PERCENTAGE  |
|-----------------------------|---------|-------------|
| glaucoma                    | (12-14) | 13%         |
| optics & refractive surgery | (6-9)   | 7%          |
| pathology                   | (2-5)   | 3%          |
| Neuro-Ophthalmology         | (12-14) | 13%         |
| paediatric ophth&strabismus | (14-16) | 15%         |
| cornea & anterior segment   | (14-16) | 15%         |
| Oculoplastics/Orbit         | (9-11)  | 10%         |
| uveitis                     | (11-13) | 12%         |
| Retina/Viterous             | (11-13) | 12%         |
| <b>Total:</b>               |         | <b>100%</b> |

**TWO PAPERS**

**TOTAL NUMBER =200 MCQ**

**EACH PAPER =100 MCQ**



## Example Questions

### EXAMPLES OF K1

#### Question 1:

Which of the following types of exodeviation is the most common?

- A. Pseudoexotropia
- B. Congenital exotropia
- C. Intermittent exotropia
- D. Duane syndrome type 2

### EXAMPLES OF K2

#### Question 2:

A 78 year-old man with ischemic heart disease and hypertension experiences a single 10 minute episode of painless visual loss in his left eye. He describes the episode as a “gray window shade” being pulled down and then released.

Which is the most likely cause?

- A. Migraine
- B. Uhthoff phenomenon
- C. Retinal artery embolus
- D. Vertebro-basilar circulation insufficiency