

## SAUDI BOARD RESIDENCY TRAINING PROGRAM

### General Surgery

#### Final Written Examination

##### Examination Format:

1. A Saudi board final specialty written examination shall consist of two papers each with 100-125 SBA MCQs. Up to 10 % unscored items can be added for pretesting purposes.
2. If any other assessment format is used, the CAC must agree to its implementation (for example Short Answer Question (SAQ) or Modified Essay Question (MEQ) formats).

##### Passing Score:

1. The passing score is 70%. However, if the percentage of candidates passing the examination before final approval is less than 70%, the passing score must 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%.

##### Suggested References:

1. Sabiston Textbook of Surgery, 20th Edition, 2016. Courtney Townsend et al.
2. Schwartz's Principles of Surgery, Tenth Edition, 2014. F. Charles Brunickardi et al.
3. Current Surgical Therapy, 12<sup>th</sup> Edition, 2017, John L. Cameron and Andrew M Cameron.
4. Greenfield's Surgery Scientific Principles and Practice, 5<sup>th</sup> Edition, 2011. Michael W. Mulholland et al.
5. Fischer's Mastery of Surgery, 6<sup>th</sup> Edition .2011, Josef E. Fischer.
6. Professionalism and Ethics, Handbook for Residents, Practical guide, Prof. James Ware, Dr. Abdulaziz Fahad Alkaabba, Dr. Ghaiath MA Hussein, Prof. Omar Hasan Kasule, SCFHS, Latest Edition.
7. Essentials of Patient Safety, SCHS, Latest Edition.

##### **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:**

No.	Sections	Percentage (%)
<b>Principles of Surgery (20%= 40 MCQ)</b>		
1	Fluid and Electrolytes	2%
2	Shock, Haemostasis and Transfusion	2%
3	Surgical Infection and Antibiotics	3%
4	Trauma and Critical Care	4%
5	Surgical Complication	4%
6	Pre-operative Assessment, Anaesthesia and Pain Management	3%
7	Transplant	2%
<b>Clinical Surgery (80% = 160 MCQ)</b>		
8	The Breast and Endocrine	12%
9	Hernias, Abdominal Wall and Soft Tissue Tumours	6%
10	Upper GIT (Oesophagus, Stomach, Small Intestine)	8%
11	Lower GIT (Appendix, Colon, Rectum and Anus)	11%
12	Gastrointestinal Bleeding	4%
13	Hepatobiliary (Liver Pancreas and Spleen)	15%
14	Acute Abdomen	7%
15	Surgical Management of Obesity	4%
16	Subspecialty (Vascular- Paediatric- Plastic- Lung and Mediastinum)	8%
Research, Ethics and Professionalism and Patient Safety		5%
<b>Total</b>		<b>100%</b>

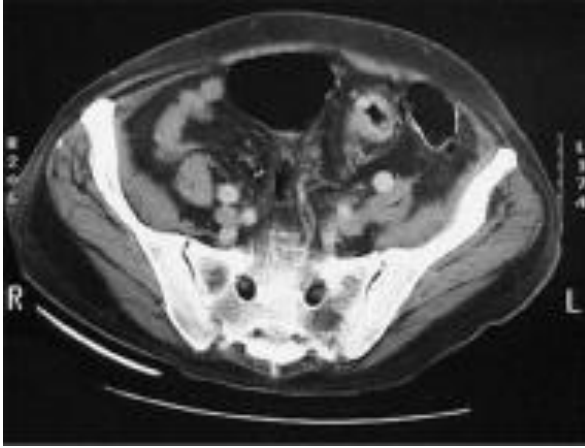
**Note:**

- Blueprint distributions of the examination may differ up to +/-3% in each category.
- Percentages and content are subject to change at any time. See the SCFHS website for the most up-to-date information.

## Example Questions

### EXAMPLE OF K2 QUESTIONS

#### Question 1



A 56-year-old man presented to the Emergency Department with intermittent lower abdominal cramps typically coming 3 or 4 hours after a meal for the last 6 weeks. His bowel habit had become more constipated than usual and he was forced to strain hard to achieve evacuation. Examination revealed there were no significant clinical findings (see image).

Which of the following tests is the most useful to establish a management plan?

- A. FOBT<sup>1</sup>
- B. Colonoscopy
- C. Flexible sigmoidoscopy
- D. Double contrast Ba enema

<sup>1</sup>Faecal Occult Blood Test