

الهيئة السعودية للتخصصات الصحية
Saudi Commission for Health Specialties



PSYCHIATRY SAUDI BOARD PROGRAM

**SAUDI BOARD FINAL CLINICAL EXAMINATION OF PSYCHIATRY
(2020)**



I Exam Format

- The Psychiatry final clinical examination shall consist of 8 graded stations each with 14 minute encounters.
- The 8 stations consist of 8 Structured Oral Exam (SOE) stations with 2 examiners each.
- All stations shall be designed to assess integrated clinical encounters.
- SOE stations are designed with preset questions and ideal answers.

II Final Clinical Exam Blueprint*

		DIMENSIONS OF CARE				# Stations
		Health Promotion & Illness Prevention	Acute	Chronic	Psychosocial Aspects	
DOMAINS FOR INTEGRATED CLINICAL ENCOUNTER	Patient Care		4	3		7
	Patient Safety & Procedural Skills		1			1
	Communication & Interpersonal Skills					
	Professional Behaviors					
	Total Stations		5	3		8



III Definitions

Dimensions of Care	Focus of care for the patient, family, community, and/or population
Health Promotion & Illness Prevention	The process of enabling people to increase control over their health & its determinants, & thereby improve their health. Illness prevention covers measures not only to prevent the occurrence of illness such as risk factor reduction but also arrest its progress & reduce its consequences once established. This includes but is not limited to screening, periodic health exam, health maintenance, patient education & advocacy, & community & population health.
Acute	Brief episode of illness, within the time span defined by initial presentation through to transition of care. This dimension includes but is not limited to urgent, emergent, & life-threatening conditions, new conditions, & exacerbation of underlying conditions.
Chronic	Illness of long duration that includes but is not limited to illnesses with slow progression.
Psychosocial Aspects	Presentations rooted in the social & psychological determinants of health that include but are not limited to life challenges, income, culture, & the impact of the patient's social & physical environment.

Domains	Reflects the scope of practice & behaviors of a practicing clinician
Patient Care	Exploration of illness & disease through gathering, interpreting & synthesizing relevant information that includes but is not limited to history taking, physical examination & investigation. Management is a process that includes but is not limited to generating, planning, organizing care in collaboration with patients, families, communities, populations, & health care professionals (e.g. finding common ground, agreeing on problems & goals of care, time & resource management, roles to arrive at mutual decisions for treatment)
Patient Safety & Procedural Skills	Patient safety emphasizes the reporting, analysis, and prevention of medical error that often leads to adverse healthcare events. Procedural skills encompass the areas of clinical care that require physical and practical skills of the clinician integrated with other clinical competencies in order to accomplish a specific and well characterized technical task or procedure.
Communication & Interpersonal Skills	Interactions with patients, families, caregivers, other professionals, communities, & populations. Elements include but are not limited to active listening, relationship development, education, verbal, non-verbal & written communication (e.g. patient centered interview, disclosure of error, informed consent).
Professional Behaviors	Attitudes, knowledge, and skills based on clinical &/or medical administrative competence, ethics, societal, & legal duties resulting in the wise application of behaviors that demonstrate a commitment to excellence, respect, integrity, accountability & altruism (e.g. self-awareness, reflection, life-long learning, scholarly habits, & physician health for sustainable practice).



SOE Station Sample**

<p>PSYCHIATRY Clinical Exam</p>	<p>Station 1 Instructions to Candidate</p>
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A 32-year-old married woman, with major depressive disorder presents to the Outpatient Psychiatric Clinic for follow up. She was started on Paroxetine 20 mg OD 6 months ago, and then the dose was increased up to 60 mg per day 6 weeks with poor response.

The patient had a failed a trial of Fluoxetine prior Paroxetine with optimal dose (40 mg) and optimal duration (10 weeks)

Task:

- **In this station, there will be two examiners who will ask you questions about the management of this case to evaluate your performance and complete the rating**
- **In your interaction with the examiners use English language**



Examination	
Examiner	Q1. What are the possible causes for poor response to the patient's treatment?
Candidate	<ul style="list-style-type: none"> • Poor compliance to medications • Inaccurate diagnosis • Comorbid Psychiatric illnesses • Substance abuse or Drugs-induced depression • Comorbid Medical Condition • Stressors
Examiner	<p>(Say: She has been fully compliant to her medication, diagnosis was confirmed, No Psychiatric comorbidities, Denied alcohol or substance abuse, No comorbid medical conditions, no stressors)</p> <p>Q2. What are the Pharmacological options in managing this patient?</p>
Candidate	<ul style="list-style-type: none"> • Switching to another Antidepressant from different class • Combining two antidepressants (e.g. Mirtazapine, Bupropion) • Augmenting with Lithium • Augmenting with an Atypical Antipsychotic • Augmentation with Triiodothyronine (T3)
Examiner	<p>(Say: The patient agreed to take Mirtazapine 15 mg as an augmentation strategy with Paroxetine 60 mg, but she presented to the Emergency Department 2 weeks later with 24-hours history of confusion, restlessness, palpitation, and shivering)</p> <p>Q3. What is the most likely diagnosis if the presentation is a result of her treatment combination?</p>
Candidate	Serotonin syndrome
Examiner	Q3. If you suspect Serotonin Syndrome, what are the most important signs on the physical examination that you would look for?
Candidate	<ul style="list-style-type: none"> • Fever • Autonomic instability • Tremors/Hyperreflexia • Myoclonus/clonus