General Exam
Rules and Regulations

2nd Edition
1437-2015
These Rules and Regulations were Approved by Saudi Commission for health Specialties board Trustees in the 3rd meeting of 2015 decree No 2/A/37 date 13/12/2015 A.D
## Glossary of Abbreviations and Acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CAC</td>
<td>Central Assessment Committee</td>
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<tr>
<td>CCR</td>
<td>Comprehensive Competency Report</td>
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<tr>
<td>CER</td>
<td>Continuous Evaluation Report</td>
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<td>DOPS</td>
<td>Direct Observation of Procedural Skills</td>
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<td>FITER</td>
<td>Final In-Training Evaluation Report</td>
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<td>MEQ</td>
<td>Modified Essay Questions</td>
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<td>Mini-CEX</td>
<td>Mini-Clinical Evaluation Exercise</td>
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<td>SLE</td>
<td>Saudi Licensing Examination</td>
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<td>OSCE</td>
<td>Objective Structured Clinical Examination</td>
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<tr>
<td>SAQ</td>
<td>Short Answer Question</td>
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<tr>
<td>SBA</td>
<td>Single Best Answer</td>
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<td>SEC</td>
<td>Specialty Examination Committee</td>
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<td>SCFHS</td>
<td>Saudi Commission for Health Specialties</td>
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<td>SOE</td>
<td>Structured Oral Examination</td>
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Chapter 1

GENERAL RULES

Article (1)

General Examination Rules and Regulations

1. The Saudi Commission for Health Specialties (SCFHS) Examination Rules and Regulations for assessments are to be considered together with the general bylaws governing the training programs.

2. Besides the specific details given for the Saudi licensing, promotion, part one and Final examinations, the following are general guidelines which will apply to all examinations:

1.1 The medical specialties with a curriculum based on the CanMEDS framework of competencies, shall align their examination with those competencies using a test blueprint.

1.2 The Specialty Examination Committee (SEC) is responsible for designing the test blueprint according to SCFHS recommended practices and submits it for publication on SCFHS website.

1.3 It is recommended for written examinations there shall be 10-12 sections and 4-6 domains for an exam with 120-200 questions (see table 1).

<table>
<thead>
<tr>
<th>Section</th>
<th>Medical Science</th>
<th>Diagnosis</th>
<th>Management</th>
<th>Investigation</th>
</tr>
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<tbody>
<tr>
<td>Cardiology</td>
<td>16%</td>
<td>4</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>18%</td>
<td>4</td>
<td>7</td>
<td>3</td>
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<tr>
<td>Musculoskeletal</td>
<td>12%</td>
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<td>4</td>
<td>2</td>
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<tr>
<td>Endocrine</td>
<td>4%</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Reproduction</td>
<td>14%</td>
<td>3</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Urogenital</td>
<td>8%</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Respiratory</td>
<td>12%</td>
<td>4</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Immunology</td>
<td>4%</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Behavioral</td>
<td>8%</td>
<td>1</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Nutrition</td>
<td>4%</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Totals</td>
<td>100%</td>
<td>29%</td>
<td>35%</td>
<td>24%</td>
</tr>
</tbody>
</table>

1.4 Exam period shall be two hours (120 minutes) for a 100 question paper, two and a half hours (150 minutes) for a paper consisting of 120 questions and three hours (180 minutes) for a 150 format.

1.5 Where the examination has 200 or more questions the exam will be divided equally into two parts and the aggregate mark will be the final score.

1.6 The sections in a test blueprint will serve to give all candidates their component scores as feedback only using percentages; otherwise the section proportions can be reconstructed.

1.7 Only the details of the sections and their proportions will be published on the SCFHS’s website as shown in Table 1.

Table 1
An example of a test blueprint with forty cells that would work well for an examination with 100 questions. Note, only sections and domains are used to describe the axes, and numbers in matrix cells are percentages.
1. 8 Every SCFHS examination testing two levels of cognition referred to here as K1 (recall and comprehension) and K2, usually delivered as questions with scenarios (interpretation, analysis, decision making, reasoning and problem solving). See Appendix 2 for examples of K1 and K2 questions (Appendix 2).

1. 9 All examinations should go through a systematic quality assurance process including item selection, technical review, scientific review, classification and item formatting (Appendix 3).

1. 10 Negative marking is NOT allowed.

1. 11 All score reports shall go through a post-hoc item analysis before being approved and issued by the SCFHS-Assessment Department and SEC within two weeks of the examination. In cases where the results are considered aberrant/inconsistent, the Assistant Secretariat for Postgraduate Studies must approve it before the results are published.

1. 12 Challenges raised by examinees regarding content of the examination must be submitted in writing to the SEC and a copy to the SCFHS Assistant Secretary General’s for postgraduate studies office within two weeks of the exam date.

1. 13 Challenges raised by examinees regarding the process during the examination must be submitted in writing to the Assessment department and a copy to the SCFHS Assistant Secretary General’s for postgraduate studies office within two weeks of the exam date.

1. 14 Any objection regarding examination results must be submitted in writing to the SEC and a copy to the SCFHS Assistant General Secretary for Postgraduate Studies within 60 days of announcing the examination results.

1. 15 This document should be read in parallel with the Examination Procedures Guide provided by the SCFHS Examination Department.
Article (2)

Introduction
Graduation from a university health science program confers the right of the graduate to practice in an internship year; to practice thereafter must be with a professional Saudi practice license granted upon obtaining a pre-determined passing score in a Saudi Licensing Examination (SLE) for their respective profession.

Until a SLE is available for all graduates, admission to all postgraduate programs will be based on the result of a Saudi Selection Examination and any other condition(s) approved by the SCFHS.

Article (3)

Objectives
1. Determine sufficient competence of those seeking a license for independent practice after the internship year.
2. Assess the readiness of the graduate to proceed to resident training.
3. Determine that all accredited health profession schools are graduating candidates who meet the minimum standards for safe practice\(^1\).
4. Provide feedback on examination performance to health profession schools from which candidates received their primary health science degree.
5. Screen the candidates applying to a specialty using only norm referenced standards\(^2\) as a means for selection.

Article (4)

Eligibility
1. Recognized primary degree (B.Sc. or equivalent) from an accredited health science program\(^3\).
2. Commenced training in the internship year.

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\(^1\) Minimum standards for safe practice shall be determined by a framework of competencies issued by the Saudi Deans’ Committee with periodic revision. The reports of these examinations shall remain private and confidential unless the SCFHS decides otherwise.

\(^2\) Norm referenced standards are those that yield an estimate of the position of the tested individual in a predefined population.

\(^3\) Only from a Ministry of Education accredited school in the relevant health science.
Article (5)

General Rules
1. The SLEs will be available throughout the year as computer based tests at certain time and centers designated by the SCFHS.
2. All eligible candidates may take a SLE up to four times in one calendar year starting from the first attempt to obtain a pass score.
3. SCFHS classification and registration rules and regulations apply to candidates who fail the SLE for two years after graduation date.
4. After obtaining a pass score in the SLE each candidate is eligible for two further attempts to improve their mark for the purpose of attaining a better opportunity for residency selection.
5. After one calendar year of the second attempt mentioned in (4) each candidate is eligible for one further attempt annually to improve their mark for the purpose of attaining a better score for residency selection.

Article (6)

Examination Format
1. The format shall be at least one hundred and fifty multiple-choice questions (MCQ), best one of four options (or A-type).
2. The examination shall contain K1 cognitive level questions (recall and comprehension) and K2, usually delivered as questions with scenarios (interpretation, analysis, decision making, reasoning and problem solving) according to test blueprint.
3. The examination will have questions from the basic medical sciences, including anatomy, physiology, pathology, microbiology, pharmacology, behavioural science and biochemistry. These questions are related to the basic science underpinning health practice and will represent up to 20% of the examination.

Article (7)

Passing Score
1. SCFHS will set the cut score using an evidence based scientific method supported by published literature for the Licensing exams.
2. In the event that there has been an aberrant result, the SCFHS Assistant Secretariat for Postgraduate Studies shall be asked to resolve the issue.
3. Each training center may set their percentage of SLE results for admission into their residency training program.
4. Examination results will be issued for each candidate with a section score report as feedback based on the approved examination blueprint.

Article (8)

Validity
1. A passing grade allows a candidate to practice as a health professional practitioner in accordance to the registration and classification guide.
2. A passing grade allows a candidate to apply for Saudi Board residency programs within five years of the passing date, after which time the licensing examination must be retaken and the above rules reapply.
Article (9)

Introduction
The general objective of the annual promotion assessment is to evaluate that the trainee has satisfactorily acquired the theoretical knowledge and clinical competences that he/she should have acquired during the relevant year(s).

The annual promotion assessment consists of the following components:
1. Written examination
2. Continuous Assessment

Article (10)

Eligibility for Written Examination
1. Valid registration in a SCFHS postgraduate training program.
2. Approval of the specialty local supervisory committee.

Article (11)

Written Examination Format
1. A written examination shall consist of one paper with minimum 120 MCQs with a single best answer (one correct answer out of four options).
2. If any other assessment format is used the CAC must agree to its implementation.

Article (12)

Continuous Assessment Formats
Continuous assessment formats consist of:
1. Continuous Evaluation Reports (CER)
   CERs should be conducted at least three times which covers at least 9 training months per year.
   CERs are submitted to local supervisory committee based on a series of workplace-based assessments (WBA) considered relevant by the specialty at least every three months. Examples found in appendix 4 and 5.
2. Other assessment formats
   Other assessment formats involve:
   2.1 Objective Structured Clinical Exam (OSCE),
   2.2 Structured Oral Exam (SOE),
   2.3 Research activity,
   2.4 International examinations, and/or
   2.5 Academic assignments.
3. The percentage for (2) shall not exceed 50% of the continuous assessment score.
4. If any other assessment format (not mentioned above) is used the CAC must agree to its implementation.
Article (13)  

**Passing Score for Promotion**

1. A score of 60% in the annual promotion assessment with a minimum of 50% in each component (written and continuous assessment) is required for passing.
2. In written examination, if the same paper is used for all training levels (i.e. junior or senior), predetermined passing score to reflect the level difference in residency training shall be made where applicable. Example: R1=50%, R2=55% and R3=60%.

Article (14)  

**Score Report**

1. All written examination 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 reported to the scientific council for the specialty for promotion decisions for all trainees, within two weeks of the examination.
2. Every SEC is encouraged to provide the scientific council for the specialty with feedback that represents 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.

Article (15)  

**General Rules**

1. The written examination shall be held once a year within 4-6 weeks of completion of nine months of training in that particular year.
2. If both examination (written promotion examination and Part I specialty examination) conducted at the same year, a candidate who passed Part I specialty examination is exempt from promotion written examination for (R1 only) in the four-year SCFHS accredited programs, and for (R2 only) in the five year or more SCFHS accredited programs.
3. There shall be no re-sit examination.
4. There shall be no promotion written examination at the end of final year of training in diploma, residency and fellowship programs.
5. The annual promotion assessment regulations apply to the Saudi subspecialty fellowship and diploma programs.
6. Promotion written examination and continuous assessment results are valid for the specific year in which they were conducted.
7. A candidate cannot be promoted to an advanced level unless he/she has successfully completed at least 9 training months in the year of promotion.
Article (16)

Introduction

The Saudi Board Part I Specialty Examination shall cover applied basic science knowledge related to the specialty. This exam is not applicable to other postgraduate training provided by SCFHS such as diploma and fellowship programs.

Article (17)

Eligibility

1. Valid registration in a SCFHS postgraduate training program.
2. This examination will be offered upon completion of at least nine months of training in any SCFHS residency training program.
3. Completion of the application process for the examination.

Article (18)

General Rules

1. The Saudi Board Part I specialty examination will be held at least once each year on a date published on the SCFHS website.
2. If the percentage of failures in the examination is 50% excluding R1 candidates, the exam shall be repeated after 6 months. Upon the approval of the General Secretary and at the discretion of the SEC, the exam may be repeated even if failure is less than 50% with a maximum number of two exams per academic year.
3. If both examination (written promotion examination and Part I specialty examination) conducted at the same year, a candidate who passed Part I specialty examination is exempt from promotion written examination for (R1 only) in the four-year SCFHS accredited programs, and for (R2 only) in the five year or more SCFHS accredited programs.
4. Candidates are allowed a maximum of three attempts to pass Saudi Board Part I specialty examination and an exceptional attempt may be granted once during the whole training period upon the recommendation of the Scientific council of the specialty and the approval of the executive council, before being dismissed from the program.
5. Passing Saudi Board Part I specialty examination is a prerequisite for any candidate to proceed to the senior level of training as determined by the specialty.
Article (19)

Examination Formats

1. A Saudi Board Part I specialty written examination shall consist of one paper with minimum 120 single best answer (SBA) MCQs. Ten unscored items can be added for pretesting purposes.
2. If any other assessment format is used, the CAC must agree to its implementation.

Article (20)

Passing Score

1. The passing score is 65%. However if the percentage of candidates passing the exam is less than 70%, the passing score can be lowered by one mark at a time aiming at achieving 70% passing rate or a score of 60% whichever comes first. Under NO circumstances, may the score be reduced below 60%.

Article (21)

Score Report

1. All score reports shall go through a post-hoc item analysis before being approved by both the Assistant General Secretary for Postgraduate studies of SCFHS and SEC, and then issued by the SCFHS within two weeks of the examination
2. Every SEC is encouraged to provide the scientific council for the specialty with results feedback represent 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.

Article (22)

Exemptions

1. The SCFHS at present has no reciprocal arrangement with respect to this examination or qualification by any other college or board, in any specialty. Therefore, exemption from the examination due to the completion of any other previous postgraduate studies/examination has to be approved by the scientific council.
Chapter 5: FINAL SPECIALTY EXAMINATION

Article (23)

Introduction
The Final Specialty Examination consists of the following components:
1. Final Written examination
2. Final Clinical examination

Section 1: FINAL WRITTEN EXAMINATION

Article (24)

Objectives
1. Determine the quantity and quality of specialty knowledge base ranked as competent, so that the individual can be used as a referral source for the specialty.
2. 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.
3. Screen candidates for the purposes of being allowed to take the final clinical examination.

Article (25)

Eligibility
1. Successful completion of the required period of diploma/residency/fellowship training.
2. Obtaining a training completion certificate (or equivalent) issued by the local supervisory committee based on a satisfactory Final In-Training Evaluation Report (FITER) and any other related requirements assigned by any mentioned scientific boards (e.g. research, publication, logbook, etc.). FITER example outlined in Appendix 6.
3. Any candidate missed a maximum of three = Any candidate that misses a maximum of three (3) months of training of the whole residency programs allowed to sit for the exam (written and clinical), and his/her results will be suspended till that missing period is done.
4. Registering for the examination at least one month before the exam date.

Article (26)

General Rules
1. The Saudi diploma/residency/fellowship final specialty written examination will be held once each year on a date published on the SCFHS website.
2. Examination dates should be provided by the SEC in accordance with the fixed annual schedule submitted by the assessment department.
3. There shall be no resit examination.
4. A candidate would remain eligible for final written examination for a period not longer than three years provided they could prove they had been clinically active.
5. 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.

6. A candidate who failed to pass the final written examination including the exceptional attempt has to repeat the final year of training, after which he/she is allowed to sit the final written examination twice after approval by the scientific council.

7. After exhausting all the above attempts (maximum 6 attempts) the candidate will not be permitted to sit the final written examination.
Article (27)

Examination Format
1. A final specialty written examination shall consist of two papers each with 100-120 SBA MCQs (majority shall consist of clinical scenarios). Ten 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).
3. The Saudi subspecialty fellowship final written examination shall consist of one paper with 120 SBA MCQs (includes clinical scenarios with one single best answer out of four options). Ten unscored items can be added for pretesting purposes.

Article (28)

Passing Score
1. 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%.
2. 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.
3. 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.

Article (29)

Score Report
1. All score reports shall go through a post-hoc item analysis before being approved by SEC and the SCFHS Assistant Secretariat for Postgraduate Studies within two weeks of the examination date. Then results will be published by the SCFHS Assistant Secretariat for Postgraduate Studies.

Article (30)

Exemptions
1. SCFHS at present has no reciprocal arrangement with respect to this examination or qualification by any other college or board, in any specialty.
Section 2: FINAL SPECIALITY CLINICAL EXAMINATION

Article (31) The final specialty clinical examination consists of both an Objective Structured Clinical Examination (OSCE) and Structured Oral Examination (SOE).

Article (32) Objectives
1. Determine the ability of the candidate to practice as a specialist and provide consultations in the general domain of his/her specialty for other health care professionals or other bodies that may seek assistance and advice.
2. Ensure that the candidate has the necessary clinical competencies relevant to his/her specialty.
3. All competencies contained within the specialty core curriculum are subject to be included in the examination.

Article (33) Eligibility
1. Passing Final written examination.
2. Candidates are allowed a maximum of three attempts to pass the final specialty clinical examination within a period of five years provided that evidence of continuing clinical practice is presented and approved by the scientific specialty council.
3. If the candidate did not pass the three attempts, an exceptional attempt may be granted upon the recommendation of the scientific specialty council, provided evidence of continuing clinical practice is presented.
4. Upon the recommendation of the scientific specialty council, a candidate who failed to pass the clinical examination including the exceptional attempt has to pass final written examination twice provided that evidence of continuing clinical practice is presented and approved by the scientific specialty council.
5. After exhausting all the above attempts the candidate will not be permitted to sit the final specialty clinical examination.

Article (34) General Rules
1. Final specialty clinical examination will be held once each year within 4-8 weeks after final written examination.
2. Examination dates should be provided by the SEC in accordance with the fixed annual schedule submitted by the examination department.
3. If the percentage of failures in the examination is 50% or more, the exam shall be repeated after 6 months.
4. Specialty clinical examinations shall be held on the same days and time at all centers, however if multiple consecutive sessions are used, suitable quarantine arrangements must be in place.
5. If the examination is conducted on different days, more than one exam version must be used.
6. The production of the clinical examination must comply with the SCFHS’s standards for this method of testing (Appendix 8).
7. If any other assessment format is used, the CAC must agree to its implementation.

Article (35)

Examination Format
1. The combined OSCE/SOE shall consist of 8-12 stations; at least five OSCE stations and at least two SOE preferably to be conducted within the same circuit.
2. OSCE stations are encouraged to be manned stations (with real or simulated patients) with one examiner per station.
3. SOE component shall be conducted by two examiners based on predetermined questions and unified model answers (Appendix 9).
4. SOE case development shall follow SCFHS standards.
5. OSCE station development shall comply with SCFHS OSCE manual.
6. The time allocation for each station is 10-20 minutes per encounter.
7. The fellowship final clinical examination shall consist of either OSCEs, SOEs, or a combination of both.
Article (36)

**OSCE/SOE Blueprint**
1. OSCE/SOE blueprint shall be produced at least one month prior to the scheduled examination by the SEC (Appendix 10).
2. OSCE/SOE blueprint shall guarantee the examination content covers the required knowledge, skills and behaviors for safe and effective patient care.
3. OSCE/SOE blueprint should conform to the test specifications defined by SCFHS with regard to sampling domains and dimensions of care.
4. OSCE/SOE includes but is not limited to areas of knowledge, skills, competencies and professional characteristics of the competent and professional practitioner.
5. Examination domains shall map with the specialty’s curriculum, such as but not limited to, history taking, physical examination, documentation, procedural skills, communication, ethical issues, investigation and data interpretation, diagnosis and management, as described on the SCFHS website (http://www.scfhs.org.sa).

Article (37)

**Passing Score**
1. The pass/fail cut off for each OSCE/SOE station is determined by the SEC prior to conducting the exam using a Minimum Performance Level (MPL) Scoring System (Appendix 11).
2. Each station shall be assigned an MPL based on the expected performance of a minimally competent candidate. The SEC shall approve station MPLs prior to the exam.
3. At least one examiner marks each OSCE station and two examiners independently mark each part of the SOE.
4. To pass the examination, a candidate must attain a score $\geq$ MPL in at least 70% of the number of stations and 60% in each component (OSCE and SOE).

Article (38)

**Score Report**
1. All score reports shall go through a post-hoc item analysis before being issued and approved by the SCFHS Assistant Secretariat for Postgraduate Studies and SEC within two weeks of the examination.
2. Every SEC should provide the scientific council for the specialty with candidate performance feedback based on each section of the exam according to the test blueprint, and based on their training center if possible.

Article (39)

**Exemptions**
SCFHS at present has no reciprocal arrangement with respect to this examination or qualification by any other college or board, in any specialty.
It is the responsibility of the specialty's examination committee to appoint examiners with proven teaching skills and experience to apply the correct standards to their examination. The examiners shall satisfy the following criteria:

1. Examiner from a university’s teaching staff shall be of a minimum rank of Associate Professor, or a consultant with at least three years’ experience. Any exception has to be approved by the CAC.
2. Preferably, all internal examiners shall observe at least one set of examinations before participating actively as an examiner.
3. Every specialty may invite one external evaluator to attend the final clinical specialty examination who shall participate as an evaluator of multiple stations and not partake in the actual examining, and thereby submit a detailed report (including comments on the process, examiners, exam quality and examinee performance) to the SEC and Assistant Secretary for Postgraduate Studies, no longer than one month after the examination.
4. The external evaluator shall have a known record of excellence in the specialty with previous experience of examining that may be confirmed with references submitted.
5. Assigned specialty program directors are not allowed to participate as examiners in the final clinical specialty examination for trainees from the same region.
6. All SEC members are prohibited from conducting mock examinations or review courses paid or on a volunteer basis.
7. Consultants conducting trainee examination preparation activities within the specialty should not be nominated as potential examiners.
8. If possible, all examiners shall have attended workshops prescribed by the Assessment department, and renew their attendance certification every five years.

Examiners Conduct

All examiners’ conduct shall be exemplary and satisfy the highest professional standards including their personal demeanor, inter-action with candidates and colleagues, as well as adherence to the rules and regulations, including grading practices. The chairperson of the SEC shall be responsible for ensuring the standards of all the examiners, including any external examiner.
Section 1: INSTRUCTIONS FOR EXAMINATION DAY

Article (42)

1. Each candidate must bring his/her ID (Saudi ID, Iqma, or Passport) to the examination hall, and present it at the registration desk.
2. Candidates arriving at the registration desk more than thirty (30) minutes after the published starting time of the examination will not be allowed to sit the examination, and will be considered absent for purposes of calculating retakes or deferment unless an acceptable written justification is submitted and approved by the SEC.
3. The candidate must be seated in their assigned seat but may be moved at the discretion of an invigilator without any stated reason, who must then submit a report to the assessment department at SCFHS.
4. No candidate may leave the examination hall before thirty minutes have elapsed and always accompanied by an invigilator if they wish to return.
5. Candidates attending an examination within the city of training should be free of clinical duty the day of the examination and not on-call the night before.
6. Candidates attending an examination outside their city of training should be free of clinical duty the day before the examination and not on-call the night before that.
Section 2: WITHDRAWAL OR ABSENCE FROM THE EXAMINATIONS

Article (43)

1. Withdrawal from an examination
   a. Notice of withdrawal of any candidate who cannot be present for an examination must be sent in writing with an explanation of the reason, immediately the inability to attend is known, and no later 48 hours prior to the examination date. This should be sent to SCFHS Examination Department.
   b. If the withdrawal is made due to an unpredictable event (such as illness or injury, which should be supported by documentary evidence such as a medical certificate), alternative examination appointment will be offered upon approval of the SEC.
   c. If exams are cancelled due to bad weather, security measures, or any other unavoidable event alternative appointments will be offered at SCFHS’s discretion.
   d. Approved withdrawn candidates are not considered in the examination result statistics.

2. Absent candidates, late withdrawal (less than 48 hour notice) and those arriving at the registration desk more than thirty (30) minutes after the published starting time of the examination:
   a. Will not be allowed to sit the examination, and will be considered absent for purposes of calculating retakes or deferment unless an acceptable written justification is submitted and approved by the SEC.
   b. Accepted written justification for any of the above conditions mentioned in (2-a), shall not be considered as an examination attempt.

3. The following refund policy applies to fee-based examinations:
   a. The whole fee will be refunded for withdrawal from an examination received in writing by the Examination Department at least thirty (30) days before the prescribed date of the exam.
   b. Half the fee will be refunded if written notification is received between 14 – 29 days before the examination date.
   c. The whole fee is forfeited if absence or written withdrawal is received less than fourteen (14) days before the examination date.
Section 3: PROHIBITIONS (MISCONDUCT)

Article (44)

1. Before the examination:
   1.1 seeking, providing, and/or obtaining unauthorized access to examination materials
   1.2 providing false information or making false statements on or in connection with application forms, scheduling permits, or other exam-related documents
   1.3 applying for an examination for which you are not eligible
   1.4 communicating or attempting to communicate about specific test items, cases, answers, and/or exam results with an examiner, potential examiner, or formal or informal test developers at any time before, during, or after an examination

2. During the examination:
   2.1 taking an examination for which you are not eligible
   2.2 taking an examination for someone or engaging someone to take an examination for you
   2.3 giving, receiving, or obtaining unauthorized assistance during the examination or attempting to do so
   2.4 making notes of any kind while in the secure areas of the test center, except on the writing materials provided at the test center for this purpose
   2.5 failing to adhere to any exam policy, procedure, or rule, including instructions of the test center staff
   2.6 verbal or physical harassment of test center staff or other examination staff, or other disruptive or unprofessional behavior during the registration, scheduling, or examination process
   2.7 possessing any unauthorized materials, including photographic equipment, communication or recording devices, and cell phones, in the secure testing areas
   2.8 Any other electronic communication device, not herein mentioned, are prohibited in the examination hall irrespective if they are turned off, and no provision will be made to store them
   2.9 communicating or attempting to communicate about specific test items, cases, and/or answers with another examinee, or formal or informal test preparation group at any time before, during, or after an examination

3. After the examination:
   3.1 altering or misrepresenting examination scores.
   3.2 any reproduction by any means, including, but not limited to, reconstruction through memorization, and/or dissemination of copyrighted examination materials by any means, including the internet.
   3.3 communicating or attempting to communicate about specific test items, cases, and/or answers with another examinee, potential examinee, or formal or informal test preparation group at any time before, during, or after an examination.
   3.4 failure to cooperate fully in any investigation of a violation of the SCFHS rules.
Section 4: DISCIPLINARY ACTIONS

Article (45)

1. Non-compliance with any of the above rules would be considered misconduct. At the discretion of the invigilator of the examination various actions may be taken. This could vary from verbal warning up to dismissal from the examination hall.

2. At the discretion of the invigilator, in the case of a misconduct (including but not limited to cheating notes, taking photos of questions or possession of electronic devices), the invigilator has the right to nullify the candidates’ submission and should submit a written report to the Assessment department and to the trainee appeal and disciplinary committee.

3. Failure to provide a valid ID will disqualify the candidate from registering at the examination hall and he/she will not be allowed to sit for the examination.

4. Impersonation or false identity shall be treated according to KSA government rules.

5. If the candidate does not leave the examination hall when requested, security shall be called for a forced removal.

6. Any other conduct deemed to be cheating shall be reason for dismissal from the examination hall and a report shall then be written by the invigilator.

7. If irregular behavior or misconduct is found, the penalties include one or more of the following:
   - 7.1 Cancellation of exam scores
   - 7.2 Ban on future testing for periods ranging from 6 months – 3 years
   - 7.3 Permanent annotation of trainee record/report
   - 7.4 Possible legal action
Appendices

1 All forms in the appendices are for illustrative purposes and can be modified as needed.
## Appendix 1: Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blueprint</strong></td>
<td>A tool that identifies the content areas covered on the examination. For each content area, the blueprint outlines the weighting of the area, the domains, and sections examined. The blueprint also provides details of the assessment tools used in the examination.</td>
</tr>
<tr>
<td><strong>Case based discussion (CBD)</strong></td>
<td>An encounter that involves a comprehensive review of clinical cases between a trainee and an evaluator. The candidate is given feedback from an evaluator across a range of areas relating to clinical knowledge, clinical decision making and patient management.</td>
</tr>
<tr>
<td><strong>Competence</strong></td>
<td>Possession of a satisfactory level of relevant knowledge and acquisition of a range of relevant skills that include interpersonal and technical components at a certain point in the educational process.</td>
</tr>
<tr>
<td><strong>Direct Observation of Procedural Skills (DOPS)</strong></td>
<td>A structured checklist for assessing competence in performing diagnostic and interventional procedures. It facilitates feedback in order to develop behaviours and performance related to operative, decision making, communication and teamwork skills.</td>
</tr>
<tr>
<td><strong>External Evaluator</strong></td>
<td>An evaluator from a different country as the candidates who are being examined. The general role of the External Evaluator is to ensure that the processes of examinations are fair and equitable according to the SCFHS policies and regulations.</td>
</tr>
<tr>
<td><strong>FITER</strong></td>
<td>A summative evaluation prepared at the end of the training program, which grants the candidate with a full range of competencies (knowledge, skills and attitudes) required for a specialist, and readiness to sit the Saudi certification examinations. The FITER is not a composite of the regular in-training evaluations; rather it is a testimony of the evaluation of competencies at the end of a training program.</td>
</tr>
<tr>
<td><strong>Continues Evaluation Report (CER)</strong></td>
<td>A summative evaluation report prepared for each candidate at the end of each year based on the end of rotation reports, which might also involve clinical, oral exams, and completing other academic or clinical assignment(s).</td>
</tr>
<tr>
<td><strong>Internal Examiner</strong></td>
<td>An examiner from the same country as the candidates who are being examined.</td>
</tr>
<tr>
<td><strong>Mini-Clinical Evaluation Exercise (Mini-CEX)</strong></td>
<td>A direct observation assessment or “snapshot” of a candidate-patient interaction. To be most useful, the evaluator should provide timely and specific feedback to the candidate after each encounter.</td>
</tr>
<tr>
<td><strong>Minimum performance level (MPL)</strong></td>
<td>The cut score used to determine the pass/fail mark in a competency test.</td>
</tr>
</tbody>
</table>
Multi-source feedback/360-Degree Evaluation
A method used to assess interpersonal and communication skills, professional behaviors, and some aspects of patient care and systems-based practice. Usually, evaluators completing rating forms in a 360-degree evaluation are superiors, peers, subordinates, and patients and their families.

Objective Structured Clinical Examination (OSCE)
A standardized way of assessing clinical competencies. It provides a mean to assess the “shows how” of physical examination and history-taking skills, communication skills with patients and family members, breadth and depth of knowledge, ability to summarize and document findings, and ability to make a differential diagnosis or plan treatment.

Portfolio
A systematic and organized collection of a candidate’s work that exhibits to others the direct evidence of a candidate’s efforts, achievements, and progress over a period of time.

Post hoc review (Item Analysis)
A process which examines candidate responses to individual test items (questions) in order to assess the quality of those items and of the test as a whole.

Standard Setting
The process used to select a passing score for an examination. Standard-setting methods fall into two categories, item-centered and person-centered. Examples of item-centered methods include the Angoff, Ebel, and Nedelsky methods, while examples of person-centered methods include the Borderline Survey and Contrasting Groups approaches.

Standardized Patients (SP)
Individuals who have been trained to reliably reproduce the history and/or physical findings of typical clinical cases. They can be real patients who have been "standardized" or they can be simulated patients, i.e. persons who are not sick but take on a patient’s history and role.

Structured Oral Examination (SOE)
A performance assessment method using realistic patient cases with trained physician examiners questioning a candidate in a structured and standardized manner. This exam format assesses the “know how” of clinical decision-making and the application or use of medical knowledge with realistic patient scenarios.

Systematic Quality Assurance
A system of procedures, checks, audits, and corrective actions to ensure that all exam items are of the highest achievable quality. Involves an iteration process of review and correction for item writing flaws and an independent subject matter expert review.

Workplace-Based Assessment (WBA)
A form in which assessments of a candidate’s competence is based on what they actually do in the workplace. WBA assists supervisors in monitoring a candidate’s progress and can be used to inform CER. Such an assessment might be multi-source feedback, mini-Clinical Encounter Exercise (CEX), Direct Observation Procedure Skills (DOPS), or other appropriate WBA tools.
Appendix 2: Examples of K1 and K2 Multiple Choice Questions

QA1 is an example of a K1, recall item, with the context being set, vasospasm associated with subarachnoid hemorrhage.

QA1.
This question illustrates the context being set, vasospasm following a subarachnoid hemorrhage, while at the same time only testing at the lowest cognitive level.

A 23 year-old has sudden onset of severe headache and loss of consciousness. On examination there was weakness on the right side of the body secondary to a subarachnoid hemorrhage.

Which of the following is an EBM Class I management option to prevent vasospasm in this condition?

A. Hypervolemia  
B. Heparin  
C. Statins  
D. Vasodilators

QA2 shows how the same question has been presented but this time it will take clinical reasoning to find the best answer (K2). The context is given with clinical data and must be used to answer the question asked.

QA2.
This is an example of an item being given a clinical context using patient data. Importantly the clinical data must be used to answer the question asked.

A 23 year-old has a sudden onset of severe headache and loss of consciousness. On examination there was weakness on the right side of the body. A CT-scan confirmed an intracranial hemorrhage and an angiogram a narrowed MCA.

What immediate treatment will increase the rate of survival?

A. Hypervolemic  
B. Heparin  
C. Statins  
D. Vasodilators

2 Bloom described six levels in the taxonomy of the cognitive domain: recall, comprehension, application, analysis, synthesis and evaluation. However, a panel of experts have difficulty in reaching consensus about specific items at this level of specificity and therefore most Q-bank classifications use only recall and reasoning, or K1 and K2.
Appendix 3: Systematic Quality Assurance Process for Exam Items

1. Cleansing & building of the bank according to the blueprint
2. Item Formatting, Technical Review and Linguistic Editing
3. Item Counting and storage
4. Pre-Publication review process and exam publication
5. Post-Hoc (psychometric) Item Analysis Review
6. Exam result approval
Appendix 4: Continuous Evaluation Report (CER)

Definition

The CanMEDS-based competencies end of rotation evaluation form is a summative evaluation report prepared for each resident at the end of each year based on the end of rotation reports, which might also involve clinical, oral exams, and completing other academic or clinical assignment(s). These academic or clinical assignments should be documented by an electronic tracking system on an annual basis. Evaluations will be based on the accomplishment of the minimum requirements of the procedures and clinical skills as determined by the program.

CER Examination Bylaw

I Introduction

Annual CER is a component of promotion to the next year of a specialist training program. Eligibility of promotion includes a satisfactory overall annual CER.

II CER Format

a. At least three CERs are submitted by the program director upon approval by the residency training committee for each trainee during the specific training year based on a series of workplace-based assessments considered relevant by the specialty. Such an assessment might be multi-source feedback, mini-CEX, DOPS, or a combination.

b. An annual CER is the average of the CERs during the specific training year, which might also involve OSCE, SOE, research activity, international examinations and/or academic assignments. The proportion for any one of these shall not exceed 50% of the annual CER score.

c. If any other assessment format is used the CAC must agree to its implementation.

III General Rules

a. The promotion examination shall be held once a year within 4-6 weeks after completion of 9 months of training in that particular year.

b. A candidate who passed Part I examination is exempt from the end of year promotion exam for (R1) in the four-year SCFHS accredited programs, and for (R2) in the five year or more SCFHS accredited programs, provided he/she scores at least 70% of the annual CER in that particular training year.
### Continuous Evaluation Report (CER)

**Trainee Name:**

**SCFHS#**

**Training Center:**

**Level of training:**

**Rotation Dates:**

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Rarely</th>
<th>Inconsistently</th>
<th>Generally</th>
<th>Exceeds</th>
<th>N/A</th>
<th>Score</th>
<th>Weight %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Expert</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Appropriate basic knowledge</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Accurate history and physical exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Appropriate clinical decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Appropriate emergency management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Appropriate indication for procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Performance before, during, &amp; after procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Clinical Skills Proficiency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| • Appropriate interaction with patient/family/others | | | | | | | 15
| • Accurate documentation                  |        |                |           |         |     |        |          |
| • Appropriate planning                    |        |                |           |         |     |        |          |
| • Clear presentation                     |        |                |           |         |     |        |          |
| Collaborator                              |        |                |           |         |     |        |          |
| • Proper Interaction with health professionals | | | | | | | 5
| • Proper consultations                   |        |                |           |         |     |        |          |
| • Proper management of conflicts          |        |                |           |         |     |        |          |
| Manager                                   |        |                |           |         |     |        |          |
| • Proper use of information technology    |        |                |           |         |     |        |          |
| • Proper understanding of resources       |        |                |           |         |     |        |          |
| • Appropriate time management             |        |                |           |         |     |        |          |
| • Follow policies and procedures          |        |                |           |         |     |        |          |
| • Maximize benefits to patients           |        |                |           |         |     |        |          |
| Health Advocate                           |        |                |           |         |     |        |          |
| • Appropriate response to patient health needs | | | | | | | 5
| • Appropriate promotion and participation in patient safety | | | | | | | |
| Scholar                                   |        |                |           |         |     |        |          |
| • Participate in appropriate medical education activities | | | | | | | 10
| • Implement an ongoing plan for self-education | | | | | | | |
| • Analyze and integrate medical information | | | | | | | |
| • Teach others                           |        |                |           |         |     |        |          |
| • Completion of the electronic log-book   |        |                |           |         |     |        |          |
| Professional                              |        |                |           |         |     |        |          |
| • Proper professional attitude            |        |                |           |         |     |        |          |
| • Understands medical and legal obligations | | | | | | | |
| • Punctual                               |        |                |           |         |     |        |          |
| • Maintain ethics and morals              |        |                |           |         |     |        |          |
| • Accepts advices                        |        |                |           |         |     |        |          |
| • Participates in professional organizations | | | | | | | |

**Total Score:** 100

---

Comment on the strengths and weaknesses of the candidate. Make direct reference to the objectives and give specific examples wherever possible.

---

**Evaluation methods:**

<table>
<thead>
<tr>
<th>Mini-CEX</th>
<th>DOPS</th>
<th>OSCE</th>
<th>CBD</th>
<th>MSF</th>
<th>Others (specify):</th>
</tr>
</thead>
</table>

**Residency training committee approval:**

<table>
<thead>
<tr>
<th>Meeting No.</th>
<th>Date</th>
</tr>
</thead>
</table>

**Program Director Name:**

**Date**

**Signature**

**Trainee Name:**

**Date**

**Signature**

---

* Rarely ≤30%, Inconsistently >30–60%, Generally >60–90%, Exceeds >90%
Appendix 5 – WORKPLACE-BASED ASSESSMENT (WBA)

Assessment forms to be completed by the supervisor as required by rotation-specific objectives are the following:

- Presentation Rating Form; see Appendix 5 Form 1
- CBD (Case-Based Discussion); see Appendix 5 Form 2
- DOPS (Direct Observation Procedure Skills); see Appendix 5 Form 3
- Mini-CEX (Clinical Encounter Exercise); see Appendix 5 Form 4
Appendix 5 - Form 1: Presentation Rating Form

Trainee name: ________________________  Level: ________
Date of Presentation: __________________________
Topic: ______________________________________

Please use the following scale to evaluate the presentation:

<table>
<thead>
<tr>
<th>Very weak</th>
<th>Weak</th>
<th>Acceptable</th>
<th>Good</th>
<th>Very good</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Medical Expert**
- Demonstrated thorough knowledge of the topic
- Presented at the appropriate level and with adequate details
- Well-prepared, knows content and answers questions

**Communicator**
- Provided objectives and an outline
- Presentation was clear and organized
- Used effective methods and presentation style
- Established good rapport with the audience

**Collaborator**
- Invited comments from learners and led discussions
- Worked with supervisor/team effectively in preparing the session

**Health advocate**
- Managed time effectively
- Addressed preventive aspects of care

**Scholar**
- Posed appropriate learning questions
- Accessed and interpreted the relevant literature

**Professional**
- Maintained patients’ confidentiality if clinical material was used
- Identified and managed relevant conflicts of interest
- Supported conclusions with relevant convincing evidence

**Overall Performance**

<table>
<thead>
<tr>
<th>Did Not Meet Expectations</th>
<th>Short of Expectations</th>
<th>Met Expectations</th>
<th>Exceeded Expectations</th>
<th>Far Exceeded Expectations</th>
</tr>
</thead>
</table>

Comments:

Evaluator Name: ________________________
Definition
Case-Based Discussion (CBD)
The purpose of a Case-Based Discussion (CBD) encounter is to evaluate the level of professional judgement exercised in clinical cases by the trainee. CBD is designed to:
• guide the trainee’s learning through structured feedback
• help improve clinical decision making, clinical knowledge and patient management
• provide the trainee with an opportunity to discuss their approach to the case and identify strategies to improve their practice
• be a teaching opportunity enabling the evaluator to share their professional knowledge and experience.

Overview
CBD encounter involves a comprehensive review of clinical cases between a trainee and an evaluator. The trainee is given feedback from an evaluator across a range of areas relating to clinical knowledge, clinical decision making and patient management. CBD encounter takes approximately 20-30 minutes.

Trainee responsibilities
• Arrange a CBD encounter with an evaluator.
• Provide the evaluator with a copy of the CBD rating form.

Evaluator responsibilities
• Choose the case(s) for discussion.
• Use the CBD form to rate the trainee.
• Provide constructive feedback and discuss improvement strategies.
• Provide an overall judgment on the trainee’s clinical decision making skills.
## Case-Based Discussion (CBD) Rating Form

**Trainee name:**

**Registration no.:**

**Residency level:**

**Date:**

**Brief summary of case:**

- New Case [ ]
- Follow-up Case [ ]

**Assessment setting:**

- Inpatient [ ]
- Ambulatory [ ]
- ICU [ ]
- CCU [ ]
- Emergency department [ ]
- Other [ ]

**Complexity:**

- Low [ ]
- Moderate [ ]
- High [ ]

**Focus:**

- Data gathering [ ]
- Diagnosis [ ]
- Therapy [ ]
- Counseling [ ]
- Other [ ]

### Assessment:

<table>
<thead>
<tr>
<th>Questions</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Medical Record Documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigation and Referrals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-up and Future Planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionalism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Judgment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership/Managerial skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Overall performance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Suggestions for Development:**

1-  
2-  
3-  

**Evaluator Name:**

**Evaluator Signature:**
Appendix 5 - Form 3: Direct Observation of Procedural Skills (DOPS)

The direct observation of procedural skills commonly referred to as DOPS is one of the workplace based assessment (WBA) tools. DOPS is a structured checklist for assessing competence in performing diagnostic and interventional procedures. It facilitates feedback in order to develop behaviours and performance related to operative, decision making, communication and teamwork skills. The assessment is formative, aimed at guiding further development of practice.
# Direct Observation of Procedural Skills (DOPS) Rating Form

<table>
<thead>
<tr>
<th>Trainee’s Name</th>
<th>Registration #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure Observed</td>
<td>Date</td>
</tr>
<tr>
<td>Observed by</td>
<td>Signature of Observer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understood the indications for the procedure and clinical alternatives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explained plans and potential risks to the patient clearly and in an understandable manner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good understanding of the theoretical background, including anatomy, physiology, and imaging, of the procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good advanced preparation for the procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicated the procedural plan to relevant staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explained procedure to the patient and obtained valid informed consent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aware of risks of cross infection and demonstrated an effective aseptic technique during the procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedure success or failure was understood in the current setting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coped well with unexpected problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrated awareness through constant monitoring, maintained focus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrated confidently correct procedural sequence, minimal hesitation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skillful and handled patient and tissues gently</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintained accurate and legible records including descriptions of problems or difficulties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issued clear post procedural instructions to the patient and/or staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sought to work to the highest professional standards at all times</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## ASSESSMENT

<table>
<thead>
<tr>
<th>Practice was satisfactory</th>
<th>Practice was unsatisfactory</th>
<th></th>
</tr>
</thead>
</table>

### Examples of good practice:

### Areas of practice requiring improvement:

### Further learning and experience should focus on the following:
Appendix 5 – Form 4: Mini-Clinical Evaluation Exercise (Mini-CEX)

Definition

The mini-CEX is a 10-20 minute direct observation assessment or “snapshot” of a trainee-patient interaction. To be most useful, the evaluator should provide timely and specific feedback to the trainee after each assessment of a trainee-patient encounter.

Purpose

A mini-CEX is designed to:

- guide the trainee’s learning through structured feedback
- help improve communication, history taking, physical examination and professional practice
- provide the trainee with an opportunity to be observed during interactions with patients and identify strategies to improve their practice
- be a teaching opportunity enabling the evaluator to share their professional knowledge and experience.

Overview

A mini-CEX encounter involves a trainee being observed in their workplace consulting with a patient. The trainee is given feedback across a range of areas relating to professional qualities and clinical competence from an evaluator immediately after the observation.

Trainee responsibilities

- Arrange a mini-CEX encounter with an evaluator.
- Provide the evaluator with a copy of the mini-CEX rating form.

Evaluator responsibilities

- Choose an appropriate consultation for the encounter.
- Use the mini-CEX rating form to rate the trainee.
- Provide constructive feedback and discuss improvement strategies. If a trainee receives a rating which is unsatisfactory, the assessor must complete the 'Suggestions for Development' section. The form cannot be submitted if this section is left blank.
Mini-Clinical Evaluation Exercise (Mini-CEX) Rating Form

Trainee name:  
Registration no.:  
Residency level:  
Date:  
Mini-CEX time:  min  
Observing:  min  
Providing feedback:  min

Brief summary of case:

☐ New Case  ☐ Follow-up Case
Assessment setting:  ☐ Inpatient  ☐ Ambulatory  ☐ ICU  ☐ CCU  ☐ Emergency department  ☐ Other________________
Complexity:  ☐ Low  ☐ Moderate  ☐ High
Focus:  ☐ Data gathering  ☐ Diagnosis  ☐ Therapy  ☐ Counseling  ☐ Other________________

Assessment:

<table>
<thead>
<tr>
<th>Questions</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>History taking</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Physical examination skills</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Communication skills</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

Suggestions for Development:
1-  
2-  
3-

Evaluator Name:

Evaluator Signature:

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>History taking</td>
<td>Facilitates patient’s narrative; uses appropriate questions to obtain accurate, adequate information effectively; responds to verbal and nonverbal cues appropriately</td>
</tr>
<tr>
<td>Physical examination skills</td>
<td>Follows an efficient, logical sequence; examinations are appropriate for clinical problems; provides patients with explanations; is sensitive to patients’ comfort and modesty</td>
</tr>
<tr>
<td>Communication skills</td>
<td>Explores patients’ perspectives; jargon free speech; open and honest; empathetic; agrees management plans and therapies with patients</td>
</tr>
<tr>
<td>Critical judgment</td>
<td>Forms appropriate diagnoses and suitable management plans; orders selectively and performs appropriate diagnostic studies; considers risks and benefits</td>
</tr>
<tr>
<td>Humanistic quality/professionalism</td>
<td>Shows respect, compassion, and empathy; establishes trust; attends to patient’s comfort needs; respects confidentiality; behaves in an ethical manner; is aware of legal frameworks and his or her own limitations</td>
</tr>
<tr>
<td>Organization and efficiency</td>
<td>Prioritizes; is timely and succinct; summarizes</td>
</tr>
<tr>
<td>Overall clinical care</td>
<td>Demonstrates global judgment based on the above topics</td>
</tr>
</tbody>
</table>
Appendix 6: Final In-Training Evaluation Report (FITER)/Comprehensive Competency Report (CCR)

Definition

The FITER is completed by the resident training Program Director. FITER is prepared by program directors for each resident at the end of his/her final year in residency, which might also involve clinical, oral exams, and completing other academic assignment(s).

This is a summative evaluation prepared at the end of the residency program, which grants the resident with a full range of competencies (knowledge, skills and attitudes) required for a specialist, and readiness to sit the Saudi certification examinations. The FITER is not a composite of the regular in-training evaluations; rather it is a testimony of the evaluation of competencies at the end of a residency education program.

FITER Examination Bylaw

<table>
<thead>
<tr>
<th></th>
<th>Introduction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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.) grants eligibility to sit the Saudi board part II (final) written examination.</td>
</tr>
</tbody>
</table>
Trainee Name: 
Trainee SCFHS number: 
Evaluation covering the last year as a resident: 

In the view of the Residency Program Committee, the trainee mentioned above has acquired the competencies of the specialty/subspecialty as prescribed in the Objectives of Training and is competent to practice as a specialist.

- Written exams
- Oral exams
- Clinical observations (e.g., CERs) from faculty
- OSCEs
- Feedback from healthcare professionals
- Completion of a scholarly project
- Other evaluations:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

COMMENTS:

Name of Program Director/Assessor for CCR:
Date: 
Signature: 

This is to attest that I have read this document. 
Name of Trainee: 
SCFHS number: 
Date: 
Signature: 

TRAINEE’S COMMENTS: 

Note: If, during the period from the date of signature of this document to the completion of training, the Residency Program Committee judges that the candidate’s demonstration of competence is inconsistent with the present evaluation, it may declare the document null and void and replace it with an updated FITER. Eligibility for the examination would be dependent on the updated FITER.
FITER: (Medical Expert Competency)

Trainee Name:
Trainee SCFHS number:

<table>
<thead>
<tr>
<th>EXPECTATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Rarely meets</td>
</tr>
<tr>
<td>* Inconsistently meets</td>
</tr>
<tr>
<td>* Generally meets</td>
</tr>
<tr>
<td>* Sometimes exceeds</td>
</tr>
<tr>
<td>* Consistently exceeds</td>
</tr>
<tr>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

Medical Expert

<table>
<thead>
<tr>
<th>a. Possesses basic scientific and clinical knowledge relevant to specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Performs histories and physical examinations that are complete, accurate, and well-organized</td>
</tr>
<tr>
<td>c. Uses all pertinent information to arrive at complete and accurate clinical decisions</td>
</tr>
<tr>
<td>d. Recognizes and manages emergency conditions resulting in prompt and appropriate treatment. Remains calm, acts in a timely manner, and prioritizes correctly</td>
</tr>
<tr>
<td>e. Recognizes and appropriately manages patients with complex problems and multi-system disease</td>
</tr>
<tr>
<td>f. Demonstrates proficiency in pre-operative and post-operative patient management, including indications for surgical intervention</td>
</tr>
</tbody>
</table>

Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings. Make direct reference to the objectives and give specific examples wherever possible.

* Rarely meets ≤30%
* Inconsistently meets >30–60%
* Generally meets >60–80%
* Sometimes exceeds >80–90%
* Consistently exceeds >90%
FITER: (Procedures and Clinical Skills Competencies)

Trainee Name: 
Trainee SCFHS number: 

<table>
<thead>
<tr>
<th>EXPECTATIONS</th>
<th>* Rarely meets</th>
<th>* Inconsistently meets</th>
<th>* Generally meets</th>
<th>* Sometimes exceeds</th>
<th>* Consistently exceeds</th>
<th>Not Applicable</th>
</tr>
</thead>
</table>

### PROCEDURES AND CLINICAL SKILLS

a. Demonstrates the ability to perform diagnostic and therapeutic procedures/skills described in the Specialty Curriculum

1. Endoscopic Procedures
   - 

2. Open Surgical Procedures
   - 

3. Laparoscopic Procedures
   - 

4. Other Procedures
   - 

5. Clinical Skills
   - 
   b. Minimizes risks and discomforts to the patient
   c. Overall is proficient in procedures and clinical skills

Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings. Make direct reference to the objectives and give specific examples wherever possible.

* Rarely meets ≤30%
* Inconsistently meets >30–60%
* Generally meets >60–80%
* Sometimes exceeds >80–90%
* Consistently exceeds >90%
FITER: (Communicator Competency)
Trainee Name:
Trainee SCFHS number:

<table>
<thead>
<tr>
<th>EXPECTATIONS</th>
<th>* Rarely meets</th>
<th>* Inconsistently meets</th>
<th>* Generally meets</th>
<th>* Sometimes exceeds</th>
<th>* Consistently exceeds</th>
<th>Not Applicable</th>
</tr>
</thead>
</table>

**COMMUNICATOR**

a. Establishes a therapeutic relationship with patients and communicates well with the family. Provides clear and thorough explanations of diagnosis, investigation, and management in a professional manner. Demonstrates empathy and sensitivity to racial, gender, and cultural issues

b. Prepares documentation that is accurate and timely

c. Develops diagnostic and therapeutic plans that are understandable to patients and clear and concise for other healthcare personnel, including other consultants

d. Presents clinical summaries and scientific information in a clear and concise manner to a healthcare audience

Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings. Make direct reference to the objectives and give specific examples wherever possible.

* Rarely meets ≤30%
* Inconsistently meets >30–60%
* Generally meets >60–80%
* Sometimes exceeds >80–90%
* Consistently exceeds >90%
FITER: (Collaborator Competency)
Trainee Name:
Trainee SCFHS number:

<table>
<thead>
<tr>
<th>EXPECTATIONS</th>
<th>* Rarely meets</th>
<th>* Inconsistently meets</th>
<th>* Generally meets</th>
<th>* Sometimes exceeds</th>
<th>* Consistently exceeds</th>
<th>Not Applicable</th>
</tr>
</thead>
</table>

**COLLABORATOR**

<table>
<thead>
<tr>
<th>a. Interacts effectively with health professionals by recognizing and acknowledging their roles and expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Consults and delegates effectively</td>
</tr>
<tr>
<td>c. Establishes good relationships with peers and other health professionals</td>
</tr>
<tr>
<td>d. Effectively provides and receives information from other health professionals</td>
</tr>
<tr>
<td>e. Manages conflict situations well</td>
</tr>
</tbody>
</table>

Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings. Make direct reference to the objectives and give specific examples wherever possible.

* Rarely meets ≤30%
* Inconsistently meets >30–60%
* Generally meets >60–80%
* Sometimes exceeds >80–90%
* Consistently exceeds >90%
**FITER: (Manager Competency)**
Trainee Name:
Trainee SCFHS number:

<table>
<thead>
<tr>
<th>MANAGER</th>
<th>EXPECTATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Understands and makes effective use of information technology, such as methods for searching medical databases</td>
<td>* Rarely meets</td>
</tr>
<tr>
<td>b. Makes cost-effective use of healthcare resources based on sound judgment</td>
<td></td>
</tr>
<tr>
<td>c. Prioritizes and uses personal and professional time effectively in order to achieve a balanced personal and professional life</td>
<td></td>
</tr>
<tr>
<td>d. Demonstrates an understanding of the principles of practice management</td>
<td></td>
</tr>
<tr>
<td>e. Demonstrates the ability to effectively utilize healthcare resources to maximize benefits to all patients, including managing waiting lists</td>
<td></td>
</tr>
</tbody>
</table>

Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings. Make direct reference to the objectives and give specific examples wherever possible.

* Rarely meets ≤30%
* Inconsistently meets >30–60%
* Generally meets >60–80%
* Sometimes exceeds >80–90%
* Consistently exceeds >90%
FITER: (Health Advocate Competency)
Trainee Name:
Trainee SCFHS number:

<table>
<thead>
<tr>
<th>HEALTH ADVOCATE</th>
<th>EXPECTATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Understands the specialist’s role to intervene on behalf of patients with respect to the social, economic, and biological factors that may impact their health</td>
<td>* Rarely meets</td>
</tr>
<tr>
<td>b. Understands the specialist’s role to intervene on behalf of the community with respect to the social, economic, and biological factors that may impact on community health</td>
<td></td>
</tr>
<tr>
<td>c. Recognizes and responds appropriately in advocacy situations</td>
<td></td>
</tr>
</tbody>
</table>

Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings. Make direct reference to the objectives and give specific examples wherever possible.

* Rarely meets ≤30%
* Inconsistently meets >30–60%
* Generally meets >60–80%
* Sometimes exceeds >80–90%
* Consistently exceeds >90%
**FITER: (Scholar Competency)**

**Trainee Name:**

**Trainee SCFHS number:**

<table>
<thead>
<tr>
<th>EXPECTATIONS</th>
<th><em>Rarely meets</em></th>
<th><em>Inconsistently meets</em></th>
<th><em>Generally meets</em></th>
<th><em>Sometimes exceeds</em></th>
<th><em>Consistently exceeds</em></th>
<th>Not Applicable</th>
</tr>
</thead>
</table>

### SCHOLAR

- **a.** Demonstrates an understanding of, and a commitment to, the need for continuous learning. Develops and implements an ongoing and effective personal learning strategy
- **b.** Critically appraises medical information by asking relevant questions and determining which information is reliable. Successfully integrates information from a variety of sources.
- **c.** Understands the principles of adult learning and helps others learn by providing guidance, teaching, and giving constructive feedback.
- **d.** Facilitates the learning of patients, other house staff/students, and other health professionals.
- **e.** Completes the electronic log book in a timely fashion.

Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings. Make direct reference to the specific objectives and give specific examples wherever possible.

* Rarely meets ≤30%
* Inconsistently meets >30–60%
* Generally meets >60–80%
* Sometimes exceeds >80–90%
* Consistently exceeds >90%
**FITER: (Professional Competency)**

Trainee Name:  
Trainee SCFHS number:  

<table>
<thead>
<tr>
<th>PROFESSIONAL</th>
<th>EXPECTATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Demonstrates integrity, honesty, compassion, and respect for diversity</td>
<td></td>
</tr>
<tr>
<td>b. Fulfills medical, legal, and professional obligations of the specialist</td>
<td></td>
</tr>
<tr>
<td>c. Meets deadlines and demonstrates punctuality</td>
<td></td>
</tr>
<tr>
<td>d. Monitors patients and provides follow-up</td>
<td></td>
</tr>
<tr>
<td>e. Understands the principles of ethics and applies these in clinical situations</td>
<td></td>
</tr>
<tr>
<td>f. Demonstrates an awareness of limitations, and seeks advice when necessary. Accepts advice graciously</td>
<td></td>
</tr>
<tr>
<td>g. Demonstrates respect towards other physicians and healthcare workers</td>
<td></td>
</tr>
<tr>
<td>h. Participates in professional organizations—local, provincial, and national</td>
<td></td>
</tr>
</tbody>
</table>

Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings. Make direct reference to the objectives and give specific examples wherever possible.

* Rarely meets ≤30%  
* Inconsistently meets >30–60%  
* Generally meets >60–80%  
* Sometimes exceeds >80–90%  
* Consistently exceeds >90%
Appendix 7: Standard Setting Method

To set a passing score using a standard setting method, the specialty examination committee needs to adhere to the following:

a. Use a standard setting method based on judgments of test questions/examinees, for which Angoff’s method is recommended.

b. Approve the process and passing score from the SCFHS Assistant General Secretary for Postgraduate Studies one month prior to exam administration.

c. Passing score should be posted on SCFHS website after the approval of SCFHS Assistant General Secretary for Postgraduate Studies.

d. Adhere to the following five basic steps (if Angoff is used) outlined below and document the detailed standard setting process in meeting minutes.

The five basic steps of setting a passing score:

1- Select the Judges: The judges must be qualified to decide what level of competence measured by the exam is necessary. The more the judges, the better. The least to be involved in setting the passing score are five judges. Judges involved in the process are specialty exam committee members. If needed, other judges can be included upon the approval of SCFHS Assistant General Secretary for Postgraduate Studies.

2- Define "borderline candidate" competence: The judges need to describe and agree upon a person whose competence would represent the borderline between acceptable and unacceptable levels of competence the exam measures. The definition needs to be documented.

3- Train the judges to use Angoff’s method: The passing score is computed from the expected scores for the individual questions. The judge considers each question as a whole and makes a judgment of the probability that a borderline candidate would answer the question correctly. The probability must be between .00 and 1.00.

4- Collect judgments: Two approaches exist, either letting judges make their individual judgments or trying to reach a consensus. A compromise procedure would be:
   - Have the judges make preliminary judgments for the first few questions only.
   - Conduct a brief discussion of each of these questions. Each judge announces his/her choice of probability for each question. If the numbers are similar (e.g. within 10-15% points), go on to the next question. If the numbers are not similar, ask for the judge who chose one of the highest numbers to explain the reasons for choosing a high probability. Then ask for the judge who chose one of the lowest numbers to explain the reasons for choosing the low probability. Tell the judges they can change their judgments if they want to. Make sure the judges understand that their judgments are supposed to describe the performance of borderline candidates.
   - After discussing the first few questions, have the judges make preliminary judgments for the remaining questions.
   - Discuss the remaining questions as above, and give the judges a chance to change their judgments if they want to.
   - Collect the judgments.

5- Combine the judgments to choose a passing score: Simply add the probabilities of the individual questions to get each judge’s estimate of the borderline candidate’s expected score for the whole test. Then combine the scores computed for the individual judges by computing the mean, or the median, or the trimmed mean.

---

## Appendix 8: Case Development Template (OSCE/SOE)

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PATIENT DEMOGRAPHICS</strong></td>
<td>Name, age, gender, etc. (how did the current encounter come about?)</td>
</tr>
<tr>
<td><strong>HISTORY OF PRESENT ILLNESS</strong></td>
<td>Chief complaint: (reason for visit)</td>
</tr>
<tr>
<td></td>
<td>Where (location and radiation of symptom)</td>
</tr>
<tr>
<td></td>
<td>When (when it began, fluctuation over time, duration)</td>
</tr>
<tr>
<td></td>
<td>Quality (what it feels like)</td>
</tr>
<tr>
<td></td>
<td>Quantity (intensity, extent, degree of disability)</td>
</tr>
<tr>
<td></td>
<td>Aggravating/alleviating factors (what makes it better/worse)</td>
</tr>
<tr>
<td></td>
<td>Associated symptoms (other manifestations)</td>
</tr>
<tr>
<td></td>
<td>Beliefs (what does the patient think is wrong)</td>
</tr>
<tr>
<td><strong>CURRENT LIFE SITUATION</strong></td>
<td>(where does patient live/work, ...)</td>
</tr>
<tr>
<td><strong>PERSONALITY</strong></td>
<td>(key emotional tone and approach to responses)</td>
</tr>
<tr>
<td><strong>PAST MEDICAL HISTORY</strong></td>
<td>(past illness including surgical or psychiatric conditions)</td>
</tr>
<tr>
<td><strong>FAMILY MEDICAL HISTORY</strong></td>
<td>(past medical, surgical, and/or psychiatric conditions relevant for the case</td>
</tr>
<tr>
<td><strong>MEDICATIONS</strong></td>
<td>(list with quantity if relevant)</td>
</tr>
<tr>
<td><strong>ALLERGIES</strong></td>
<td>(list)</td>
</tr>
<tr>
<td><strong>SOCIAL HISTORY</strong></td>
<td>(e.g., smoking, drugs, alcohol, diet, exercise)</td>
</tr>
<tr>
<td><strong>PHYSICAL EXAM</strong></td>
<td>Relevant positive and negative findings</td>
</tr>
<tr>
<td><strong>IMAGES/FIGURES/TABLES</strong></td>
<td>Relevant supporting data</td>
</tr>
<tr>
<td><strong>LABORATORY, RADIOLGY &amp; OTHER RELEVANT FINDINGS</strong></td>
<td>Relevant positive and negative results</td>
</tr>
</tbody>
</table>
Appendix 9: SOE Example

Instructions to candidate: (15 minutes)
You are a clinical clerk working in the surgical ward. A 47-year-old female is booked for urgent laparotomy for intestinal obstruction. Her past medical history includes asthma with several hospital admissions in the past.

Note: Text in “Italic” is the outline of questions and information presented by the examiner. Following it are the expected actions/responses by candidate.

How will you manage this patient prior to surgery?
Detailed pre-operative assessment to include history from the patient, review of medical and nursing records and clinical examination. The likely problems with this patient include dehydration, electrolyte imbalance, acid base imbalance, asthma and compromised respiratory function as result of abdominal distension.

On clinical examination you elicit following clinical findings
• Patient looks ill, tired, and dehydrated
• Abdomen distended, nausea and vomiting
• Urine output 10–20ml/hour
What other information do you want?
Need to check her BP, heart rate, state of peripheral perfusion (capillary refill), fluid balance (composition and quantity of intravenous fluids given). Check her respiratory rate, auscultate her chest for wheezes. Monitor oxygen saturation using pulse oximetry. BP is 90/42mmHg, HR is 110/min, RR is 22/min, bilateral extensive wheezes present, SpO2 is 90% in room air.

What investigations you would like to do at this stage?
Full blood count, urea and electrolytes, blood glucose, electrocardiogram (ECG), Chest X-ray, peak expiratory flow rate (PEFR), and arterial blood gas analysis:
• Na = 132mmol/l, K=3.1mmol/l
• Urea: 9.3 mmol/l, Creatinine: 122 Mmol/l
• PEFR: 150 l/min

The surgeon insists that she needs to go to theatre immediately as he has some other commitment later. Are you happy to anaesthetize now? Why?
No, her hydration needs to be addressed and her respiratory parameters need to be optimized.

How will you assess dehydration?
• Vital signs: Tachycardia, hypotension.
• End organ perfusion: Altered mental state, decreased urine output, and reduced skin turgor.

What electrolyte abnormalities does she have and what do you think is the cause?
Hyponatraemia and hypokalaemia. It is possibly due to vomiting and sequestration in the intestine.
## Appendix 10 – Example of Final Clinical Exam Blueprint

### DIMENSIONS OF CARE

<table>
<thead>
<tr>
<th>Health Promotion &amp; Illness Prevention</th>
<th>Acute 4±1 Station(s)</th>
<th>Chronic 3±1 Station(s)</th>
<th>Psychosocial Aspects 1±1 Station(s)</th>
<th># Stations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DOMAINS FOR INTEGRATED CLINICAL ENCOUNTER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Care 6±1 Station(s)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Patient Safety &amp; Procedural Skills 1±1 Station(s)</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Communication &amp; Interpersonal Skills 2±1 Station(s)</td>
<td>1</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Professional Behavior 1±1 Station(s)</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Stations</strong></td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

---

4 Main blueprint framework adapted from Medical Council of Canada Blueprint Project
Appendix 11: Setting a Minimum Performance Level (MPL) for a Clinical Examination Performance Checklist

For each item in the checklist, the judge estimates the proportion of minimally competent candidates (borderline) that perform the particular task correctly. The estimate scores are then averaged and summed up to determine the MPL (cut score) for each station.

0 = not done, 1 = attempted by not done correctly, and 2 = done correctly

<table>
<thead>
<tr>
<th>Patient Care</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Asks how many minutes since the accident.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Asks about respiratory complaints.</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>3. Asks about signs of concussion.</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>4. Examines cervical spine.</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>5. Auscultates the lungs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Suspects internal hemorrhage.</td>
<td></td>
<td>●</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication &amp; Interpersonal Skills</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Elicits patient responses using appropriate questions (no leading questions, only 1 question at a time).</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>8. Clarifies information by repeating to make sure he/she understood patient on an ongoing basis.</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>9. Allows patient to talk without interrupting.</td>
<td></td>
<td>●</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional Behavior</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Maintains professional composure and controlled emotions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Avoids assigning blame-to someone else within “the system” or to the patient.</td>
<td></td>
<td>●</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Global Rating</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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**Judge 1 MPL = SUM (Must Do)/Max = 23/37 = 0.62 x 100 = 62%**

<table>
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<tr>
<th>Judge</th>
<th>One</th>
<th>Two</th>
<th>Three</th>
<th>Four</th>
<th>Five</th>
<th>Six</th>
<th>Station MPL</th>
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<tbody>
<tr>
<td>MPL</td>
<td>62%</td>
<td>58%</td>
<td>61%</td>
<td>55%</td>
<td>65%</td>
<td>59%</td>
<td>360/6=60%</td>
</tr>
</tbody>
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