SAUDI BOARD RESIDENCY TRAINING PROGRAM

Anaesthesia

Final Written Examination 2018

Objectives

1. Determine the trainee has sufficient competency related to the required specialty.
2. Determine the eligibility for entering the final clinical examination.

General Provisions

1. The final written examination of Saudi board certificates/Diplomas/Fellowships will be held once each year.
2. The final written examination may not be repeated.
3. Examination dates shall be provided by the Specialty Examination Committee in accordance with the approved annual schedule submitted by the Executive Assessment Administration.
4. The candidate would remain eligible for final written examination for a period not longer than three years after completion of training provided that he/she presents evidence of continuing clinical practice.
5. If the candidate did not pass within the three years, an additional attempt may be granted upon the approval of the Scientific Council, provided evidence of continuing clinical practice.
6. The candidate who failed to pass the final written examination including the additional attempt, has to repeat the final year of training, after which he/she shall be allowed to sit the final written examination twice given the approval of the Scientific Council.
7. After exhausting all the above attempts (maximum 6 attempts) the candidate will not be permitted to sit for the final written examination.

Examination Format:

1. A Saudi board final specialty written examination shall consist of two papers each with 100-120 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 (for example Short Answer Question (SAQ) or Modified Essay Question (MEQ) formats).
Passing Score:

1. The passing score is 70%. However, if the percentage of candidates passing the examination before final approval is less than 70%, the passing score must be lowered by one mark at a time aiming at achieving 70% passing rate or 65% passing score whichever comes first.
2. Alternatively, to set a passing score using a standard setting method, the specialty examination committee must obtain approval of the process and passing score from the Executive Director for Assessment one month prior to exam administration.
3. 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.
4. If standard setting is used the above passing score regulation does not apply and a detailed report of the process and the recommended pass score should be forwarded to the Executive Director of Assessment at least two weeks before the examination date.
5. Under no circumstances can the passing score be reduced below 65%.

Suggested References:

**CLASS (A) TEXTBOOKS:**
Residents are encouraged to have in-depth knowledge in major parts of the following books:

1. Anesthesia, Ronald D.Miller (Churchill Livingstone)
2. Clinical Anesthesia, Paul G. Barash (B. Lippincott Company)
3. Anesthesia and Co-Existing Disease, Robert K. Stoelting (Churchill Livingstone)
4. Essentials of Anesthesiology, Chung and Lam (W.B.Saunders Company) (recommended for year 1)
5. The ICU Book, Paul L. Marino (Williams & Wilkins) (recommended for ICU rotations)
CLASS (B) TEXTBOOKS:
Residents are expected to use the following books as references related to anesthesia and intensive care:

1. Neural Blockade in Clinical Anesthesia & Management of Pain, Michael Cousins (B. Lippincott Company)
2. Obstetric Analgesia and Anesthesia, David Chestnut.
4. Synopsis of Critical Care, William J. Sibbald (Williams & Wilkins)
5. Current Therapy in Critical Care Medicine, Joseph E. Parrillo (B.C. Decker Inc.)
8. Drugs and Anesthesia: Pharmacology for Anesthesiologists, Margaret Wood (Williams & Wilkins)
9. Applied Respiratory Physiology, F. Nunn (Butter Worths)
10. Review of Medical Physiology, W.F. Ganong (Appleton & Lange)
11. Clinical Application of Respiratory Care, Barry A. Shapiro (Year Book Medical Publishers, Inc.)
13. Day-Case Anesthesia and Sedation, G. Whitwam (Black Scientific Publications)
14. Lecture Notes on Medical Statistics, Aviva Petrie (Black Scientific Publications)
15. Medical Statics on Personal Computers, R. A. Brown (BM J Publishing Group)
16. Cardiac Anesthesiology Fellows Manual, Dr Annete Vegas
17. Cardiac Anesthesia, Frederick Kaplan
18. Textbook of Thoracic Anesthesia, Alan Symor
19. Textbook of Thoracic Anesthesia, Peter Slinger
20. Textbook of Neuro-Anesthesia with Neurosurgical and Neuroscience Perespective, Maurice S. Albin

Patient Safety + Professionalism and Ethics References:


Note:
This list is intended for use as a study aid only. SCFHS does not intend the list to imply endorsement of these specific references, nor are the exam questions necessarily taken solely from these sources.
Blueprint outlines

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<td>Clinical Sciences ²</td>
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<td>4</td>
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<td></td>
<td>Research, Ethics &amp; Professionalism and patient safety</td>
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<td><strong>Total</strong></td>
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¹ Basic Sciences: Anatomy, Physics, Anesthesia Delivery Devices, Calculations, Pharmacology, Measurements.


³ Organ-Based & Clinical Sciences: Cardiac Anesthesia, Critical Care, Neuro Anesthesia, Obstetric Anesthesia, Ophthalmologic Anesthesia, Otorhinolaryngology (ENT) Anesthesia, Pediatric & Neonatal Anesthesia, Trauma, Burn Management, Organ Donors.


**Note:**
Blueprint distributions of the examination may differ up to +/-3% in each category.
Example Questions

EXAMPLE OF K2 QUESTIONS

Question 1

A 23 years-old lady undergoing laparoscopic cholecystectomy, the procedure was uneventful, extubated, shifted to the recovery room in which she started to become anxious, tachycardic, febrile, and confused, ECG showed AF1, on examination they noticed signs of exophthalmos. Supportive measures to control fever and restore intravascular volume initiated.

Which of the following is the most appropriate to administer?

A. Dantrolene
B. Propylthiouracil
C. Phenoxybenzamine
D. Reversal of muscle relaxant

EXAMPLE OF K1

Question 2

In mechanically ventilated patients with acute respiratory failure, positive end-expiratory pressure (PEEP) of 10 cm H2O is accompanied with acute respiratory failure.

Which of the following is the most expected?

A. Decreased ejection
B. Increased stroke volume
C. Unaltered ejection fraction
D. Increased left ventricular end-systolic volume