SAUDI BOARD RESIDENCY TRAINING PROGRAM

Part Two Final Written Examination of (Endodontic Program 2017)

Objectives:

- 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.
- Using theoretical data, determine the candidate’s ability to think logically, to solve problems, to apply basic medical and dental science to clinical problems, and to make judgments with valid comparisons.
- Screen candidates for the purposes of being allowed to take the final clinical examination

Eligibility:

- Successful completion of the required period of residency training.
- Obtaining a training completion certificate issued by the local supervisory committee.
- Any candidate missed a maximum of three (3) months of training of the whole residency program are allowed to sit for the exam (written and clinical), and his/her results will be suspended till that missing period is done.
- Registering for the examination at least 1 month before the exam date

Rules:

- The Saudi Board Part II specialty written examination will be held once each year on a date published on the SCFHS website.
- There shall be no re-sit exam.
- A candidate would remain eligible for Saudi Board Part II exam for a period not longer than three years, provided they could prove they had been clinically active.

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

- A Saudi Board Part II specialty written examination shall consist of two papers each with 100-120 Single Best Answer (SBA) MCQs. Ten unscored items can be added for pretesting purposes.
- The examination shall contain K2 type questions (interpretation, analysis, reasoning and decision making) and K1 type questions (recall and comprehension).
- If any other assessment format is used, the CAC must agree to its implementation (for example SAQ or MEQ formats).
- Clinical presentation questions include history, clinical finding and patient approach. Diagnosis and investigation questions; includes the possible diagnosis and diagnostic methods. Management questions; including treatment and clinical management, either therapeutic or non-therapeutic, and complications of management. Materials and Instruments questions; including dental material properties, usage, and selection of dental instruments and equipment used. Health maintenance questions; includes health promotion, disease prevention, risk factors assessment, and prognosis.
- The examination shall include basic science, basic concepts and clinical topics relevant to Endodontics.

Examination Conduct and Duration:

The exam period shall be two hours for each 100 question paper, two and a half hours for each paper consisting of 120 questions and the exam will be delivered as a computer based test when available, otherwise paper and pencil.

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%. Negative marking is NOT allowed.
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 in the exam rules and regulations document on the SCFHS website.
3. To set a passing score using a standard setting method (2), 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.

Declaration of Result:

All score reports shall go through a post-hoc item analysis before being issued and approved by the SCFHS and SEC within two weeks of the examination.

Exemption:

SCFHS at present has no reciprocal arrangement with respect to this examination or qualification by any other college or board, in any specialty.

Suggested References

Textbooks:


Classic Literature:

- Classic Articles Folder with assigned topics.

Current Literature.

- Assigned current topics.

Crash Courses:

- Outline of each course including suggested reading references given by the provider.

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
(Saudi Board Part II Examination for Endodontic)

<table>
<thead>
<tr>
<th>No.</th>
<th>Section</th>
<th>Proportion</th>
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<tbody>
<tr>
<td>1</td>
<td>Endodontic Relations to Different Dental Specialties</td>
<td>8-9%</td>
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<tr>
<td>2</td>
<td>Outcome of Root Canal Treatment</td>
<td>6-7%</td>
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<tr>
<td>3</td>
<td>Surgical Endodontics</td>
<td>10-12%</td>
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<tr>
<td>4</td>
<td>Pain Control, Flare Up and Emergency</td>
<td>8-9%</td>
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<tr>
<td>5</td>
<td>Relationship of Systemic Diseases and Endodontics</td>
<td>3-4%</td>
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<tr>
<td>6</td>
<td>Diagnosis and Radiographic Interpretation</td>
<td>5-6%</td>
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<tr>
<td>7</td>
<td>Cleaning and Shaping the Root Canal System</td>
<td>4-5%</td>
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<tr>
<td>8</td>
<td>Obturation of the Cleaned and Shaped Root Canal System</td>
<td>4-5%</td>
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<td>9</td>
<td>Nonsurgical Retreatment and Mishaps</td>
<td>4-5%</td>
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<tr>
<td>10</td>
<td>Pulpal Reactions to Caries and Dental Procedures, Regenerative Endodontics and Vital Pulp Therapy</td>
<td>6-8%</td>
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<tr>
<td>11</td>
<td>Pathobiology of Apical Periodontitis and Microbiology of Endodontic Infections</td>
<td>5-7%</td>
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<td>12</td>
<td>The Role of Endodontics after Dental Traumatic Injuries</td>
<td>3-4%</td>
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<tr>
<td>13</td>
<td>Rhinosinusitis and Endodontic Disease</td>
<td>2-3%</td>
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<td>14</td>
<td>Classic and Current Literature</td>
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<td>15</td>
<td>Research, Ethics &amp; Professionalism and Patient safety</td>
<td>4-5%</td>
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<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
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Example Questions

• K1 Question

What is the route of administration of Stabident and X-Tip Systems for endodontic treatment?

A. Intraosseous
B. Intraligamentary
C. Intrapulpal
D. Infraorbital block

• K2 Question

A healthy woman presented to the Emergency Endodonic Clinic complaining of pain related to the mandibular right first molar with biting and history of intra oral swelling buccally two weeks before. The pulp was extirpated five months ago. There was an isolated narrow vertical probing depth 7mm distobuccally with normal probing depths in the other areas. The possibility of fracture was excluded (see image).

Which of the following is the most appropriate treatment?

A. Root amputation
B. Endodontic treatment only
C. Endodontic treatment followed by periodontal surgery
D. Periodontal treatment followed by endodontic treatment