SAUDI BOARD RESIDENCY TRAINING PROGRAM

Endodontic Program

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. The Saudi subspecialty fellowship and diplomas final written examination shall consist of one of the following:

   a. One paper with 80-120 multiple choice questions (includes clinical scenarios with single best answer out of four options). Ten unscored items can be added for pretesting purposes.
   
   b. One paper with 40-80 multiple choice questions (includes clinical scenarios with single best answer out of four options), and 10-40 short answer questions (model answer for each question must be handed over to the executive assessment administration before the exam date).

3. 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:

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.

- Professionalism and Ethics, Handbook for Residents, Practical guide, Prof. James Ware, Dr. Abdulaziz Fahad Alkaabba, Dr. Ghaiath MA Hussein, Prof. Omar Hasan Kasule, SCFHS, Latest Edition.

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Sections</th>
<th>Percentage (%)</th>
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<tbody>
<tr>
<td>1</td>
<td>Endodontic Relations to Different Dental Specialties</td>
<td>4-6%</td>
</tr>
<tr>
<td>2</td>
<td>Diagnosis</td>
<td></td>
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<tr>
<td></td>
<td>Outcome of Root Canal Treatment</td>
<td>12-14%</td>
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<tr>
<td></td>
<td>Survival of Root-filled Teeth</td>
<td></td>
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<td>3</td>
<td>Surgical Endodontics</td>
<td>12-14%</td>
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<tr>
<td>4</td>
<td>Pain Control, Flare Up and Emergency</td>
<td>10-12%</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>Dental Traumatic Injuries</td>
<td>8-10%</td>
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<tr>
<td>7</td>
<td>Tooth Morphology, isolation, access, Cleaning and Shaping, Obturation and</td>
<td>12-14%</td>
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<tr>
<td></td>
<td>Radiographic Interpretation of the Root Canal System</td>
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<tr>
<td>8</td>
<td>Nonsurgical Retreatment and Mishaps</td>
<td>8-10%</td>
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<tr>
<td>9</td>
<td>Regenerative Endodontics and Vital Pulp Therapy</td>
<td>6-8%</td>
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<tr>
<td>10</td>
<td>Pulpal Reactions to Caries and Dental Procedures, Pathobiology of Apical</td>
<td>5-7%</td>
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<td></td>
<td>Periodontitis and Microbiology of Endodontic Infections</td>
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<tr>
<td>11</td>
<td>Classic and Current Literature</td>
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<tr>
<td>12</td>
<td>Research, Ethics &amp; Professionalism and Patient safety</td>
<td>5-8%</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
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</table>

**Note:**
Blueprint distributions of the examination may differ up to +/-3% in each category
Example Questions
EXAMPLE OF K2 QUESTIONS
Question 1

A healthy woman presented to the Emergency Endodontic 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

EXAMPLE OF K1
Question 2

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

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