

## SAUDI BOARD RESIDENCY TRAINING PROGRAM

### INTERNAL MEDICINE

#### Final Written Examination 2019

##### Examination Format:

1. A Saudi board final specialty written examination shall consist of two papers each with 100-125 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. Under no circumstances can the passing score be reduced below 65%.

##### Suggested References:

1. Harrison's Textbook of Medicine
2. Medical Knowledge Self-Assessment and Practice (MKSAP)
3. Current Textbook of Medicine
4. Med Studies Reviews
5. Massachusetts Internal Medicine Practice
6. 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
7. Essentials of Patient Safety, SCHS, 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:**

No.	Sections	Percentage (%)
1	General medicine**	20%
2	Cardiovascular	10%
3	Pulmonary Diseases	8%
4	Gastrointestinal Diseases	8%
5	Endocrinology	8%
6	Infectious Diseases	7%
7	Haematology	4%
8	Oncology	4%
9	Nephrology	6%
10	Neurology	6%
11	Rheumatology	6%
12	Critical Care	4%
13	Geriatric Medicine	4%
Research, Ethics and Professionalism and Patient Safety		5%
<b>Total</b>		<b>100%</b>

**\*\*Topics of General Medicine might include the following:**

Disorders of metabolism, HTN, Chest pain, Breathlessness, Fever, Cardiac, murmurs, Jaundice, Anemia, Electrolytes/Acid base imbalance Mental disorders, Toxicology, Headaches, CNS infection, Sexually transmitted diseases, Skin and soft tissue disorders, Arterial and Venous thrombosis,



Geriatric medicine, Preoperative assessment, Palliative care, Evidence based medicine, Palliative Care, EBM.

**Note:**

Blueprint distributions of the examination may differ up to +/-3% in each category.

**Example Questions**

**EXAMPLE OF K2 QUESTIONS**

**Question 1**

A 75 year-old woman was admitted to the hospital for treatment of dehydration secondary to intractable nausea and vomiting. She reports having nausea and vomiting and early satiety for the past two months. She is started on IV fluids and has a nasogastric tube placed, resulting in significant relief of her symptoms. During her hospitalization a gastric mass causing a gastric outlet obstruction was discovered, and she was started on TPN for nutritional support. Three days later the patient goes into cardiac arrest (see lab results).

Test	Result	Normal Values
Sodium	135	134–146 mmol/L
Potassium	2.5	3.5–5.1 mmol/L
Chloride	102	97–108 mmol/L
Blood urea nitrogen	7	2.8 to 8.9 mmol/L
Creatinine	60	58–145 $\mu$ mol/L
Random Glucose	5.5	3.9–5.5 mmol/L
Calcium	8.4	2.15–2.62 mmol/L
Phosphate	1.0	0.82–1.51 mmol/L
Carbon dioxide	20	20-29 mmol/L
Magnesium	0.4	0.75 - 1.2 mmol/L

Which of the following is the most likely cause?

- A. Intracellular electrolyte shifts
- B. Loss of gastrointestinal fluid via the nasogastric tube
- C. Dilutional effect secondary to volume repletion and TPN
- D. Miscalculation of the concentrations of electrolytes in the TPN solution



## EXAMPLE OF K1

### Question 2

Which of the following best describes the action of atrial natriuretic peptide?

- A. Increases renin secretion
- B. Increases aldosterone secretion
- C. Reduces glomerular filtration rate
- D. Opposes the action of angiotensin II