Objectives:

- Part One Saudi Board Examination is designed to assess basic and clinical knowledge relevant to the Otolaryngology-Head & Neck Surgery specialty.
- Passing Saudi Board Part I Examination in Otolaryngology-Head & Neck Surgery is a prerequisite for promotion to the senior residency level (R4).

Eligibility:

- Current registration in the Saudi Board of Otolaryngology-Head & Neck Surgery specialty Training Program.
- Successful completion of at least nine months of training in SCFHS residency training program.
- Completion of the registration form for the Saudi Board Part I Examination

General Rules:

A. The Saudi Board Part I specialty examination will be held at least once each year on a date published on the SCFHS website.

B. 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.

C. 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.

D. 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.

E. 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.
Examination Format:

- 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. Each question will have four options to choose from (A, B, C, D).

- Approximately 70% of the questions will be K2 (reasoning and application) and the rest of the questions will be K1 (recall and comprehension).

- Clinical presentation questions include history, clinical finding and patient approach. Management questions; includes non-therapeutic, therapeutic, patient safety, complication. Health maintenance questions; includes health promotion, disease prevention, risk factors assessment, and prognosis, see examples below.

- The examination content cover topics relevant to Otolaryngology-Head & Neck Surgery as well as research, EBM, professionalism and medical ethics see blueprint below.

Examination Conduct and Duration:

The exam duration is 2 1/2 hours and will be delivered as a computer based test when available, otherwise paper and pencil.

Passing Score:

A. 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 can be reduced below 60%.

B. No compensation is allowed between the annual CER and the Saudi Board Part I Specialty Examination passing scores.

Score Report:

A. All 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 issued by the SCFHS within two weeks of the examination.

B. 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.

Exemption:

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.
Suggested References for Saudi Board First Part Written Examinations of Otolaryngology-Head & Neck Surgery


Research and Ethics References:

- Introduction to clinical Research For residents
- Professionalism & Ethics Education Handbook for Residents
  It can be downloaded from the Saudi Commission’s website:

*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 One Examination)

<table>
<thead>
<tr>
<th>Domain &amp; Sections</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Principles of Surgery and Otolaryngology</strong></td>
<td></td>
</tr>
<tr>
<td>1. Fluid and electrolytes</td>
<td>3-6</td>
</tr>
<tr>
<td>2. Shock, Hemostasis, and transfusion</td>
<td>4-6</td>
</tr>
<tr>
<td>3. Surgical infection and antibiotics</td>
<td>4-8</td>
</tr>
<tr>
<td>4. Trauma and Critical care</td>
<td>3-6</td>
</tr>
<tr>
<td>5. Surgical complications</td>
<td>5-10</td>
</tr>
<tr>
<td>6. Nutrition/TPN</td>
<td>3-6</td>
</tr>
<tr>
<td>7. Neoplasia</td>
<td>2-4</td>
</tr>
<tr>
<td>8. Pre-operative assessment, Anaesthesia and pain management</td>
<td>4-6</td>
</tr>
<tr>
<td>9. Wound healing</td>
<td>4-8</td>
</tr>
<tr>
<td><strong>Fundamental and Clinical Otolaryngology</strong></td>
<td></td>
</tr>
<tr>
<td>10. Anatomy</td>
<td>17-22</td>
</tr>
<tr>
<td>11. Embryology</td>
<td>3-6</td>
</tr>
<tr>
<td>12. Pathology</td>
<td>4-8</td>
</tr>
<tr>
<td>13. Pharmacology</td>
<td>4-8</td>
</tr>
<tr>
<td>14. Microbiology b</td>
<td>2-4</td>
</tr>
<tr>
<td>15. Genetics</td>
<td>2-4</td>
</tr>
<tr>
<td>16. Immunology</td>
<td>2-4</td>
</tr>
<tr>
<td>17. Radiology</td>
<td>4-6</td>
</tr>
<tr>
<td>18. Principles of Radiation Therapy</td>
<td>2-4</td>
</tr>
<tr>
<td>19. Principles of Chemotherapy</td>
<td>1-3</td>
</tr>
<tr>
<td>20. Clinical Audiology</td>
<td>5-8</td>
</tr>
<tr>
<td><strong>Research</strong></td>
<td></td>
</tr>
<tr>
<td>Introduction to Clinical Research for Residents</td>
<td>10</td>
</tr>
<tr>
<td>Professionalism &amp; Ethics Education for Residents</td>
<td></td>
</tr>
<tr>
<td>Patient Safety</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>120</td>
</tr>
</tbody>
</table>
Example Questions

EXAMPLES OF K1 MCQs :

Question 1:
When tympanoplasty and mastoidectomy are performed in patients with chronic otitis media, ossicular pathologies are frequently encountered. The most common finding is the necrosis of long process of incus.

Which of the following is the most likely reason?

A. No muscle attachment  
B. Presence of end arteries  
C. Closest to the site of pathology  
D. Most mobile part of ossicular chain

Question 2:
Which of the following medium(s) is/are highly recommended to transport a nasal biopsy specimen that is sent for electron microscopic studies?

A. Formalin  
B. Isotonic saline  
C. Glutaraldehyde  
D. Buffered saline & sodabicarb solution
EXAMPLES OF K2 MCQs:

Question 1:

A 35 year-old man with squamous cell carcinoma of buccal mucosa underwent wide local excision, supraomohyoid neck dissection and mandibular reconstruction with metal plates. Two months after radiation therapy, multiple orocutaneous fistulas with discharge developed over the lower jaw. Mandible was exposed and appeared hypovascular with no evidence of healing. Removal of reconstruction plates, local dressings and systemic antibiotics shows no response (see image).

Which of the following is the best management option?

A. Wide local debridement
B. Hyperbaric oxygen therapy
C. Biodegradeable mandibular plates
D. Long term antibiotics and pentoxiphylline
Question 2:

A 22 year-old man with asthma, presents with longstanding bilateral nasal polyps, mainly on the left side. He does not find significant relief with oral and topical steroids with montelukast (see CT scan).

What is the most likely diagnosis?

A. Ethmoidal polyps  
B. Inverted papilloma  
C. Mucociliary disorder  
D. Allergic fungal sinusitis
EXAMPLES OF RESEARCH AND ETHICS QUESTIONS

Ethics:

Question 3:
A surgeon with a busy operation list was told by his assistant that the next operation is to remove the patient's right kidney. After the operation it was found that it was the left kidney that should have been removed.

Which term best describes this event?

A. Sentinel event
B. Adverse event
C. Unintentional error
D. Medical negligence

Research:

Question 4:
A study was conducted to determine if there was a difference in the prevalence of diabetes mellitus among health care workers in Riyadh. The results showed that 30 out of 100 doctors were diabetic as compared to 50 out of 200 nurses.

Which is the most appropriate statistical test?

A. t-test
B. ANOVA
C. Chi-square
D. Correlation