SAUDI BOARD RESIDENCY TRAINING PROGRAM

Final Written Examination of (PLASTIC SURGERY) 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 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 (or equivalent) issued by the local supervisory committee based on a satisfactory Final In-Training Evaluation Report (FITER) and any other related requirements assigned by any mentioned scientific boards (e.g. research, publication, logbook, etc.). FITER example outlined in Appendix 6 in the exam rules and regulations document on SCFHS website.
- 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 one 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.
- Examination dates should be provided by the Specialty Examination Committee (SEC) in accordance with the fixed annual schedule submitted by the examination department.
- There shall be no reset examination.
• A candidate would remain eligible for Saudi Board Part II written examination 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 mostly type K2 questions (interpretation, analysis, reasoning and decision making) and type K1 questions (recall and comprehension),

• Clinical presentation questions include history, clinical finding and patient approach. Diagnosis and investigation questions; includes the possible diagnosis and diagnostic methodologies (laboratory investigation, radiological imaging and clinical procedures). Management questions; includes treatment and clinical management non-therapeutic, therapeutic, patient safety, complication. Health maintenance questions; includes health promotion, disease prevention, risk factors assessment, and prognosis, see examples below.

• The examination shall include basic concept and clinical questions relevant to specialty, see blueprint below.

Examination Conduct and Duration:

Exam period shall be two hours for a 100 question paper and two and 1/2 hour for 120 question paper. The exam will be delivered as a computer based test when available, otherwise paper and pencil.
Passing Score:

a. 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%.

b. 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.

c. To set a passing score using a standard setting method (b), 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 for Saudi Board Part II Final Written Examination of (PLASTIC SURGERY)

   o By Peter C. Neligan, MB, FRCS(I), FRCSC, FACS
   o 5648 pages
   o Imprint: Elsevier
   o Copyright: 2012
   o ISBN: 978-1-4377-1733-4

2. Grabb and Smith’s Plastic Surgery, 7th Edition
   o By Charles Thhorne, MD
   o 976 pages
   o Imprint: Lippincott Williams & Wilkins
   o Copyright: 2013
   o ISBN: 978-1-4511-0955-9

   o By Scott W. Wolfe, MD, William C. Pederson, MD, Robert N. Hotchkiss, MD and Scott H. Kozin, MD
   o Pages 3932
   o Imprint: Churchill Livingstone
   o Copyright: 2011
   o ISBN: 978-1-4160-5279-1

4. Total Burn Care, 4th Edition
   o By David N. Herndon, MD, FACS and David N. Herndon, MD, FACS
   o 808 Pages
   o Imprint: Saunders
   o Copyright: 2012
   o ISBN: 978-1-4377-2786-9

-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 Plastic surgery)*

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<td>100%</td>
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<sup>1</sup>*Core of Knowledge/General Plastic Surgical Principles and Techniques*: includes Wound repair-principles and applications, Flat and Grafts, Microsurgery, Implants and Biomaterial.

<sup>2</sup>*Plastic Surgical Aspects of Specific Related Disciplines*: includes Psychiatric Aspects of Plastic Surgery, Anesthesia and Critical Care, Transplantation and Immunology, Pharmacology and Therapeutics.

<sup>3</sup>*Plastic Surgery of the Integument*: includes Anatomy, Physiology, and Embryology, Benign and Malignant Skin Lesions, Burns and Trauma, Congenital and Functional Problems.

<sup>4</sup>*Plastic Surgery of the Head & Neck*: includes Anatomy, Physiology, and Embryology, Congenital Disorders, Benign and Malignant Tumors, Tumors, Aesthetic and Functional Problems, Reconstruction.

<sup>5</sup>*Plastic Surgery of the Upper Extremity*: includes Anatomy, Physiology, and Embryology, Congenital Disorders, Benign and Malignant Tumors, Trauma, Reconstruction and functional problem, Upper Extremity Aesthetic Surgery.

<sup>6</sup>*Plastic Surgery of the Trunk*: includes Anatomy, Physiology, and Embryology, Congenital Disorders, Benign & Malignant Tumors of the Trunk, Trauma and Reconstruction of Trunk, Aesthetic and Functional Problems of the Trunk.

<sup>7</sup>*Plastic Surgery of the Lower Extremity*: includes Anatomy, Physiology, and Embryology, Trauma and Reconstruction of the Lower Extremities to Include the Post-bariatric Patient.

<sup>8</sup>*Plastic Surgery of the Genitourinary System*: includes Anatomy and Embryology, Trauma, Reconstruction, and Functional Disorders.

Example Questions

**EXAMPLES OF K2 QUESTIONS**

**Question 1**

35 year-old woman underwent liposuction of the abdomen and upper thigh. Twenty-four hours post op she became confused and disoriented. She also has a petechial rash over the shoulders and anterior chest.

What is the most likely cause?

A. Hypothermia  
B. Fat embolism  
C. Fluid over load  
D. Lidocaine over dose

**Question 2**

An 18 year-old has hyper-adduction of his index finger, which is now grossly unstable with ulnar deviation. X-Rays are normal. A complete rupture of the radial collateral ligament is diagnosed.

What would be the best management?

A. Surgical repair  
B. Use of a hinged splint for six weeks  
C. Buddy taping to the long finger for six weeks  
D. Observation with the expectation of full recovery

**EXAMPLES OF K1**

**Question 3**

In rheumatoid arthritis, what is the most common flexor tendon rupture?

A. Flexor carpi ulnaris (FCU)  
B. Flexor pollicis longus (FPL)  
C. Flexor digitorum superficialis (FDS) to ring finger  
D. Flexor digitorum profundus (FDP) to middle finger

**Question 4**

Which of the following features is a hallmark of Van der Woude syndrome?

A. Cleft palate  
B. Lower lip pits  
C. Submucus cleft  
D. Midline facial cleft