SAUDI BOARD RESIDENCY TRAINING PROGRAM

Final Written Examinations of Reproductive Medicine & Reproductive 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 Reproductive Medicine & Reproductive Surgery Board 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 Reproductive Medicine & Reproductive Surgery Board 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 Reproductive Medicine & Reproductive Surgery Board written examination including the exceptional attempt has to repeat the final year of training, after which he/she is allowed to sit the final 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 Reproductive Medicine & Reproductive Surgery Board written examination.

Examination Format:

• A Saudi Reproductive Medicine & Reproductive Surgery Board specialty written examination shall consist of one paper with 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 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 must 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.

Blueprint outlines

<table>
<thead>
<tr>
<th>Sections</th>
<th>Range</th>
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<tbody>
<tr>
<td>Infertility</td>
<td>30-40</td>
</tr>
<tr>
<td>Endocrine</td>
<td>30-40</td>
</tr>
<tr>
<td>Assisted Productive Medicine</td>
<td>30-40</td>
</tr>
<tr>
<td>Research and ethics and patient safety</td>
<td>6-12</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
</tr>
</tbody>
</table>
Suggested References:
- ASRM guidelines, ASRM E learn
- Scholarly journals like Fertility and sterility, human reproduction, human reproduction update, Reproductive Biomed online

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.

Example Questions

EXAMPLES OF K2 QUESTIONS
Question 1

A couple presented with a 4-year history of unexplained infertility. They had three cycles of intrauterine insemination without success. Then the wife underwent first cycle IVF long protocol with optimal response. Twelve oocytes were retrieved. The inseminating semen sample was normal, and standard IVF was performed. The oocytes were checked on the following day, 18 hours post insemination, but there was total fertilization failure. Rescue-ICSI was performed and 5 oocytes were fertilized and cleaved into good quality embryos.

Which of the followings is the most appropriate?

A. Rescue-ICSI usually results in 89% fertilization rate
B. Total fertilization failure after standard IVF is 26%
C. Total fertilization failure after standard IVF is less common in unexplained infertility
D. After rescue-ICSI, pregnancy rate is higher with vitrified-thawed embryos compared to fresh embryo transfer
Question 2

A 30-year-old lady came to the emergency department with increasing abdominal distention after in vitro fertilization (IVF) done 1 week ago. (See results and image)

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Normal values</th>
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<tbody>
<tr>
<td>Hemoglobin</td>
<td>132</td>
<td>142–176 g/L</td>
</tr>
<tr>
<td>B-HCG</td>
<td>20</td>
<td>10-70 iu/l</td>
</tr>
</tbody>
</table>

Pelvic ultrasound

What would be your next step in managing this patient?

A. Repeat B-HCG after 48 hours  
B. Repeat pelvic ultrasound in one week  
C. Prepare her for surgical ovarian de-torsion  
D. Admit her for observation and rehydration
EXAMPLES OF K1

Question 3

A 26-year-old lady has been married for 7 months and has not become pregnant despite the couple trying. The patient is anxious.

Which of the following is the most appropriate counseling regarding time required for conception?

A. Couples have about 25-30% chance of becoming pregnant in each cycle
B. After 3 months of being together, the chance of being pregnant is 90%
C. After 2 years of marriage, the chance of being pregnant is 30%
D. After 1 year of marriage, the chance of being pregnant is 55%

Question 4

A 30-year-old woman presents to the clinic with a previous report of laparoscopy confirming pelvic inflammatory disease. She wants to know the incidence of subsequent tubal infertility after one episode.

Which of the following is the most likely incidence?

A. 12%
B. 20%
C. 30%
D. 50%
Examples of research and ethics questions

**Ethics**

**Question 5**

A surgeon with a busy operation list was told by his assistant that the next operation is to perform a right below knee amputation. After the operation it was found that it was the left knee amputation that should have been performed.

Which term best describes this event?

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

**Research**

**Question 6**

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. Correlation  
B. Chi-square  
C. ANOVA  
D. T-test