

الهيئة السعودية للتخصصات الصحية
Saudi Commission for Health Specialties



**SAUDI BOARD OF
PERIODONTICS PROGRAM
(SB-PERIO)**

**SAUDI BOARD FINAL CLINICAL EXAMINATION OF PERIODONTICS
(2018)**



I Objectives

- a. Determine the ability of the candidate to practice as a specialist and provide consultation in the general domain of his/her specialty for other health care professionals or other bodies that may seek assistance and advice.
- b. Ensure that the candidate has the necessary clinical competencies relevant to his/her specialty including but not limited to history taking, physical examination, documentation, procedural skills, communication skills, bioethics, diagnosis, management, investigation and data interpretation.
- c. All competencies contained within the specialty core curriculum are subject to be included in the examination.

II General Rules

- a. Saudi board final specialty clinical examination will be held once per year within 2-8 weeks after Final written examination.
- b. Specialty clinical examinations shall be held on the same day and time in all centers, however if multiple consecutive sessions are used, suitable quarantine arrangements must be in place.
- c. If examination is conducted on different days, more than one exam version must be used.

III Exam Format

- a. The Periodontics final clinical examination shall consist of 8 graded stations each with 10 minute encounters.
- b. The 8 stations consist of 4 Objective Structured Clinical Exam (OSCE) stations with 1 examiner each and 4 Structured Oral Exam (SOE) stations with 2 examiners each.
- c. All stations shall be designed to assess integrated clinical encounters.
- d. SOE stations are designed with preset questions and ideal answers.
- e. Each OSCE station is assessed with a predetermined performance checklist. A scoring rubric for post-encounter questions is also set in advance.



V Final Clinical Exam Blueprint*

DIMENSIONS OF CARE

		Diagnosis 1±1 Station(s)	Treatment Planning 3±1 Station(s)	Instructions 7±1 Station(s)	Psychosocial Aspects 1±1 Station(s)	# Stations
DOMAINS FOR INTEGRATED CLINICAL ENCOUNTER	Patient Care 9±1 Station(s)	1	2	1	1	5
	Procedural Skills 1±1 Station(s)		1			1
	Communication & Interpersonal Skills 1±1 Station(s)		1			1
	Professional Behaviors 1±1 Station(s)	1				1
	Total Stations	2	4	1	1	8

*Main blueprint framework adapted from Medical Council of Canada Blueprint Project



VI Definitions	
Dimensions of Care	Focus of care for the patient, family, community, and/or population
Diagnosis	The process of enabling people to identify the current problem and the interaction with different specialty based on chief complaint and clinical examination. It includes taking medical and dental history in addition to full records as X-rays, cast models, full examination, pictures. It ends with providing a problem list for the patient covering three major parts, skeletal dental and soft tissue.
Treatment Planning	The method to address the problem including treatment objective and treatment options including specific appliances, length of treatment and need of patient cooperation. Also, it should include alternative treatment option, advantages and disadvantages to various options. A phase of retention should be clarified and explained to the patient with full instructions.
Instructions	The importance of keeping good oral hygiene, patient cooperation of attending appointments and using home instructions to use appliance.

Domains	Reflects the scope of practice & behaviors of a practicing clinician
Patient Care	Exploration of illness & disease through gathering, interpreting & synthesizing relevant information that includes but is not limited to history taking, physical examination & investigation. Management is a process that includes but is not limited to generating, planning, organizing care in collaboration with patients, families, communities, populations, & health care professionals (e.g. finding common ground, agreeing on problems & goals of care, time & resource management, roles to arrive at mutual decisions for treatment)
Procedural Skills	Procedural skills encompass the areas of clinical care that require physical and practical skills of the clinician integrated with other clinical competencies in order to accomplish a specific and well characterized technical task or procedure.
Communication & Interpersonal Skills	Interactions with patients, families, caregivers, other professionals, communities, & populations. Elements include but are not limited to active listening, relationship development, education, verbal, non-verbal & written communication (e.g. patient centered interview, disclosure of error, informed consent).
Professional Behaviors	Attitudes, knowledge, and skills based on clinical &/or medical administrative competence, ethics, societal, & legal duties resulting in the wise application of behaviors that demonstrate a commitment to excellence, respect, integrity, accountability & altruism (e.g. self-awareness, reflection, life-long learning, scholarly habits, & physician health for sustainable practice).



VII Passing Score

- a. The pass/fail cut off for each OSCE/SOE station is determined by the exam committee prior to conducting the exam using a Minimum Performance Level (MPL) Scoring System.
- b. Each station shall be assigned a MPL based on the expected performance of a minimally competent candidate. The specialty exam committee shall approve station MPLs.
- c. At least one examiner marks each OSCE station and two examiners independently mark each part of the SOE.
- d. To pass the examination, a candidate must attain a score $>$ MPL in at least 70% of the number of stations and 60% in each component (OSCE and SOE).

VIII Score Report

- a. All score reports shall be issued by the SCFHS after approval of the Specialty Examination Committee.

IX Exemptions

- a. SCFHS at present has no reciprocal arrangement with respect to this examination or qualification by any other college or board, in any specialty.



Station Overview: OSCE STATION

DEVELOPMENT DATE:

STATION DEVELOPER/S
(Contact information)

CANDIDATES (intended and potential)

R4 residents in Periodontics

OBJECTIVES

To test candidate's ability to:

1. Diagnose aggressive periodontitis
2. Test knowledge of microbiology of aggressive periodontitis
3. Investigate causes of halitosis
3. Apply prognosis
4. Manage aggressive periodontitis
5. Test the ability to propose a treatment plan

LOGISTICS

Personnel: ACTRESS

Room requirements/resources:

- 1) AVAILABLE TABLE TO SHOW PRINTED COPIES OF PATIENT RECORDS.
- 2) Papers and pen for candidates to take notes.



**Periodontics
Clinical Exam**

Station 1 Instructions to Resident

Scene: DENTAL CLINIC

You are called to see the patient; Amani Bani, a 26-year-old female patient who is referred to you with a chief complain of bad breath.

YOU HAVE 15 MINUTES TO DO THE FOLLOWING:

- 1) OBTAIN BRIEF RELEVANT HISTORY INCLUDING THE CHIEF COMPLAINT.
 - a. *Think aloud during the interview.*
 - b. *Before performing any maneuver or intervention, inform the patient of your intentions.*
- 2) REVIEW THE PROVIDED INVESTIGATIONS.
 - a. *Think aloud during the interview.*
- 3) DISCUSS THE MOST PROBABLE DIAGNOSIS BASED ON THE PROVIDED FINDINGS.
- 4) EXPLAIN THE DIFFERENT OPTIONS FOR MANAGING PATIENT'S MAIN PROBLEM.
- 5) PRESENT TO THE PATIENT THE OUTLINE OF THE TREATMENT PLAN TO MANAGE HER PERIODONTAL DISEASE.
- 6) WRITE DOWN ON A PIECE OF PAPER THE FOLLOWING:
 - a. Prescriptions for any medications you decide to prescribe.
 - b. Any requests for investigations or further tests that are needed.



Performance Evaluation: OSCE - Aggressive Periodontitis and Halitosis

0 = not done, 1 = attempted but not done correctly/completely, & 2 = done correctly/completely

Patient Care/Assessment	0	1	2
1. INTRODUCE SELF (2)			
Identify the patient chief complaint (BAD BREATH, BLEEDING GUMS, GUM DISEASE) (4)			
1. Obtain proper medical history : (4) <ul style="list-style-type: none"> a. Allergies and/or drug reactions b. Medications c. Major diseases d. Major treatments e. Surgical history f. Hospitalizations and date g. Trauma history h. Family medical history and dental history i. Ask about the history of smoking 			
Ask about carious lesions and sign of pulpitis (4)			
Ask about the history and signs of halitosis (6)			
Management			
Review of periodontal charting and radiographic evaluation (4)			
Identify consultation and referrals with other specialties needed. (endodontist) (2)			
What is the patient periodontal diagnosis? (6) Generalized aggressive periodontitis			
1. Explain aggressive periodontitis in simple form: (6) <ul style="list-style-type: none"> a. An infectious disease b. An inflammatory disease c. Destruction of tissue around teeth (gums and bone) d. Family and genetic link to disease e. Suggesting to screen other siblings for periodontitis to exclude family aggregation of aggressive periodontitis 			
Explain to patient phases of treatment needed? (10) <ul style="list-style-type: none"> a) Disease control (phase 1) includes SRP, occlusal management and antibiotics b) Need for surgical periodontal care c) Extraction of hopeless teeth d) Treat carious tooth e) Extraction of hopeless teeth (includes lower third molars) 			
Need for antibiotic to manage the patient periodontal diagnosis? (4) Write proper prescription; either: <ul style="list-style-type: none"> • Amoxicillin 500mg TID + Metronidazole 500mg BID for 7 days • Augmentin 625 mg TID (or 1 gram BID) for 7days • Doxycycline 100 mg daily for 21 days. 			
Can the management of periodontitis and dental care manage the patient chief complaints before January? (2) Yes			
Informs the patient of the most common oral factors for halitosis (6) <ul style="list-style-type: none"> • Caries • Periodontitis • open contacts with food impaction • hairy tongue • smoking • dietary habits. • Systemic problems if available 			
Discusses management plan of halitosis (8) <ul style="list-style-type: none"> • Managing local factors including periodontitis • tongue brushing • anti-halitosis rinses • toothpaste that binds with sulfa-by-products 			
Explain to the patient the possibility of replacing hopeless extracted teeth with dental implants if disease is well controlled and patient is compliant (if the patient ask) (6)			

Passing Score: 60%

Candidate Number:

Examiner Name:



Print

zmk bern
Zahnmedizinische Kliniken
der Universität Bern

u^b

Department Of Periodontology

UNIVERSITÄT
BERN

PERIODONTAL CHART

Date AUG 30, 2016

Patient Last Name B.

First Name A.

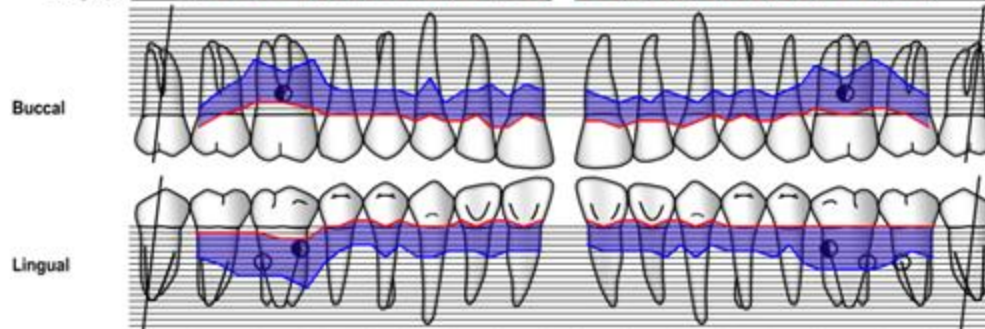
Date Of Birth JULY 1, 1990

Initial Exam

Reevaluation

Clinician

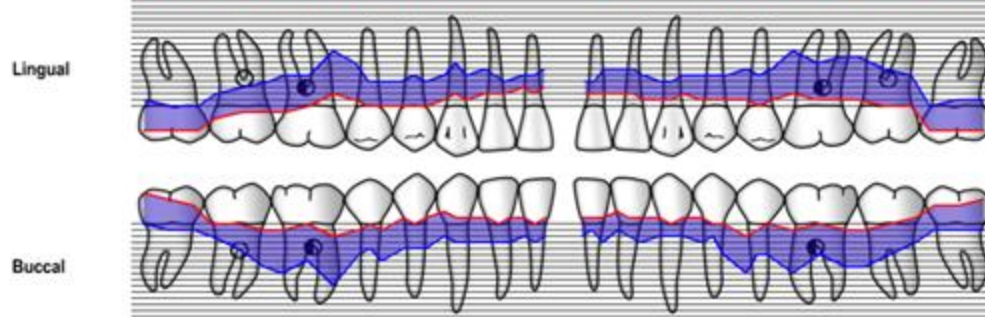
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Mobility		1	0	0	1	0	0	1		1	0	0	0	1	2	1
Implant																
Furcation			0											0		
Bleeding on Probing																
Plaque																
Gingival Margin	2	0	-1	-2	-2	-1	0	0	1	1	2	1	0	1	0	0
Probing Depth	3	4	5	7	5	8	5	4	4	4	4	6	3	5	4	7



Gingival Margin	-1	-1	-1	-2	-2	0	0	1	1	0	1	1	0	0	0	0
Probing Depth	4	5	7	7	6	8	6	4	4	4	5	4	6	4	4	5
Plaque																
Bleeding on Probing																
Furcation																
Note																

Mean Probing Depth = 4.6 mm Mean Attachment Level = -4.4 mm 59% Plaque 71% Bleeding on Probing

Note																
Furcation																
Bleeding on Probing																
Plaque																
Gingival Margin	4	4	4	2	1	1	1	0	-2	-2	-2	-1	-1	-2	-1	0
Probing Depth	5	4	4	4	4	5	6	5	7	8	4	4	4	5	5	7



Gingival Margin	5	4	3	0	0	-1	-1	0	-2	-1	0	-1	1	0	1	1
Probing Depth	5	5	4	2	4	6	7	6	8	4	4	5	4	4	4	3
Plaque																
Bleeding on Probing																
Furcation																
Implant																
Mobility																



Pre op Panoramic and intra oral radiographic x ray













