

SAUDI BOARD RESIDENCY TRAINING PROGRAM

Anesthesia

Final Written Examination

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. Under no circumstances can the passing score be reduced below 65%.

Suggested References:

CLASS (A) TEXTBOOKS:

Residents are encouraged to have in-depth knowledge in major parts of the following books:

1. Anesthesia, Ronald D. Miller (Churchill Livingstone)
2. Clinical Anesthesia, Paul G. Barash (B. Lippincott Company)
3. Anesthesia and Co-Existing Disease, Robert K. Stoelting (Churchill Livingstone)
4. Stoelting Pharmacology & physiology in Anesthesia practice (Lippincott William & Wilkins)
5. Morgan & Mikhail clinical anesthesiology



CLASS (B) TEXTBOOKS:

Residents are expected to use the following books as references related to anesthesia and intensive care:

- 1- Obstetric Anesthesia, David Chestnut.
- 2- The ICU book, Paul Marino
- 3- Cote' A practice of anesthesia for infants and children
- 4- Clinical Electrocardiography A Simplified Approach, Ary Louis Goldberger (C.V. Mosby Company)
- 5- Lecture Notes on Medical Statistics, Aviva Petrie (Black Scientific Publications)
- 6- Cardiac Anesthesia, Frederick Kaplan
- 7- A practical approach to cardiac anesthesia, Hensley (Lippincott William & Wilkins)
- 8- Anesthesia and uncommon disease, Lee Fleisher (Elsevier)
- 9- Anesthesiologist's manual of surgical procedures, Richard Jaffe (LWW)
- 10- Hadzic's textbook of Regional Anesthesia and acute pain management (Mc Graw Hill)
- 11- West's respiratory physiology
- 12- Essentials of pain medicine, Honorio Benzon (Mosby)
- 13- Thoracic Anesthesia by Peter Slinger

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	Core Anesthesia	15
2	Medical Disorder and Anesthesia	20
3	Critical Care Medicine	5
4	Cardiac / Thoracic and Vascular	12
5	Pain Management and Regional Anesthesia	12
6	Pediatric Anesthesia	9
7	Obstetric Anesthesia	9
8	Neuro-Anesthesia	10
9	Crisis Management	8
Total		100%

- All sections incorporate applied Basic Science assessment which includes but not limited to Physiology, Pharmacology, Anatomy, Physics and Equipment

Note:

- Blueprint distributions of the examination may differ up to +/-3% in each category.
- Percentages and content are subject to change at any time. See the SCFHS website for the most up-to-date information.



Example Questions

EXAMPLE OF K2 QUESTIONS

Question 1

A 23-year-old woman undergoing laparoscopic cholecystectomy, the procedure was uneventful, extubated, shifted to the recovery room in which she started to become anxious, tachycardic, febrile, and confused. ECG showed AF1. In addition, examination revealed signs of exophthalmos. Supportive measures to control fever and restore intravascular volume initiated.

Which of the following is the most appropriate to be administered?

- A. Dantrolene
- B. Propylthiouracil
- C. Phenoxybenzamine
- D. Reversal of muscle relaxant

EXAMPLE OF K1

Question 2

In mechanically ventilated patients with acute respiratory failure, positive end-expiratory pressure of 10 cm H₂O is accompanied with acute respiratory failure.

Which of the following is the most expected result?

- A. Decreased ejection
- B. Increased stroke volume
- C. Unaltered ejection fraction
- D. Increased left ventricular end-systolic volume