

SAUDI BOARD RESIDENCY TRAINING PROGRAM
OTORHINOLARYNGOLOGY HEAD AND NECK SURGERY

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:

- Flint PW, Haughey BH, Lund VJ, et al. Cumming's Otolaryngology–Head and Neck Surgery. 5th ed. Philadelphia, PA: Mosby; 2010.
- Gleeson MJ, ed. Scott-Brown's Otolaryngology, Head and Neck Surgery. 7th ed. London, England: Hodder Arnold; 2008.
- Johnson JT, Rosen CA, eds. Bailey's Head and Neck Surgery–Otolaryngology. 5th ed. Baltimore, MD: Lippincott Williams and Wilkins; 2006.
- Bailey BJ, Calhoun KH. Atlas of Head and Neck Surgery – Otolaryngology. 2nd ed. Baltimore, MD: Lippincott Williams and Wilkins; 2001.
- Myers EN. Operative Otolaryngology: Head and Neck Surgery. 2nd ed. Philadelphia, PA: Saunders; 2008.
- Pasha R, Golub JS. Otolaryngology Head and Neck Surgery: Clinical Reference Guide. 4th ed. San Diego, CA: Plural Publishing; 2013.
- Lee KJ, ed. Essential Otolaryngology: Head and Neck Surgery. 10thed. New York, NY: McGraw-Hill; 2012.

- Maran AGD, Stell PM. Clinical otolaryngology. Oxford, England: Blackwell Scientific Publications; 1979.
- Professionalism and Ethics, Handbook for Residents, Practical guide, Prof. James Ware, Dr. Abdulaziz Fahad Alkaabba, Dr. Ghaiath MA Hussein, Prof. Omar Hasan Kasule, SCFHS, Latest Edition.
- Essentials of Patient Safety, SCHS, Latest Edition.

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	Basic Clinical Science	8%
2	General and Emergency	15%
3	Head and Neck	12%
4	Otology / Aud	12%
5	Neurotology	5%
6	Rhinology and Allergy	12%
7	Pediatric and Laryngology	18%
8	Plastic / Reconstruction	8%
Research, Ethics and Professionalism and Patient Safety		10%
Total		100%

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 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?

- A. Wide local debridement
- B. Hyperbaric oxygen therapy
- C. Biodegradable mandibular plates
- D. Long term antibiotics and pentoxifylline

EXAMPLE OF K1

Question 2

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