

PLASTIC SURGERY SAUDI BOARD PROGRAM

Saudi Board Promotion Exam; Plastic Surgery 2016

Objectives:

- The general objective of the annual promotion assessment is to evaluate that the trainee has satisfactorily acquired the theoretical knowledge and clinical competences that he/she should have acquired during the relevant year(s).
- The annual promotion assessment consists of the following components:
 - a. Written examination
 - b. Continuous Assessment

Eligibility for Written Examination:

- Valid registration with the SCFHS.
- Approval of the specialty local supervisory committee.

Written Examination Format:

- A written examination shall consist of one paper with 120 MCQs with a single best answer (one correct answer out of four options).
- The examination shall contain type K1 questions (recall and comprehension) and type K2 questions (interpretation, analysis, reasoning and decision making).
- 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 Plastic Surgery *see blueprint below.*

Continuous Assessment Formats:

- Continuous assessment formats consist of:
 - a. Continuous Evaluation Reports (CER)**
 - CERs should be conducted at least three times which covers 9 training months per year.
 - CERs are submitted to local supervisory committee for each trainee based on a series of workplace-based assessments (WBA) considered relevant by the specialty.
 - b. Other assessment formats**
 - Other assessment formats involve:
 - Objective Structured Clinical Exam (OSCE),
 - Structured Oral Exam (SOE),
 - Research activity,
 - International examinations, and/or
 - Academic assignments.
 - c. The percentage for (b) shall not exceed 50% of the continuous assessment score.**
 - d. If any other assessment format (not mentioned above) is used the CAC must agree to its implementation.**

Passing Score for Promotion:

- An average of 60% score in the annual promotion assessment with a minimum of 50% in each component (written and continuous assessment) is required for passing.
- In written examination, if the same paper is used for all training levels (i.e. junior or senior), pre-determined passing score to reflect the level difference in residency training shall be made where applicable. Example: R1=50%, R2=55% and R3= 60%.

Score Report:

- All written examination score reports shall go through a post-hoc item analysis before being approved by both the Assistant of General Secretary for Postgraduate studies of SCFHS and SEC, and then reported to the scientific council for the specialty for promotion decisions for all trainees, within two weeks of the examination.
- Every SEC is encouraged to provide the scientific council for the specialty with results feedback represent the performance of all residents based on each section of the exam according to the test blueprint, and based on their training center if possible.

General Rules:

- The written examination shall be held once a year within 4-6 weeks of completion of nine months of training in that particular year.
- If both examination (written promotion examination and Part I specialty examination) conducted at the same year, a candidate who passed Part I specialty examination is exempt from promotion written examination for (R1 only) in the four-year SCFHS accredited programs.
- There shall be no re-sit examination.
- There shall be no promotion written examination at the end of final year of training in diploma, residency and fellowship program.
- Promotion written examination and continuous assessment results are valid for the specific year in which they were conducted.
- A candidate cannot be promoted to an advanced level unless he/she has successfully completed at least 9 training months in the year of promotion.

Examination Conduct and Duration:

The duration of the exam is 2½ hours and the exam will be delivered as a computer based test when available, otherwise paper and pencil.

Suggested References for Plastic Surgery Board Promotion Exam:

- 1. Plastic Surgery: 6-Volume Set, 3rd Edition**
 - By Peter C. Neligan, MB, FRCS(I), FRCS, FACS
 - 5648 pages
 - Imprint: Elsevier
 - Copyright: 2012
 - ISBN: 978-1-4377-1733-4

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

- 3. Green's Operative Hand Surgery: 2-Volume, 6th Edition**
 - By Scott W. Wolfe, MD, William C. Pederson, MD, Robert N. Hotchkiss, MD and Scott H. Kozin, MD
 - Pages 3932
 - Imprint: Churchill Livingstone
 - Copyright: 2011
 - ISBN: 978-1-4160-5279-1

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

MCQ Test Blueprint for Plastic Surgery Board Promotion Exam:

No.	Section	Proportion
1	Core of Knowledge/General Plastic - Surgical Principles and Techniques	10-14
2	Plastic Surgical Aspects of Specific - Related Disciplines	4-8
3	Plastic Surgery of the Integument	10-14
4	Plastic Surgery of the Head & Neck	30-36
5	Plastic Surgery of the Upper Extremity	18-24
6	Plastic Surgery of the Trunk	10-14
7	Plastic Surgery of the Lower Extremity	4-8
8	Plastic Surgery of the Genitourinary system	1-3
9	Research and ethics	1-3
10	Plastic Surgery of the Breast	10-14
Total		120

Example Questions:

EXAMPLES OF K1:

Question 1

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 2

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

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

EXAMPLES OF K2:

Question 1

A 35 year-old female patient underwent liposuction of the abdomen and upper thigh. 24 hours post op she has become confused and disoriented. Also she 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 hyperadducts his index finger, which is now grossly unstable to ulnar deviation. X-rays are normal. You diagnose a complete rupture of the radial collateral ligament.

What is your treatment ?

- 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