Note: Read this guide before submitting an application to test. At the time of application, you will be required to acknowledge that you have read and understood this guide and the policies and procedures contained within.
General Rules

Saudi Medical Licensure Examination

Congratulations to those who are a year away from MBBS/MD graduation and the ones who have already graduated! We share the excitement and pride you feel at this moment of your life. Your future career is bright and holds many opportunities. We wish you all the success in your future endeavors and dreams.

At this stage, you must take the Saudi Medical Licensure Examination (SMLE) if you want to practice in Saudi Arabia or get admitted to a postgraduate training program at the Saudi Commission for Health Specialties (SCFHS).

What is the SMLE?

The SMLE is an exam that assesses your readiness to practice and/or proceed to postgraduate training. It consists of 300 MCQs which may include up to 20 pilot questions. It is a six-hour MCQ examination with scheduled breaks. It is divided into three sections of 100 questions each with time allocation of 120 minutes for each part. There are two scheduled breaks between section one-two and section two-three with a pool total time of 45 minutes to be divided between these two breaks based on candidate preference. These MCQs have four options from which the candidate will choose one best answer.

The examination shall contain recall questions that test knowledge and questions with scenarios that test other skills (interpretation, analysis, decision making, reasoning and problem solving).

Note: (See Appendix A: for Important exam Instructions).
What is a test blueprint, and what is its purpose?

A test blueprint is a document that reflects the content of the SMLE. The blueprint is the plan used for “building” the SMLE. The blueprint was established by the SMLE steering committee which consists of representatives from Saudi Medical College Deans. The purpose of the blueprint is to ensure including questions related to what you are expected to know before entry into supervised clinical practice.

Note: (See Appendix B: for test blueprint).

Application and Eligibility

How to apply for the SMLE?

To apply for the SMLE, you must have a recognized primary degree (MBBS or equivalent) from an accredited health science program or commenced training in the internship year or student who is one year away from graduation.
Applying for the SMLE

When applying for the examination, you must apply through the e-application and include the required attachments. Once your application is processed, a scheduling permit with your eligibility period will be issued. You will receive an email with instructions for accessing your permit.

After obtaining the scheduling permit, you may visit the specified website to schedule a test date. Scheduling may not be available more than three months in advance.

From the beginning of February 2019, the SMLE will be offered in 11 testing windows in Saudi Arabia and internationally as per the link. No testing windows will be available in January 2020.

**Important Notes:**

- Saudi university/college students can sit for SMLE-SDLE-SNLE-SPLE during the final year of undergraduate studies.
- For application to postgraduate training the last day to test is 28 Dec 2019.
- There are 16 cities nationwide that deliver the tests during test windows with 404 seats/day.
- Scheduling the allowed test attempts during the year is the sole responsibility of the candidate.
- SCFHS is not responsible for delaying the test attempts till the end of the year and not finding a test spot.
- Candidates can test in any SCFHS approved Prometric testing center locally and internationally as locations appear upon scheduling.
- A candidate is not allowed to sit for the test twice in the same testing window. In this instance, the result of the first dated test will be announced and the second will be considered an attempt and result invalid.
- All candidates must review the applicant guide before taking the test.
Exam Preparation Resources

SMLE Mock Practice Examination:

To experience a test that resembles the actual test blueprint and sampled from the SMLE item bank, you can apply for SMLE mock test. Please visit the link.

Note: (See Appendix C: for suggested references).
Exam Day

Instructions for examination day:

- You will be continuously monitored by video, physical walk-throughs and the observation window during your test. All testing sessions are video and audio recorded (if applicable).

- You must bring valid (unexpired) and acceptable ID(s) (Saudi ID, Resident ID, or Passport) and exam schedule printed out to the examination hall, and present it at the registration desk.

- Any clothing or jewelry items allowed to be worn in the test room must remain on your person at all times. Removed clothing or jewelry items must be stored in your locker.

- You may not leave the examination hall before thirty minutes have elapsed and always accompanied by an invigilator if you wish to return.

- You must conduct yourself in a civil manner at all times when on the premises of the testing center. Exhibiting abusive behavior towards the Test Center Administrator (TCA), or any other staff member of the test center, may result in legal prosecution.

- To protect the privacy of all testers, the TCA can neither confirm nor deny if any particular individual is present or scheduled at the test center.

- Repeated or lengthy departures from the test room for unscheduled breaks will be reported by the TCA.

- You must return all materials issued to you by the TCA at the end of your test.

- You are required to sign out on the test center roster each time you leave the test room. You must also sign back in and show your ID to the TCA in order to be re-admitted to the test room.

- Persons not scheduled to take a test are not permitted to wait in the test center.

- If you arrive 30 minutes after the scheduled time, you will not be allowed to enter the test hallway, and the session will be considered “No Show”.
Prohibitions

*Before the examination:*

- Seeking, providing, and/or obtaining unauthorized access to examination materials, providing false information or making false statements on or in connection with application forms, scheduling permits, or other exam-related documents.

- Applying for an examination for which you are not eligible.

- Communicating or attempting to communicate about specific test items, cases, answers, and/or exam results with an examiner, potential examiner, or formal or informal test developers at any time before, during, or after an examination.

*During the examination:*

- Taking an examination for which you are not eligible

- Taking an examination for someone or engaging someone to take an examination for you giving, receiving, or obtaining unauthorized assistance during the examination or attempting to do so

- Making notes of any kind while in the secure areas of the test center, except on the writing materials provided at the test center for this purpose

- Failing to adhere to any exam policy, procedure, or rule, including instructions of TCA

- Verbal or physical harassment of test center staff or other examination staff, or other disruptive or unprofessional behavior during the registration, scheduling, or examination process
• Possessing any unauthorized materials, including photographic equipment, communication or recording devices, and cell phones, in the secure testing areas

• Any other electronic communication device, not herein mentioned, are prohibited in the examination hall irrespective if they are turned off, and no provision will be made to store them

• Communicating or attempting to communicate about specific test items, cases, and/or answers with another examinee, or formal or informal test preparation group at any time before, during, or after an examination.

After the examination:

• Altering or misrepresenting examination scores.

• Any reproduction by any means, including, but not limited to, reconstruction through memorization, and/or dissemination of copyrighted examination materials by any means, including the internet.

• Communicating or attempting to communicate about specific test items, cases, and/or answers with another examinee, potential examinee, or formal or informal test preparation group at any time before, during, or after an examination.

• Failure to cooperate fully in any investigation of a violation of the SCFHS rules.
Frequently Asked Questions

1- How many times can I retake the SMLE?

- All eligible candidates may take SMLE up to four times a year starting from the first attempt to obtain a pass score.
- SCFHS classification and registration rules and regulations apply to candidates who fail the SMLE for two years after graduation date.
- After obtaining a pass score in the SMLE each candidate is eligible for two further attempts to improve their mark for the purpose of attaining a better opportunity for residency selection.
- After one calendar year of the second attempt mentioned above each candidate is eligible for one further attempt annually to improve their mark for the purpose of attaining a better score for residency selection.

2. How is the examination conducted?

SMLE is conducted using computer based testing with three sets. The testing period is 6 hours. After finishing the first set of 100 items and second set of 100 items scheduled breaks are allowed with a total of 45 minutes can be taken. Upon leaving the testing area candidates are required to sign-out and when entering again sign-in and go through security check.

3. How are SMLE results announced?

SMLE contains 300 multiple-choice questions with the possibility of including up to 20 unscored items. Results are not provided instantly. During the window closing period, psychometric analysis is conducted and results are announced within 2-6 weeks of the end of a test window. Two reports will be provided to every candidate, statement of results and a feedback report on performance in comparison to other test-takers.
4. How is the SMLE pass score established?

The SCFHS brings together a panel of Saudi physicians to define an acceptable level of performance and establish the pass score for the SMLE through a standard setting exercise. The panel then recommends its pass score to the Central Assessment Committee (CAC) for approval.

In April 2017, the SCFHS conducted a rigorous standard setting exercise with a diverse panel of physicians. Following the standard setting exercise, the panel recommended a pass score of 560 on the reporting scale of 200-800. This pass score was reviewed and approved by the CAC.

This was applied since June 2017. If you took the SMLE prior to June 2017, your final result remains valid as per the approved validity period.
Appendix A: Important Instructions

What to Expect on Test Day?

- All test centers follow the same procedures and rules, which you should get familiar with before test day.
- Testing sessions for the Saudi Licensing Examinations are monitored by test center administrators (TCA), in person and through audio and visual recording. Staff are required to report any violations of assessment bylaws or test center rules.
- You must follow instructions from TCA throughout the examinations; failure to do so may result in a finding of irregular behavior.
- TCA are not authorized to answer questions regarding registration, examination content or format, testing software, scoring, or retesting.

Registration on Test Day

SCFHS test centers open at 7:30 a.m. If you’re late more than 30 minutes from the time noted on your admission ticket or absent on test day, you will not be allowed to sit for the test and this will be considered an attempt unless an acceptable reason with required documentation is presented and accepted by the committee supervising the test as per the assessment rules and regulations.

When you arrive at the test center, you must present your scheduling permit and the required identification.

Acceptable forms of unexpired identification include:
  - Passport
  - National/Residence Identity Card (KSA Only)

Your name, as it appears on your scheduling permit, must match the name on your form(s) of identification exactly.

If you do not bring your scheduling permit on paper or electronically (e.g., via smartphone) and acceptable identification, you will not be admitted to the test and will be required to pay a fee to reschedule your test. Your rescheduled test date(s) must fall within your eligibility period.
During check-in, test center staff will conduct the appropriate security check before entering the testing room to confirm that you have no prohibited items.

You will be asked to repeat this process each time you return to the testing room after a break. Additionally, your photo ID and fingerprint may be scanned electronically and you must sign the test center log.

Before you enter the test room, TCA will give you laminated writing surfaces, erasers and markers to use for making notes and/or calculations during the testing session. They should be used only at your assigned testing station.

You must return laminated writing surfaces\e-tablets to test center staff at the end of the testing session. Do NOT write on anything other than the laminated writing surface\e-tablets (e.g., your hand, other body part, tissue, etc.). Failure to comply may result in a finding of irregular behavior.

TCA will escort you to your assigned testing station and provide brief instructions on use of the computer equipment. A brief tutorial is available before each examination.

Your test session is scheduled for a fixed amount of time and the computer keeps track of the time allocated for each block and for breaks.

Once you begin a testing block, the block time continues to run even if you leave the testing room (e.g., for a personal emergency).

If you leave during the block without permission from test proctor, the test center will file a report of the incident. Additionally, the unauthorized break screen, described in the examination tutorial, will appear on the monitor after a defined period of inactivity.

Each time you leave the testing room, you are required to sign out and sign in when you return. You must present your identification each time you sign in.
Breaks between Test Blocks

- Each time you leave the testing room, you are required to sign out and sign in when you return. You must present your identification each time you sign in.

- If you take too much break time and exceed the allocated break time, next test block will start automatically and the excess time will be deducted from your testing time.

- Ensure you arrive 10-15 minutes before the start of your next block to allow time for sign in as the sign process may take more around 15 minutes based on testing capacity.

<table>
<thead>
<tr>
<th>Test</th>
<th># of Test Block(s)</th>
<th>Duration of Each Block</th>
<th>Break Time (Pool)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMLE</td>
<td>3</td>
<td>120 min</td>
<td>45 minutes total</td>
</tr>
</tbody>
</table>
End of Test

The test session ends when you have started and exited all blocks or the total test time expires. You will receive a notice during checkout that you have appeared for the test.

After you start taking an examination, you cannot cancel or reschedule that examination. If you experience a computer issue during the test, notify test center staff immediately. The testing software is designed to restart the test at the point that it was interrupted.

You will maintain the confidentiality of the materials, including, but not limited to, the multiple-choice items. You will not reproduce or attempt to reproduce examination materials through recording, memorization, or by any other means.

You will not provide information relating to examination content to anyone who may be taking or preparing others to take the examination. This includes postings regarding examination content and/or answers on the Internet.

Test results will be available online 2-6 weeks after the testing window you are currently taking the test on.

For more information, please visit the following link:

https://www.scfhs.org.sa/examinations/TrainingExams/OverallEntranceExam/Pages/default.aspx
Appendix B: Saudi Medical Licensure Examination Blueprint

<table>
<thead>
<tr>
<th>Section</th>
<th>Weight %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>30%</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>25%</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>25%</td>
</tr>
<tr>
<td>Surgery</td>
<td>20%</td>
</tr>
</tbody>
</table>

Note:

1. Blueprint distributions of the examination may differ up to +/-5% in each category.
2. See the SCFHS website for the most up-to-date information.
3. As a validity measure, items are further classified to ensure they sample various dimensions of care and physician activities. Definitions of these aspects can be found below.
## Definitions

<table>
<thead>
<tr>
<th>Dimensions of Care</th>
<th>Focus of care for the patient, family, community, and/or population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Promotion and Illness Prevention</strong></td>
<td>The process of enabling people to increase control over their health and its determinants, and thereby improve their health. Illness prevention covers measures not only to prevent the occurrence of illness, such as risk factor reduction, but also to arrest its progress and reduce its consequences once established. This includes, but is not limited to screening, periodic health exam, health maintenance, patient education and advocacy, and community and population health.</td>
</tr>
<tr>
<td><strong>Acute</strong></td>
<td>Brief episode of illness within the time span defined by initial presentation through to transition of care. This dimension includes but is not limited to urgent, emergent, and life-threatening conditions, new conditions, and exacerbation of underlying conditions.</td>
</tr>
<tr>
<td><strong>Chronic</strong></td>
<td>Illness of long duration that includes but is not limited to illnesses with slow progression.</td>
</tr>
<tr>
<td><strong>Psychosocial Aspects</strong></td>
<td>Presentations rooted in the social and psychological determinants of health and how these can impact on wellbeing or illness. The determinants include but are not limited to life challenges, income, culture, and the impact of the patient’s social and physical environment.</td>
</tr>
<tr>
<td>Physician Activities</td>
<td>Reflects the scope of practice &amp; behaviors of a practicing clinician</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Assessment/Diagnosis</strong></td>
<td>Exploration of illness and disease using clinical judgment to gather, interpret and synthesize relevant information that includes but is not limited to history taking, physical examination and investigation.</td>
</tr>
<tr>
<td><strong>Management</strong></td>
<td>Process that includes but is not limited to generating, planning, organizing safe and effective care in collaboration with patients, families, communities, populations, and other professionals (e.g., finding common ground, agreeing on problems and goals of care, time and resource management, roles to arrive at mutual decisions for treatment, working in teams).</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td>Interactions with patients, families, caregivers, other professionals, communities and populations. Elements include but are not limited to relationship development, intraprofessional and interprofessional collaborative care, education, verbal communication (e.g. using the patient-centered interview and active listening), non-verbal and written communication, obtaining informed consent, and disclosure of patient safety incidents</td>
</tr>
</tbody>
</table>
SMLE CONTENT OUTLINE

This outline provides a common organization of SMLE content. SMLE supervisory committee continually reviews the outline to ensure content is relevant to the practice of medicine. As practice guidelines evolve or are introduced, the content on SMLE is reviewed and modified as needed.

The examination will emphasize certain parts of the outline, and no single examination will include questions on all aspects. Questions may include content that is not included in this outline.

MEDICINE

CARDIOLOGY:

- Coronary Artery Disease
- Heart Failure
- Atrial Fibrillation
- Cardiovascular risk reduction
- Valvular heart diseases
- Pericarditis / myocarditis

PULMONARY:

- Bronchial Asthma
- COPD
- Lung mass
- Pleural effusion
- Pulmonary embolism

GASTROENTEROLOGY:

- Peptic ulcer disease
- GERD
- IBD
- Celiac disease
- Pancreatitis
**HEPATOLOGY:**

- Acute viral hepatitis
- Acute non-viral hepatitis
- Chronic viral hepatitis
- Complications of Liver cirrhosis
- Hepatocellular carcinoma
- Ascending cholangitis

**NEPHROLOGY:**

- Acute kidney injury
- Chronic Kidney disease
- Diagnosis of nephrotic syndrome
- Hyper and hypokalemia
- Hypo and hyper natremia
- Primary HTN
- Secondary HTN

**ENDOCRINE:**

- Hypothyroidism
- Hyperthyroidism
- Diabetes (diagnosis)
- Acute diabetic complications
- Chronic diabetic complications
- Prolactinoma
- Adrenal insufficiency
- Osteoporosis

**RHEUMATOLOGY:**

- Rheumatoid arthritis
- SLE
- Osteoarthritis
- Gout
- Reactive arthritis
HEMATOLOGY:

- Iron deficiency anemia
- Megaloblastic anemia
- Hemolysis
- Thrombotic disorders
- Sickle cell disease
- Anticoagulant Rx management
- Thrombocytopenia
- Acute leukemia (recognition)

INFECTIOUS DISEASES:

- Pneumonia
- Urinary tract infections
- Tuberculosis
- Brucellosis
- Meningitis
- Soft tissue / bone / joint infections
- Infective endocarditis
- Line related blood stream infections
- H1N1
- MERS-CoV
- Chickenpox and shingles
- Sexually transmitted infections (including HIV)
- Malaria and dengue fever

NEUROLOGY:

- Ischemic stroke
- Hemorrhagic stroke
- TIA
- Seizure disorders
- Multiple sclerosis
- Spinal cord compression
- Migraine

ONCOLOGY:

- Lung cancer
- Prostate cancer
- Tumor lysis syndrome
- Superior vena cava obstruction
- Febrile neutropenia
**CRITICAL CARE:**

- Respiratory failure
- Sepsis and septic shock
- Hemorrhagic shock
- Cardiac tamponade
- Massive PE
- Cardiogenic Shock

**GERIATRICS:**

- Acute confusional state
- Dementia
- Falls

**PSYCHIATRY:**

- Depression
- Side effects of medications
- Substance abuse
- Bipolar disorder
- Schizophrenia
PAEDIATRICS

GENERAL PAEDIATRIC:

- Gastroenteritis
- Nephrotic syndrome
- Febrile seizure
- Bronchial asthma
- Iron deficiency anemia
- Bronchiolitis
- Pneumonia
- Otitis media
- Cellulitis
- Upper respiratory tract infections
- Urinary tract infections
- Celiac disease
- Down syndrome
- Acute renal failure
- Henoch schonlein purpura
- Constipation
- Fluids and electrolytes disturbance
- Rickets
- Hypertension
- Infantile colic
- Celiac disease
- Cerebral palsy
- Undescended testis
- Well baby

AMBULATORY:

- Immunization
- Development and behavior
- Growth and growth disorders
- Nutrition and nutritional disorders
- Sequent
- Failure to thrive
- Enuresis
CENTRAL NERVOUS SYSTEM:

- Guillain barre syndrome
- Headaches
- Epilepsy
- Hypotonia
- Ataxia
- Myasthenia gravis

CARDIOVASCULAR SYSTEM:

- Congenital heart disease
- Heart failure
- Syncope
- Rheumatic heart disease

RESPIRATORY SYSTEM:

- Sinusitis
- Adenotonsillitis
- Pleural effusion
- Laryngomalacia
- Tracheomalacia
- Cystic fibrosis
- Croup
- Tracheitis

GASTROINTESTINAL SYSTEM:

- Cleft palate
- Gastroesophageal reflux
- Pyloric stenosis
- Congenital Gastrointestinal anomalies
- Foreign body ingestion
- Peptic ulcer disease
- Inflammatory bowel disease
- Appendicitis
- Intussusception
- Chronic liver disease
- Jaundice
**MUSCULOSKELETAL SYSTEM:**

- Systemic lupus disease
- Kawasaki Disease
- Post infectious arthritis
- Rheumatoid arthritis

**INFECTIOUS DISEASES:**

- Brucella
- Tuberculosis
- Osteomyelitis
- Myositis
- Cellulitis
- Scarlet fever
- Pharyngitis
- Meningitis
- Encephalitis
- Malaria, enteric fever, leishmania
- Dengue fever
- CMV, EBV, HSV, HIV, hepatitis
- Measles, mumps and rubella
- Pertussis
- Parasites (Ascaris, pinworms, giardiasis, amoeba)
- Septic arthritis
- Osteomyelitis

**NEPHROLOGY:**

- Post streptococcal glomerulonephritis
- Chronic kidney Disease
- Congenital anomalies of kidney and genitourinary tract (CAKUT), (polycystic kidney disease, Vesicourethral reflux, neurogenic bladder)
- Hemolytic uremic syndrome
- Renal tubular acidosis
ACUTE CARE:

- Acute respiratory distress syndrome
- Status asthmaticus
- Status epilepticus
- Shock
- Arrhythmias
- Drug ingestions (e.g. iron, acetaminophen)
- Trauma
- Testicular torsion
- Peritonitis
- Foreign body inhalation

HEMATOLOGY/ONCOLOGY:

- Hemolytic anemias
- Immune thrombocytopenic purpura
- Hemoglobinopathies
- Leukemia
- Lymphoma
- Retinoblastoma
- Wilms’ tumor
- Neuroblastoma
- Nephroblastoma
- Bleeding disorders

NEONATOLOGY:

- Respiratory distress syndrome
- Transient tachypnea of newborn
- Intrauterine growth retardation
- Meconium aspiration
- Hemorrhagic diseases of newborn

ENDOCRINOLOGY:

- Diabetes mellitus
- Thyroid disorders
- Diabetes insipidus
- Panhypopituitarism
- Short stature
- Precious puberty
- Ambiguous genitalia
- Adrenal disorders
- Obesity
GENETIC/METABOLIC:

- Newborn screening
- Hypoglycemia
- Galactosemia
- Phenylketonuria
- Maple syrup disease
- Turner syndrome
- Marfan syndrome

ALLERGY/IMMUNOLOGY:

- Atopic dermatitis
- Allergic rhinitis
- Primary immunodeficiencies
OBSTETRICS AND GYNAECOLOGY

- History & Examination
- Ectopic Pregnancy
- Spontaneous Abortion
- Preeclampsia-Eclampsia
- Third Trimester Bleeding
- Preterm Labor
- Preterm Rupture of Membranes
- Postpartum Hemorrhage
- Pap Smear & DNA Probe & Culture
- Sexually Transmitted Infections and Urinary Tract Infections
- Personal Interaction and Communication Skills
- Normal and Abnormal Uterine Bleeding
- Dysmenorrhea
- Uterine Leiomyomas
- Sexual Assault
- Domestic Violence
- Diagnosis and Management Plan
- Maternal-Fetal Physiology
- Preconception Care
- Antepartum Care
- Intrapartum Care
- Immediate Care of the Newborn
- Postpartum Care
- Lactation
- Medical and Surgical Complications of Pregnancy
- Alloimmunization
- Multifetal Gestation
- Fetal Death
- Abnormal Labor
- Intrapartum Fetal Surveillance
- Postpartum Infection
- Anxiety and Depression
- Post-term Pregnancy
- Fetal Growth Abnormalities
- Obstetrics Procedures
- Family Planning
- Induced Abortion
- Vulvar and Vaginal Disease
- Endometriosis
- Chronic Pelvic Pain
- Gynecological Procedures
- Puberty
- Amenorrhea
- Hirsutism and Virilization
- Menopause
- Infertility
• Premenstrual Syndrome and Premenstrual Dysphoric Disorder
• Legal and Ethics Issues in Obstetrics and Gynecology
• Gestational Trophoblastic Neoplasia
• Cervical Disease and Neoplasia
• Endometrial Hyperlasia and Carcinoma
• Ovarian Neoplasms
• Preventive Care and Health Maintenance
• Pelvic Organ Prolapse and Urinary Incontinence
• Vulvar Neoplasms
• Sexuality and Modes of Sexual Expression
Surgery

Basic Principles:

Surgical infection and antibiotics:
- Systemic inflammatory response
- Surgical infection prevention
- Principles of antibiotics use in surgical patients
- Surgical Site Infections
- Intra-Abdominal Infections
- Infections of the Skin and Soft Tissue

Preoperative assessment:
- Preoperative evaluation
- Risk assessment

Anaesthesia and Pain management:
- Local and regional anaesthesia
- Patient's monitoring
- Pain management

Wound care:
- Phases of wound healing
- Factors affecting wound healing
- Abnormal wound healing
- Wound dressing

Post-operative complications:
- Post-operative care
- Postoperative fever
- DVT
- Complications of common procedures
**GENERAL SURGERY:**

**Breast:**
- Mastalgia
- Nipple discharge
- Breast mass approach
- Breast mass in pregnancy
- Benign breast disorders: proliferative and non-proliferative disease, breast abscess, mastitis
- Breast cancer screening
- Breast cancer

**Thyroid and parathyroid:**
- Neck mass evaluation
- Thyroid nodule approach
- Surgery for hyperthyroidism
- Thyroid cancer
- Complications of thyroidectomy
- Primary hyperparathyroidism
- 2ndry hyperparathyroidism
- Tertiary hyperparathyroidism

**Adrenal:**
- Surgical hypertension
- Incidental adrenal mass

**GIT:**
- GERD
- Corrosive esophageal injury
- Swallowing foreign body
- Esophageal cancer
- Upper GI bleeding
- Peptic Ulcer Disease
- Surgical management of Obesity
- Lower GI bleeding
- Appendicitis
- Bowel obstruction
- Inflammatory Bowel Disease
- Colon cancer screening
- Colonic polyp
- Colon cancer
- Diverticular disease
- PR bleeding
- Anorectal conditions
- Pilonidal sinus
Hepatobiliary:
- Biliary colic
- Acute cholecystitis
- Obstructive jaundice
- Cholangitis
- Hydatid liver disease
- Liver abscess
- Acute Pancreatitis
- Chronic pancreatitis
- Pancreatic cancer

Hernias:
- Inguinal hernia
- Incisional, Umbilical and epigastric hernias
- Obstructed hernia
- Rectus sheet hematoma

Skin and subcutaneous lesions:
- Cellulitis
- Necrotizing fasciitis
- Lipoma
- Tetanus prophylaxis
- Soft tissue sarcoma

Vascular Surgery:
- Diabetic foot
- Peripheral arterial disease PAD
  - Acute limb ischemia
  - Chronic limb ischemia
  - Critical limb ischemia
- Venous Disorders
  - Varicose veins
  - Venous thromboembolism
- Others
  - Compartment syndrome
  - Gangrene
  - Dialysis vascular access
  - Abdominal aortic aneurysms

Paediatric surgery:
- Branchial cysts
- Thyroglossal cyst
- Pyloric stenosis
- Diaphragmatic hernia
- Tracheoesophageal fistula
- Umbilical hernia
- Undefined testicle
- Hirschsprung disease
• Wilms tumor
• Neuroblastoma
• Circumcision

**Plastic surgery:**
• Hand infections
• Fingers injuries and amputations
• Carpal tunnel syndrome
• Upper limb nerve injuries evaluation
• Cutaneous melanoma
• Squamous cell carcinoma
• Burn
• Bed sore

**TRAUMA AND ACUTE CARE SURGERY:**

**Trauma:**
• Initial assessment of trauma patient
• Airway management
• Life threatening injuries (Airway obstruction, tension pneumothorax, cardiac tamponade)
• Chest trauma
• Shock
• Abdominal trauma
• Pelvic fracture
• Head trauma
• Spinal injuries
• Musculoskeletal trauma
• Trauma in extreme age
• Triaging

**Gastrointestinal Bleeding:**
• Upper GI bleeding, causes and surgical management
• Lower GI bleeding causes and surgical management

**Specific organ trauma:**
• liver
• spleen
• kidney and retroperitoneum
• Esophageal, gastric and bowel trauma
• Damage control surgery

**Surgical ICU:**
• Abdominal compartment syndrome
• Lung protective ventilation
• Early and adequate nutrition
• Restrictive blood transfusion
• DVT and stress gastritis prophylaxis
• Source control in septic patients
Acute surgical condition:
- Acute abdomen
- Peritonitis
- Mesenteric bowel ischemia
- Perforated viscous

**Subspecialties:**

**Urology:**
- Emergencies: Acute Urinary Retention, Testicular Torsion, hematuria, Fournier’s Gangrene, Priapism
- Infections: Cystitis, Pyelonephritis, Prostatitis, Epididymo-orchitis
- Lower Urinary Tract Obstruction: Benign Prostatic Hyperplasia, Urethral Stricture
- Upper Urinary Tract Obstruction: Urolithiasis, Retroperitoneal Fibrosis
- Pediatric Urology: Ureteropelvic Junction, Vesicoureteral Reflux, Ureterocele, Posterior Urethral Valve

**Neurosurgery:**
- Raised intracranial pressure
- Cerebrovascular diseases
- Spinal cord compression
- Entrapment neuropathy
- Cranial & spinal infection
- Hydrocephalus
- Degenerative disc disease
- Congenital anomalies
- Brain tumors

**Orthopedic:**
- Trauma: Open fracture treatment, Compartment syndrome
- Principles of fracture/ dislocation management
- Oncology: Osteosarcoma, Ewing’s sarcoma, Chondrosarcoma
- Birth injuries
- Developmental diseases

**ENT:**
- Epistaxis
- Otitis externa
- Otitis media
- Sinusitis
- Tonsillitis
- Acoustic neuroma
- Foreign body
- Disorders of balance
- Hearing loss
Ophthalmology:
- Infectious and inflammatory disorders: blepharitis, conjunctivitis, uveitis, endophthalmitis, iridocyclitis, periorbital cellulitis, uveitis
- Neoplasms: melanoma, retinoblastoma
- Cataract
- Glaucoma
- Lacrimal system disorders
- Refractive disorders
- Disorders of the retina: diabetic retinopathy, papilledema, retinal detachment, retinitis pigmentosa, retinal hemorrhage, amaurosis fugax
- Visual impairment/blindness, night blindness, Sudden loss of vision
- Traumatic and mechanical disorders: corneal abrasion, ulcer, dislocated lens, foreign body in eye, laceration of the eyelid, subconjunctival hemorrhage
PATIENT SAFETY, PREVENTIVE MEDICINE, & ETHICS

ETHICS:

- Informed Consent
- DNR/DNI
- Organ Donation
- Abortion
- Breaking Bad News
- DAMA
- Authorship and Plagiarism
- Patient Privacy
- Proper HIM
- Abuse (spouse, child and elderly)
- Conflict of Interest
- Social Media Practices/Technology
- Confidentiality
- Sick Leave
- Second opinions
- Medico-legal Issues/Whistleblowing
- Death Certificate
- Identity Theft
- Fertility Ethics
- Plastic Surgery/Bariatric/Obesity
- Communications with peers’ patients
- Bullying and Abuse
- Impaired Physicians

PATIENT SAFETY:

- Clinical Privileges
- Patient /Community Education
- Medications Safety
- Infectious Prevention and Control
- Surgical Safety
- Emergency Preparedness
- Continues Professional development
- Inter-professional communication
- International patient safety goals
- Blood Transfusion safety
- Radiation Safety
- Patient Empowerment
- Communication with patient and family
- Institute of Medicine Quality dimensions
- Diagnostic Errors
- Venous thromboembolism prophylaxis
PREVENTIVE:

- Nutrition / Obesity
- Exercise
- Travel medicine
- Risk factors (NCDs) Assessment and modifications
- Smoking
- Environmental
  - Temp (hypertermia, heat stroke)
  - Metals (lead)
- Venomous bites and stings
- Reportable diseases
- Outbreaks
- Herd immunity
- Immunization (Child, Adult)
- Disease screening (Cancer, CVD, DM, HTN, AAA)
- Mental Health
- Principles of screening (validity, test parameters, criteria for screening test)
- Sleep Medicine
- Preventive Cardiology
- Adolescent health
- Geriatric medicine
- Women Health
## Appendix C: References

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*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 from these sources.