



## SAUDI BOARD RESIDENCY TRAINING PROGRAM

### PEDIATRIC SURGERY

#### Final Written Examination

##### Examination Format:

A Saudi board final specialty written examination shall consist of two papers each with 100-125 Single Best Answer MCQs. Up to 10% unscored items can be added for pretesting purposes.

##### Passing Score:

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:**

- Pediatric Surgery, 7<sup>th</sup> Edition - edited by Arnold G. Coran, Anthony Caldamone, N. Scott Adzick, Thomas M. Krummel, Jean-Martin Laberge, and Robert Shamberger
- Ashcraft's Pediatric Surgery – 6<sup>th</sup> edition, George W. Holcomb III, J. Patrick Murphy
- Principles of Pediatric Surgery- 2<sup>nd</sup> edition- James O'Neill, Jay Grosfeld, Eric Fonkalsrud
- Current Practice in Pediatric Surgery (Surgical Clinics of North America) - Mike K. Chen, Catherine Bewick, Ronald F. Martin
- 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 <sup>1</sup>	8%
2	Trauma <sup>2</sup>	10%
3	Oncology <sup>3</sup>	9%
4	Head and Neck (general) <sup>4</sup>	6%
5	Thorax <sup>5</sup>	14%
6	Abdomen (general) <sup>6</sup>	11%
7	Genitourinary disorders <sup>7</sup>	6%
8	Special Areas of Pediatric Surgery (general) <sup>8</sup>	7%
9	Gastrointestinal tract/ hepatobiliary <sup>9</sup>	15%
10	Neonatal <sup>10</sup>	14%
<b>Total</b>		<b>100%</b>

**Note:**

**<sup>1</sup>Basic:** Includes A Brief History of Pediatric Surgery, Molecular Clinical Genetics, Gene Therapy, The Impact of Tissue Engineering in Pediatric Surgery, Advanced and Emerging Technologies in Surgical Technologies and the Process of Innovation, The Fetus as a Patient, Neonatal Physiology and Metabolic Considerations, Respiratory Physiology and Care, Extracorporeal Life Support and Cardiopulmonary Failure In Children, Neonatal Cardiovascular Physiology and Care, Sepsis and Related Conditions, Surgical Implications of Hematologic Disorders, IVF, TPN, Acid Base, Nutrition Support in the Pediatric Surgical Patient, Pediatric Anesthesia and Ethical Considerations in Pediatric Surgery

**<sup>2</sup>Trauma:** Includes Infants and Children as Accident Victims and Their Emergency Management, Thoracic Injuries, Abdominal Trauma, Genitourinary Trauma, Musculoskeletal Trauma, Hand, Soft Tissue and Envenomation Injuries, Central Nervous System Injuries, Vascular Injury, Treatment of Burns and Child Abuse and Birth Injuries

**<sup>3</sup>Oncology:** Includes Principles of Pediatric Oncology/Genetics of Cancer and Radiation Therapy, Biopsy Techniques for Childhood Cancer, Wilms' Tumor, Neuroblastoma, Non-malignant Tumors of the Liver, Liver Tumors,

Gastrointestinal Tumors, Rhabdomyosarcoma, Other Soft Tissue Tumors in Children, Teratomas and Other Germ Cell Tumors, Non Hodgkin's Lymphoma and Hodgkin's Disease, Ovarian Tumors, Testicular Tumors, Adrenal Tumors, Tumors of the Lung, Bone Tumors and Pediatric Brain Tumors

**<sup>4</sup>Head and Neck(general):** Includes Craniofacial Abnormalities, Cleft Lip and Palate, Otolaryngologic Disorders, Salivary Glands, Lymph Node Disorders, Surgical Diseases of the Thyroid and Parathyroid Glands, Cysts and Sinuses of the Neck and Torticollis

**<sup>5</sup>Thorax:** Includes Breast Lesions in Children and Adolescents, Congenital Chest Wall Deformities, Congenital Diaphragmatic Hernia and Eventration, Cysts of the Lungs and Mediastinum, Laryngoscopy, Bronchoscopy and Thoracoscopy, Lesions of the Larynx, Trachea and Upper Airway, Infections and Diseases of the Lungs, Pleura and Mediastinum, Esophagoscopy and Diagnostic Techniques, Esophageal Rupture and Perforation, Congenital Anomalies of the Esophagus, Caustic Stricture of the Esophagus, Esophageal Replacement, Disorders of Esophageal Function and Gastroesophageal Reflux Disease

**<sup>6</sup>Abdomen (general):** Includes Disorders of the Umbilicus, Congenital Defects of the Abdominal Wall, Inguinal Hernia and Hydroceles and Undescended Testis, Torsion and Varicocele

**<sup>7</sup>Genitourinary disorders:** Includes Renal Agenesis, Dysplasia, and Cystic Disease, Renal Fusions and Ectopia, Ureteropelvic Junction Obstruction, Renal Infection, Abscess, Vesicoureteral Reflux, Urinary Lithiasis and Renal Vein Thrombosis, Ureteral Duplication and Ureterocele, Megaureter and Prune-Belly Syndrome, Diversion and Undiversion, Disorders of Bladder Function, Structural Disorders of the Bladder, Augmentation, Bladder Exstrophy, Hypospadias, Abnormalities of the Urethra, Penis, and Scrotum, Ambiguous Genitalia and Abnormalities of the Female Genital Tract

**<sup>8</sup>Special Areas of Pediatric Surgery (general):** Includes Congenital Heart Disease and Anomalies of the Great Vessels, Management of Neural tube defects, Hydrocephalus, Refractory Epilepsy and Central Nervous System, Major Congenital Orthopedic Deformities, Bone and Joint Infections, Amputations in Childhood, Congenital Defects of the Skin, Connective Tissues, Muscles, Tendons and Hands, Conjoined Twins, Vascular Anomalies: Hemangiomas and Malformations, Arterial Disorders, Venous Disorders in Childhood and Lymphatic Disorders

**<sup>9</sup>Gastrointestinal tract/ hepatobiliary:** Includes Peptic Ulcer and Other Conditions of the Stomach, Bariatric Surgery in Adolescents, Duodenal Atresia and Stenosis – Annular Pancreas, Jejunoileal Atresia and Stenosis, Meconium Ileus, Meckel's Diverticulum, Intussusception, Disorders of Intestinal Rotation and Fixation, Other Causes of Intestinal Obstruction, Short Bowel Syndrome, Gastrointestinal Bleeding, Alimentary Tract Duplications, Mesenteric and Omental Cysts, Ascites, Gastrointestinal Tract Polyps, Necrotizing Enterocolitis, Crohn's Disease, Ulcerative Colitis, Primary Peritonitis, Stomas of the Small and Large Bowel, Atresia, Stenosis and Other Obstructions of the Colon, Appendicitis, Hirschsprung Disease and Related Neuro-muscular Disorders of the Intestine, Hypertrophic Pyloric Stenosis, Intestinal Neuronal Dysplasia, Anorectal Malformations, Other Disorders of the Anus and Rectum, Anorectal Function, The Jaundiced Infant: Biliary Atresia, Choledochal Cyst,

Gallbladder Disease and Hepatic Infections, Portal Hypertension, The Pancreas and Spleen

<sup>10</sup>**Neonatal:** Includes Congenital malformations, lymphangioma/ Hemangiomas, cleft lip and palate, esophageal atresia and tracheoesophageal fistula, intestinal atresia, necrotizing enterocolitis, meconium plugs, Hirschsprung's disease, Anorectal malformation, undescended testes, other abdominal/chest wall defects, omphalocele, gastroschisis, neonatal hernias, Neonatal Jaundice, Neonatal hypoglycemia, Cong. Diaphragmatic hernias, Conjoint twins, Neonatal infections, Cong. lobar Emphysema, Congenital cystic lung disease, Hydrops, Sacrococcygeal teratoma and Principals of antenatal diagnosis and fetal surgery

- Blueprint distributions of the examination may differ up to +/-5% in each category.
- Percentages and content are subject to change at any time. See the SCFHS website for the most up-to-date information.
- Research, Ethics, Professionalism and Patient Safety are incorporated within the various domains



### Example Questions

#### EXAMPLE OF K2 QUESTIONS

##### Question 1

A 14-year-old adolescent boy presented to the Emergency Department with a history of frequent episodes of vomiting fresh blood. Upper gastrointestinal endoscopy showed an actively bleeding ulcer in the posterior wall of the first part of the duodenum which was controlled by a heat probe.

Which of the following arteries is the most likely source?

- A. Splenic
- B. Gastroduodenal
- C. Right gastroepiploic
- D. Superior mesenteric

#### EXAMPLE OF K1

##### Question 2

A patient presents with metabolic acidosis and an increased anion gap.

Which of the following conditions is associated with the patient's presentation?

- A. Small bowel fistula
- B. Secretory diarrhea
- C. Ureterosigmoidostomy
- D. Glycogen storage disease type I