



**SAUDI FELLOWSHIP**  
**FINAL CLINICAL EXAMINATION**  
**OF**  
**PEDIATRIC SURGERY**



General Information	
<b>Exam Format</b>	<ul style="list-style-type: none"> <li>-The final clinical/practical examination shall consist of <b>4</b> graded stations, each with <b>(10)</b> minute encounters.</li> <li>-You will encounter <b>1-2 examiners</b> in each station.</li> </ul>
Conduct of Evaluation	
<b>Station Information</b>	<ul style="list-style-type: none"> <li>-The 4 stations consist of <b>4</b> Structured Oral Exam (SOE) stations.</li> <li>-All stations shall be designed to assess integrated clinical/practical encounters.</li> <li>-Domains and sections may overlap, and more than one category can be evaluated within a station.</li> <li>-Each station may address one or more cases or scenarios.</li> <li>-SOE stations are designed with preset questions and ideal answers.</li> <li>-A scoring rubric for post-encounter questions is also set in advance (if applicable).</li> </ul>
<b>Time Management</b>	<ul style="list-style-type: none"> <li>-The examiner is aware of how much material needs to be covered per station, and it is their responsibility to manage the time accordingly.</li> <li>-The examiner will want to give you every opportunity to address all the questions within the station.</li> <li>-They may indicate that "in the interests of time, you will need to move to the next question." This type of comment has no bearing on your performance. It is simply an effort to ensure that you complete the station. If you are unclear about something during the station, ask the examiner to clarify.</li> <li>-Some stations may finish early – if this occurs, the examiner will end the encounter.</li> </ul>
<b>Examiner Professionalism</b>	<ul style="list-style-type: none"> <li>-The examiners have been instructed to interact with you professionally – don't be put off if they are not as warm and friendly towards you as usual.</li> <li>-We recognize this is a stressful situation, and the examiner is aware that you are nervous. If you need a moment to collect your thoughts before responding, indicate this to the examiner.</li> <li>-The nomination of examiners is based on the principle that candidates are assessed by qualified examiners selected and appointed by SCFHS. The examiner is not obligated by any means to share their personal information or professional details with the candidate.</li> </ul>
<b>Conflicts</b>	<p>The examiners come from across the country. You will likely recognize some of them and may have worked with some of them in your center's clinical/academic capacity. This is completely acceptable to the SCFHS and is not a conflict unless you or the examiner perceive it as such (i.e., if the examiner had a substantial contribution to your training or evaluation, or if you have another personal relationship with the examiner).</p> <p>Identify the conflict at the moment of introduction; examiners have been instructed to do the same. Examiners will alert the SCFHS staff – every attempt will be made to find a suitable replacement for the station.</p>
<b>Confidentiality</b>	<ul style="list-style-type: none"> <li>-Electronic devices are NOT permitted.</li> <li>-Communication with other candidates during the evaluation is prohibited.</li> </ul>

**Examination Content**

The examination will cover 4 or more of the following sections:

1.	Trauma <sup>1</sup>
2.	Oncology <sup>2</sup>
3.	Head and Neck (General) <sup>3</sup>
4.	Thorax <sup>4</sup>
5.	Abdomen (General) <sup>5</sup>
6.	Genitourinary Disorders <sup>6</sup>
7.	Special Areas of Pediatric Surgery (General) <sup>7</sup>
8.	Gastrointestinal Tract/ Hepatobiliary <sup>8</sup>
9.	Neonatal <sup>9</sup>

**Sections**

**<sup>1</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>2</sup>Oncology:** Includes Principles of Pediatric Oncology/Genetics of Cancer and Radiation Therapy, Biopsy Techniques for Childhood Cancer, Wilms' Tumor, Neuroblastoma, Nonmalignant 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>3</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>4</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>5</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>6</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, Megareter 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>7</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,



	<p>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.</p> <p><b><sup>8</sup>Gastrointestinal Tract/ Hepatobiliary:</b> 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.</p> <p><b><sup>9</sup>Neonatal:</b> 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.</p>
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#### General Information

<b>Results</b>	Results will be published within 14 business days following the last date of your examination
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Definition of Clinical/Practical Skill Domains	
Domain	Definition
<b>Data-Gathering Skills</b>	Defined as: the candidates' ability to obtain and identify important information, correlate the clinical data to recommend appropriate testing. It includes interviewing and history taking.
<b>Reasoning and Analytical Skills</b>	Defined as: the candidates' ability to rationalize recommended effective management plans, evaluate alternative plans, recognize indicators to different appropriate treatments based on relevant, correct clinical data interpretation.
<b>Decision-Making Skills</b>	Defined as: the candidates' ability to formulate a logical diagnosis, identify immediate needs, and make accurate inferences regarding the expected outcomes. It includes recognizing potential complications, risks, and benefits.
<b>Professional Attitude</b>	Defined as the commitment to deliver the highest standards of ethical and professional behavior in all aspects of health practice.  Attitudes, knowledge, and skills based on clinical &/or medical administrative competence, ethics, societal, & legal duties resulting in the wise application of behaviors that demonstrate a commitment to excellence, respect, integrity, accountability & altruism (e.g. self-awareness, reflection, life-long learning, scholarly habits, & physician health for sustainable practice).

**Note:**

- The content is subject to change at any time. See the SCFHS website for the most up-to-date information.