



SAUDI BOARD RESIDENCY TRAINING PROGRAM

CARDIAC SURGERY

Final Examination

Written Examination:

Exam Format:

A Saudi board final specialty written examination shall consist of two papers each with 100-125 single best answer Multiple Choice Questions (MCQs). Up to 10% unscored MSQs can be added for calibration 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:

- Kirklin/Barratt-Boyes Cardiac Surgery, 4th Edition
- Sabiston and Spencer Surgery of the Chest, 9e 9th Edition
- Cardiac Surgery in the Adult Fifth Edition 6th Edition
- 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.
- Sabiston Testbook of Surgery by Mark Evers et al (20th 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.





Final Written Exam Blueprint Outlines:

No.	Sections	Percentage
1	Principles of Cardiac Surgical Care	16%
2	Adult Cardiac Surgery – Coronary	16%
3	Adult Cardiac Surgery - Valvular	16%
4	Adult Cardiac Surgery - Aorta	9%
5	Surgery for Heart Failure	11%
6	Pacemaker/ICD/EP Surgery	7%
7	Tumors and pericardial disease	5%
8	Congenital Cardiac Surgery	15%
9	CPB and Cardioplegia	5%
Total		100%

Notes:

- Blueprint distributions of the examination may differ up to +/-5% in each section.
- 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 various domains.
- Results will be published within 14 business days following the last date of your examination





Clinical Examination:

Exam Format:

The final clinical/practical examination shall consist of 8 graded stations, each with 20-minute encounters. You will encounter 1-2 examiners in each station.

Station Information:

- The 8 stations consist of 1 Objective Structured Clinical Exam (OSCE) stations and 7 Structured Oral Exam (SOE) stations.
- All stations shall be designed to assess integrated clinical/practical encounters.
- Domains and sections may overlap, and more than one section and domain can be evaluated within a station.
- Each station may address one or more cases or scenarios.
- SOE stations are designed with preset questions and ideal answers.
- OSCE stations are assessed with a predetermined performance checklist.
- A scoring rubric for post-encounter questions is also set in advance (if applicable).

Time Management:

- The examiner is aware of how much material needs to be covered per station, and it is their responsibility to manage the time accordingly.
- The examiner will want to give you every opportunity to address all the questions within the station.
- They may indicate that "in the interest 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.
- Some stations may finish early – if this occurs, the examiner will end the encounter.





Examiners Professionalism:

- 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.
- 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.
- 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.

Conflicts:

- 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).
- 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.

Confidentiality:

- Electronic devices are NOT permitted.
- Communication with other candidates during the evaluation is prohibited.





Final Clinical Exam Blueprint Outlines:

The clinical examination is designed to address four or more of the following:	
No.	Sections
1	Adult Cardiac Surgery – Coronary
2	Adult Cardiac Surgery - Valvular
3	Adult Cardiac Surgery - Aorta
3	Surgery for Heart Failure
5	Pacemaker/ICD/EP Surgery
6	Tumors and pericardial disease
7	Congenital Cardiac Surgery
8	CPB and Cardioplegia





Definition of Clinical/Practical Skill Domains		
No.	Domains	Definition
1	Data-Gathering Skills	The candidates' ability to obtain and identify important information, correlate the clinical data to recommend appropriate testing. It includes interviewing and history taking.
2	Reasoning And Analytical Skills	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.
3	Decision-Making Skills	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.
3	Professional Attitude	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 and/or medical administrative competence, ethics, societal, and legal duties resulting in the wise application of behavior that demonstrate a commitment to excellence, respect, integrity, accountability, and altruism (e.g., self-awareness, reflection, life-long learning, scholarly habits, and physician health for sustainable practice).





Notes:

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