



## SAUDI BOARD RESIDENCY TRAINING PROGRAM

### DIAGNOSTIC RADIOLOGY

#### 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:

- Janette Collins and Eric J. Stern, 2014. Chest Radiology: The Essentials. 3rd Edition.
- Theresa C. McLoud, 2010. Thoracic Radiology: The Requisites, 2nd Edition.
- W. Richard Webb, 2010. Thoracic Imaging: Pulmonary and Cardiovascular Radiology.
- W. Richard Webb and Nestor L. Muller, 2014. High-Resolution CT of the Lung.
- Jill E. Jacobs, 2010. Cardiac CT, An Issue of Radiologic Clinics of North America.
- Jan Bogaert and Steven Dymarkowski, 2012. Clinical Cardiac MRI, 2nd Edition.
- Elsevier, 2016. Neuroradiology: The Requisites.
- Thieme, 2008. Practical Differential Diagnosis for CT and MRI.
- Elsevier, 2015. Diagnostic Imaging: Brain.
- W. Richard Webb and William E. Brant, 2014. Fundamentals of Body CT, 4th Edition.
- Joseph K.T. Lee, Stuart S. Sagel, Robert J. Stanley and Jay P. Heiken, 2005. Computed Body Tomography with MRI Correlation (2 Volume Set) 4th Edition.
- John R. Haaga, MD FACR FSIR FSCBT FSRS and Daniel Boll MD FSCBT, 2016. CT and MRI of the Whole Body, 2-Volume Set, 6th Edition.
- William E. Brant, Eduard E. de Lange, 2012. Essentials of Body MRI 1st Edition.
- Evan Siegelman, 2004. Body MRI, 1st Edition.
- Richard C. Semelka and Michele A. Brown, 2016. Abdominal-Pelvic MRI, 4th Edition.
- James C. Reed, 2018. Chest Radiology: Patterns and Differential Diagnoses, 7th Edition.
- Rohini Nadgir MD and David M. Yousem, 2016. Neuroradiology: The Requisites, (Requisites in Radiology), 4th Edition.
- Anne G. Osborn Gary Hedlund Karen L. Salzman, 2017. Osborn's Brain, 2nd Edition.
- Nick Watson, 2013. Chapman & Nakielny's Guide to Radiological Procedures: 6th Edition.
- Jeffrey D. Houston and Michael Davis, 2001. Fundamentals of Fluoroscopy, (Fundamentals of Radiology), 1st Edition.
- Daniel Johnson, 2013. Mayo Clinic Gastrointestinal Imaging Review (Mayo Clinic Scientific Press), 2nd Edition.
- Ronald J. Zagoria and Christopher M Brady, 2015. Genitourinary Imaging: The Requisites, (Requisites in Radiology), 3rd Edition.
- N. Reed Dunnick and Jeffrey H. Newhouse, 2017. Genitourinary Radiology, 6th Edition.
- Michele Walters and Richard L. Robertson, 2016. Pediatric Radiology: The Requisites, (Requisites in Radiology), 4th Edition.
- Harvey A. Ziessman and Janis P. O'Malley, 2013. Nuclear Medicine: The Requisites, (Requisites in Radiology), 4th Edition.
- Barbara S. Hertzberg and William D. Middleton, 2015. Ultrasound: The Requisites, (Requisites in Radiology) 3rd Edition.
- John A. Kaufman and Michael J. Lee, 2013. Vascular and Interventional Radiology: The Requisites, (Requisites in Radiology) Sep 2, 2013, 2nd 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.
- Krishna Kandarpa , Lindsay Machan and Janette Durham, 2016. Handbook of Interventional Radiologic Procedures, 5th Edition.
- Clyde A. Helms, Mark W. Anderson, Nancy M. Major, and Phoebe Kaplan, 2001. Musculoskeletal MRI, 2nd Edition.
- Donald Resnick and Mark Kransdorf, 2004. Bone and Joint Imaging, 3rd Edition.
- Clyde A. Helms, 2013. Fundamentals of Skeletal Radiology, 4th Edition.
- Brian Coley, 2013. Caffey's Pediatric Diagnostic Imaging, 2-Volume Set, 12th Edition.
- A. James Barkovich, Charles Raybaud, 2012. Pediatric Neuroimaging (Pediatric Neuroimaging (Barkovich)) 5th Edition.
- Peter M. Som, and Hugh D. Curtin, 2011. Head and Neck Imaging - 2 Volume Set: Expert Consult- Online and Print, 5th Edition
- A. James Barkovich, 2015. Diagnostic Imaging: Pediatric Neuroradiology, 2nd Edition
- Beth M. Kline-Fath, Dorothy I. Bulas, and Ray Bahado-Singh, 2014. Fundamental and Advanced Fetal Imaging: Ultrasound and MRI, 1st Edition.
- Lane F. Donnelly, 2016. Fundamentals of Pediatric Imaging, (Fundamentals of Radiology) 2nd Edition.
- Lucaya, Javier, Strife, Janet L, 2002. Pediatric Chest Imaging: Chest Imaging in Infants and Children (Medical Radiology / Diagnostic Imaging) 2nd Edition.
- Marilyn J. Siegel, 2011. Pediatric Sonography, 4th Edition.
- Marilyn J. Siegel, 2010. Pediatric Body CT, 2nd Edition.
- Medina, L Santiago, Applegate, Kimberly E., Blackmore, Craig, 2010. Evidence-Based Imaging in Pediatrics: Improving the Quality of Imaging in Patient Care.

**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	Musculoskeletal	9%
2	Neuroradiology	10%
3	Head and Neck	6%
3	Chest	11%
5	Cardiac	5%
6	Gastrointestinal	15%
7	Genitourinary	8%
8	Vascular & Interventional	8%
9	Pediatrics	10%
10	Nuclear Medicine	10%
11	Breast Imaging	8%
<b>Total</b>		<b>100%</b>

### 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 10-minute encounters. You will encounter 1-2 examiners in each station.

### Station Information:

- The 8 stations consist of 3 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 ten or more of the following:	
No.	Sections
1	Musculoskeletal
2	Neuroradiology
3	Head and Neck
4	Chest
5	Cardiac
6	Gastrointestinal
7	Genitourinary
8	Vascular & Interventional
9	Pediatrics
10	Nuclear Medicine
11	Breast Imaging





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.
4	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:**

- The content is subject to change at any time. See the SCFHS website for the most up-to-date information.
- Results will be published within 14 business days following the last date of your examination.

