

NIHS RESIDENCY TRAINING PROGRAM

Obstetrics & Gynecology

Final Written Examination

Examination Format:

National Institute for Health Specialties NIHS (Emirate 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 pass mark in the Final Written Examination will be determined according to the scientific standards and based on reliable practices in assessment.





Suggested References:

- William Obstetrics by F. Gary Cunningham, Norman F. Gant, Kenneth J Leveno, Larry C. Gilstrap, Ill, John C. Houth, Katharine D. Wenstrom.
- Clinical Gynecologic Endocrinology and Infertility by Mac A. Fritz and Leon Speroff.
- Telinde's Operative Gynecology by Richard W. Te Linde, John D. Thompson.
- Comprehensive Gynecology by Morton A. Stenchever, William Droegemuller, Daniel R. Mishell, Arthur L. Herbst.
- Obstetrics: Normal & Problem Pregnancies by Steven G. Gabbe, Jennifer R. Niebyl, Joe Leigh Simpson
- Clinical Gynecologic Oncology by Philip DiSaia, William Creasman, Robert Mannel, D. Scott McMeekin, David Mutch
- Berek and Hacker's Gynecologic Oncology, by Jonathan S. Berek, Neville F. Hacker
- Williams Gynecology by Barbara L. Hoffman, John O. Schorge, Karen D. Bradshaw, Lisa M. Halvorson, Joseph I. Schaffer, Marlene M. Corton
- Pediatric and Adolescent Gynecology by Joseph S. Sanfilippo, David Muram, John Dewhurst, Peter A. Lee
- Maternal-Fetal Medicine by Robert K. Creasy, Robert Resnik, Jay lams
- Professionalism and Ethics Handbook for Residents: A Practical Guide, by Prof. James Ware, Dr. Abdulaziz Fahad Alkaabba, Dr. Ghaiath MA Hussein, Prof. Omar Hasan Kasule, SCFHS, Latest Edition
- Essentials of Patient Safety: The first step to proper healthcare, SCFHS, by Abdulelah Alhawsawi, Salem Alwahabi, Ahmad Wazzan
- Introduction to Clinical Research for Residents, SCFHS, by Hani Tamim
- Evidence Based Medicine. How to Practice and Teach EBM by DI Sackett
- Users' Guides to the Medical Literature: A Manual for Evidence-Based Clinical Practice, by Gordon Guyatt, Drummond Rennie, Maureen O. Meade, Deborah J. Cook
- Clinical evidence-based guidelines of Saudi and international societies related to obstetrics and gynecology (e.g., ACOG, RCOG, SOGC, etc.)
- UpToDate website
- Communication Skills: Key to Understanding, by Dr. Fayza Rayes, SCFHS, 2016





Note:

This list is intended for use as a study aid only. NIHS 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:

Section	Content Outline	Percentage
Obstetrics	 Preconception/Prenatal/Antenatal Care (4%) Evaluation/Diagnosis of Antenatal Conditions (7%) Intrapartum Care, Complications, and Obstetrical Procedures (18%) Postpartum Care (3.5%) 	32.5%
Gynecology	 → Preoperative Evaluation (3%) → Perioperative Care (2%) → Postoperative Care (3%) → Surgical Complications (6%) → Evaluation/Diagnosis/Management of Gynecologic Conditions (7%) → Surgical Procedures (5%) → Neoplasia (4%) 	30%
Office Practice and Women's Health	 → Well-Woman Preventive Care (7%) → Office Management – Medical Problems (4%) → Office Management – Gynecology (15%) → Office Procedures (4%) 	30%
Cross Content	Communication (2.5%)Basic Sciences (5%)	7.5%

Notes:

- 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 website for the most up-to-date information.
- Research, Ethics, Professionalism, and Patient Safety are incorporated within various domains.







Example Questions EXAMPLE OF K2 QUESTIONS Question 1

A 38-year-old woman presents to the Emergency Department with very painful strong contractions that are occurring every two to three minutes. She is currently at 40 weeks gestation and has had 2 normal and successful pregnancies before. She denies any vaginal bleeding or leaking fluid. On examination, there is good fetal movement. Vaginal examination reveals the cervix is 1 cm dilated, 60% effaced, and the vertex is at +1 station.

What is the most appropriate next step in management?

- A. Send her home
- B. Rupture membranes
- C. Administer terbutaline
- D. Observation and analgesia

EXAMPLE OF K1 QUESTIONS Question 2

Which of the following disorders has the worst maternal prognosis during pregnancy?

- A. Viral hepatitis
- B. Chronic active hepatitis
- C. Cholestasis of pregnancy
- D. Acute fatty liver of pregnancy



