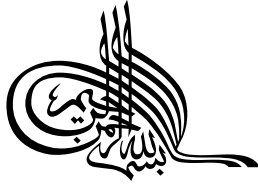


2019



INTERNAL MEDICINE CURRICULUM

PRPARED BY
SIENTIFIC COMMITTEE OF INTERNAL MEDICINE



INTERNAL MEDICINE CURRICULUM

Reviewed and Approved by
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Introduction

The Council of the Syrian Board of Medical Specialties (SBOMS) has been established to improve the quality of medical services provided in Syria by setting standards doctors must meet in their practice.

These standards aim to ensure that the physician acquires the essential core clinical skills, confidence , independence and professionalism required for delivering the highest quality of medical care to patients with diverse types of chronic and acute diseases, and learn the principles of health promotion, population health and evidence- based medicine .

The Scientific Committee of the Internal Medicine Program supervises the training of “ Residents of Internal Medicine” in hospitals selected by the **Medical Affairs Committee** of the Council of Syrian Medical Specialties according to strict guidelines these hospitals must fulfill and policies they must follow. This committee also sets the standards of admission to the IM program and the duration of internship.

The Examinations Committee develops the examination materials and supervises the testing process.

An official certificate from the (SBOMS) Council and the Scientific Committee of Internal Medicine is a certificate of excellence which means that the holder of this certificate has completed all the required training in this specialty and has passed the tests that have been administered and is expected to provide the best medical care services in internal medicine.

Training Program

Objectives:

The internal medicine program aims to train and prepare a specialist in internal medicine who can:

1. Diagnose and treat adult diseases.
2. Provide medical consultations related to his studies.
3. Interpret medical literature and is Uptodate on the new advances in medicine practices and is familiar with evidence-based medicine.
4. Qualifies to pursue his studies in a sub-discipline in the field of medicine .

Admission criteria: Each applicant must satisfy the following criteria:

1. Must be proficient in Arabic.
2. Holds a medical degree from a recognized university.
3. Fill out the application form prepared by the Scientific Council of Internal Medicine and submit two copies , one to the local representative of the Council and a second copy to the headquarters office of SBOMS .
4. Pay the applicable fees: ..

Details of the training program

1. The trainee should be a residing physician throughout his training period and should acceptance the responsibilities commensurating with his level of training that are assigned to him.
2. To provide care for in-patients.
3. Train in various sub-specialties of internal Medicine
4. Rotation in the emergency department and outpatient clinics.
5. Acquire the necessary skills to conduct sound clinical diagnosis and learn to interpret laboratory results.
6. Attend meetings where clinical presentations ,differential diagnosis and treatment modalities are discussed.
7. Actively participate in Journal club , morning reports and other scientific

meetings and attend the medical lectures given.

8. Understand the Basics of Pharmacology and drugs side effects and interactions and familiarize himself with alternative therapies.
9. Participate in scientific research as much as his time allows, to advance his knowledge , granted that this activity does not interfere with his performing his clinical duties properly.
10. Participate in lectures and symposia in the field of clinical medicine, pathology and pharmacology.
11. During his year third and fourth years of training, the trainee is expected to participate in the education of medical students under his supervision. This is a requirement for the training program.
12. The duration of training in General Internal Medicine is four full years, each trainee is entitled to a full one-month vacation period.
13. If the trainee interrupts his training for legitimate reasons, his position will be held for up to two years (these two years could be continuous or interrupted) with the prior approval of his supervisor. If the interruption exceeds two years, the resident will be required to re-start the training from the beginning.

Rotation Schedule:

The training program spans over four years of training under the supervision of physicians accredited in internal medicine. The required core curriculum for all residents includes rotations through the inpatients wards, the emergency department, the outpatient clinics and the intensive care unit.

The rotation table is set as follows, but can be adjusted as needed.

Department	First year	Second Year	Third Year	Fourth Year
ER	Two months	Two months		
Cardiology	Two months	Two months	Two months	Two months
Pulmonology	Two months	Two months	Two months	One month
Nephrology	Two months	One month	One month	One month
GI	Two months	Two months	Two months	Onemonth
Neurology	Two months	One month	One month	One month
Endocrinology	-	-	One month	One month
Hem/Onc	-	One month	One month	One month
Rheumatology	-	-	One month	One month
ICU	-	Two months	Two months	Two months
Radiology	-	-	One month	One month

Duties of the " Resident" physician:

1. Admit new patients and write their admission orders, round on patients twice a day, write their progress notes, follow the care plan outlined by the attending physician and senior residents.
2. Maintain a completed patient's records that included a full physical examination, vital signs, laboratory results, X-ray, DDX, assessment and treatment plan . He must also prepare and consent patients for all procedures ordered by the treating physician and the senior residents, and he should keep his seniors informed on patients' conditions .
3. Follow-up on the patients nutrition and their adherence to the prescribed diet, He should also confirm that the patient is getting the skilled nursing care he deserves.
4. Attend morning and evening rounds with his attending and senior residents of his department . He must follow the progress of all patients falling under his rotation specialty , on the wards, in intensive care unit and in outpatient clinics. He should document all medical results in the patient's chart along with an assessment and a plan of treatment and ensure that the written medical orders are implemented as requested by the attending.
5. Attend clinical meetings , morning reports and M & M conferences.
6. Learn to interpret the readings of ECG, X-ray laboratory results under the supervision of his attending and senior residents.
7. Participate in CME activities and in scientific and administrative courses, and assist in the preparation and submission of such courses as needed .
8. Be physically present when assigned to an on-call rotation in accordance with the provisional schedule set by the chief resident president and the Scientific committee .
9. He is expected to ensure that the departement he is working in remains clean and tidy, that the equipments are safe and functional, and that the medical supplies are available He should be familiar with and practices infection control and sterility principles.
10. Keep patients chart organized and clean.
11. Not remove any patient from the hospital , not transfer the patient to another department or another hospital without permission.
12. He should comply with the call schedule and finish all work assigned to him post call, remains in the hospital till granted leave by his senior resident and only

after he had checked out to the resident on call that day.

13. Write the discharge summary and discharge orders under the direct supervision of the senior resident.
14. Follow the orders of the attending physician and work with the senior residents.
15. If he takes an immediate action or make an emergency call to save patients lives, he will be expected to immediately inform his attending physician and document the incident in details in the patients' charts, any further pertinent informations and orders should also be documented .orders pertaining to this
16. Improve his ambulatory medicine skills by rotating in outpatient clinics under the supervision of the specialist and the senior resident.
17. Train and prove competency in required medical procedures such as interventions such as paracentesis, LP , ..
18. Keep the crash cart updated with the necessary and non-expired medicines.
19. Be a patient's advocate .

Training Years

The core curriculum is taught over four years:

1- During the first year,

The trainee rotates through the general medicine wards, the Emergency Room and some sub-specialties wards. In this year he will:

- Learn the theoretical basics of internal disease.
- Acquire knowledge of all basic sciences related to internal medicine.
- Master the art of obtaining a medical history and a comprehensive medical examination of the body.
- Participation in scientific sessions.
- Write discharge summaries and ensure the instructions listed are followed.

2- During the second year:

The trainee rotates in general medicine and sub-specialty wards , outpatient clinics, emergency department and intensive care unit.

During this year the resident is expected to:

- Expand his theoretical knowledge of internal diseases and begin applying this information in his daily clinical practice.
- Continue to develop his clinical skills.
- Deepen his understanding and sharpen his diagnostic skills such as interpretation of imaging, reading pathology slides and using diagnostic devices.
- Learn how to read and critique critical medical literature, search and summarize publications and present them in medical rounds .
- Help and oversee the training of first year residents.
- Rotation through and care of patients in the ER and Outpatient clinics.
- Discharge patients with proper follow up.

3- During the Third year:

Trainees rotate in the departments of internal medicine, subspecialties, outpatient clinics and intensive care unit.

Third year resident is expected to do the following :

- continue to care for patients.
- Participate in the development of clinical and diagnostic skills of the first and second year residents.

- Participate in writing medical consultations under the supervision of an attending.
- Provide sub specialty consultations under the supervision of a specialist.
- Provide support to first and second year residents.
- Participate in all scientific events in the department.
- Have the ability to perform all diagnostic procedures commensurate with his level of training and teach them to lower years residents, such as arthrocentesis, lumbar puncture, paracentesis, liver and bone marrow biopsy, biopsy of peritoneal membrane, etc In addition to knowing how to interpret ECG, Echocardiogram , CAT Scans and others.

4- In Fourth Year:

The trainees spends his last year training in sub-specialty wards and clinics. His duties involve

- Supervising the work of residents during their call hours. He is also responsible for making the schedule of courses and submitting them to the head of the department for approval.
- Monitoring the work of all clinicians working in his specialty rotation. He will be responsible for correcting deficiencies and errors in history taking, physical exams and patient managements of residents rotating in that department during the daily rounds.
- Continuing to develop his scientific and clinical skills in general Medicine and its specialties.
- Guiding residents in patient care and acquisition of medical skills.
- Serving as an example for other residents in assuming responsibility and commitment to the maintenance of the dept other administrative matters.
- Preparing weekly clinical sessions and supervising the residents preparation and presentation of assigned topics.
- Participate in the preparation and continuous development of training programs in the department.
- Participating in the scientific research carried out in the field of his study. This activity is optional and aims to enhance the doctor's skills in the research and scientific arena, he should also learn to keep up with up to date information gathered from different sources.
- Providing internal medical consultations to other hospital departments

during his on-call duties and discussing treatment plans with the on call specialist .

- Participating in specialty outpatient clinics under the specialist's supervision .
- Overseeing the emergency room residents during his on-call duty.
- Supervising the residents in keeping proper progress notes, documenting the changes in the patient's condition, interpreting laboratory results and imaging . He is expected to keep the attending informed of any deficiency he observes .
- Writing a summary of evaluation and plans for patients with complex cases requiring long-stay hospitalizations. This is expected to be done on average every five to seven days.
- Personally filling out and signing all death certificates.
- Making the call to discharge patients and sign the discharge order.
- Reporting all infectious cases according to recommended guidelines by law and taking responsibility of documenting these cases and reporting them to the appropriate authorities.
- Checking the patients files the file before sending it to medical records, being responsible for all its contents, and completing any shortcoming and ensuring the file meet the requirements of the authorities in the Central Medical Register of the hospital.

The following guidelines are the required skills trainees should acquire in internal medicine sub specialties.

The supervisor should ensure that the Specialty Fellow is able to perform the following (listed under the corresponding sub specialty)

Cardiac and circulatory system

1. Interpret symptoms and signs of heart diseases and pare these with the appropriate clinical history, laboratory tests, ECG reading, and other tests of the cardiac and pulmonary system
2. Be familiar with the differential diagnosis and management of common heart disease and circulatory diseases.
3. ECG interpretation.
4. Order and interpret the appropriate diagnostic tests such as ultrasound imaging, cardiac catheter results and coronary angiogram.
5. Take calls in coronary care and intensive care units and have the skills to diagnose and treat various arrhythmia and heart failure.
6. Be certified in CPR and ACLS .

In respiratory diseases

- 1- Diagnose, disperse and manage common pulmonary diseases.
- 2- Gain proficiency in the interpretation of thoracic radiography.
- 3- Learn how to manage and interpret test of lung function including blood gases.
- 4- Familiarize himself with other diagnostic measures .

In the diseases of the digestive system

- 1- Acquire the theoretical and practical knowledge of diseases of the digestive system and liver diseases.
- 2- Perform sigmoidoscopy and anoscopy
- 3- Know how to perform and Identify complications of endoscopies, liver biopsies and percutaneous imaging of the biliary system,
- 4- Interpret LFT and imaging results.

In Nephrology ,

- 1- Acquire the theoretical and practical knowledge of management of kidney diseases associated with other organ disorders.
- 2- Be able to identify the urgent need for dialysis in patients with severe renal insufficiency
- 3- Know how to interpret and treat electrolyte and acid-base disorders .
- 4- Diagnose and treat Arterial hypertension and its complications.

- 5- Understand the effect of kidney disease on common drugs metabolism and adjust the drug dose or chose a different method of treatment.
- 6- Know the fundamentals of immune diseases and complications seen exclusively in patients after kidney transplantation.

In Neurology

- 1- The trainee at the end of his specialty must be able to perform a complete neurological examination with knowledge of physiological, neurological, and radiological methods used in that field.
- 2- Diagnose and treat common neurological disorders.

In endocrine and metabolic diseases,

- 1- Knowledge of frequency, cause, diagnosis and treatment of diabetes is expected . He should also be familiar with all acute and chronic complications of this disease.
- 2- Be familiar with Thyroid function abnormalities and know how to interpret laboratory and radioisotopes studies . should also know DDX diagnosis and treatment of thyroid diseases.
- 3- Be familiar with other endocrine disorders related to the hypothalamus, the adrenal glands, the gonads, the Adrenal glands and other metabolic disorders.
- 4- Knowledge of nutrition diseases, methods of diagnosis and treatment as well as prevention.
- 5- Attendance of the endocrine and diabetes clinic. He should be the first person to diagnose and treat and follow the treatment progress of the diabetic patients, he should also know when to perform certain diagnostic procedures in accordance within the general treatment plan.

In Rheumatologic diseases

- 1- Have the proper skills to perform a thorough to exam of the skeletal system.
- 2- Know the DDX of various arthritic diseases and order the appropriate studies .
- 3- Know the proper technique of arthroscopy and injection of ligaments and tendons.
- 4- The ability to interpret the imaging studies.
- 5- Interpret laboratory results for various arthritic diseases and monitor these tests during hospitalizations and outpatient.

Infectious diseases

- 1- Get the experience necessary in diagnosing and managing common infectious diseases.
- 2- Acquire efficient knowledge on antibiotics use , know their side effects , their interactions and synergy with other agents .
- 3- Know recent trends in isolation and quarantine in infectious diseases.
- 4- Gain experience needed to participate in vaccination programs and learn diagnostic and methods of disease investigation that may become necessary under certain circumstances.
- 5- Expand the study of common infectious diseases within Syria.

In Hematology / Oncology

- 1- Have the ability to assess common blood diseases, including blood hemolysis and bleeding.
- 2- Learn the diagnosis of leukemia and lymphoma.
- 3- Perform basic laboratory tests such as reading blood smears and interpreting bone marrow biopsies, and have the ability to perform such biopsies.
- 4- Knowledge and practices of blood bank techniques, including blood collection and preparation, and knowledge of indicators for blood management and its components.

2. ACADEMIC HALF DAY (AHD)

ACTIVITY	OBJECTIVES	CanMEDS COMPETENCY	COMMENTS
DIDACTIC CENTRALIZED COMPONENT OF THE CURRICULUM			
1.MORNING MEETING			
a. Morning report	<ul style="list-style-type: none"> To educate monitoring patient care and reviewing management decisions and their outcomes for all attending residents To develop competence in the short presentation of details of all admitted patients in a scientific and informative fashion To learn and gain confidence in presenting long case details in a systematic fashion To develop appropriate differential diagnoses and proper 	Manager Medical expert Professional Scholar	The performance of the presenter should be evaluated
b. Morbidity and mortality report	<ul style="list-style-type: none"> To focus on the goal of improvement of patient care and identify areas of improvement for clinicians involved in case management To prevent errors that lead to complications To modify behavior and judgment based on previous experience To identify systems issues, such as outdated policies and changes in patient identification procedures, that may affect patient c 	Professional Manager Medical experts	Records of proceedings are kept confidential
c. Grand rounds/guest speaker lect	<ul style="list-style-type: none"> Increase physicians' medical knowledge and skills and ultimately improve patient care Understand and apply current practice guidelines in the field of internal medicine and its branches Describe the latest advances in research in the field of internal medicine Identify and explain areas of controversy in the field of internal medicine 	Medical expert Professional	The presenter is a senior staff member
d. Case presentation	<ul style="list-style-type: none"> Be able to present a comprehensive history and physical examination with details pertinent to the patient's problem Formulate a list of all problems identified in the patient history and physical examination Develop a proper differential diagnosis for each problem Formulate a diagnosis/treatment plan for each problem Present a follow-up patient's case in a focused, problem-based manner that includes pertinent new findings and diagnostic and treatment plans Demonstrate a commitment to improving case presentation skills by regularly seeking feedback regarding 	Medical expert Scholar	Records of proceedings are kept confidential
e. Journal clubs, critical appraisal, and evidence-based medicine	<ul style="list-style-type: none"> To promote continuing professional development Remaining abreast of current literature Disseminating information and building a debate on good practice Ensuring that professional practice is evidence based Learning and practicing critical appraisal skills Providing an enjoyable educational and social occasion 	Medical expert Scholar Health advocate	The presenter is a senior resident under supervision of a senior staff member

2. ACADEMIC HALF DAY (AHD)			
a. Lectures on emergency and nonemergency topics	<ul style="list-style-type: none"> ● Review common emergency and nonemergency situations ● with respect to diagnosis and management ● The series of topics will be repeated annually to ensure ● adequate attainment 	Medical expert Scholar	Topics are listed in Table 1 & 2
b. Procedures	<ul style="list-style-type: none"> ● Apply knowledge and technique expertise in performing procedures, interpreting results, and understanding relevant limitations ● Demonstrate effective, appropriate, and timely performance of therapeutic procedures ● Demonstrate evidence-based physical examination skills that are relevant and precise ● Learn ultrasound-guided procedures ● For each procedure, residents should master the following: <ul style="list-style-type: none"> - Indications - Contraindications - Complications and complication rate - Procedural technique - Sterile technique - Consent for the procedure - Be able to demonstrate procedures on a task trainer 	Medical expert Professional Collaborator	Procedures are listed in Table 3 Will be repeated annually Some procedures can be performed unsupervised, or simply viewed via video
c. Approaches to common conditions and symptoms	<ul style="list-style-type: none"> ● Demonstrate diagnostic and therapeutic skills <ul style="list-style-type: none"> ■ Access and apply relevant information to clinical practice ■ Practice contemporary, evidence-based, and cost-effective medicine ● Avoid unnecessary or harmful investigations or management 	Medical expert Scholar Professional	The presenters are junior residents The performance of the presenter should be evaluated Conditions and symptoms are listed in Table 4 Will be repeated annually
d. Clinical skills	<ul style="list-style-type: none"> ● Recognize the many facets of the doctor-patient relationship and be able to apply a biopsychosocial model to issues in health and medicine ● Master basic interviewing skills and demonstrate competence in advanced interviewing skills ● Master basic skills in physical examination and be able to perform and interpret focused ● examinations of the cardiovascular, pulmonary, musculoskeletal, and neurological systems, breasts, and genitalia of men and women ● Exhibit professional behaviors including demonstration of respect for patients, colleagues, faculty members, and others in all settings ● Help the resident to pass clinical exams 	Medical expert Scholar Communicator Professional	Sessions are listed in Table 5 Will be repeated annually Conducted by a senior staff member

Sample of urgent diseases covered during the academic years

❖ In General Medicine

1. Treatment of Urgent and emergency Hypertension
2. Management of drug toxicity
 - Acetaminophen
 - Aspirin
 - Tricyclic Antidepressants
 - Digoxin
 - Hydrocarbons
 - (Ethanol, Methanol and Ethylene glycol)
 - Opioids
 - Benzodiazepines

❖ GI emergencies

1. Upper and Lower GI bleed
2. Hepatic encephalopathy
3. Spontaneous Bacterial peritonitis
4. Acute liver failure
5. Acute pancreatitis
6. Acute cholecystitis

❖ Cardiovascular emergencies

1. Arrhythmia
2. Acute Coronary Syndrome
3. Acute heart failure
4. Aortic Dissection
5. Cardiac shock

❖ Endocrine emergencies

1. Diabetic ketoacidosis
2. Hyperosmolar Encephalopathy (Cerebral Pontine Myelinolysis)
3. Hypoglycemia
4. Addison disease

❖ Infectious Diseases emergencies

1. Endocarditis
2. Encephalitis and meningitis
3. Intensive care unit infections
4. ARDS

5. Trauma management

❖ **Pulmonary emergencies**

1. Pulmonary emboli
2. COPD exacerbation
3. Asthma attacks
4. Respiratory failure
5. Pneumonia

❖ **Kidney disease**

Acute renal failure

❖ **Neurological emergencies**

1. Stroke
2. convulsions

❖ **Rheumatological emergencies**

1. Septic arthritis

❖ **Hem/Onc emergencies**

1. Malignant Hyperthermia
2. Tumor lysis syndrome
3. Malignant Hypercalcemia
4. HUS / TTP
5. Sickle cell Crisis

Sample of non urgent diseases covered during the Academic years

❖ **Gastroenterology**

1. GERD
2. Peptic ulcer disease
3. Inflammatory bowel diseases
4. Acute Hepatitis
5. Autoimmune liver disease
6. Primary biliary cirrhosis
7. Primary ascending sclerosing cholangitis
8. Metabolic liver disease
9. Wilson's disease
10. Non alcoholic liver cirrhosis
11. Malabsorption disorders and Celiac disease
12. Inflammatory bowel syndrome
13. Complications of cirrhosis

❖ **Cardiovascular diseases**

1. ECG reading
2. Pericarditis
3. Heart failure
4. Atrial fibrillation
5. Myocarditis and cardiomyopathy
6. / Mechanical complications of MI

❖ **Infectious diseases**

1. Brucellosis
2. Tuberculosis
3. Typhoid fever

❖ **Pulmonary diseases**

1. Interpretation of chest radiography
2. Bronchiectasis
3. Sleep apnea
4. PFT interpretation
5. Pleural effusion

❖ **Endocrinology**

1. Pituitary disorders
2. Hypothyroid
3. Hyperthyroid
4. Addison disease
5. Pheochromocytoma
6. Hyperaldosteronism
7. Cushing syndrome
8. Osteoporosis and metabolic bone disease
9. Lipid disorders

❖ **Nephrology**

1. ESRD
2. Dialysis and its complications
3. Pyelonephritis
4. Polycystic kidney disease

❖ **Neurology**

1. Guillain Barre
2. Neuropathy

3. Migraines

❖ **Rheumatology**

1. Vasculitis
2. Lupus Erythematosus
3. Rheumatic diseases

❖ **Hem/Onc**

1. Multiple Myeloma
2. Thalassemia
3. Sickle cell disease
4. TTP / HUS
5. Thrombotic cytopenic purpura

Sample of Symptoms Based approach to diseases Covered during academic years

1. Chest pain
2. Abdominal pain
3. Shortness of breath
4. Hypertension management
5. Delirium and Change in Mental Status
6. Syncope
7. Acute headache
8. Acute and Chronic diarrhea
9. Jaundice
10. constipation
11. Ascites
12. Acute kidney diseases
13. Acid Base disorders
14. Hyper and Hyponatremia
15. Hyper and Hypokalemia
16. Hyper and Hypocalcemia
17. Anemia
18. Interpretation of liver function tests
19. Bleeding disorders
20. Lymphadenopathy
21. Splenomegaly

22. Thrombocytopenia
23. Pancytopenia
24. CHF management
25. Pleural effusions
26. Dyspnea
27. Hemoptysis
28. Pulmonary nodules/masses
29. Arthritis
30. Thyroid nodules
31. Hirsutism

List of Clinical skills Residents must acquire during their training

1. History taking and Comprehensive physical exam
2. Perform the following procedures without supervision

IV placement

Nasogastric tube placement

Obtain an ECG

Advanced cardiac life support

Obtain ABG via arterial puncture

PFT measurement

Urine analysis

Paracentesis

Fundoscopy exam

Lumbar puncture

Defibrillator use

3. Perform the following procedures under supervision

Central line placement

Thoracentesis

Ventilator management (non PEEP)

Arthrocentesis

Cardiocentesis

4. Procedures that can only be observed

Echocardiogram

Stress test

Bronchoscopy

Endoscopy

EEG

Nerve conduction studies

Kidney biopsy

Clinical evaluation

The chairman of the Scientific committee conduct periodic visits to the training centers to check their compliance and recertify them and oversee the clinical training.

The Scientific committee is involved in testing the Residents knowledge

Examinations

General Rules for Examinations:

- 1- Only physicians that enrolled in SBOMS training programs and fulfilled their training requirements can sit for the Board exam .
- 2- The physician must have had a satisfactory evaluation of his clinical skills by his supervising attendings
3. He should submit an Exam application with a photo ID
- 4- Pay the examination fees (these are non refundable under any circumstances)
- 5- The application for testing should be submitted before the announced deadline
- 6- The questions will be in Arabic and English (the English percentage of questions will not exceed 20% of the total exam)
- 7- The secretary of the Scientific council will inform the applicant of his admission acceptance or denial and the reasons for such denial
- 8- No Applicant is allowed to enter the exam site if he is more than 15 minutes late , nor can he exit the center within the last half hour of the testing time
- 9- The Exam results will be officially announced by the Syrian Board of the medical Specialties (after they are verified by the head of the Scientific council of Internal

medicine).

Exams

The SBOMS licensing examination is administered in 3 steps .

Primary exam

primary exam aims to test the trainee's knowledge of the Basic principles of diseases of Internal Medicine and his ability to recall important medical facts , diagnosis , and treatment that constitute the basis of safe and effective patient care.

Qualifications needed to take primary exam:

- Applicant should be a current resident in the SBOMS training program .
- He has successfully completed 12 months of training in a center approved by the SBOMS.
- Has submitted the required application for primary exam.

primary exam Rules

- This test is administered twice a year. The test date is posted on the

Facebook page of the official site of the SBOMS and is found on the website

info@sboms.org

- If 50% or more of the tested residents failed the test, the test will be cancelled and applicants will automatically be rescheduled for the next test in 6 months .
- Each applicants can take the test up to 3 times, all exempted tests could be administered once a year , based on the Scientific Council discretion .
- Passing primary exam is a pre requisite for any applicant to advance into the third year of Residency training. Should he fail to pass the test , he would be dropped from the program automatically.

Primary exam details

- The test is administered over one day period. There will be 100-120 MCQs questions . (one right answer from 4 choices) .
- The questions will assess the physician ability to recall important medical facts and to apply fundamental of patient-centered skills, through questions that center on disease management and treatment.

Specifications of Primary exam

- The test is administered over a 2 years period, the test format is on paper ,

all the answers to the multiple choice questions should be marked on the testing paper by filling with a pencil the circle corresponding to the letter of the correct answer .

- Passing grade is 60%. The Scientific Council retain the right to decide based on its discretion to curve the applicants grades.

The following References are recommended to prepare for the STEP1 test, although the questions will be from the latest Update on Internal Medicine and will not be exclusively chosen from these references .

1. Medical Knowledge Self- Assessment and Practice (MKSAP)
2. Med Studies Reviews
3. Washington Manual of Medical Therapeutics

Table of questions distribution in Primary exam:

Topics Covered	Average number of questions each topic	Percentage of the total questions
General Medicine questions	10	10-15%
Cardiovascular System	16	10-15%
Pulmonary Medicine and ICU	12	10-15%
GI System	13	10-15%
Endocrinology	9	7-10%
Infectious Diseases	8	7-10%
Hem/Onc	8	7-10%
Nephrology	8	7-10%
Neurology	8	7-10%
Endocrinology	8	7-10%
TOTAL	100	%100

** Example of questions topics

- Approach to Fever
- Anemia management
- Jaundice management
- Approach Acid Base disorders
- DDX of Murmurs and Rx
- Toxicology
- STDs

The following website provides examples of common STEP1 questions

<https://goo.gl/forms/dNGNCx5OBkyMynMX2>.

Clinical skills Testing

- ❖ Each Center will be responsible to assess the Clinical Skills of the Residents
- ❖ This test is given to trainees that have passed Primary exam before advancing to their last year of training
- ❖ Passing this test is a prerequisite to taking the Secondary exam Board exam

Secondary exam

Secondary exam is another written test . It assesses the trainee's understanding of clinical sciences and their applications considered essential for the provision of patients care.

Qualifications needed to take Secondary exam:

- Applicant should have passed primary exam
- Applicant should have passed the Clinical Skills exam .
- Applicant have fulfilled the training periods required under SBOMS guidelines
- Secondary exam can only be taken a year after passing primary exam and finishing the necessary training .

- Applicant must present a Certificate of Completion of training from the training Center approved by SBOMS and other requirements (such as Research papers..) before he is accepted into the test
- The deadline for Applying to Secondary exam is a month prior to test date.

Secondary exam Rules

- This test is administered once a year. The test date is posted on the Facebook page of the official site of the SBOMS and is found on the website info@sboms.org
- Each applicants can take the test up to 4 times , all exempted tests could be administered once a year , based on the Scientific Council discretion .
- Passing Secondary exam is a pre requisite for any applicant to graduate .

Secondary exam Exam details

- The test is administered over one day period. There will be 100-120 MCQs questions . (one right answer from 4 choices) .
- The questions will assess the phylsity to apply fundamental patient-centered skills, through questions that center on disease management and treatment.

Specifications of Secondary exam test

- The test is administered over a 2 years period, the test format is on paper , all the answers to the multiple choice questions should be marked on the testing paper by filling with a pencil the circle corresponding to the letter of the correct answer .
- Passing grade is 60%.

The following References are recommended to prepare for the Secondary exam, although the questions will be from the latest Update on Internal Medicine and will not be exclusively chosen from these references .

1. Medical Knowledge Self- Assessment and Practice (MKSAP)
2. Med Studies Reviews
3. Washington Manual of Medical Therapeutics

Table of questions distribution in Secondary exam:

Topics Covered	Average number of questions each topic	Percentage of the total questions
General Medicine questions	10	10-15%
Cardiovascular System	16	10-15%
Pulmonary Medicine and ICU	12	10-15%
GI System	13	10-15%
Endocrinology	9	7-10%
Infectious Diseases	8	7-10%
Hem/Onc	8	7-10%
Nephrology	8	7-10%
Neurology	8	7-10%
Endocrinology	8	7-10%
TOTAL	100	%100

** Example of questions topics

Medical consultations

Medical diseases related to pregnancy

The following website provides examples of test questions

<https://goo.gl/forms/dNGNCx5OBkyMynMX2>

CLINICAL SKILLS Exam

- This is an oral test to evaluate the trainees' abilities to gather information from patients, perform physical examinations, and communicate their findings to patients and colleagues
- Candidates for this test should have passed all previous exams
- The test is administered twice a year, The test date is posted on the

Facebook page of the official site of the SBOMS and is found on the website

info@sboms.org

- Applicants are given 4 chances to pass the test , if they fail to do so, then they will be required to repeat Secondary exam before been allowed to take this test again .

Clinical EXAM DESIGN:

- The test is administered over one day , each applicant has to attend 6 stations
- A committee formed of at least 6 Physicians oversees this test
- The examination is standardized , so that all examinees receive the same information at each clinical station and are evaluated by the same group of Physicians. Testers stay at their stations and are not allowed to test same applicants on different stations
- Applicants will take the test at their training centers, exemptions are made on a case by case.

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TEST DETAILS:

- ❖ Total test time is 2 hours
- ❖ There will be 3 mandatory stations (Cardiology , Pulmonology and GI) that each applicant must visit, Encounter time is 15 minutes for each .
- ❖ There are 3 Optional stations (Neurology or Endocrinology or Rheumatology) applicant has the choice between the 3 stations , and the encounter time is also 15 minutes
- ❖ A station is assigned to the evaluation of History taking performance, encounter time here is 20 minutes .
- ❖ The last station test the applicant's communication skills and lasts 10 minutes
- ❖ There is a rubric assigned for grading these encounters . The Mandatory stations have a maximum score of 15 point each for a maximum score of 45 points , the optional stations also have a maximum score of 15 points, the H&P and PE station has a maximum score of 30 points and the Clinical skills maximum score is 10 points .
- ❖ Maximum score is 100 points, and the passing grade is 60%

References for the OSCE Prep:

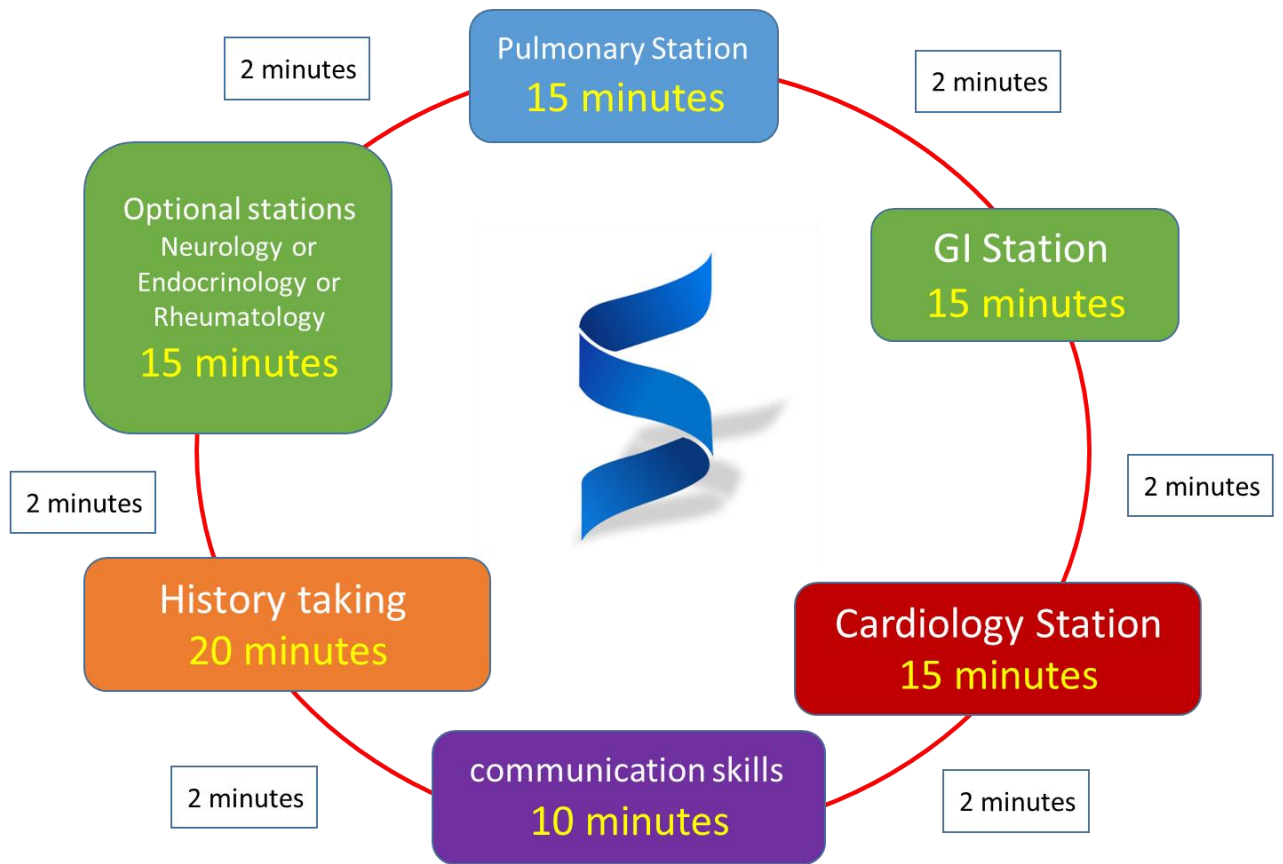
- Downloadable book

<https://drive.google.com/file/d/1MpeyJRFgJAZ8PPuFTcDYITZ7K-qHfPoz/view?usp=sharing>

- Videos of OSCE

<https://www.youtube.com/user/oscepass>

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THE END