

ENERGENCY TO JO DJ



Internship Guide

"ALL WHAT YOU NEED IN ORDER TO BE WELL PREPARED FOR YOUR INTERNSHIP"

Nasser M. Abu Dujain, MBBS An Aspiring future Family Physician.



استعن بالله عزّ وجلّ

عَنْ ابْنِ عَبَّاسٍ - رضي الله عنهما - قَالَ: كُنْتُ خَلْفَ رَسُولِ اللهِ - صلى الله عليه وآله وسلم - يَوْمًا فَقَالَ: «يَا غُلَامُ إِنِّي أُعَلِّمُكَ كَلِمَاتٍ: احْفَظِ اللهَ يَحْفَظْكَ، احْفَظِ اللهَ تَجِدْهُ وسلم - يَوْمًا فَقَالَ: «يَا غُلَامُ إِنِّي أُعَلِّمُكَ كَلِمَاتٍ: احْفَظِ اللهَ يَحْفَظُكَ، احْفَظِ اللهَ تَجِدْهُ تَجَاهَكَ، إِذَا سَأَلْتَ فَاسْأَلْ الله، وَإِذَا اسْتَعَنْتَ فَاسْتَعِنْ بِاللهِ، وَاعْلَمْ أَنَّ الْأُمَّةَ لَوْ اجْتَمَعُتْ عَلَى أَنْ يَنْفَعُوكَ بِشَيْءٍ لَمْ يَنْفَعُوكَ إِلَّا بِشَيْءٍ قَدْ كَتَبَهُ اللهُ لَكَ، وَلَوْ اجْتَمَعُوا عَلَى أَنْ يَضُرُّوكَ بِشَيْءٍ لَمْ يَضُرُّوكَ إِلَّا بِشَيْءٍ قَدْ كَتَبَهُ اللهُ عَلَيْكَ، رُفِعَتْ الْأَقْلَامُ وَجَفَّتْ الصُّحُفُ» يَضُرُّوكَ إِلَّا بِشَيْءٍ قَدْ كَتَبَهُ اللهُ عَلَيْكَ، رُفِعَتْ الْأَقْلَامُ وَجَفَّتْ الصَّحُفُ» يَضُرُّوكَ إِلَّا بِشَيْءٍ قَدْ كَتَبَهُ اللهُ عَلَيْكَ، رُفِعَتْ الْأَقْلَامُ وَجَفَّتْ الصَّحُفُ» يَضُرُّوكَ إِلَّا بِشَيْءٍ قَدْ كَتَبَهُ اللهُ عَلَيْكَ، رُفِعَتْ الْأَقْلَامُ وَجَفَّتْ الصَّحُفُ».

TABLE OF CONTENTS

| | Preface and Author's message | | |
|------|---|----|--|
| II | Contributors and acknowledgment | | |
| Ш | Before you even start (BYES) | 6 | |
| IV | Saudi Medical Licence Exam | 12 | |
| V | King Khalid University Hospital Rotations | 25 | |
| VI | SCFHS Application | 53 | |
| VII | CV & Residency Interviews | 76 | |
| VIII | Helpful documents | 83 | |

PREFACE AND AUTHOR'S MESSAGE

Who Am I?

Dear colleague, if you don't know me already, I'm Nasser M. AbuDujain, King Saud University Alumnus #436. I first wrote this project while being a medical intern at King Saud University Medical City (KSUMC), in Track E, to be precise. (Best track ever!). I'm an aspiring Family Physician (God willing!).

Why This Guide?

Like any of us, we tend to go ask around before internship and get a little anxious, and perhaps overwhelmed with the "mysterious future". Thereby, Cuz I feel u guys, (I truly do) I made this comprehensive guide to make you more reassured, and provide you with a clear picture of what's expected/not expected from you.

I also included some illustrations, important memos, and some templates for writing Hx and Px Examination; inshallah you'll be able to make good use of them buddy.

As I may've explained earlier, in this guide I aim to collect as much information from the experience I encountered to meet you halfway. And believe me, I know I'm NOT the first one you read about his Internship/SMLE Experience, and most likely not the last. Nevertheless, I hope to be adding something extra for you today!

Just read this and خلاص, you're ready for the internship buddy :)

You can reach me out through Email/Direct message in Twitter:





Feel free to reach me out whenever!



CONTRIBUTORS

This great work would not have come to fortune if not for my colleagues' great support during the internship and the magnificent efforts in reviewing, proofreading, criticizing, and designing this work by our dear fellow future doctors in the College of Medicine at King Saud University.

Who made this miracle happen are:

NASSER MUBARK NASSER ABUDUJAIN

MOHAMMED HAMAD ALHUMUD

MAJD KHALID ALBARRAK

SAAD SAUD ALRUSHUD

SARAH IBRAHIM ALKHALIFE

YARA SALEH ALASMARI

FATIMAH SAAD ALHELAL

ZYAD AYEDH ALDOSARI

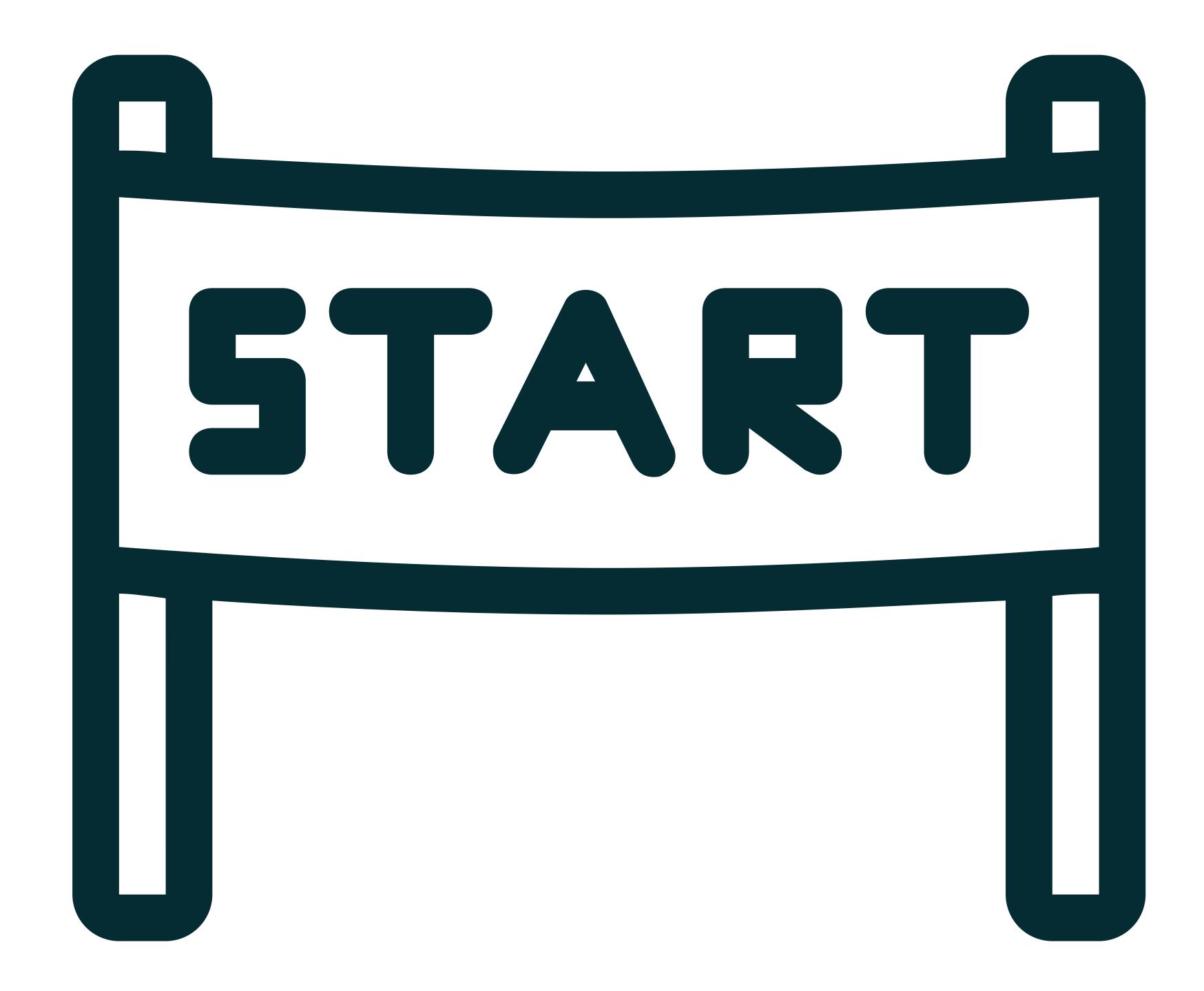
OMAR AYEDH ALDOSARI



Special thanks to the <u>King Saud University medical students council</u> (KSUMSC) for facilitating this work and making it happen. Thank you ♥!

BEFORE YOU EVEN START (BYES)

CHAPTER



Learning outcomes:

After reading this chapter, you will inshallah:

- Have an overview of internship year.
- Have an idea about the "Point system".
- Understand the vacation system.
- Get an idea what you are supposed to do during on-calls.
- Have a brief on research and activities points.

Hello there, how are you doing? Inshallah you're doing great.

Now that you're in a transitional point between medical school, into clinical internship. Probably you're feeling a little bit apprehended (cuz back in my time I did), and I don't blame you to be honest. So let's try to bridge you guys from your med school state into an internship state.

1st:

وش هي سنة الامتياز؟ [0] ا

سنة الامتياز هي عباره عن 12 شهر فيها أكثر من تخصص. خلالها راح تمرون على مختلف الأقسام والتخصصات وتاخذون خبره من مختلف الأطباء والممارسين. السنة مقسمة على شكل (تخصصات أساسية)، و (تخصصات اختيارية). خلونا نتكلم عنها بالتفصيل.

عندنا في جامعة الملك سعود، فيه تخصصات معينه لازم تمرون عليها وهي:

★ طبعا في شيء اسمه تراك أو مسار (Track)، عندنا ست تراكات A, B, C, D, E, F و كل مجموعة طلبه يكونون في تراك معين، بحيث انه بنفس الوقت اللي فيه انتيرن يغطون الطوارئ، فيه انتيرن ثانين يغطون الباطنة وناس يغطون الجراحة. الصورة الجايه بتوضح لكم وش اقصد:

| Rotation | Dates | Track A | Track B | Track C | Track D | Track E | Track F |
|----------|-----------|------------|----------------|------------|------------|------------|------------|
| 1st | July | Medicine | Pediatrics | ER | Surgery | OBGYN | Elective |
| | August | | | Elective | | | ER |
| 2ed | September | Pediatrics | ER Elective | Curanni | OBGYN | Elective | Medicine |
| | October | rediatrics | | Surgery | | ER | |
| 3rd | November | ER | Surgery | OBGYN | Elective | Medicine | Pediatrics |
| | December | Elective | | | ER | | |
| 4th | January | Curanni | OBGYN | Elective | Medicine | Pediatrics | ER |
| 401 | February | Surgery | | ER | | | Elective |
| 5th | March | OBGYN | Elective ER | Medicine | Pediatrics | ER | Surgery |
| | April | OBGTN | | iviedicine | | Elective | |
| 6th | May | Elective | Medicine | Pediatrics | ER | Surgery | OBGYN |
| our | June | ER | | | Elective | | |

*Month color refers to: SMLE EXAM ONLINE APPLICATION MATCHING and INTERVEIWS



في أي تراك رح تكون؟ راح ينسق معكم المجلس الطلابي وبرنامج سنة الامتياز من سنة خامس وبيسوون لكم طريقة تسجيل في التراكات (أتوقع اغلب اللي يقرون هذا الريدي يعرفون هم أي تراك بيكونون).

★ معلومات مهمة:

- لازم كل انتيرن ياخذ اقل شيء ٦ اشهر بالجامعي (هذا يخص الناس اللي يفكرون ياخذون بعض الروتيشنز برى الجامعي).
- بخصوص التقديم ل الإلكتف او انكم تاخذون روتيشن برى (Outside rotation)، حاولوا قد ما تقدرون تصير بدري بدري بدري.. كثير مستشفيات ما يقبلون قبل شهر او شهرين فحطوا هذا بعين الاعتبار.

★ 2nd:

What's different in the internship, that is not in medical school?

Vacations (leaves)

هنا خلاص، ينتهي انكم (والله ما اشتهيت اروح محاضرة اليوم)، هذي مسؤولية عليكم وواجب انكم تسوونها ولا تنسون انه يتم دفع لكم مرتّب مادّي عليها. فلذلك يجب يكون التنسيق واضح ومرتب بينكم وبين الفريق، وتقدمون اجازة رسمية اذا بتغييون لأكثر من يوم او لإختبار الهيئة. نظام الاجازات حسب كتيب مكتب الامتياز هو كالتالي:

♦ اجازة اضطرارية (Urgent) ٢٠ يوم بالسنة

الحد الأعلى لكم كعدد أيام لكل روتيشن (باستثناء الطوارئ)، هو ايام. ركزوا قلت روتيشن مب شهر! يعني (بكل شهرين لك الك البام فقط، وليس ١٠ ايام). اذا تبون تقدمونها كل اللي عليكم تأخذون ورقة الاجازة (مكتب الامتياز مليان نسخ تقدر تمر وتأخذ، او تقدروا تطبعوها من البيت). تعبون المعلومات وتودونها مكتب الامتياز اول شيء (يعبون الخافة الخاصة فيهم بعد ما يتأكدون ان عندك رصيد) بعد كذا تودونها لل Chief intern يوقعها المح يعد كذا الكونساتنت اللي تشتغلون معه يوقعها لكم خلاص تودونها الديبار تمنت تحطونها عندهم، وتروح تنعم بإجازتك السعيدة. ** الطوارئ/العناية المركزة كل مرة لهم مزاج كم الحد الأعلى لعدد الايام (اللي هو فعلياً الشفتات)، لكن على الأغلب بتكون من ٢-٣ شفتات.

اجازة تعليمية (Educational) ١٠ أيام بالسنة

الحد الأعلى لكم كعدد أيام لكل روتيشن هو ٣ ايام. طريقة ذي يا طويلين العمر والسلامه انكم تستخدمونها اذا عندكم مؤتمر تبون تحضرونه، او دورة مثل ال ACLS، او اختبار الهيئة SMLE. هذي لازم تجيبون معها اثبات ان عندكم دورة أو اختبار، سواء صورة من الايميل أو اي شيء الزبده تثبتون. (احيانا ما يسألونك عنها)

#نصيحة محب: لا تخلى سنة الامتياز تنتهي وباقي برصيدك شي! اوزنها زين وخذها كلها وانبسط!



- Chain of command

اذا واجهتم مشكلة لا سمح الله، او حصل خلاف او ما الى ذلك،

توجّهوا إلى ال Chief Intern و communicate your concerns. غالبا ٨٠-٩٠٪ من المشاكل والاختلافات رح تنتهي الى هذه النقطة، اذا لا سمح الله خرج الموضوع عن يد التشيف، شوف مكتب الامتياز، ال supervisor ل التخصيص اللي انت فيه حالياً، إلى آخره. واعرفوا دائماً متى تتنازلون و متى ما تتنازلون عن حقكم.

Point system

البوينت سستم من وجهة نظري احد أعقد الاشياء عندنا، لكن اعترف انه مهم ويفصل الكثير من الإشكاليات. أكيد شرحوه لكم الزملاء قبلي (ادري نصكم للحين ما فهمه)، الفكرة ببساطة يا طويل العمر والسلامه ان عندك خلال ال ١٢ شهر بالامتياز عدد ١٠ نقاط. الماكسمم اللي تقدر تستخدمه في الروتيشن الوحدة (روتيشن اقصد فيها شهرين) هو ٥ نقاط.

طيب وش فايدتها؟ مثلا نقول انت تفكر تاخذ Speciality معينة بذا الشهر عشانها خفيفه لسبب ما (خل نقول انك بتسوي اختبارك حق الهيئة)، ايش اللي يعطيك افضلية او بالعربي يرفع احتمالية انك تروح لذاك التخصص؟ هو كم نقطه انت حطيتها عشان تدخل. (طبعاً النقاط anonymous، وما يعرف عنها إلا التشيف والديبيوتي). فمثلاً بالمدسن انت تبي تروح روماتولوجي و الروماتولوجي فيه بس مقاعد لكن ٢٠ انتيرن يبونه تصير بالاخير بينكم قرعة واللي حاط نقاط اقل نقاط/ما حطينكرش:)



- Oncall

فيه تطبيق بالجوال بيساعدكم كثير وقت الأنكولات، او حتى وقت الشغل بالسيرفس. اسمه "منجز" فكرته انكم تسجلون دخول فيه وتدخلون للمدينة الطبية حقتنا، يعلمكم مين الدكاتره اللي انكول بكل التخصصات + ارقام جوالاتهم. يعلمكم من الجونيور والسنيور رزدنتس، والكونسلتنت بعد! مشكلة التطبيق انه كثير من الوقت على وقتنا ما يشتغل او يكون معلق:)

| تطبیق منجز – Munjiz app | | |
|---|--|--|
| IPhone version | Android version | |
| https://apps.apple.com/sa/app/monjiz/i d1251634597 | https://play.google.com/store/apps/deta ils?id=org.monjiz.application | |
| | | |

- بالنسبة للأنكولات عموماً، انا للأمانه من وجهة نظري اشوفها مسؤولية يجب أن لا يُستهتر فيها. يعني عندكم بالشهر انكول واحد او ماكسمم اثنين، تروح بيتكم وتجلس تعطيها وضعية ال Home Oncall ليه؟ مايخالف اذا بتطلع أو شيء ما حصل، فقط كلم السنيور اللي معك بالأنكول وخذ موافقه أنك تطلع بدري او حسب امورك.
- بعيد الشر لو احد احبابك او الناس اللي غالين عليكم كانوا منومين بالمستشفى واحتاجوا أن الأنكول يجيهم رح طبعاً تفضّلون انه يجي ويطمنهم او يشوف ايش المشكله ويحاول يحلها. ما اتوقع احد منكم يتمنى انه بيوم يدقون على الأنكول، لكن هو متعمد ما يرد بس عشان ماله خلق يجى.



- You get paid!

وقت سنة الامتياز اذا انت طالب منتظم بالجامعة وامورك زينه، راح تستلم شهريا مبلغ قدره 9,200 ريال <u>Amazing. اlkr</u> بالنسبة يعني لطالب كانت تنزل له مكافأة، بتفرق معاكم امور كثير ان شاء الله. ودي بس اعلمكم بعض الأمور من الحين:

- غالبا مكافأة الامتياز تتأخر من شهرين الى ثلاث شهور (على سنتنا وسنه ٤٣٧ شهرين)، فحطوها بالحسبان انه
 ممكن تكونوا بضائقه مادية إلى حد ما (بما ان المكافئه توقف)، فلا تقلونها واجد الين تترتب اموركم وتنزل لكم.
 - انتم كأطباء امتياز عندكم مسؤوليات مادية لازم تحطونها بالحسبان، مثل:
 - اختبار الهيئة (كل محاوله حوالي ١٢٢٠ ريال "١٠٨٠ ريال اختبار و ١٤٠ أحقية").
 - وقت الماتش على خير، عندكم شيء اسمه رسوم التسجيل والتصنيف (حوالي ١٤٠٠ ريال).
- وعندكم شيء اسمه رسوم التدريب، هذا يختلف من تخصص الى تخصص (الفاميلي ٢٠٠٠ ريال
 نيال.

لا تطيرون فلوسكم واحسبوا حساب الالتزامات اللي عندكم من بدري!

- المبلغ اللي يجيك يعتبر ممتاز، لا تبخلون على نفسكم بالصدقة وخصصوا مبلغ بسيط تستقطعونه شهرياً وتتصدقون فيه عن نفسكم ومن له حق عليكم (مثلا ١٠٠٠- ٢٠٠١ ريال) و لا تنسون قليل دائم خير من كثير منقطع.
 - وفروا من فلوسكم مبلغ حليو عشان تسافرون في الإجازة بين الامتياز و الرزدنسي :)

3rd: Don't forget that;

- ★ الإنتيرنشب هي مجرد "انتيرنشب"، صحيح لا تقللون من قيمتها و تستهترون لكن لا تعطونها اكبر من حجمها وتبدؤون تقلقون وتتعبون!
- ★ صحتكم النفسية مهمة جدّا جدّا، وجودكم بين أشخاص (تراك) تقدرون تنسجمون و ترتاحون بالشغل معاهم (حتى لو مو اصحابكم اللي بايام الكلية) بيساعدكم جدّا جدّا، اذا لا سمح الله صحتك النفسية تعبت لا تفكرون مرتين انكم تطلب مساعدة من المختصين عندنا.
- ★ أهم شيء في الامتياز بكل أمانة هو (اختبار الهيئة)!! حلو انكم تتعلمون ووقت الشغل تسوون مسؤولياتكم المطلوبة منكم، بس اي وقت فراغ لا تفرطون فيه واستغلوه كويس بالدراسة والتحضير للإختبار.
- ★ انشروا بحث، انشروا بحث، انشروا بحث بأسرع وقت ممكن، ولو حتى بس كيس ريبورت. أهم شيء انشروه في مجلة تقبلها الهيئة. اعتبروا هذي من اهم اولوياتكم بالامتياز! ونصيحة محب، انتبهوا لا تروحون تشترون بحث بطريقة غير أخلاقية وقانونية. برضوا شيكوا اذا عندكم فعاليات وتنطبق عليها شروط الهيئة ولا لا من بدري.



SAUDI MEDICAL LICENCE EXAM

CHAPTER



Learning outcomes:

After reading this chapter, you will inshallah:

- Know what is SMLE
- Know what are the requirements for the SMLE
- Be guide Step by step to book your exam
- Know how to study for the SMLE
- Know which references to study from

PART 1 '

ıst Step:

Requirements:

Mumaris Plus Account requirements

- **★** Internship Identification with GPA letter.
- **★** Transcript (if in 5th year.)

Exam Registration requirements

- **★** Eligibility letter
- **★** Money **◊** :)

2nd Step:

Open the Mumaris Plus website, and make an account.

Mumaris Plus website https://portal.scfhs.org.sa/en-US/Account/Login



3rd Step:

You have to extract these two papers:

| Internship Identification with GPA Letter | Eligibility letter |
|--|---|
| https://drive.google.com/file/d/1SpW9r GsF6oKoMN4fecxUakuCuHcDeDBY/vie w?usp=sharing | https://drive.google.com/file/d/1A35lceh 7yT2McXY2URKg61iohPc6kbGu/view?us p=share_link |
| | |

Now let's take it one by one,

Internship Identification with GPA Letter + Eligibility letter ' الطريقة على وقتنا كالآتى:

- طباعة الترانسكريت + Eligibility letter، بعدها الذهاب لمكتب سكرتيرة الخريجين (بمبنى كلية الطب الجديدة، جنب المصلى ومكتب المجلس الطلابي)، وتسليم الترانسكريت + Eligibility letter معبأة للسكرتيرة، وتطلبون منها:

| ورقة ال internship Identification | |
|-----------------------------------|--|
| ورقة ال Eligibility letter | |



- الخطوة التالية، الأوراق تُسلّم لمكتب سكرتير وكيل الكلية بالدور الأول قدام المكتبة، إما السكرتيرة توديها بنفسها أو انتم تودونها، شوفوا الوضع وقتها. بعد ما توصل ورقتك عند السكرتير بيوديها لوكيل الكلية يوقعها، وبعدين تستامونها منه.

ورقة ال Eligibility تحتاجونها لكل محاولة اختبار، انا استخدمت نفس النسخة بكل محاولاتي الثلاث، وما احتجت انى اسوى وحده جديدة.

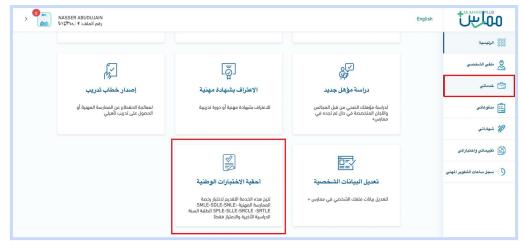
4th Step:

Now, just enter the Link I've put earlier and complete your registration. Afterwhich, Apply your eligibility letter (It usually takes 2-3 days until your Eligibility Number is out). This illustrates how to extract the Eligibility:

1. Enter "Mumaris Plus" website, this's the interface:



2. Enter "خدماتي", and choose the following:



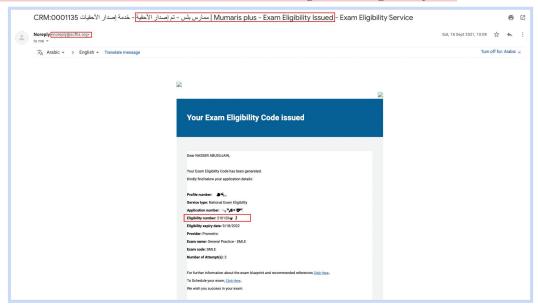


3. Enter "تقدّم الآن and proceed with the process, and payment:

With each new Eligibility, you have to pay 120 SAR.



4. You'll receive a similar email, containing Your Eligibility no.





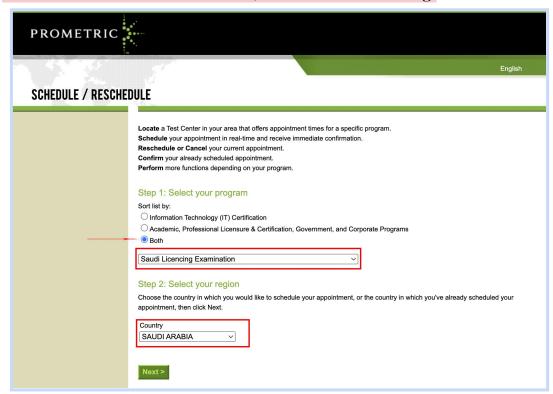
5th Step:

Booking for the exam, Enter the Prometrics website:)

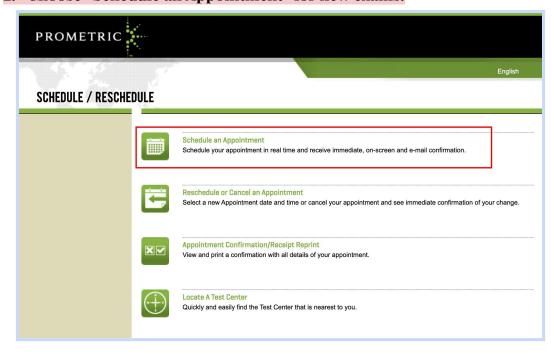
Prometrics website

https://securereg3.prometric.com/Welcome.aspx?msg=EMExpSes

1. This's the Prometrics interface, choose as the following:

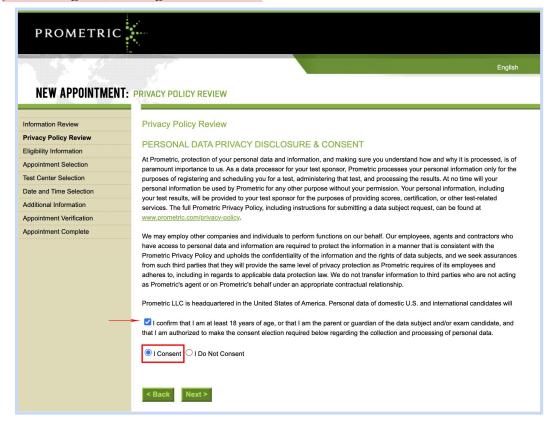


2. Choose "Schedule an Appointment" for new exams.



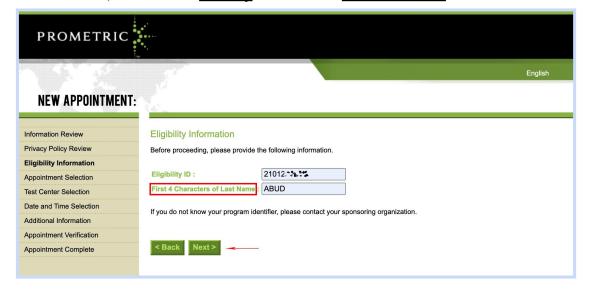


3. Tick agree, and sign the consent



4. Enter your exam "Eligibility Number", the one you received earlier by email, and 1st 4 Digits of your last name in the password section.

Then click Next, and choose the city and see the available dates.





PART 2 '

1st Step:

❖ What's SMLE in the first place (back in my time,, ugh I feel <u>old</u>)?

It's a Computer-based Exam that contains 3 sections with a total of **300 Q**; <u>100 Q</u> <u>per Each</u>. 4 Choices per question. The total exam time is <u>6 Hrs and 45 min</u>; 2Hrs per section. The total Break time of 45 min between sections.

You have 3 chances (Becomes 4 if you fail the first exam).

Important note: Your university performance doesn't always hint about your SMLE score

***** It Include 4 subjects:

<u>Internal Medicine</u> (Includes Dermatology and Psychiatry), <u>General Surgery</u> (Includes Ophthalmology, ENT, Orthopaedics), <u>OB/GYN</u>, <u>Paediatrics</u>.

- Rough percentages: 30% IM, 25% Ob/Gyn, 25% Paediatrics, and 20% surgery
- Each subject will include 1 Ethics question.

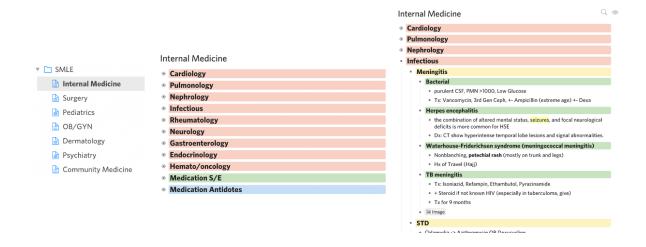


2nd Step: The **most important** thing! (HOW TO STUDY?)

Hey, what's the definition of <u>studying</u> in the first place? بمعنى، متى تقول الله <u>تدرس</u> او <u>قاعد تيربس</u>؟

It's defined by two things: 1. Correcting questions, 2. Making your own notes.

Some people like to collect their notes in (<u>Google Drive</u>), some by (<u>Google Keep</u>), but as per me, I used this magnificent website called "**Dynalist**". It made my life so smooth and organised! Look for some examples from my work:



You can email me if you want me to share with you my SMLE Summary (زبدة دراستي)

Look, I know you probably heard a lot about how long you need to be well prepared, **2 - 2.5 months of <u>dedicated studying</u> is more than enough!** But when saying dedicated, I mean **DEDICATED!** Reaching 50-80 pages/Day of reading questions (after improving your studying and searching skills of course).

أهم وأهم وأهم شيء تدرسوه، هو التجميعات، أو المذكرات المبنية على التجميعات (مثل مذكرة وفاء على سبيل المثال لا الحصر). سمعنا انهم غيروا البنك اللي من ٢٠١٥ إلى ٢٠١٨، فركزوا على الاشياء الجديدة واهم شيء التركيز على اسئلة السنة حقتكم (الشهر اللي فيه اختبارك بالذات). بعض الأسئلة اللي بتوصلكم بتكون بعض الخيارات ناقصة، دائماً حطوا احتمالية ان الجواب الناقص ممكن هو الجواب الصح! و ابحثوا عن جميع جوانب السؤال بحيث في حال لو تغيرت صياغته.



3rd Step: What should be my references?

Best Sources:

* EBM:



▲ AMBOSS DynaMed®

As per me, BMJ Best Practice all the way!!!!!

* Books:

- > Surgery >> Schwartz principle of surgery
- ➤ **Paediatrics** » Nelson textbook of paediatrics
- > Obstetrics and Gynaecology >> Hacker and Moore

سمعت من واحد جاب بال ٩٠ انه كان اغلب تصحيحه من الكتب مو من المواقع، لكن شخصياً المواقع ذي اكثر سهولة ومريحه بالبحث وهي اللي انا واغلب اصحابي استخدمناها بالدراسة، إذا عاد ما لقيتوا الجواب فيها دورور في الكتب اللي تخص ذاك الموضوع. بالبداية التصحيح بياخذ منكم وقت وتحس زي اللي (بالله كل سؤال بياخذ مني ذا الجهد؟) لكن بالحقيقة هي مسأله تعود، أول ما تتعود عليها بتقدر تحصل الجواب اللي انت تبيه بمدة من ٣-٥ دقايق بس!

دائمًا ناقشوا الأسئلة (بالاخص الغريب منها) مع اصحابكم، خصوصا اللي بقروبات تصحيح غير عن اللي انت فيها. راح تتعلمون اشياء و aspects مختلفة و بتنصدمون من طريقة تفكير الناس المختلفة.



| Famous people: | | | |
|--|---|---|---|
| Wafa → (for Ob/Gyn Studying) | Safdar → (for Paediatrics Studying) | Umm-Alqura → (for Medicine Studying) | Abeidi → (for Surgery Correction) |
| Wafa is an outstanding Ob/Gyn Resident, she at first made a group in Telegram to discuss the obgyn part in SMLE, afterward, she made a file where she collected the most repeated questions and explained them in a very nice way! | Safdar has around >10 powerpoint files, where each file discusses a certain speciality (i.e. Neurology, Endocrine, etc.), and brings a lot of questions in that field while discussing them. Reading his files is a great addition for your studying! | All my colleagues have complimented this file. Me on the other hand, I read it before my 3rd SMLE chance and then scored less:) so you take a look at it and decide for yourself. | ALAbidi is a General Surgery Consultant, he made a Telegram group where everyone sends the SMLE question in surgery that seems unclear, and he explains the right choice as per his experience. |

You will get your hands on those files inshallah later.

NB: Some of those famous people aren't well loved by some people, so you better try each and everyone of them by yourself and decide if it suits you or not .. :)



| Previous corrections: | | | |
|--|--|--|--|
| 436 correction | 435 correction | | |
| https://drive.google.com/drive/folders/1 VttgxFv4ByoeeI5 Ze-RNXXk3wJCKOLl | https://drive.google.com/drive/u/5/folde rs/1F4WiQO7nePnlLxCkK1FVttole5sGHV nj | | |
| | | | |

(لاتنسونهم جميعاً من دعائكم)

اقتراحي لكم، وهو الشيء اللي كنت شخصيا اسويه هو اني حملت كل ملفات اي مجموعة تصحيح (435, faith, etc. بالفولدر وحطيتها عندي في noteabilility، فوقت ما يجيني سؤال غريب، اروح انسخ الـ Keywords له وابحث بالفولدر اللي مجمع فيه التصحيحات المختلفة. كثير مرات طلع لي أن السؤال فعلا قد جاء من قبل، وعاد اشوف شلون حلّوه اللي قبلي وهل أنا مقتنع بالاجابة حقتهم او لا.



4th Step:

• Before exam:

Start your revision of the key point information 5 days before the exam. Last day before the exam, stop studying early (انا اقترح توقف الظهر او العصر)! Go watch a movie, eat a proper dinner, and sleep well (7-9 Hrs).

• Exam day:

Wake up early and eat a nourishing breakfast, also take snacks with you (Chocolate\Ice-coffee\stuff), and put them in your locker. I strongly suggest that you separate your breaks into **20 min** each, cuz after <u>1st section</u> when you take 20, and after the <u>2nd</u> you take 20, you اصلا will go home after the <u>3rd section</u>.

Read the question fully very well (they might change some points if it's a repeated question). A smart way to read the questions is by reading the <u>choices</u> **first**, then <u>question</u> then the <u>scenario</u> (<u>stem</u>), so that you already have an idea what the question wants in the first place.

Don't discuss questions in the break Enjoy the Exam, it'll take all morning:)

• After exam (and results day):

You deserve a good break! **2-3 weeks** is very reasonable imo. When the scores come out, don't compare yourself with anyone, your effort and the circumstances you went through varies than the others'. Later after you see the score, determine whether you'll take another chance or not (I always recommend you do).

The preparation for the <u>2nd</u>, and <u>3rd</u> chances is supposed to be **easier**, cuz you already have collected your notes, you have to just **review the recent questions**.



KKUH ROTATIONS

CHAPTER



Learning outcomes:

After reading this chapter, you will inshallah:

- General tips to get the most out of the rotation
- Understand responsibilities and rights
- Insight into the experience in subspecialities as an intern
- Understand the structure of the oncalls and what is expected from an intern

Ob/Gyn Rotation '

'This actually was fun, unlike expected.'

Teams.

In Ob/Gyn at KKUH, there's multiple teams, which are:

1. General Ob/Gyn

- a Vellow Team
- b. Blue Team'
- c. Red Team '
- d. Green Team '
- 2. Materno-Foetal Medicine (MFM) Team '
- 3. Onco-Gyne Team '
- 4. Uro-Gyne Team
- 5. Infertility Team
- 6. Delivery Team

When you start this rotation, you'll have to be in one of these teams (A team per month).

Experience.

• My experience:

I was in the Green Team during my first month and the Red Team during my second month:)

First of all, in my opinion; you have to get in the general ob/gyn team to learn and hopefully master the general Hx, Px, and skills.

In the **Green Team**, it was an amazing experience, we received **A LOT** of patients compared to the other teams, which helped us experience and understand a lot.

We were expected to:

- Write admission/progress/discharge notes.
- See our patients daily before the round.
- Present our patients' cases during rounds to the residents on duty.
- Attend clinics.

We had the work divided as we all attend in the morning until noon, and only one of us covers the afternoon in case of new admission. "Beware <u>not</u> to do this without a <u>DIRECT</u> and <u>CLEAR</u> permission from your senior as it might cause you to FAIL the rotation:)"



In the **Red Team**, it was nice, as I already got squeezed in the **Green Team** and learned it all :)

The patient distribution was more than fair and I took my first SMLE chance this month. I worked with <u>Dr. Elwaleed</u>, he **LIKES** to be involved with the interns, so make a good impression about yourself:), and if you are interested in the speciality, tell him, so you can ask him later for a recommendation letter.

• What I've heard:

Yellow Team: '

More or less like **Red Team**, nothing special or fearful.

Blue Team: '

More or less like **Red Team**, nothing special or fearful.

NB: If you work with <u>Dr. Mashael</u>, be involved. If she doesn't remember you she might not evaluate you!

Materno-Foetal Medicine (MFM) Team '

Less patient load but more complex cases, people usually "pay" points to get in MFM but I think it isn't worth "paying" for! Notice that I'm using "Pay" as it actually feels like paying:)

Onco-Gyne Team '

NEVER. GET. IN. HERE. IF. YOU. WANT. TO. STUDY.

It's the closest subspecialty to surgery in gyne, so you'll attend early (~6:00 AM) and leave late (~4:00-5:00 PM).

NB: the vibe and environment there is so exciting and thrilling, but only go if you're interested.

Uro-Gyne Team

Average workload, and didn't know a lot of those who were there tbh:)

Infertility Team

Average workload, and didn't know a lot of those who were there tbh:)

Delivery Team

They say it's a good environment to study, but your work is to be in the nursing station watching the board and monitor the cervical dilation and effacement of all patients and be ready for any delivery, so you judge:)

Oncall.



You'll have only 1 oncall in the month (total of 2 in the whole rotation). Your oncall will be either to <u>cover</u> (Wards) or <u>cover</u> (Delivery Room)

رحلة مدرسة The nurses receive a sheet of the oncall interns, but basically.. Your on-call will be رحلة مدرسة اهم شيء جيب قهوة وشاي واختار خويك بالانكول واستمتعواا

Beware of.

- Not to Skip attending the clinic (some of the consultants you will only see them in the clinic, and if they didn't see you, they will **NOT** evaluate you!)
- For guys, always ask the nurse to join you as a chaperone during your visits.

Advice.

- You can predict the admission via checking the "Admission book" in the antenatal ward, just ask the nurses to give it to you and check the upcoming days.

N.B: You might get an emergency admission, so don't rely 100% on it:)



ER Rotation '

'This actually was fun, unlike expected.'

General details.

You will have a total of 16 shifts throughout the month.

You will visit 3 main locations:

- Acute Care.
- Resuscitation Room (Resus).
- Paediatric Emergency,

You ideally will take

- 5-6 shifts in the <u>morning</u> (7:00 AM 3:00 PM)
- 5-6 shifts in the <u>evening</u> (3:00 PM 11:00 PM)
- 5-6 shifts in the <u>night</u> (11:00 PM 7:00 AM)

(Again, a total of 16 shifts).

Experience.

I knew that I won't be attracted much to ER speciality as I ADORE physician-patient relationship, which is missing in ER setting. Yet, I did enjoy the ER rotation so much!

At the beginning of the shift, your team will be endorsed by the previous team about the cases and they'll mention all the cases they saw (except the New ones that came in the \sim 30 min before the endorsement).

In Acute Care, You're expected to:

- See the new patients coming (you'll divide them amongst yourselves).
- Write notes.
- Follow up with labs and imaging.
- Inform the senior about any updates to take action.

As far as I know, you're **NOT** supposed to do consultations! This's the resident's job.

In Resus, You're expected to:

- Help the resident and see patients with them. (Usually you won't handle a patient like in acute care as the cases are critical most of the time.)
- Write notes.
- Transfer some patients with the nursing team to ICU.

In <u>Paediatric ER</u>, You're expected to:



- One intern covers the Triage and the other inside the Ped ER. (usually each of you will do 4 hours and switch tasks).
- Write notes.

In paediatric triage, the flow of patients is high and it's a fertile environment for you to learn and do examinations. (otoscopy, and off course, heart and lung auscultation).

Advice.

- **IMPORTANT ADVICE:** The ER setting is a great environment for you to learn doing procedures (wound suturing, PR Exam, Foley catheter insertion, eFAST and Ultrasound), so <u>promise me</u> that you **WON'T** turn down any opportunity you face!

This is your time to learn and you're allowed to do mistakes

- Sleep well before your shift, and it's better to go with a cup of coffee :)
- Better **NOT** to take your SMLE exam during ER rotation, because you'll less likely be able to study during the shift "most of the time". Although I had to take my 2nd chance of SMLE in the ER rotation, and I scored more than the first one :)

Beware.

- You will be evaluated by the consultant at the end of each shift. You might face agitated patients/relatives for the long waiting times, <u>treat them GENTLY</u> or try to <u>AVOID them</u>, so you don't get in the crossfire.
- The time in ER passes weirdly so fast "especially in Acute Care", so make sure not to miss your prayers and to pray in time (you can pray at doctor's lounge in Acute Care).



Family Medicine Rotation '

'The best speciality in the world.'

General details.

Before you start the rotation, the Intern's supervisor or anyone covering that task will add you to a WhatsApp group. **Each** intern will have a total of 2 mentors (2 physicians that you'll attend most frequently with). Your chance of getting recommendation/reference letters from your mentors is the highest, as you'll attend with them the most and have the ability to show your interest. **Every** Saturday, if you wish to attend with a certain consultant, you message Dr. Fahdah or the one covering for her before noon with your preference and they will try to arrange that.

Experience.

I personally had a wonderful experience in the rotation, I showed my strong interest, therefore, some of the doctors had me assist in running a full clinic as if I were a resident. Diabetes Centre (located in OPD, 2nd floor above the mosque) is a fantastic area for you to get exposed to various diabetes cases. (You'll learn never to say that diabetes is easy there!)

You better attend in the specialised clinics as well, so you have the full exposure, such as:

<u>Diabetes</u> Clinic, <u>Lipid</u> Clinic, <u>Geriatry</u> Clinic, <u>Occupational</u> Clinic, <u>Women/Sexual health</u> Clinic

And hopefully in the future to attend in: <u>Mental Health</u> Clinic, <u>Sport Clinic</u>, and <u>Obesity Clinic</u>. (When they establish them inshallah).

Recommendations '

You'll only be able to ask for a maximum of 3 recommendations.

How to get a recommendation:

- At the end of rotation, you ask the consultant for a recommendation.
- If he accepts, you contact Dr. Fahdah.
- She will confirm that and send you a PDF copy of your recommendation.
- Print it out, and get it signed by the consultant (if not signed already).

There's 3 levels of recommendations:

- Standard
- ~Average (I guess they call it that)
- Strong



The content of the recommendation differs accordingly, and only the consultant decides which one he will give you depending on your work with them.

Beware of.

- Apply for your elective in KKUH Family Medicine **EARLY**, the seats are so limited.
- You better attend the clinic before the consultant does.



Internal Medicine Rotation

'Here, you're a transporter.. Not an intern.'

General details.

Obviously, this is one of the core rotations you'll ever go through! Here, you'll see how the system in the hospital actually is run. It saddens me to say that the level of knowledge you'll get here is so subjective on your keenness.. If you're keen to learn and master the skills of Hx taking and performing Px, you'll benefit, otherwise, you'll realise that the rotation is over and you learned nothing:)

Teams.

In each month, you'll have to choose one of the following 12 teams, which are:

- 1. General Internal Medicine (CTU) Team
- 2. Neurology Subspecialty
- 3. Gastroenterology Subspecialty
- 4. Nephrology Subspecialty
- 5. Pulmonology <u>Subspecialty</u>
- 6. Cardiology Subspecialty
- 7. Rheumatology Subspecialty
- 8. Endocrinology Subspecialty
- 9. Haematology Subspecialty
- 10. Oncology Subspecialty
- 11. Infectious Diseases <u>Subspecialty</u>
- 12. Radiation Oncology Subspecialty

Experience.

• My experience:

I got into Gastroenterology the <u>1st</u> month, and <u>Neurology</u> the <u>2nd</u> month:)

In the first month, <u>Gastroenterology</u> <u>Subspecialty</u> was sort of fun, you'll be in the Endoscopy Unit most of your time (it's located in the Eastern Building, Behind rushof coffee). The team is composed of 1 Inpatient <u>Consultant</u>, 1 Inpatient <u>Fellow</u>, 3-4 <u>Residents</u>, and you interns. The Consultant and Fellow change every week.

Your duty will be with the <u>Inpatient Team</u>, where you cover all Gastro admitted cases in the hospital. You'll receive your cases either through "<u>Elective admission</u>" where the Consultant admits one of their patients for a certain reason (Ex. *Scope, PTC stent placement/removal, or investigation, ...etc*), or through the "<u>Emergency</u>", where the on-call



team admits a certain case <u>under the care of Gastroenterology</u> (Ex. *Lower GI bleeding, Acute non-surgical pancreatitis, UC/Crohns flare, ...etc*)

You're expected to divide the patient on you guys, and know the updates before the round on a daily basis. The round is usually a sitting round, and is held in the **Conference room** at the Endoscopy Unit. The Fellow usually leads the round, and the consultant sometimes is present. Afterwards, it depends on the fellow, you might do a walking round on the patients. The **Endo unit** has a <u>cosy Drs lounge</u>, you'll enjoy it!!!! truth to be said, I did visit it after my Gastro rota finished:) also an ABUNDANT number of computers in the Unit! No excuse to delay writing your progress notes:)

- You'd face a lot of mid-free days, so I'd say it's a fair specialty to take if you have your SMLE exam that month.
- Some Recurrent places you'll visit during this rotation, is <u>CT Dept</u> (Eastern Build. Behind Subway) to arrange orders. <u>IR (Interventional Radiology)</u> to arrange for some procedures like PTC placement/removal, Abdominocentesis, and stuff. <u>US Dept</u> (Old Build- 2nd floor) to arrange US orders.

All jokes aside, and even with the hard adaptation and adjustment I went through, this actually was great, and I felt the gap after finishing the rotation. Basically, in our hospital you guys will work with the Inpatient Team (Not Consultation, and definitely not OPD Team). The Average number of patients is 15–25 pt:) meaning, if you were 5 interns, you'll cover a number of 3–5 patients daily.

You're expected to be present in the hospital from 8:00 am, as you usually have a morning meeting. Also, to go and see your patients and **EXAMINE them**, to assess progress. Afterward, you write down your note and Co-sign it to your senior. (Ohh I forgot to explain the structure of the team)

The inpatient team will be composed of 1 <u>Consultant</u>, 1 <u>Assistant Consultant (Registrar)</u>, 2 <u>Senior Neurology Residents</u> (R4, or R5), and 2-3 <u>Junior Residents</u> under each Senior.>>> See? So organised brain people. Consultant and Seniors change every 2 weeks.

Most frequent thing you might wanna master, are:

- First and foremost; how to perform an **appropriate Neurological examination**. Involving <u>Cranial nerves</u> (and how to describe the findings), <u>Motor System</u>, <u>Sensory</u>



<u>System</u>, and <u>Cerebellum</u>. + <u>Cognitive exam</u> in some patients. >> you can ask <u>me</u> to teach you, now that I'm an expert in this lol

- Presentation of most common cases; such as: Strokes, MS.
- Communication skills:) as you'll be arranging all around with everyone, especially MRI Dept. people, and believe me... MRI Dept. people need special treatment, in order to maintain a good state of mental health and not get into issues with them.

Some (Not all) of the downsides of this speciality:

- You **CAN NOT** study during working hours, or at least I couldn't (prolly you'll be running arranging stuff)
- You need a STRONG will to study after work, cuz you'll be exhausted af :) (duty finish at 4-4:30)
- You don't have a full day post-call:), you're mandated to attend until 12 pm after your oncal, or until the senior gives you permission to leave.
- Some of the residents are just not easy to chat with (Unlike lovely IM residents), and you unfortunately might see some superiority as well.

• What I've heard:

General Internal Medicine (CTU) Team

"It's divided into 4 teams. The Team is composed of 1 <u>Consultant</u>, 2 <u>Seniors</u>, and 4 <u>Juniors</u>. Each intern was covering around 3-4 patients. The round is a little bit long (They check every patient in detail), sometimes sitting and sometimes walking rounds. But the earliest one started at 9:30 (یمدیك تنام وتقوم وتفطر):) unless there's an urgent arrangement. 1-2 rounds with the consultant per week only.

Regarding the closing round; they didn't ask us to attend it, and we were asking the juniors if they needed anything by 2-3 pm, if not so we may leave.

- You don't attend the clinics (unless you're interested and ask to attend)
- The workload is so subjective, and depend on the team (Seniors and Juniors)"

Nephrology Subspecialty

"Throughout the month, we worked with only one consultant. All the fellows I worked with were nice. Like **Pulmonology**, we're divided into two teams:

- Female inpatient team
- Male inpatient team

Every monday/Tuesday there's a Grand round, they like the interns to attend.



The patient load is **around ~10**, and we were 3 interns. So It's important if someone is going on vacation, there better be a **good arrangement with the team**, so the load won't fall on someone. I personally took maximally 3 patients as I remember.

Overall, it was a light working load, unlike other specialties, and I got there without putting points:) . The arrangements are a bit **a lot**, which was still okay compared with other specialties.

Pulmonology Subspecialty

"You'll be divided into two teams, all covering the inpatient:

- Female inpatient team
- Male inpatient team

We were 6 interns, so 3 went with the female team and 6 went with the male's. The Residents and registrars are also divided the same in both teams, only consultants would cover both teams if they have patient's under their care in there.

The patient load was from 2-4 max per day in the team, so an intern and resident will cover 1 patient per day usually. Our rounds were physical (go and round on each patient), and most of the time we used to spend it on was <u>discussions and questions from the team</u>, and they ask you to talk about some topics.

The round usually starts on $9:30 \sim 12$ (Depending if the Registrars have a morning/afternoon clinic on that day), and we usually spend 2 hours in the round (ugh).

- **Dr. Abdulah Alharbi:** likes to ask the interns a lot, and usually spends a long time in the round.
- **Dr. Nadamh:** doesn't ask a lot, and he's a nice person."

Cardiology Subspecialty

"It depends on the team and the <u>Fellow</u> (the fellows change every 2 weeks), but overall it was stable. Some fellows don't ask you to write notes, and sometimes they do teaching if that day is not heavy. While others might ask you to present topics or only do arrangements.

بشكل عام كان القسم رايق ما فيه كرف، بس الراوند تطول خصوصا لو معك د يحب يشرح مثل د وليد ولا د فايز عشان عدد المرضي كثير يعني من ٢١ إلى ٢٥ تقريبا وأحيانا أقل إنت وحظك. أغلب الأيام كنا نسوي round الصباح وبعدين closing المرضي كثير يعني من ٢١ إلى ١٠ والدينا وأحيانا أقل إنت و دال round تكون بس مع الأخصائي. أغلب الأيام الراوند تبدأ متأخر ، على ١٠ كذا بس حسب الاستشاري ، أذكر د مصطفى كان يجي بدري فنبدأ بدري

They have a daily morning meeting in Old Build. And the secretary asked us to attend! Also they have something called MDR (Every Tuesday) with the clinical pharmacists I guess.



- The evaluation is mostly done by the Fellow
- Most patients are in ward 21 (unless they were just admitted/covid +ve/no beds)"

Rheumatology Subspecialty

لرأي الأول:

روتيشن خفيف مقارنة بغيره, كل أسبوع استشاري مختلف، معظمهم الشغل معهم خفيف بس فيه اثنين يطالبون الانتيرن بشغل اكثر (إنك تقدم في الراوند مثلًا). اهم شي الفيلو، إذا حبيب بيخليكم تقسمون الدوام اسبوعين اسبوعين. ارينجمنتس شوية ولا تقارن باللي في الـ CTU. محد يطلب منك تحضر عيادة. اذا تدور فائدة، الكيسات حلوة وفرصة تتعلم بس عددها قليل.

الرأى الآخر:

اذا عشان مذاكرة فما يصلح، اذا بدون مذاكره يصلح. لانه باختصار سلق ومضيعة وقت. يشغلونك ومافيه شغل. :)

Endocrinology Subspecialty

"The work in Endocrinology is divided into two teams:

- DM (Diabetes) Team
- General Endocrine Team

You as an intern will rotate in both teams (Roughly 2 weeks DM, and 2 week Endo). The workload is **pretty much great**, we start the round around 10:30 and Maximally end ~12:00 pm. There isn't a lot of thing you'll learn in Endocrine,

Haematology Subspecialty

"The haematology experience is highly dependent on the team. In haematology, you're responsible for 1-2 patients. When I say responsible, I mean **FULLY RESPONSIBLE**, you have to know every tiny update!

- Somedays, we had **8-9 hour** long rounds so this was horrible.
- Some consultants come late (3-4 pm), so you'll have to stick around late until the round is over.

Oncology Subspecialty

"It totally depends on the team, so you'll face a big variation between the months. So for example in one month, the interns arrange with the fellows that only one intern covers for the week, and do the arrangements the team needs. However, in the next month, there were two consultants and they asked for the intern's presence.



It's important to go to the secretary at the beginning of the rotation. She'll give you a schedule of the work. (you can ask the team after you take the official schedule, to arrange friendly with your colleagues)

There's two wards for oncology, and it's divided one for males and one for females."

Infectious Diseases Subspecialty

"It's divided into teams:

- Surgical team
- Medical Team
- Consult Team
- ?ICU Team
- Ward Team

You'll be assigned randomly to one of the teams, and each team has a fellow. Most consultations come at the end of the day. It totally depends on the Fellow you work with, you might work the whole month, or just 8 days a month:)

Your duty is to write notes mostly."

Radiation Oncology Subspecialty

محد يروح له and فلة and محد يروح له

"We used to work only 3 days per week, only Clinics! No Inpatient service here. One day with Dr. Alsuhaibani, another day with Dr. Eyad, the 3rd day you basically come and check the schedule of the patients who will come, and prepare the notes."

That's it! honestly I don't think they'll keep it :), It will be removed as **home-care** subspeciality was removed cuz it includes no actual Internal Medicine work.

Oncall.

The ocnalls here are in two types:

- ER Oncall
- Ward Oncall

Usually, you'll have two oncalls per month, one of each (one ER, the other ward)

In **ER** oncall, you either will be "1st shift" or "2nd shift";

- 1. <u>1st</u> shift:
 - On working days, it starts immediately after your duty at **4:00 pm**, and ends at **10:00 pm**.



2. **2nd** shift:

• On working days, it starts at 10:00 pm, and ends at 8:00 am (Yeah I hear you, how come it's 10 hr, unlike the first shift.. Lemme tell you why >> YOu have Post-call:) ")

Here in ER on-call, you are expected to give a call to the Resident On-Call covering ER, and alert them that you're covering ER today with them. (CALL THEM!) The MOC badger number (055 756 0662), usually the seniors have it with them, and hand it over for whoever is covering the on-call.

In <u>Ward oncall</u>, you and your other colleague in the oncall will receive which wards your responsible to cover

Here in ward oncall, ideally the department distributes the list of the on-call to the teams and chief resident, so you're only expected to wait for a call from any ward.

Advice.

- You're officially **Not Allowed To Do <u>Consultations</u>** with other teams, here's the <u>memo</u>:) in case you're مقروف وتبي تجرب it's okay, do it. Otherwise, respectfully, show the resident this memo and refuse:)
- If you went to arrange a request from your team "either Urgent, or not", and the Dept. or the Consultant you went to refuse, **DO NOT ARGUE**, just inform the team so that the resident/fellow takes care of the issue themselves. (Believe me, don't get yourself in trouble like I did....)

Beware of.

- Be respectful and flexible with everyone; let these two months pass by in peace.



Paediatrics Rotation

'Here, you're an R2.. Not an intern. Deal with it!'

General details.

(I **wouldn't lie** to you, by the time I'm here (both in my <u>7th month</u> in internship as well as <u>writing this section</u>) I'm **TOTALLY** fed up with it all, really am :). <u>Still</u>, I owe it to you guys to complete this work.)

Teams.

In each month, you'll have to choose one of the following 13 teams, which are:

- 1. General Paediatrics "Green Team" (CTU) '
- 2. General Paediatrics "Blue Team" (CTU) '
- 3. General Paediatrics "Red Team" (CTU) '
- 4. Paediatric ICU "PICU" Subspecialty
- 5. Neonatal ICU "NICU" Subspecialty
- 6. Paediatric Pulmonology Subspecialty
- 7. Paediatric Haematology/Oncology Subspecialty
- 8. Paediatric Gastroenterology Subspecialty
- 9. Paediatric Nephrology <u>Subspecialty</u>
- 10. Paediatric Neurology <u>Subspecialty</u>
- 11. Paediatric Cardiology Subspecialty
- 12. Paediatric Endocrinology Subspecialty
- 13. Genetics Subspecialty

Experience.

• My experience:

In my <u>first month</u>, I got into <u>General Paediatrics "Green Team" (CTU) '</u>, and let me be honest, I had <u>a little bit of interest in paediatrics</u>, but it all vanished after this month. (Sad Lmao).

In **CTU PED**, most of your work will be clinical, unlike Internal Medicine which was mostly arrangements. Here we used to come early every day and check our patients (the already



admitted, and if there were new ones). In CTU PED, the admission is divided between the three teams (Green / Blue / Red) where for example <u>Blue team</u> will be covering a day in the week from 8:00 AM till the next 7:50 AM, then <u>Red team</u> (same idea), then <u>Green team</u> (same idea).... And then the cycle goes all over again.

If your team is covering that day, any admission under General paediatrics will be under your team (even if a child was referred to NICU/PICU –god forbid–, after they're discharged from there they'll come under your care). So expect your seniors to call you anytime in case a new admission comes, so that you help them in writing the admission note.

The team is composed of 1 <u>Consultant</u>, and 1 <u>senior R3/R4</u> (they both change every 2 weeks), also 2 <u>junior residents</u> +- Clinical attachment doctors. Even with that number, you're expected to work and present the cases in the <u>highest capacity you have</u>. (and sadly, sometimes it's not enough for some seniors)

You might see me resentful here (lol), as I was really excited for **CTU PED**, but unfortunately I was Injusticed by some of the residents there, and they misspoke things about me I never did. (عوافي اصلاً تخطيت)

However, some of my colleagues took the Green team before, and after me, and they didn't go through the same things I said, so it pretty much depends on <u>how lucky you're</u>.

In the <u>second month</u>, I got into <u>Paediatric Pulmonology</u> <u>Subspecialty</u>, It was so much fun! In here, it's mostly Clinic based speciality, and rarely 1–2 admissions. Nevertheless, A **LOT** of Consultations.

We were 4 interns during this month, so we were asked to divide ourselves into (two interns in Inpatient), and (two interns in Outpatients). Basically, your work in the Inpatient is to go and see the admitted patients under PED Pulmo, which is few. And to receive the consultations from other teams and go see them with the fellow covering inpatient, and sometimes write notes and Co-sign them to the fellow/resident).

In OPD, you're just an **observer**, sometimes the fellow or consultant might ask you to do examinations, or to write notes. I spent most of the month in OPD (Typical interninterested in Family Medicine, lool), and when my turn came to cover inpatient, I used to see my patients and head to OPD again. (Nerdoo)

Here's a schedule of <u>OPD clinics</u>. Don't miss Prof. <u>AlFurayh's clinic</u>! You'll learn a lot.

• What I've heard:



General Paediatrics "Blue Team" (CTU) '

More or less like the Green team, and depending on how lucky you're:)

General Paediatrics "Red Team" (CTU) '

More or less like the Green team, and depending on how lucky you're:)

Paediatric ICU "PICU" Subspecialty

As an intern in the PICU, you're not mandated to do a lot of work, or even notes. The only important thing is that **you physically attend and join the round with the team**, and when the consultant leaves you can leave (after permission from the seniors). We attend around 9 AM; the round starts between **9-10** AM, and usually we spend 2-2.5 hours:)

The consultants change every week. And if we want to know who's the consultant will cover for the week, we check **Monjiz application** at the beginning of the week.

Some consultants loves the interns to be present. During his inpatient cover, you're asked to attend from **7:30 AM** (<u>handover</u> time), until **3:30 PM** (<u>signout</u> time). Also to be more involved in the patients care (Still, no notes, or arrangements).

The team usually **rejects** dividing the work, but you can do it friendly between each other.

Neonatal ICU "NICU" Subspecialty

"كان مره يعتبر خفيف، على ما اذكر كان يتغير ال Consultant اسبوعياً. كان التيم متعاون وخلونا نقسم الايام بيننا (٣ أشخاص النصف الأول من الشهر)، و (شخصين في النصف الثاني من الشهر). أغلب الشغل بيكون مع السينيور، سواء Senior النصف الأول من الشهر). أعلب الشغل بيكون مع السينيور، سواء Resident, or Registrar. فيه اشياء مختلفه هنا بالهيستوري، ف مهم تشوفون النوتات اللي قبلكم وتسألون الممرضة عن وش تكتبون وتقدمون (مثل وزن ال baby وغيره). الراوند كان يبدأ ~ ١٠ الصبح والصدق يطول شوي.

كان فيه غرفة وحدة بال Ward كنا احنا ال Interns مسؤولين عنها، كانت غرفه ٥، فيها عدد ٦ أسرة ونادر ما تمتلئ."

Paediatric Haematology/Oncology Subspecialty

"كان عددنا ٥ ويقسمونا قسمين ٢ في الاونكولوجي و٣ هيما وانا كنت منهم. كانوا يقولون لنا كل واحد فيكم يداوم اسبوع. والوضع خفايف لابعد درجة يعني بالعربي اذا تبي شهر اوف خذه. والراوند اذكر كان فيه مريضين يمكن واحيانا مافيه راوند الوضع ماش اذا تبي تتعلم. ماحولك شي من الاخر ﴿ مَن مَن النسبة للهيماتولوجي لود المرضى قليل وفيه ٢ رزدنت مينمم وفيلو عشان كذا حتى الانتيرن ما يلتفتون لهم و هم اللي اقترحوا طريقة التقسيم لانهم عارفين الوضع. "

نايس، وإنا ليه ما كنت اعرف عن هالفله من زمان وما دخلته:)



Paediatric Gastroenterology Subspecialty

"We were 5 interns and asked the team to divide the work into two weeks.

80% of our work was **consultations**, Wednesday used to be the most hectic day (our admission day), Thursday on the other hand was 4½, cuz all morning is procedural day (Endoscopy/colonoscopy), so we sometimes don't even do round. Clinics were optional for us. The turnover was very minimal (we see the same patients everyday for the whole week)"

نايس، وإنا ليه ما كنت اعرف عن هالفله من زمان وما دخلته:) +1

Paediatric Nephrology Subspecialty

"كنا أربعة Interns، الشهر الي قبلنا قسموا بينهم كل 2 انتيرن أخذوا اسبوعين بس على وقتنا الدكتوره رفضت:) ، عندنا بس ان elective بيشنت نجي الساعه 8 وكل واحد يشوف البيشنت الي معه غالباً كل انتيرن يأخذ بيشنت واحد بس اغلبهم يكونون admission وماعليهم شي كبير. الدوام الين 10 او 11 وبعدها نقدر نطلع لكن لازم يقعد انتيرن واحد الى العصر عشان لو كان في ادمشن. الفلو والاستشاريين مرة حبيبين."

نايس، وإنا ليه ما كنت اعرف عن هالفله من زمان وما دخلته :) +2

Paediatric Neurology Subspecialty

"الدوام خفيف، راح يكون الدوام مقسم مابين:

- كونتسليشن
- ان بیشنت
 - عيادات

ال consultation لازم انتيرن واحد يجي مع كل حالة ويكتب النوت، غالبا ماراح تزيد عن ثنتين Consultation باليوم وفيه أيام ما يجي شي. ال Inpatient خفيف برضه ما تزيد عن ثلاث حالات. العيادات أربع عيادات موزعة على ثلاث أيام بالأسبوع، الناس اللي ماعندهم consultation أو Inpatient يروحوا العيادات.

غالبا كل اسبوع يعطوا الانتيرن موضوعين ويصير عليها دسكشن."

Paediatric Cardiology Subspecialty

من ناحية الكرف، كان كررررف. العيادة من ٨-١٢ عيادات وتكون مليانه. من ١٢-١ تكون بريك، بعد البريك نرجع نكتب لنوتات حقتنا واحيانا نسوي Consultation. من ناحية ال staff، ال consultants في الكارديو خرافيين وكلهم كويسين. ال knowledge بتحصل نولدج كبيره، واذا سألت يشرحون لك الين تفهمه زين. بس الدوام الصدق متعب شوي. انا كنت انترستد بالبيديا واشتغلت كويس مع دكتورين، بعدها طلبت منهم Recommendation فأعطوني مو بس ريكومنديشن، اعطوني Reference Letter!



اذا تبى تستفيد رح كارديو! اذا تبى راحة انحش"

Paediatric Endocrinology Subspecialty

"والله ما اكذب عليك بس كان متعب شوي بما اني ماني مهتم بال speciality بشكل عام. لكن أكثر شيء بسبب تقصير Interns اللي معي. كانوا يأخذون إجازات لدرجة اسبوع كامل كنت مداوم لحالي فيه مع أننا خمسة Interns :). بس للامانه كان الأسبوع ذاك حلو .. لأنه مع الدكتوره ريم الخليفة. باقى الاسابيع مش ولا بد.

ال consultants ممتازين لكن كتيم مافيه تواصل كويس، برضوا ما تطلع بدري عكس اللي قبلنا قالوا على ١ او ٢ بس كنت اجلس بعض الاحيان ل ٤ ومره جلست فوق ٤ ونص. لكن إذا تعليم بتتعلم 👍 "

Genetics Subspecialty

"كنا أربع interns وكلمنا الاستشارية انها تقسمنا بحيث يكون 2 اول اسبوعين و2 آخر أسبوعين. كان عندنا بس اربع ايام نداومها كل اسبوع ٣ عيادات بعد الظهر وعياده الصباح طبعاً غالبا نمسك العياده ونكتب النوتات واحيانا نعبي فورمات الجينتك نادراً يكون عندنا Inpatient واذا كان عندنا فموضوعهم غالبا بسيط ويكون تحت تيمات ثانيه بس لازم نشوفهم."

نايس، وانا ليه ما كنت اعرف عن هالفله من زمان وما دخلته:) +3

Oncall.

In paediatrics, there's two types of oncalls:

- Admission
- Complaint

You will get mostly 1 oncall per month, and will try both (admission/complaint). And buddy, lemme tell you a little bit about each (like always).

In Admission oncall, probably you'll work hard that day:) Usually in ward 11, the nurses will put your names, if they didn't, please put your names for the sake of the group. (some of us didn't put their names, and cause those whose oncall had just ended were receiving calls as their names were there, which was annoying, also, some consultants got upset by that, and sadly it eventually reflects badly on your rotation). Got it bro? Put your name!

In Admission, the resident will call you like: (hey, you're intern on call today? And you're like" uh-huh, then... Resident: Ok, please come to Ped ER we have an admission). It depends on how hectic that day will be, and how good the resident that's with you.



The morning after your oncall, there will be something called: (Post-admission round), where you'll present the cases you've admitted last night to the team they're admitted under (Green / Blue / Red). After that you're dismissed to go sleep at home.

In Complaint oncall, (Again put your name on the board), just wait for the resident covering complaints to call you, and they might ask you to come with them at certain hour to round on the patients that they were endorsed to reassess (hydration assessment, respiratory assessment, etc)

IMPOOOORTANT:

Idk about the female's oncall room, but the **male's one has a plasma TV in it :)**, so enjoy with your oncall buddy and watch a good movie with the dinner you're ordering.

Advice.

- Let the consultant themselves get to know you, in order to get a good evaluation.

Beware of.

- Be professional and professional onlyyyy, so you can pass the rotation in peace.



ICU Rotation

'Be ready to work in the freezer'

General details.

Here you'll be doing around 15-16 shifts. You'll be seeing the hospital in a whole new perspective! It's not "seen today" anymore (lol).

Teams.

Back in my time, it was:

- Blue Team
- **Red Team** (include HDU)

I was in the Red team. As I understood that, we cover the 3rd floor ICU (Medical ICU), and the Blue's cover the SICU "2nd floor". In the 3rd flood there was an HDU unit too, we used to cover it.

Experience.

Honestly it highly depends on the team you work with (Both interns, and residents). I did my ICU during Ramadan, so you can imagine how lovely it's been :) lol. Let me tell you in brief:

طبعا غالباً دوامك بيكون لمدة اسبوعين متواصلة (نعم شاملة للويكند).. الطريقة بتكون وقت شفتات (من ٨ الصباح الى ٤ العصر). (أنا اخذت ال ICU في رمضان، فكان دوامي من تقريباً ٩/١٠ الى ٣ العصر). سابقاً، كان ال ICU مقسوم الى نوعين شفتات:

```
    مورننق (٨ صباح - ٤ العصر)
    أفترنوون (٤ العصر - ١٠/١١ الليل)
```

على وقتنا بسبب فارق كمية الشغل بين الصباح والمساء، تم الغاء شفت المساء وصارت كل الشفتات صبح.

For sure, like any team, it highly depends on the senior you work with. Some seniors are extremely cooperative, and others are strict:), so what are the expectations?

Well, they're as followed:

- Write notes (co-sign them to the resident covering that patient).
- Present in round (this depend on your senior)

In my time, we didn't present the cases, unless during the weekend, it's the resident's job to do that, not you.



- There's a checklist you need to fill (it involves **POCUS**, **IV Cannulation**, **ABG/VBG**, and <u>other stuff</u>), so whenever you attend or do one of these, you ask the consultant/Senior/Junior to sign it for you.

Don't try to <u>do the assessment/present it</u> yourself (Unless very interested), as it's usually presented by the nurse covering the patient, even the resident asks the nurse for the assessment, and during the round the nurses present it!

BIGGGG IMPORTANT INFORMATION: You don't do the arrangements in ICU, so when a resident asks you to do an arrangement, tell them it's the nurses duty, <u>Unless</u> that arrangement is urgent, in that case you have to arrange it yourself.

Advice.

Try to involve yourself in any opportunity available, like -god-forbid- if a patient crashes, and they start CPR, join them and help! Believe me you'll learn a lot

Beware of.

- You have to bring 2 Evaluations at the end of the rota, one from the consultant, and one from the senior (Fellow/Resident).
- Be cautious when contacting/communicating with a patient's relatives, and don't reassure or break bad news, leave that for the consultant and the seniors.. As you'll face a lot of serious, and probably bad prognosis cases.



Surgery Rotation '

'It's a good day to save lives'

General details.

Surgery rotation is **very exhausting** <u>and</u> **very relieving**... How? Depending on the team you got into (lol), whether you get yourself to neurosurgery/colorectal, or be lucky and get into Ortho-paedia/paediatric surgery:)

Teams.

- 1. Orthopaedic Team
 - a. Ortho/Paediatric Team A
 - b. Ortho/Paediatric Team B '
 - c. Ortho/Sport Team
 - d. Ortho/Oncology Team '
 - e. Ortho/Arthroplasty Team '
 - f. Ortho/Trauma Team '
 - g. Ortho/Spine Team
 - h. Ortho/Upper Extremity Team '
- 2. Neurosurgery Team '
- 3. Upper GI Team '
- 4. Hepatobiliary Team '
- 5. Cardiac Surgery Team
- 6. Endocrine Surgery Team '
- 7. Trauma/Acute Care Team
- 8. Urology Team '
- 9. Plastic Surgery Team •
- 10 Paediatric Surgery Team
- 11. Colorectal Surgery Team
- 12. Thoracic Surgery Team '
- 13. Vascular Surgery Team '

Experience.

• My experience:



Ortho/Upper Extremity Team '

In my first month, I had a big time relief and fun!! Though, I had to pay 4 points for that :) I have learnt multiple things, also, I had couple of research opportunities (if you're a close friend of mine, you'll know how much I'm in love with research:))

In the Upper Extremity (UE) team, there was two O.R. days (Sunday), and (Thursday), and one full day OPD, which is wednesday.

We had our rounds starting at around 8:00 - 8:30, we didn;t have to see the patients before the round started. During the round, we go with the resident (sometimes the consultant or senior registrar comes too), and we check the patients, change dressing for some.

In the Orthopaedic service, even if you were in the UE team, you might see some knee, or spine cases admitted under your service. The reason why is that, orthopaedics divides the oncall days for the specialities, like in this week monday for example, any ortho case that needs admission, it will be admitted under UE team, the day after will be admitted with sport team, and so on and so forth,

We didn't have a lot of patients under our service, the maximum number was 5 patients I think. Btw, only 2 interns were allowed to join the UE team.

In O.R. days:

Your'e not mandated to join the team to assist, however, if they're short staffed they might ask you to join. Basically, you cover the floor and chillax at the oncall room with your friends.

In OPD day:

Don't underestimate the clinic day, it can be hectic as hell! In the morning, we covered the fracture (fx) clinic, Dr. Alsanawi's and Prof. Alahaideeb's clinics. I personally attended most of my time in the fx clinic, and I've learnt A LOT there! In the afternoon, there's Dr. Albishi's clinic, as well as another fx clinic. I have attended with Dr. albishi multiple time and he's astonishing physician, and well as an outstanding researcher (OKKK, just leave Nasser enjoy there and gooooo)!



Neurosurgery Team '

Well, :) "just shoot me already!"

Neurosurgery (NSx) is on the heavier side compared to other specialties. And it accepts 4–5 (can change depending on you track). In NSx there are two teams, spinal and cranial teams, in general they're very similar in terms of responsibilities, except one will have higher load depending on the admitting team, oncall admissions will alternate between them weekly but you can still get elective admissions any day of the week.

بالعربي يعني، فترات يصير ال cranial team هو اللي مغطي الانكول، فأي احد يتنوم وقت الانكول يدخل تحت التيم ذا. وفترات ثانية يصير ال spinal team هو اللي مغطي الانكول (نفس الشرح اللي قبل شوي). صراحة يعتبر تيم ال spinal خف نوعاً ما من ال cranial (غالبا اتوقع لأن ال spine cases تتوزع بين الاورثو وبين النيوروسيرجري).

The round starts at <u>6:30</u> **sharp**, so it's good idea to be there early enough to check your patients for any updates. <u>First you'll discuss any oncall admissions then each team will do their own round</u>, the patients are anywhere from 4-10 per team including some chronic patients who you mainly need to check on regularly for orders renewal (labs and medication). after the round you start writing notes and completing the plans for each patient, the most demanding of which will be getting MRIs and CTs approved and done (اعانكم الله على ارينجمنت الرنين). We weren't required to attend clinics or ORs and we didn't handle ICU patients.

Every thursday morning there will be a NSx meeting, where all consultants, residents, and interns attend. YOU ARE EXPECTED TO PRESENT THE NEW ADMITTED CASES:) SO BE READY.

مع ان الشغل كان شويتين tough، الحمدلله حصل لنا فرصة نشتغل مع تيم رز دنت اسطوريين ويترأسهم الكنق د. عبدالله التويم (big respect wallah). برضوا كان اخر شهر بالانتيرنشب فيعني مهما صار لك بتتحمل عشانك بتفتك.

• What I've heard:



Vascular Surgery Team '

"Vascular accepts around 2 interns, round starts at 7 or 6:30 if it's an OR day. We were expected to only cover the ward meaning no OR or clinics, total patients are usually around 6, however when its vascular team's admission week for diabetic foot it will get a lot heavier. Also we didn't have any residents on our team."

Urology Team '

"Accepts 4 interns, however there are 4 teams, while generally not heavy workload, you'll be the only intern in the team, so the team will be very dependent on you especially when they're in the OR. when the patient load is high they usually won't let you handle all of them."

Endocrine Surgery Team '

"Accepted 3 interns, rounds start early especially in OR days. On average there are only 3-4 patients, however the team relies on you quite a lot with arrangements. You can also arrange with your team to split workdays if the residents are okay with it. You will have to attend clinics, and you can choose which consultant you wish to go with and sometimes they might ask you to open a room and receive patients if there is a shortage in residents. They sometimes will ask you to attend ORs but not always. If you end up in endocrine make sure the consultants see you during the rotation for the evaluations at the end."

Cardiac Surgery Team [•]

"Accepts 2 interns, you'll mainly handle the ward and usually you will have 8 patients at most. It's generally on the lighter side compared to other specialties but expect to stay until the end of the work day (4–5 pm)."

Colorectal Surgery Team

"Accepts 4–5 interns, typically the round starts at 7:30, so be sure to be there earlier to review the updates, and you'll be handling 3–5 patients each as well as present the cases in morning with their updates, expect to do arrangements and follow them up, usually there will be a closing round at the end of the day to check for



updates from the morning. You may be asked to attend some clinics (during our rotation we had one clinic per week)."

Ortho/other teams

In the rest of ortho you'll have a very similar experience in terms of duties, attendance and workload to the upper extremity, Keep in mind that each team can ask you to do more or less (e.g. attending ORs). Just make sure that you have good communication with your team members and you'll have a very nice month.

Oncall.

As usual, there are two types of oncalls you'll get:

- Admission
- Complaint

And based on how you track' chief and deputy arrange the schedule, to either cover both male and female patients in "Admission" and "Complaint", or not.

In this oncall, it depends on your luck really, you can have a very hectic night with calls, or a peaceful one. In complaint oncall, if any of the surgical patients you're covering has a complaint that goes beyond the nurse expertise, and lower than the resident oncall level, you will be called.

They will call you for any GS, Ortho and sometimes even Neurosurgery cases.

Advice.

It's a good idea to know who's the oncall junior resident early on, in case you need to contact them urgently later.



SCFHS APPLICATION

CHAPTER



Learning outcomes:

After reading this chapter, you will inshallah:

- After reading this chapter, you will inshallah be able to:
- How apply to saudi commission for health specialities
- Requirements of saudi commission for health specialities

أكثر صوره بتشوفونها بذي الفتره (حرفياً شعار المرحله لول)، غالباً ع وقتكم التواريخ بتتغير حبتين.





Requirements:

"تحت في الصفحة اللي بعدها، حاط لكم كل التفاصيل بالخطوات مع أمثلة بعد"

GPA requirements '

- ★ Internship Identification (تعريف سنة الامتياز)
- * Transcript (سجل أكاديمي (Original Copy from Deanship of Admission and RegistrationAffairs)
- ★ Graduation Certificate (وثيقة تخرج)

CV requirements '

★ Research Papers

- o IRB Proposal (Stamped)
- Ethical Approval
- o Participation letter from the supervisor

★ Published article <u>link</u>



- يستطيع المتقدم استخدام نفس البحث في السؤال السابق إذا كان منشوراً في
 مجلة مطابقة للشروط المطلوبة.
 - اسم المتقدم يجب ان يكون في قائمة الباحثين المذكورة تحت عنوان البحث
- الرابط الإلكتروني للبحث يجب ان يكون مباشراً للبحث على موقع المجلة الرئيسي
 وأي رابط غير مباشر أو لا يعمل لن يقبل كإجابة على هذا السؤال
 - یجب ان یکون البحث منشوراً عند التقدیم.
 - يجب أن تندرج المجلة العلمية الناشرة للبحث تحت أي من المواصفات التالية: -

اً - ان تكون المجلة موجودة ومعترف بها على موقع PubMed للأبحاث العلمية ب - أو مجلة معترف بها وموجودة على موقع Web of Science للأبحاث العلمية

ب - او مجلة معترف بها وموجودة على موقع Web of Science للابحاث العلمية ج - أو مجلة علمية صحية سـعودية صادرة مـن جهـة رسـمية معروفـة (الجامعـات أو

الجمعيات الصحية السـعودية)

أي مجلة لا تندرج تحت اي من المواصفات الثلاث المذكورة لن تعتبر مجلة مقبولة لهذا السؤال وبالتالي لن يحصل المتقدم على درجة السؤال.

★ Activities certificates (بالشروط، مكتوبة في كتيب الهيئة وهي كالتالي)



- يجب أن تكون المشاركة فاعلة (تنظيم أو متحدث) وليست مجرد حضور, ويتم ذكر النشاط بشكل واضح
- يجب أن تكون الحملة تحت إشراف جامعة سعودية أو جمعية سعودية صحية مسجلة أو منظمة صحية حكومية (إن كانت من خارج السعودية)، ويجب أن يكون هذا موضحاً في الشهادة الموثقة رسمياً من الجهة المنظمة (باركود أو ختم).
- يجب أن تكون الحملـة موجهـة لعامـة المجتمـع وليسـت موجهـة للعامليـن فـي القطـاع المحــــ
- يتم قبول أي عمل تطوعي تابع لمنصة التطوع الوطني التابعة لوزارة الصحة أو وزارة التنمية الاجتماعية بعد التحقق من مصدر الشهادة وصحتها.

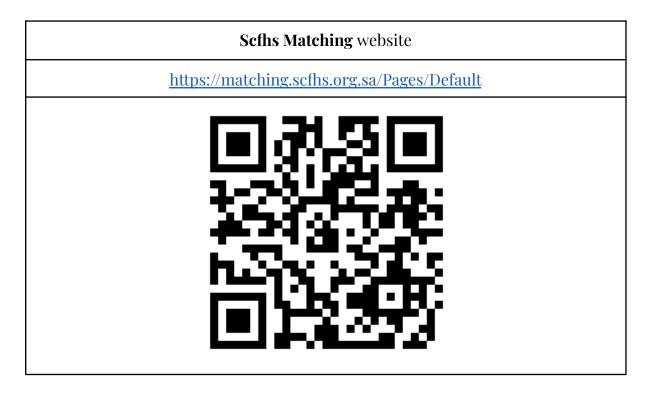


- عضوية الجمعيات الصحية تقبل إذا أرفق معها الأعمال التطوعيـة التي قـام بهـا مبينـة بالتاريخ ونـوع المشـاركة.
- التوعية الصحية والتي تكون جـزءاً مـن عمـل المتقدم الرسـمي وليسـت تطوعية (مثـل
 المشاركة في الحـج للموظفين الرسميين بمقابل أو المشاركات الوطنية بانتـداب رسـمي
 مـن جهـة العمـل) لـن تقبل في هـذا الســؤال
- في حال إرضاق أكثر من حملة للسؤال الواحد سيتم احتساب الحملة الأولى فقط دون النظر للبقية.
- يجب أن تكون الحملة خلال الخمس سنوات الأخيرة وأن يكون التاريخ موضحاً في الشهادة.
- يقبل في هذا السؤال التطوع الطبي في الحرمين الشريفين تحت إشراف جهة طبية
 معتمدة.

Now, let's break 'em down in details

ıst Step:

Open the **Scfhs Matching** website, and make an account.



You'll see these <u>5 main choices</u>.

You'll go through each one of them throughout your application.





2nd Step: <Application Submission Step> '

Fill the requirements

1. GPA Informations

| lease note that documents marked with (*) are mandato he allowed attachments size : 3 MB, The allowed attach | | | |
|---|----------------|-------------|-------------|
| ile Type | File Name | Upload Date | Upload File |
| Graduation Certificate (including GPA) | | | C |
| cademic Transcript (all pages must attached) | | | D |
| عديثة لطلاب الإمتياز) nternship showing (Act./Plan) End Date | اُو إِفَادةً - | | C. |

🔲 Graduation Certificate (وثيقة التخرج)

اللي متخرج منكم الردي يحط وثيقته:) الباقين (كلكم) روحوا عمادة القبول والتسجيل. الوصف الله يسلمكم قدام كلية العلوم اول ما تتخلون البوابة، بالدور الأول نفسه فيه قسم حق "الوثائق" او شي زي كذا، قولوا له احنا امتياز ونبي تعريف تخرج. خله يعطيكم عربي وانجليزي. example اسحبوا على كل ذا الكلام !!! خليته عشان ما تطيحون بنفس الغلط حقنا. واحد فله الله يصلحه طلع ذا الاشاعة وكلنا سوينا زحممه. بالأخير، في هذي الخانه صار ترفع نفس افادة الامتياز 'Internship showing'

🔲 Academic Transcript (السجل الأكاديمي)

وانتم رايحين العمادة، انزلوا تحت الدور الأرضي، على يمينكم فيه مكان الصدق نسيت وش اسمهم يطبعون لكم الترانسكربت الرسمي (ورقهم اصفر وراهي). خذوا معكم ٢٠ ريال كاش، لانه يطبع النسخة ب ١٠ ريال:) ،احتياط خذوا وحده عربي ووحدة انجليزي. (اذا انت مو موسوس، ترى يكفي بس الانجليزي). للبنات: خذوا معكم 10 ريال وروحوا لبهو الجامعة، على اليسار تلقون عمادة القبول والتسجيل، ادخلوا لشؤون الخريجات واطلبوا السجل الأكاديمي باللغة الانجليزية.

☐ Internship showing ()

هذي سووها من بدري الله يرضالي عليكم. الطريقة انك ترسل الى إيميل مكتب الامتياز الترانسكربت حقك انجليزي (ارسلوا لهم اللي بالبوابه عادي)، تروحون عندهم بس يسجلون اسمكم انكم تبون ورقة (تعريف امتياز)، بعد كم يوم تلقونها جاهزه موقعه ومختومه من وكيل الكلية و تاخذونها من مكتب أ. ناصر (اللي قدام المكتبة) أو سكرتير الوكيل.



2. Portfolio Questions

هي على قولتهم ٨ أسئلة، وتجاوبها ب Yes أو No. إذا يس، تعبى التفاصيل حقتها (الله لا يهينك)

1. السؤال الأول:

| Question #1 (points: 2) | | | | QUESTION TIP |
|---|--|---|------|--------------|
| Notice! If the research project is systematic | ing proposal, collecting data, analyzing data and review or review article, no need for ethical revindent letter from the research supervisor. | writing a manuscript) whether published or not? | ○ No | Yes |
| Upload scanned evidence/proof (Ethical Appro | val) | Upload scanned evidence/proof * (Proposal) | | |
| Allowed Upload scanned evidence/proof (Letter of Supe | extensions: pdf ervisor) | Allowed extensions: pdf | | |
| Allowed | extensions: pdf | | | |
| Does the supervisor have a valid SCFHS Licens | ing number? * | Yes No | | |
| Supervisor Name* | Supervisor License Number in SCFHS* | Supervisor Contact Number* | | |

☐ Proposal ():

☐ Ethical Approval ():

هذي هي اللي اذا انقبل بحثكم توصل رسالة لل Primary investigator بالايميل فيها ان البحث الفلاني اللي فيه المشاركين الفلانيين approved، تحت مكتوب ال Expire date، فيه اشاعه تقول انه لازم يكون مب اكسبايرد وقت المشاركين الفلانيين Renewal تحت مكتوب العبايرد بس رحت اسوي له Renewal احتياط) فعاد انتو وضميركم.

☐ Letter of Supervisor ():



____*__****___*_

2. السؤال الثاني

| ? Question #2 (points: 4) | | | QUESTIONTIP |
|---------------------------------------|--|----------------------------|-------------|
| Were you able to publish a research a | rticle in a peer reviewed journal? | | ○ No ● Yes |
| Research Link* (Only one link accepta | ble , more than one link will be rejected) | Name of the Journal* | |
| 8 | | | |
| Article Title* | | Date of Publication* | |
| | | | |
| Does the supervisor have a valid SCFF | HS Licensing number? * | Yes No | |
| Supervisor Name* | Supervisor License Number in SCFHS* | Supervisor Contact Number* | |
| | | | |
| | | | |

هذا سؤال نشر البحث، اذا انت ناشر اي بحث (عادي لو هو نفس البحث اللي انت قدمته فوق)، تحط الرابط حق البحث واسم المجلة والعنوان والتاريخ. كلموا الكونسلتنت اللي اشتغلتم معه يعطيكم رقم تصنيفه في الهيئة عشان تحطونه بعد. معله مات مهمة:

- حطوا رابط المجلة الأصلى وليس رابط Pubmed، عشان ما يرفضونه
- معلومه ثانيه غالبا الردي تعرفونها: بحثك لازم يكون يا منشور بمجلة تبع جامعة سعودية/المجلة تكون مدرجة في Web of Science

Quoted from SCFHS Match Guide 2022

"The applicant may use the same research activity submitted for the previous question, if it has been published in a journal that meets the requirements.

- The name of the applicant <u>must be included</u> in the list of authors under the research title.
- The research <u>must be published</u> upon application.
- The publishing journal must <u>meet any of the following criteria</u>:
 - Indexed and recognized by Pub Med, Web of Science Or a Saudi scientific health journal issued by an official and recognized entity (Saudi universities or healthcare associations)."



نصيحة من قلب:

- لا تشترون بحث، خلوا من أولوياتكم بالامتياز انكم تنشرون بحث ولو Case Report.

| **** | |
|--|------------------|
| | 3. السؤال الثالث |
| Question #3 (points: 2) | QUESTION TIP |
| Did you get any postgraduate academic degree / medical degree (Diploma, Masters or PHD)? | No Yes |

طبعاً لا يا صاحبي

_____*___*

4. السؤال الرابع

| Question #4 (points: 2.5) | | | QUESTIONTIP |
|--|--|--|-------------------------|
| | alth related voluntary social/community as awareness day, health education media | ctivities during last five years? (e.g. Breast cancer campaign, smol | king cessation No • Yes |
| Participate Certificate Date. Within last 5 year Stamped. Signature. Health campaign | rs. | | |
| Upload scanned evidence/proof (Or | Allowed extensions: pdf | | |
| Campaign Provider Name* | Campaign Name* | Campaign Date* | |
| Should be a health campaign provider | | | |

هذي اذا انت مسوي فعالية، ترفعها هنا. مهم تنتبه الى متطلباتهم وايش نوع الفعالية عثبان ما يرفضون اللي تقدمه. طبعا اغلبكم اذا مو كلكم عملتم فعالية التطعيم بمركز الجامعه، هذي على كلام الهيئة تنقبل دايركت، فاذلك قدموها:).. انتبهوا اذا بتقدموا فعالية سويتوها بالجامعه انكم ما تنسون تختموها اول شي من مكتب أ. ناصر آل زياد (اقين، اللي قدام المكتبة) او مكتب سكرتير الوكيل.



My summary from SCFHS 2022 book about activity requirements

Make sure your volunteering works are **directed towards the community** and not healthcare workers or students for them to count. Make sure any certificate you have **fits the aforementioned criteria**. **Health Volunteering Platform or National Volunteering Platform work is directly accepted**.

For other volunteering works, make sure the following is included:

- o ROLE: Organiser, or any meaningful role, not Attendee.
- o DATE!
- STAMP AND SIGNATURE!
- FULL NAME
- AUDIENCE: THE COMMUNITY

5. السؤال الخامس Question #5 (points: 2.5) Did you actively participate in any health related voluntary social/community activities during last five years? (e.g. Breast cancer campaign, smoking cessation No Yes program, Hajj Health helpers, disease awareness day, health education media programs, humanitarian missions, etc.) icel: Participate Certificate should include: Within last 5 years Stamped. Signature. Health campaign provider. Upload scanned evidence/proof * (Only one certificate) Allowed extensions: pdf Campaign Provider Name* Campaign Name Campaign Date* -Should be a health campaign provider

__*__*__

تحط فعالية ثانيه، نفس الكلام اللي فوق

____-*-_-***-_-*-__



6. السؤال السادس

هذي مب للناس المنتظمين، محد منكم بيحطها لكن بشرحها؟

| Question #6 (points: 2) | Clinical Experience Form (Download) 0 POINTS IS AWARDED | QUESTION TIP |
|---|---|--------------|
| Have you had clinical experience in the specialty of your first preference? Notice! The question has been automatically evaluated because you are in internship. یجب ان لا تقل محة الخبرة العملية عن ستة أشهر | No | |

اذا انت خلصت امتياز وقدر الله انك ما يصير لك ماتش، تقدر تاخذيا Service أو Clinical Attachment، لمده ٦ شهور متواصلة، او ٣ شهور مرتين في نفس التخصص اللي انت بتقدمه كال 1st choice، ثم تعبي المعلومات الخاصة فيه ويوقعها لك استشاري (لازم استشاري ويكون مصنف بالهيئة ك إستشاري فعلا) وتأخذ النقطتين ذي.

| > | * | ***_ | *_ | — |
|---|---|------|----|---|
| | | | | |

7. السؤال السابع

| Question #7 (points: 3) | 0 POINTS IS AWARDED QUESTION TIP |
|--|----------------------------------|
| Does the applicant's choices indicate a strong interest in his first preferred specialty? Notice! The question has been evaluated based on your choices in program city | No Yes |

هذي تحسب لك دايركت اذا انت بخطوة ترتيب الرغبات حطيت اول م choices كلها نفس التخصيص بس في مدن مختلفة.

| * | *** | * | |
|---|-------|---|--|
| | ` ` ` | · | |

8. السؤال الثامن

| Question #8 (points: 2) | QUESTIONTIP |
|--|-------------|
| Are you currently practicing in an official job in a healthcare institute? | ○ No ○ Yes |

هذي بس اذا انت Service تنحسب لك، (لأن السيرفس تعتبر وظيفة) حتى لو بس كنت سيرفس لمدة يوم واحد:) بس اهم شي يكون وقت التقديمات انت سيرفس.



3rd Step:

After the application closes, they'll take around **1 month** to **verify and double check** the documents you've uploaded, then, you'll receive this <u>super horrifying message</u>:)



After your <u>panic attack</u> resolves (kidding, or not..), open your profile on **Matching** website. And it will be shown like this:



To show more information, click on your score (below the word **Agg Score**):

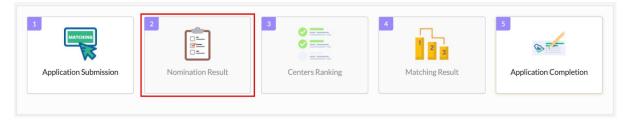
| Your Result Score Details × | < |
|--|---|
| | |
| Your GPA Score Calculation: (*30) / 100 = | |
| | |
| Your SLE Score Calculation: (** 50) / 100 = | |
| | |
| Your Questions Score Calculation: (14* 5*20) / 100 = 14% | |
| | |
| Your Final Agg Score is: | |



4th Step: <Nomination Result <u>Step</u>> '

After a certain duration (following the scores), the nomination day will come, and believe me when I say it's <u>freaking anxiety provoking!</u> Especially since the results are almost always not shown on the website at the promised time:)

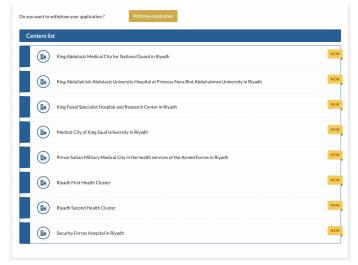
Enter the Matching website, choose "Nomination Result":



And, here's a moment of truth, Inshallah I hope all of you guys reading this to face this message in your beloved speciality, as I did <u>Alhamdullah</u> <3



Below your nomination, you'll see the list of centres available, which you'll be expected to have an interview with (all of them, or some, as you wish).

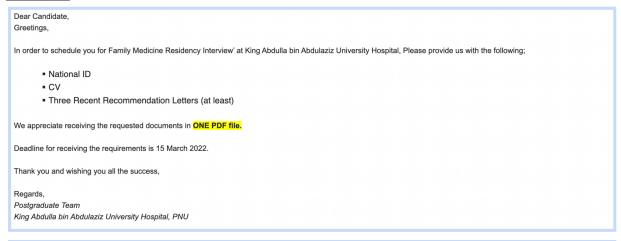


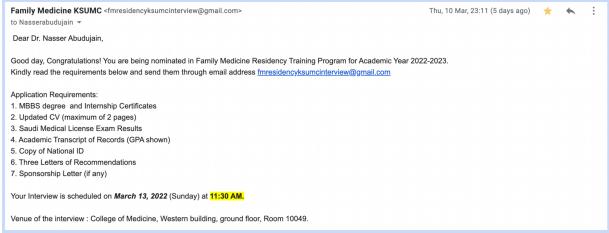


In short notice, you'll start receiving emails from each centre with the requirements. In the email, you either receive a "Scheduled interview" already, or they'll ask for the requirements and your interview will be determined later.



Examples:





Now, you'll enter a different type of anxiety, the buterflying, yet horrifying type. So you'll get on and start preparing your CV (If not already prepared), and rehearse for the interview. Click here to go to "CV, and Interview Guide"

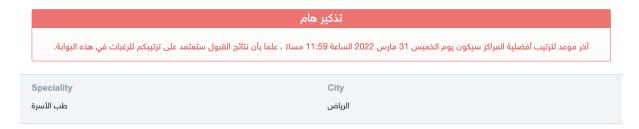


5th Step: <Centres Ranking Step>

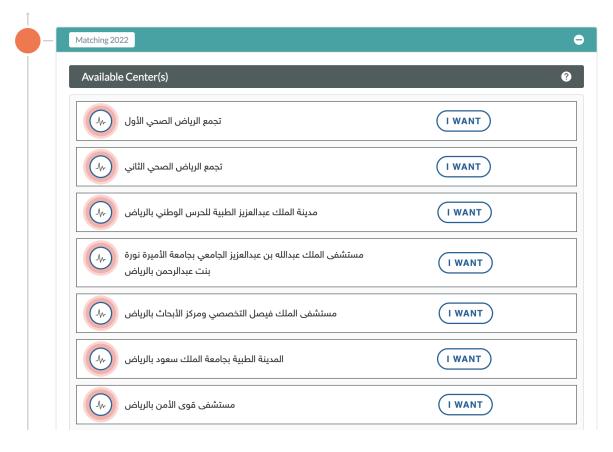
Enter the Matching website, choose "Centres Ranking":



You'll see this alert as well as this the centres available for you to choose:



Click "I WANT" to the centres that you want, respectively:





And, it will be shown like this in the order you chose:



Then **waaaait** until the results are out:)



6th Step: < Matching Result Step > '

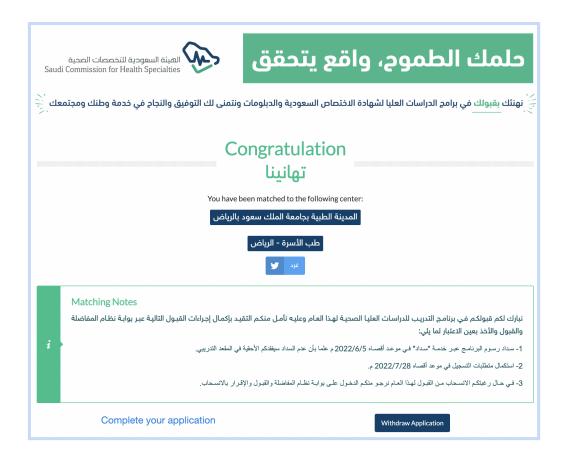


At the promised day (or a day after, lol) you'll receive this tickling message:



So come-on, take courage and open it!





And, yaaaaaaaay! I got **matched** where I wished <3
I hope Inshallah **all of you get matched** in the place you dream about.

Now, (Of course after you tell your parents, friends, beloved ones "And me lol"), oh I forgot, and (Post in Twitter), enjoy that moment as much as you're able to! Then proceed to finalise your application requirements.

If you **didn't match**, it's okay. Just say <u>Alhamdulillah</u> and **take your time to process that**. Take all the time you need. Afterwhich, I want you to get back in your state of mind, and start planning for your next step, because **you can do it**!! (I trust you)

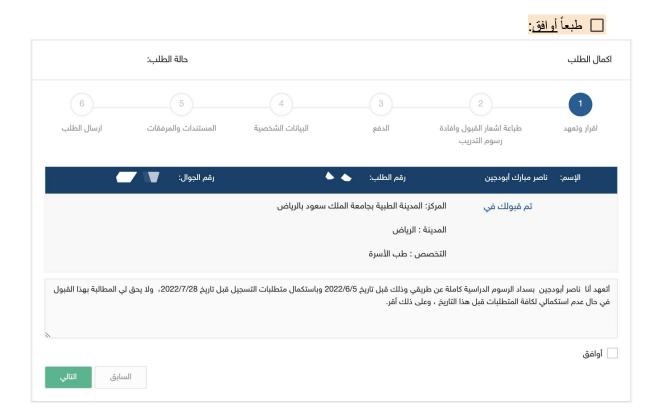
Now, to proceed to last step, click on "Complete your application" in the matching page.



7th Step: <Application Completion <u>Step</u>> `



Whether you click on this item, or the one I said in the previous step, it all will lead to the same page. So follow me:





■ هذا اطبع الاشعار حق القبول، لأنك بتحتاجه وقت تسوي التصنيف حقك في "ممارس بلس". طبعا معلومة ثانية، فيه شيء اسمه رسوم التصنيف، كل تخصص يختلف عن الثاني (اذا حاب تعرف كم يكلف تخصصك اضغط هذا الله الله الله الله الله التالي:



للأمانه بعد هالخطوة أنا رحت اخلص اجراءات ممارس بلس (التسجيل المهني + التصنيف المهني)، والصدق كان اهون علي ادفع بالبدايه ألف ريال مب ثمان آلاف علطول ههههههههههه...

نقطتين overview عن التصنيف والتسجيل:

- التسجيل المهنى يكلف ١١٠٠ ريال (أول شى ٢٠٠، بعدين ٩٠٠) "
 - التصنيف المهنى يكلف ٣٢٠ ريال

اذا واجهت مشكلة وانت تحط اختبارك ال SMLE، ببساطة، اختار (لا) على اساس انك ما اختبرت، لكن ارجع للخطوة اللي قبلها في رفع الملفات اللي بترفع فيها اشعار القبول، حط انك تبي ترفع ملف زيادة (أخرى)، وارفع اشعار الاختبار واكتب انه "اختبار هيئة التخصصات الصحية". أنا رفض معي يوم جيت احط نتيجة الاختبار بس سويت الحركة اللي قلت لكم فوق وزبطت بدون مشاكل!!



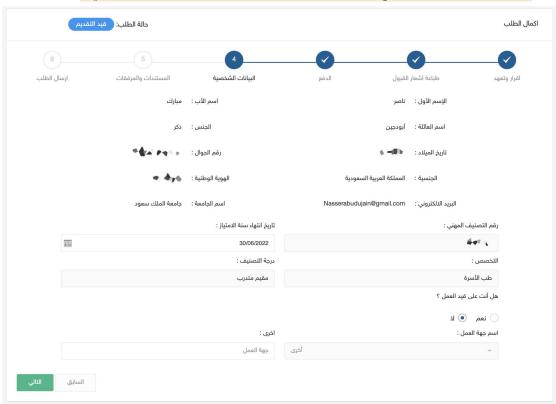
| إضافة مؤهل جديد الجامعة معلومات مؤهلك الصحي وأرفق جميع المستندات المطلوية المعودية المعودية حالية المعودية حالية المؤهل المعودية حالية المؤهل المعودية المؤهل حديدة المؤهل حديدة المؤهل حدة المراسة العربيوس المعودية حدة المراسة حدة الم |
|---|
| الجامعة الملك سعود جامعة الملك سعود بالسعودية بالمؤهل بالمواهل بالمؤهل بالمواهل بالمؤهل بالمواهل بكالوريوس المؤهل بكالوريوس المؤهل بكالوريوس بكالوريوس بكالوريوس بالمؤهل بالمواهلة بالموا |
| جامعة الملك سعود بيا السعودية المؤهل السم المؤهل السم المؤهل السم المؤهل السم المؤهل المربوس المؤهل المربوس بكالوريوس بكالوريوس مدة الدراسة المراسة ا |
| جامعة الملك سعود بالله سعود السم المؤهل السم المؤهل السم المؤهل السم المؤهل المراديوس المراديوس المراديوس بكالوريوس بكالوريوس المراديخ التخرج التخرج المرادية المراد |
| اسم المؤهل . Bachelor in Medicine and Surgery مدة الدراسة * مدة الدراسة * 5-6 05/2021 |
| المريوس بكالوريوس بكالوريوس بكالوريوس بكالوريوس مدة الدراسة مدة الدراسة تاريخ التخرج 5-6 و 5-6 |
| تاريخ التخرج فدة الدراسة 5-6 مدة الدراسة 5-6 |
| 5-6 05/2021 |
| 03/2321 |
| ضغط هناإذا لم تجد الجامعة أو المؤهل من القائمة |
| مستندات إلزامية |
| مستخدا ت إلرّامية أرفق صورة من المؤهل والسجل الأكاديمي مع مراعاة أن لا يتجاوز حجم الملف (2MB) وأن يكون بإحدى الصيغ التالية: JPEG,PNG,JPG,PDF |
| |
| سَيْحَة المُؤْهِلُ |
| |
| File(s) Selected |
| عرض النم |
| عرض النه [nternship Identification with GPA.pdf .1] |
| عرض النه Internship Identification with GPA.pdf .1 السجل الإكاديمي* File(s) Selected |
| |



□ هنا بتطلع لك رسوم التدريب حقتك، بس تحط "أوافق" ثم "إصدار الفاتورة" و بينشئون لك فاتورة تسددها عن طريق سداد (مافيه فيزا حركات الكاش باك وكذا قافطينكم ههههههه)

| د التقديم | حالة الطلب: قي | | | | اكمال الطلب |
|-------------|---------------------------------|---|-------|--|---------------|
| 6 | 5 | 4 | 3 | • | |
| ارسال الطلب | المستندات والمرفقات | البيانات الشخصية | الدفع | طباعة اشعار القبول | اقرار وتعهد |
| | | | | ليه أمّر برغبتي في الاستمرار في إجراءات في حال اعتذاري عن القبول لاحقاً عن ال | |
| | | | | , | المبلغ المالي |
| | | | | i | رقم الفاتورة |
| .ä | خلال السماح في النوافذ المنبثقا | داد لاتمام عملية الدفع ء التاكد من السماح للتحميل من | | ند الضغط على زر طباعة الفاتورة وتد | c |
| .ä. | خلال السماح في النوافذ المنبثقا | | | ند الضغط على زر طباعة الفاتورة وتد | c |

□ الخطوة اللي بعدها، بس تتأكد من بياناتك الشخصية. هنا حسب ما اعرف انا انه ما تقدر تروح الخطوة اللي بعدها الين تخلص الانتير نشب (تاريخ نهاية الامتياز)، بس عاد وش معجلك، اصبر ما وراك شيء!





□ بعد ما تخلص سنة الامتياز (تاريخ ۱/۷ بالأصح يعني)، بتقدرون تنتقلون لهذي الخانة. ارفعوا شهادة الامتياز حقتكم "طلعوها بدري تقدرون" والتصنيف المهني اللي شرحته فوق (ذاك اللي تدفعون ۲۰۰ ثم ۹۰۰):)

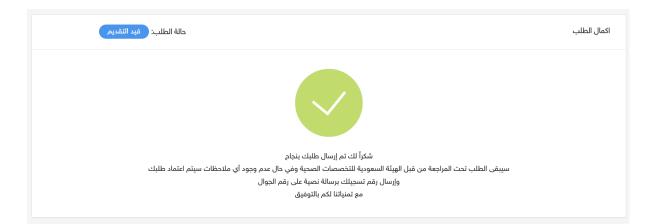
| تقديم | حالة الطلب: فيد ال | | | | , الطلب | |
|-------------|----------------------|-----------------------------------|-----------------------------|--------------------------------------|-------------|--|
| 6 | 5 | — | — | | | |
| ارسال الطلب | المستندات والمرفقات | البيانات الشخصية | الدفع | طباعة اشعار القبول | اقرار وتعهد | |
| | PDI | منفصلة عن بعضها البعض وبصيغة F | فاق جميع الملفات المطلوبة م | الرجاء ار | | |
| | | | | التصنيف المهني ((ختياري) اختر ملف | | |
| | | | | | شهادة سن | |
| | الى خطوة ارسال الطلب | نندات المطلوبة ستتمكن من الانتقال | لريق سداد وارفاق جميع المست | بعد اتمام عملية الدفع عن ص | | |
| | | | | | | |

□ الخطوة اللي بعدها، خلاص قبل ما ترسل طلبك لهم. تأكد من معلوماتك

| 6 | | | | | ~ |
|-------------|--|-----------------------------|---------------------------|------------------------------|----------|
| ارسال الطلب | المستندات والمرفقات | البيانات الشخصية | لقبول الدفع | عهد طباعة اشعار ا | فرار وتع |
| | | | | البيانات الشخصية | |
| | مبارك | اسم الأب : | ناصر | الإسم الأول : | |
| | ذکر | الجنس : | أبودجين | اسم العائلة : | |
| | | | \$100-10 | تاریخ المیلاد : | |
| | Report Res | الهوية الوطنية : | المملكة العربية السعودية | الجنسية : | |
| | THE STATE OF THE S | رقم الجوال : | Nasserabudujain@gmail.com | البريد الالكتروني : | |
| | 30/06/2022 | تاريخ انتهاء سنة الامتياز : | جامعة الملك سعود | شهادة البكالوريوس من جامعة : | |
| | طب الأسرة | : التخصص | 76497 | رقم التصنيف المهني : | |
| | | | مقيم متدرب | درجة التصنيف : | |
| | | | | المستندات المرفقة | |
| | | ني (إختياري) | التصنيف المه | | |
| | | ة الإمتياز | شهادة سنن | | |
| | | | | بيانات الدفع | |
| | 2220004 🕻 🔮 | رقم الفاتورة : | 8000.00 | المبلغ المالي : | |
| | | | مسددة | حالة الفاتورة : | |

🗖 خلاص، وننتظر انهم they process your request يا حلو







CV & RESIDENCY INTERVIEWS

CHAPTER



Learning outcomes:

After reading this chapter, you will inshallah:

- Get an overview of how to structure your CV
- Get an insight of most important interview tips
- Helpful interview files

CV (Curriculum vitae)

Who are you in "Two pages" only!

If I asked you that: "Hey buddy, summarise to me who you are, and what are your achievements?" I'll be 100% positive that you'll pause for a second, and then come with a talk that some of it makes sense, and the rest <u>may not be on your advantage</u>:) that's why you need to work very well on your CV, and rehearse multiple times!

Important points:

Your CV should look professional and clear.

(آسف، بس احذف او ادمج بعض الاشياء اللي مالها داعي) Not more than 2 pages

Contains certain Subheadings (see the next section)

Contains a personal **Photo** (optional)

Know every point you add in your CV BY HEART, and to prepare an answer for any expected question.

Prepare a different CV version for each centre.

Show it to the people you trust, and take their opinion.

Be innovative

Personally speaking, my **role model** in CV writing is <u>Dr. Mojahed Otayf</u> (*Current Board-certified-FM resident at KFSH-RC*), Dr. Mojahed makes a yearly lecture about how to make a good CV, as well as how to prepare for interviews. I recommend you follow him on twitter (and me, lol) and stay tuned for his upcoming lecture inshallah during your matching period.

Dr. Mojahed's Account - Click Here



| CV subheadings | | | | |
|--|--|--|--|--|
| Personal Information | Personal photo (optional) | | | |
| 1. Academic Education: | 4. Research Activity | | | |
| Your university date of studying (Ex. 2015-2021), Clinical internship (Ex. 2021-2022) | Add the following information: - Research title - Principal investigator - Your role (1st author/ Co- author) (Optional imo) - Research status (published/submitted/data collection phase/data analysis phase, etc.) | | | |
| 2. Electives and training | 5. Academic Activities | 7. Extracurricular/ | | |
| Only related training, so if you had an elective in GS but you're interested in Medicine, don't add that elective. | Ex. Summer Clinical Sessions Activity, Academic initiatives | Charity and community service Ex. Be My Friend activities, Volunteering, etc. | | |
| 3. Leadership roles Ex. Batch leader, initiative leader, teamwork leader, etc. | 6. Courses & Workshops Ex. BLS, ACLS, Conferences related to your speciality, etc. | 8. Hobbies (optional) (افاء هواية صاحيه، مب تحطون أشياء (تخالف العُرف Ex. Drawing, weight lifting, expeditions, travelling, etc. | | |
| 9. Recommendation/Reference/Appreciation letters Name and email of the physician, and their affiliation. | | | | |



Interview

Most critical questions that need rehearsal

Look, the interviewing committe interviews <u>A LOT</u> of applicants, and when saying a lot I do mean <u>A LOT</u>! So if you just rehearsed and answered the interviewers' questions with the answers that everybody says, you'll be busted! So please, be yourself and be unique in your answers!

I will tell you couple of question that you'll almost hear in every interview:

(I wrote under almost each question my own answer that I said in the interview, I kept it as an example for you guys, but again, create your own answers)

***** Talk about yourself:

- > Thanking the Interviewers
- ➤ Introduction about myself
- ➤ Achievements (with proof)
- ➤ Gained skills

Things that are worth mentioning here are:

- i. **Demographics** (Your name, University, Graduation degree, and city of residence),
- ii. **Personal Interest in Medical School** (Research, Clinical achievements, Charity, and Community service), iii. **Valuable Lessons during Medical School** (Time management, and stress coping skills), iv. **Your Hobbies**Example:

"Good morning everyone (Dr. .., Dr. ..), thank you for having me today and making time to interview me. My name is Nasser Abudujain, I graduated from King Saud University with an excellent degree. During my medical school, I found myself to be passionate about research projects, clinical exposure, as well as mentoring of junior students. Throughout the past 6 years, I was able to learn various skills, such as stress coping, time management, and prioritising. I have multiple interests and hobbies; I'm interested in TV Shows of various kinds, Expeditions/camping, graphic designing, and specialty coffee brewing."

***** Why did you choose this speciality?

- > I've searched for my options.
- ➤ Generalist



- ➤ OPD Settings
- > Had training; to confirm that

Here, it's important to point out to them that you choose your specialty wisely, and that you really feel happy and enthusiastic about it. Please don't say (it was my dream since I was a young boy to be ...), you won't sell it to them.

Example:

"Like any other medical student, ever since I joined the medical school I've been looking around for "what speciality fits and suits me the most", until I came across Family Medicine. Family Medicine is marked by being Generalist, where it's something I personally adore rather than to be specialised in one field. Upon my experience, I preferred the Outpatient setting rather than Inpatient/OR settings, where I found that I became the best version of myself there. I had training in multiple specialities, and decided to take my elective in family medicine, which only made me more determined to pursue this ambition.

Nevertheless, now that with the 2030 vision to furtherly improve primary care settings in the Kingdom, and that there'll be a Family physician for every family, was a great motive for me to proceed on this track."

***** What do you know about our program?

- ➤ Back in Senior year, started asking
- > Asked multiple residents, and worked in different clinics
- > Academic institute; research and activity opportunities
- ➤ Qualified consultants

Here, you have to be smart and to point out the strengths of the centre. In case you had an elective with them before, you can mention that you've tried the setting personally and you feel it has a motivating environment for education. If you didn't take an elective there, <u>ask a resident who works there</u> about the centre; and when they ask you that "What makes you feel that our centre is good for you?", you tell them that you've asked some residents who work there.

Sometimes they ask you: **"Who are the residents you've asked?"**, so remember their names! And definitely don't lie.

❖ You were born in 1997, tell us a brief about yourself from 1997 till now.



I honestly didn't prepare well for this question, but I answered "empirically" lol Example:

"I was born in Riyadh, I studied Primary school in Al Nubala private school, elementary school in Imam Nafae School, and High school in Al Shifa school. I graduated highschool with an honour degree. I then decided to join medical school"

***** What are your strengths/weaknesses?

You have to be very smart here, don't point out a very bad weakness in yourself, and also don't be cocky and over compliment yourself, be somewhere in between. Example:

A nice way of pointing out your strengths is by saying: "Well, I've noticed that a couple of my friends and colleagues have mentioned that I'm punctual, and easy to talk to." and your weaknesses by for example saying: "I take constructive criticism highly in consideration, one close friend told me that sometimes when I focus on a subject I get carried away with the details that I lose sense of the surroundings, but currently I'm working more on that aspect and trying to be attentive."

Always mention that you're working on to improve your weakness

❖ Why should we take you?

- > Respect the time, and rules
- > Respect consultants and colleagues
- > Excellent representative for the institute
- > Offer help to my colleagues in time of need

Example:

"Thank you for the question,

I'm pretty sure that all of my colleagues are good candidates. Nevertheless, I'm a person who loves to always be punctual in time, and respect roles and regulations. If I'm honoured to be a part of your facility, I'll do my best to represent this facility in the best way possible, whether in local or international events. Moreover, As I've said earlier that one of my hobbies is graphic designing, I'll do my best to recruit this hobby to serve the hospital, and the patients (for example through designing pamphlets for patients)."



***** Who are your role models in Family Medicine?

Always prepare an answer for "Why is he/she your role model?"

Example:

"My role models are: Dr. Abdulaziz AlAlwan, and Dr. Mohammed Batais. I also have a role model outside of Family Medicine; he's Prof. Mohammed Almaatouq."

***** What are you going to add to the department?

- > Start research initiatives
- > Recruit designing skills to optimise patient care

It's more or less like the question "Why should we take you?" So here state your strengths, and how you are going to recruit them in favour of improving the department, and the facility in general.

❖ Where do you see yourself after 5/10 years?

Let them know that you have a wide vision, and you aim to be better and better with time.

Example:

"I see myself to be an excellent father, qualified consultant with at least 1 fellowship, or masters degree, and an outstanding academician in an academic institute."



HELPFUL DOCUMENTS

CHAPTER





Learning outcomes:

After viewing this chapter, you will inshallah:

- Get access to history template files
- Get access to physical examination template files
- Helpful telegram groups
- Helpful files for interview preparation.

Helpful documents Chapter

| History taking template (for writing documentation) https://drive.google.com/drive/folders/1 WZHowMtkOsIpLj1O5Lpo7NbvYX4thnG S?usp=sharing | |
|---|--|
| Physical exam template (for writing documentation) https://drive.google.com/drive/folders/1 3d3Ba6Q8RthMnCGSbpW8tgZsQtYcMkJ 3?usp=sharing | |
| Extra helpful files for interviews (you might find it useful) https://drive.google.com/drive/folders/1 gJ9hOTo-xmie21at3sYoKh7wid-PFI7p?u sp=sharing | |
| Helpful SMLE links https://docs.google.com/document/d/17 fSJ6 WFxxmmBOZBp W7Ifurgn87rKyG O PFYdkS-SM/edit?usp=sharing | |

