2024

Ethiopian Health Professionals Licensing Examination(EHPLE)

INFORMATION BOOKLET

MEDICINE

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MINISTRY OF HEALTH-ETHIOPIA
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Institute of
Educational Research

Message From the State Minister, Ministry of Health -Ethiopia

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Improving healthcare quality is a global priority for sustainable development, with high quality healthcare being a key component of universal health coverage. One strategy to maintain health care standards is through provision of health professional competency assessment. Consequently, in 2019, the Ministry of Health Ethiopia, initiated the Ethiopian Health Professionals Licensing Examination (EHPLE) for undergraduates in seven health disciplines, which has since expanded to include 13 health disciplines.

The main goal of this competency assessment is to identify health professionals with minimal competencies necessary to perform their duties safely and competently, thus enhancing the quality of health care services. This initiative is overseen by a dedicated Health and Health Related Institutions and Professionals' Regulatory Lead Executive Office (LEO), comprising four desks, which plays a pivotal role in strengthening the system and enabling the LEO to conduct the competency exam more extensively and with improved organization and quality.

It is important to note that this competency assessment differs significantly from traditional academic or employment examinations. Hence, this information booklet has been created to address the informational needs of both examinees and teaching faculty regarding the Ethiopian Health Professionals' Licensure Examination. Additionally, it aims to facilitate the assessment process, while promoting transparency and ensuring the sustainability of the program.

The preparation of this guideline involved the collaboration of esteemed experts from various higher education institutions, the Ministry of Health, JHPIEGO-Ethiopia, Amref/HWIP, Health Professionals' Associations, and the Ministry of Education. Their invaluable contributions are acknowledged with sincere gratitude, alongside appreciation for the Ministry of Health staff for their unwavering commitment and hard work throughout the project.

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This Information Booklet for Ethiopian Health Professional's Licensure Examinations is a contribution from several educators, researchers, students and concerned individuals with a genuine interest to propel Ethiopia's medical and health sciences education forward.

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Acronyms and Abbreviations

EHPLE	Ethiopian Health Professionals Licensing Examination
ETA	Educational and Training Authority
HEIs	Higher Education Institutions
HHrIPR-LEO	Health and Health-related Institutions and Professionals Regulatory Lead Executive Office
HSTP-II	Health Sector Transformational Plan-II
MCQ	Multiple Choice Question
MoH	Ministry of Health
WHO	World Health Organization

Purpose of the Information Booklet

The Ethiopian Health Professionals' Licensure Examination (EHPLE) Information Booklet serves as a comprehensive guide for those individuals seeking information about the exam. It typically outlines basic information for candidate registration, exam development and administration processes and procedures, result notification, and the licensing process. It also includes information on the exam framework, i.e., the exam domain, sub-domain, content, process, and task, with sample exam items specific to each profession.

The publication of this Booklet is crucial for the following reasons:

- Clarity and guidance: It provides clear information about the exam by ensuring candidates understand the necessary information to prepare them.
- Accessibility: It serves as a readily accessible resource for individuals pursuing to take the exam, consolidating essential information in one document and facilitating easy access to necessary details. It also helps other stakeholders who might be interested in such resources.
- Transparency: It promotes transparency in the examination process and fosters trust among stakeholders about the exam.

In summary, the publication of this Booklet is essential for creating a transparent, standardized, and accessible framework that guides candidates through the EHPLE process.

Contents

Definition of terms

- **Domain:** a broad category or area of knowledge or skills of a profession
- **Sub-domain:** a subset of a broader domain that focuses on knowledge or skills related to the overarching domain
- **Content:** a more specific subcategory, which is a breakdown of the sub-domain
- **Task:** the responsibility, knowledge, skill, and attitude of a junior undergraduate professional in an actual work environment
- **Process:** a systematic sequence of steps or actions designed to achieve a specific outcome
- **Learning outcome**: a clear and measurable statement that describes what the examinee is expected to know or be able to do
- **Relative emphasis:** the proportional importance or weight assigned to different content areas or categories within the assessment
- **Item:** a particular multiple-choice question
- **Item developer:** a subject matter expert responsible for writing test items or questions that make up the examination
- **Item reviewer:** a subject matter expert responsible for reviewing and refining the test items or questions that make up the examination
- **Standard setting:** a process of determining a cut-off point or passing score for an exam
- **Item difficulty index:** a statistical measure that indicates the proportion of examinees who answered a particular test item correctly
- **Discrimination index:** a statistical measure that evaluates how well a particular test item differentiates between high-performing and low-performing examinees
- **Admission paper:** a printout paper generated by the system after completing registration that contains the examinee's photo, QR code, and necessary information

1. Introduction

1.1. Background

Competency assessment is one of the strategies for controlling the standard of healthcare services provided in healthcare facilities. The World Health Organization (WHO) recommends all healthcare professionals to have necessary competencies. In Ethiopia, the Health Sector Transformational Plan-II (HSTP-II) states competency assessment of all graduates before joining the health workforce as one of the strategic initiatives.

The Ministry of Health (MoH) launched the Ethiopian Health Professionals' Licensing Examination (EHPLE) for undergraduates in 2019. The Health and Health-related Institutions and Professionals Regulatory Lead Executive Office (HHrIPR-LEO) of the Ministry of Health is given a mission to implement the Ministry's objective to achieve competency-related goals. It has the responsibility to ensure that the EHPLE meets technical, professional, and legal standards, and to protect the health, safety, and welfare of the public by assessing candidates' abilities to practice competently.

Currently, the exam is given for 13 health professions (Medicine, Nursing, Public Health, Pharmacy, Medical Laboratory Science, Anesthesia, Midwifery, Dental Medicine, Medical Radiology Technology, Environmental Health, Psychiatric Nursing, Pediatric and Child Health Nursing, and Emergency and Critical Care Nursing). Since its introduction until February 2024, a total of 166293 examinees took the exam in 14 rounds.

1.2. The Rationale of EHPLE

One of the critical functions of the MoH is to guarantee the efficiency, quality, and equity of healthcare delivery and to protect the public from any undesirable consequences in healthcare delivery practices. As professionals' competence is a significant determinant of the quality of health, evaluation of health professionals' competence has now been given due attention. The licensing examination for health professionals serves as a crucial step to ensure that individuals entering the field meet specific competency standards. The sole aim of the competency assessment is to safeguard public health by verifying that health professionals have the minimal basic knowledge, attitude, and skill required to provide safe and effective care.

Licensing exams act as a preventive measure, ensuring that only competent professionals join the health workforce, which, in turn, contributes to reducing the occurrence of medical errors and enhancing overall patient safety. By setting standards through examinations, regulatory bodies strive to minimize the risk of medical errors caused by incompetence.

2. Key processes of EHPLE

EHPLE involves several key processes to ensure the quality and reliability of the examination.

2.1. Registration of candidates

EHPLE has a mandatory online registration system for both new and repeat candidates, which can be found at www.hple.moh.gov.et

Please note these important notes during registration.

New Test Takers:

- The list of eligible candidates from governmental and private Higher Education Institutions (HEIs) will be sent from Ministry of Education (MoE) to MoH and uploaded to the online registration system by MoH.
- Once the name of the candidate is uploaded to the system and registration has opened for the current exam round, the candidate must register at **www.hple.moh.gov.et** by uploading the necessary documents listed below.
  - ✓ a scanned original or temporary degree
  - ✓ a scanned government-issued ID, passport, driving license, or any other legal ID
  - ✓ a passport-size photo of the candidate
  - ✓ For international candidates:
    - Equivalence document from ETA
    - Completing an externship attachment according to assignment by the regulatory body
    - Externship attachment completion letter

Repeat Test Takers:

- Since the information about re-exam candidates already exists in the system, the candidate should register by directly going to **www.hple.moh.gov.et**. There is no need for re-exam candidates to upload their documents.

Both new and repeat candidates:

- After completing the registration, the candidate must download and print the admission paper by logging into his/her account using his/her email address and password
- The candidate can change the exam center by logging into his/her account only during the registration period
- Once an examinee has selected his/her exam center during the registration period, an application for center change will not be allowed

2.2. Task Analysis

The first step of exam development involves conducting a comprehensive task analysis study, which identifies the tasks, knowledge, skills, and abilities required from a junior undergraduate professional in the specific profession. The analysis is typically done through surveys, interviews, or observations of practitioners in the actual work environment, as well as through the Delphi method with subject matter experts.

2.3. Exam Blueprint

Based on the task analysis findings, a test blueprint is created that outlines the content areas to be covered in the examination and the weight or emphasis given to each area. This ensures that the exam reflects the key competencies and knowledge needed for competent practice in that specific profession. Blueprint or test specification is the matrix or chart that shows the number and type of test questions represented across the topics in the content area, consistent with the learning outcome and relative weight of the test given to each content area. The blueprint also identifies the percentage weighting of cognitive dimensions as the level of competence tested in each knowledge domain.

Key components of a blueprint are:

- Domain
- Sub-domain
- Content
- Task
- Process
- Learning outcome
- Assessment methods
- Assessment tools/instrument (test format)
- Relative emphasis (in percentage)

2.4. Item Development

The items are developed following specific guidelines to ensure clarity, relevance, and fairness. Subject matter experts with experience in the field are selected from HEIs to develop test questions (items) that align with the test blueprint. The exam questions ~~will~~ focus mainly on "knows how" according to the competency level of the Miller's pyramid. The items are produced in a secure location on designated computers that are free from internet connectivity. The items are scenario-based and constructed with stem, lead-in, and four options/alternatives. All items will have a single-best-answer type of Multiple Choice Question (MCQ) that addresses the learning outcome defined in each content area. Standard text books, updated guidelines, and standards are used as reference materials.

2.5. Item Review

Once developed, the items undergo a rigorous review process by item reviewers. The main purpose of the exam review process is to evaluate content relevance, technical accuracy, clarity, and sensitivity related to culture and religion. More experienced subject matter experts as well as psychometric experts will do the review to ensure the items meet psychometric standards. Subject matter experts shall review the items to confirm that they are accurate, clearly stated, and correctly keyed using the checklist. Psychometric experts shall review the items to ensure that they are not

technically flawed. They also work on editorial review to check grammar, punctuation, and spelling errors. This helps ensure the reliability and validity of the items.

2.6. Standard setting method

The standard setting or cut-off point of the EHPLE is determined using the Modified-Angoff method, which is one of the most widely used and legally defensible standard setting approaches to set a cut-off point for high-stake competency examinations.

The method involves a panel of subject matter experts who evaluate each test question and then estimate the probability that a minimally competent examinee would answer each test item correctly. The average of the experts' predictions for a test question becomes its predicted difficulty. The average of the predicted difficulty values across all items on a test is the recommended cut-off point. This point indicates the minimum level of knowledge and skill required to pass.

2.7. Exam Administration

The EHPLE is administered following established protocols and guidelines. Proper test administration procedures, appropriate security measures, and appropriate consideration for test-takers who need special support will be applied during exam administration at exam centers. The exam is administered in selected HEIs nationally, where candidates can choose based on their convenience at the time of registration. The exam schedule will be posted ahead of time on the MOH website and official Facebook page. Examinees who have a valid admission paper are eligible to sit for the exam. The mode of exam administration is computer-based testing.

CAUTIONS

- Candidates are allowed

- Attend the orientation session in order to sit for the exam
- Arrive at the exam center on time
- Bring a legal ID and admission paper
- Complete the exam within the allotted time frame

➢ Candidates are **NOT** allowed

- To bring reference materials, blank paper, or notes into the exam center
- To smoke, eat, or drink in the exam room
- To bring mobile phones, tablets, smart watches, camera devices, eyeglasses, calculators or any type of electronic device into the exam center
- To bring their personal belongings to the exam center
- To bring weapons and sharp materials into the exam center
- To give or receive assistance to or from other candidates during the examination

2.8. Scoring and post exam analysis

Once the exam is completed, the scoring process begins. The exam scoring process involves computerized scoring using software.

Post-exam analysis is the process of analyzing examinees' responses to individual test items in order to assess the quality of the items and the exam as a whole. This phase helps to identify any poorly performing items that may need revision or removal from the exam. The item difficulty index, discrimination index, and reliability coefficient are elements of exam analysis.

2.9. Result notification and appeal management

After scoring and analysis, individual score reports are generated and provided to examinees through the website *www.hple.moh.gov.et*.After result notification, examinees can submit their appeal through phone or email within 10 working days after result notification.

2.10. Licensing

The list of examinees who passed the exam will be sent to regional and city administration regulatory bodies. A license is obtained from the regional/zonal health bodies where he/she permanently lives.

Requirements for professional licensing are:

- Passing the EHPLE
- Original or temporary degree
- Educational documents (10th and 12th certificates)
- Medical certificate
- Government issued ID
- Additional prerequisites based on the requirements of regional regulatory bodies

3: Exam Framework

The key broader professional roles, also known as domains or main knowledge areas serve as a building framework for the licensing examination content for Medical Doctors. The domains are further divided into discrete professional attributes that constitute sub-units (also referred to as sub-domains) defining the professional identity of Medical Doctors Tasks specifying the performance level of each sub-domain serve as the final characteristic of the professional duties on which the licensing exam focuses.

The contents of the licensing examination are presented below, structured into key roles (domains), sub-units (sub-domains), and tasks. The examination emphasis for each domain and sub-domain, out of the total 100% questions, is indicated in brackets.

Key professional roles/ domains

- ❑ Patient Care (81.0%)
- ❑ Scholar (5.0%)
- ❑ Professionalism (4.0%)
- ❑ Leadership and management (5.0%)
- ❑ Health promotion and disease prevention (5.0%)

Key role/ domain 1: Patient care roles/ domains (81.0%)

Description: This domain encompasses the professional roles of medical doctors in the provision of high-quality, safe, and patient-centered care within their scope of practice. The provision of up-to-date, ethical, and resource-efficient care requires the application of integrated knowledge of biomedical, clinical, behavioral, and social sciences. As patient care providers, medical doctors shall collect and interpret information, make clinical decisions, carry out diagnostic and therapeutic interventions, and evaluate interventions. To demonstrate competence in this domain, candidates shall apply such integrated knowledge in the following sub-areas:

- ❑ Internal Medicine (16.0%)
- ❑ Surgery (14.0%)
- ❑ Gynecology and Obstetrics (14.0%)
- ❑ Pediatrics and Child Health (11.0%)
- ❑ Ear Nose and Throat (3.0%)
- ❑ Dentistry (2.5%)
- ❑ Psychiatry and Mental Health (3.5%)
- ❑ Ophthalmology (3.0%)
- ❑ Dermatology (4.0%)
- ❑ Emergency and Critical Care (10.0%)

Key role/ domain 2: Scholar (5.0%)
Description: This domain encompasses the professional roles of Medical Doctors in generating and utilizing scientific data to improve the health and well-being of the community and broaden their scientific knowledge within the healthcare system and community setting. Providing this service requires the application of integrated knowledge in research methods, measurements of health and disease, biostatistics, epidemiology, clinical audit, evidence-based practice, and research ethics. To demonstrate competence in this domain, candidates must possess applied knowledge in planning, problem identification, data collection, analysis, interpretation, report write-up, and dissemination of research outputs.

Key role/ domain 3: Professionalism (4.0%)
Description: This domain encompasses the professional commitment of Medical Doctors to promoting the health and well-being of individuals and society through adhering to ethical standards, maintaining personal integrity, and upholding high standards of competence in all areas of practice. To exhibit competence in this domain, candidates must possess applied knowledge of ethical principles, medico-legal practices, effective communication, accountability to the profession and society, maintenance of professional excellence and personal health, and professional values such as compassion, respect, integrity, honesty, altruism, and humility.

Key role/ domain 4: Leadership and management (5.0%)
Description: This domain encompasses the professional roles of Medical Doctors in envisioning a high-quality healthcare system through self-awareness, active participation in healthcare teams, leading teams, and managing health systems. Providing this service requires the application of integrated knowledge in continuous quality improvement, effective health system leadership, management, and healthcare ethics. To demonstrate competence in this domain candidate shall possess applied knowledge to plan, organize, staff, lead, execute, monitor, and control healthcare resources and activities.

Key role/ domain 5: Health promotion and disease prevention (5.0%)
Description: This domain encompasses the professional roles of Medical Doctors in enhancing the health and well-being of patients, communities, and the larger populations they serve through health advocacy, disease prevention, health promotion and the promotion of health equity. Providing this service takes an integrated understanding of determinants of health, health informatics, epidemiology, communicable disease control, and health education.

Table 1 Exam content for the Medicine profession

Domain 1: Patient care	
Sub-domain 1.1: Internal Medicine	
Content	**Sub-content**
Infectious diseases	Mycobacterial infections
	HIV/AIDS
	Protozoal infection (Malaria, Leishmaniasis and Schistosomiasis)
	Relapsing fever and Typhus
	Typhoid Fever
	COVID-19
Cardiovascular diseases	Heart failure
	Rheumatic fever and valvular heart disease
	Infective Endocarditis
	Myocardial disease
	Pericarditis
	Dysrhythmia/arrhythmia
	Hypertension
	Atherosclerosis
	ACS (Acute Coronary Syndrome)
Respiratory diseases	Upper respiratory tract infections
	Pneumonia
	Pleural disease
	Asthma
	COPD (Emphysema, and Chronic Bronchitis)
	Lung abscess
	Bronchiectasis
Gastrointestinal diseases	Diarrheal diseases and Malabsorption
	Liver disease
	PUD (Peptic Ulcer Disease) and Related Disorders
	IBS (Irritable Bowel Syndrome)
	IBD (Inflammatory Bowel Disease)
Nephrology	Glomerular disease
	Acute kidney injury
	Chronic kidney disease
	UTI (Urinary Tract Infection)
	Electrolyte Disturbance
Endocrinology	Thyroid disease
	Diabetes Mellitus
	Adrenal disease
	Parathyroid disease
Hematology/Oncology	Anemia
	Leukemia

	Coagulation disorders
Neurologic Disorders	Seizure disorder
	Cerebrovascular Disease
	CNS infections (Meningitis, encephalitis, and Brain Abscess)
	Nerve disorder
	Spinal Cord diseases
	Headache
	Skeletal and joint disease
	Neurolocalization
Rheumatology	Rheumatoid Arthritis
	SLE (Systemic Lupus Erythematosus)
	Osteoarthritis and Gouty arthritis
Sub-domain 1.2: Surgery	
Content	**Sub-content**
Basic principles of surgery	Fluid and electrolyte abnormalities
	Perioperative care
	Surgical wounds
Minor procedures	Aseptic technique
	Local anesthesia
	Chest drainage
	IV access
Orthopedics	Osteomyelitis
	Septic arthritis
	Pyomyositis
	Necrotizing fascitis
	Fractures
	Compartment syndrome
	Dislocation
	Peripheral nerve injuries
	Soft tissue and bone tumors
	DDH (Developmental Dysplasia of the Hips) and club foot
Endocrine Surgery	Breast abscess
	Breast ANDI (Aberrations of Normal Development and Involution)
	Breast cancer
	Simple, toxic goiter and hypothyroidism
	Thyroid malignancies
	Hypoparathyrodism
Thoracic and Vascular Surgery	Empyema
	Achalasia
	Mediastinum
	Esophageal Cancer
	Lung Cancer

	Peripheral arterial disease
	Varicose vein
Gastrointestinal Surgery	Intestinal obstruction
	PUD (Peptic Ulcer Disease) perforation
	Bleeding PUD (Peptic Ulcer Disease)
	GOO (Gastric Outlet Obstruction)
	Pancreatitis
	Cystic liver lesions
	Acute appendicitis
	Gastric cancer
	Colorectal cancer
	Cholelithiasis and cholecystitis
	Obstructive Jaundice
	Hernia
	Perianal conditions
Urology	Perinephric abscess
	UTI (Urinary Tract Infection)
	Urolithiasis
	BOO (Bladder Outlet Obstruction)
	Bladder cancer
	Renal cancer
	Testicular torsion and epididymoorchitis
	Varicocele
	Hydrocele
	Testicular tumor
Pediatric surgery	Tracheoesophageal fistula (Esophageal Atresia (EA) and Tracheoesophageal Fistula (TEF))
	Infantile hypertrophic pyloric stenosis
	Intestinal atresia
	Malrotation and Midgut volvulus
	Abdominal wall defects
	Intussusception
	Hirschsprung' Disease
	Anorectal malformation
	Undescended testis, Positive Pressure Ventilation and inguinal hernia
	Hypospadias
	Posterior urethral valve
Plastic surgery	Cleft lip and palate
	Skin malignancies
Neurosurgery	Brain tumor
	Traumatic brain injury
	Spinal cord injury

Sub-domain 1.3: Obstetrics and Gynecology	
Content	**Sub-content**
Pregnancy and ANC	Physiologic changes of pregnancy
	Antenatal Care
Labor and Delivery	Intrapartum Care
	Postpartum Care
	Newborn Care
Medical disorders in pregnancy	Hypertension
	Thyroid disorders
	Heart disease
	Diabetes Mellitus
	Anemia
Late Pregnancy Complications	Late pregnancy bleeding
	Preterm labor and Premature Rupture of Membranes
	Multiple gestations
	Post-term pregnancy
	Intrauterine Fetal Death
Early Pregnancy Complications	First trimester bleeding
	Severe nausea and vomiting during pregnancy (Hyperemesis gravidarum)
Pelvic Infections and STIs	Sexually Transmitted Infection(STIs)
	Pelvic Inflammatory Disease (PID)
Benign Gynecologic Conditions	Myoma
	Abnormal Uterine Bleeding (AUB)
	Benign Adnexal Masses
	Pelvic organ prolapse
	Obstetric Fistula
Gynecologic Endocrinology and Infertility	Amenorrhea
	Infertility
	Menopause
	Endometriosis
	dysmenorrhea
Gynecologic Oncology	Cervical cancer
	Endometrial cancer
	Ovarian cancer
	Choriocarcinoma
Other Reproductive Health Problems/ Provisions	Family planning and Contraception
	Gender-based violence
Sub-domain 1.4: Pediatrics and Child Health	
Contents	**Sub-content**
General Pediatrics	Growth and development
	Nutrition
	Vaccination

	Common pediatric Procedures (Lumbar puncture, Intraosseous, thoracentesis, paracentesis)
Neonatology	Neonatal evaluation
	Preterm babies, Low birth weight babies, Small for gestational age, and Post-term babies
	Respiratory distress in newborns
	Perinatal asphyxia
	Neonatal sepsis and meningitis
	Meconium aspiration syndrome
	Neonatal jaundice
	Anemia in newborns and Hemorrhagic diseases of newborn
	Birth injuries
	Perinatal infections (TORCH:- Toxoplasmosis, others (Syphilis, Hepatitis B), Rubella, Cytomegalovirus, Herpes simplex)
	Dysmorphology (Spinal bifida, Chiari malformation, Cranio-facial malformations, Club foot, down syndrome)
Pediatrics Out Of Neonatal Age	Infectious diseases (Measles, Pertussis, Poliomyelitis, Tetanus, Diphtheria, HIV/AIDS, Tuberculosis, Malaria, Typhoid fever, Relapsing fever, Typhus)
	Respiratory tract diseases (Croup, Tonsilopharygitis, Sinusitis, Pneumonia, Bronchiolitis, Bronchial asthma)
	Cardiovascular disease (Congenital heart disease, Acute rheumatic fever, Infective endocarditis, Heart failure)
	Gastrointestinal diseases (Diarrheal diseases, Amebiasis and Giardiasis, Hepatitis, Oral/esophageal Candidiasis, Intussusception, Appendicitis, Pyloric stenosis
	Genitourinary tract diseases (Nephritic syndrome, Nephrotic syndrome, Renal failure, Urinary tract infections, CKD)
	Endocrine disorders (Diabetes mellitus, Disorders of the thyroid)
	Dermatologic disorders (Impetigo, Dermatophyte infection, Scabies, Atopic dermatitis)
	Musculoskeletal disease (Osteomyelitis, Pyomyositis, Septic arthritis)
	Neurologic diseases (Childhood seizure disorder, CNS infections, Cerebral palsy)
	Collagen vascular diseases
	Hematology and oncology (Anemia, Leukemia, Lymphoma, Solid tumors)
	Neuromuscular Disorders

Sub-domain 1.5: ENT	
Content	**Sub-content**
Otologic disorders	Otitis media
	Otitis externa
	Inner ear disease
	Miscellaneous
Rhinologic disorders	Rhino sinusitis
	Allergic rhinitis
	Nasal polyp
	Atrophic rhinitis
Pediatric ENT	Adenotonsillar disease
	Congenital stridor
	Choanal atresia
	Laryngeal papillomatosis
Head and neck tumors	Laryngeal Cancer
	Pharyngeal Cancer
	Sinonasal tumors
	Salivary gland tumor
ENT emergency	UAWO (Upper Airway Obstruction)
	Epistaxis
	Deep neck space infection
	Foreign Body (Nasal and Ear)
Sub-domain 1.6: Dentistry	
Content	**Sub-content**
Common Dental diseases	Dental caries
	Pulpitis
	Periodontitis
Orofacial infection	Mandibular space infection
	Maxillary space infection
	Ludwig angina
	Osteomyelitis of the jaw
Maxillofacial Trauma	Facial soft tissue injury
	Dentoalveolar fracture
	Mid-face fracture
	Mandibular fracture
Temporomandibular joints disorders	Hypo-mobility
	Hypermobility
Common orofacial cyst and tumor	Odontogenic tumors
	Odontogenic cyst
	Orofacial malignancies

Sub-domain 1.7: Psychiatry and Mental Health	
Content	**Sub-content**
Anxiety disorders	Generalized anxiety disorder
	Panic disorder
Mood disorders	Major depressive disorder (MDD)
	major depressive disorder (MDD) with peripartum onset
	Bipolar disorders
	Depression due to another medical condition and Mania due to another medical condition
Schizophrenia related disorders	Schizophrenia
	Brief psychosis
	Schizophreniform
	Schizoaffective
	Delusional disorders
	Substance-induced psychotic disorders
	Postpartum psychosis
	Psychotic disorder due to GMC
Trauma and stress-related disorders	PTSD (Post-traumatic Stress Disorder)
Substance-related and Addictive disorders	Classes of substances
	Substance and addiction disorders
	Alcohol withdrawal (Delirium tremens)
	Intoxication and other withdrawal
Child and Adolescent psychotic disorder	ADHD (Attention-Deficit / Hyperactivity Disorder)
	Intellectual disability
	Autism spectrum disorder
Cognitive disorders	Delirium
	Dementia
Somatoform disorders	Somatic symptom disorder
	Functional neurological symptom disorder
An obsessive-compulsive and related disorder	
Emergency Psychiatric Medicine	Suicide risk

Sub-domain 1.8: Ophthalmology	
Content	**Sub-content**
General Cases	Red eye
	Progressive loss of vision
	Proptosis and ptosis
	Leukocoria (white pupil)
	Chemical burn
	Ocular trauma
	An ocular manifestation of Systemic illnesses
Neuro-Ophthalmology	Pupillary abnormalities
	Cranial nerves
	Visual field defects
	Glaucoma
Retinal Disorders	Retinopathies(diabetic and hypertensive)
	Vascular occlusions
	Retinal detachment
	Infectious retinal diseases
Anterior Segment Disorders and Refractive Errors	Uveitis
	Keratitis
	Refractive errors
	Cataract
Orbital and Adnexal Disorders	Pre-septal and Orbital cellulitis
	Eyelids
	Blepharitis
	Conjunctivitis
	Tear drainage abnormalities
Community Ophthalmology	Trachoma
	Xerophthalmia
	Cataract
Sub-domain 1.9: Dermatology	
Content	**Sub-content**
Inflammatory skin disease	Eczemas
	Acne
Papulosquamous disease	Psoriasis
Common skin manifestation of HIV	
Cutaneous adverse drug reaction	Exantematous, Inflammatory, Fixed Drug Eruption, Stevens-Johnson syndrome, Toxic Epidermal Necrolysis)
STD	Syndromic Approach of common Sexually transmitted disease
	Genital ulcer
	Vaginal discharge, urethral discharge
Infectious dermatology	Common Bacterial infections
	Common protozoal infection

	Common viral infection
	Common fungal infection
Sub-domain 1.10: Emergency and Critical Care	
Content	**Sub-content**
Adult Emergency and critical care	Coma
	Status Epilepticus
	UpperGastrointestinal bleeding
	Shock
	Pulmonary edema
	Poisoning
	DKA(Diabetic Ketoacidosis)
	Hypertensive urgency and emergency
	ACS (Acute coronary syndrome)
	Severe asthma exacerbation
	Cerebral malaria
	Metabolic encephalopathies
	Raised Intracranial Pressure
	Sepsis
	ARDS (Acute Respiratory Distress Syndrome)
Obstetric critical care	Eclampsia
Trauma	Polytrauma
	Rib (flail segment) fractures, Hemothorax (massive), and pneumothorax (tension)
	Abdominal trauma
	Urologic trauma
	Skull fractures
	Intracranial hematomas
	Spinal cord injury
	Burn
Pediatric emergencies	Upper Airway Obstruction
	Pediatrics Poisoning
	Shock
	Respiratory distress
	Drowning
	Childhood arrhythmia
	Pediatrics Basic Life support (BLS)

Domain 2: Scholar
Content
Problem identification
Objective setting
Study design
Sampling technique
Sample size
Data collection tool
Method of data collection
Data quality control
Ethical consideration
Data presentation and Summarization
Estimation
Hypothesis Testing
Measure of association

Domain 3: Leadership and management
Content
Management functions
Concepts and principles of management
Types of planning
Steps of planning
Organizing
Staffing
Leading
Decision making
Resource management drug, Health Management Information Systems, other materials
Primary Health Care and Ethiopian Health Policy
Teamwork
Health care financing
Monitoring
Evaluation

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Maternal and Child Health
Screening
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Sub-domain 4.2: Community health intervention
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Effective communication with client's/ client's family /therapeutic communication
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Principles of communication
Recording and documentation
Respectful communication in the healthcare team

Sample Questions

1. A 20-year-old man presents to a clinic with complaints of headache and fever of three weeks duration. His illness is associated with neck stiffness, fatigue and night sweats. His examination is notable for temperature of 37^0C. CSF analysis showed elevated opening pressure, 150 WBCs with 65% lymphocyte and glucose of 30mg/dl. Brain CT-scan revealed basal meningeal enhancement with mild hydrocephalus.

   What is the most appropriate treatment for the patient?
   (A) 2(SERH)/6(RH) + Corticosteroids
   (B) 2(RHZE)/8(RH) + Corticosteroids
   (C) 2(RHZE)/4(RH) + Corticosteroids
   (D) 2(RHZE)/10(RH) + Corticosteroids

Answer key: The answer is **D**
Explanation: The patient's symptoms, CSF analysis and brain CT-scan finding are suggestive of tuberculosis meningitis. TB of the central Nervous system (CNS) accounts for 5% of extra pulmonary tuberculosis It is seen most often in young children. It is also seen in adults, especially those infected with HIV.. If unrecognized, tuberculosis meningitis is uniformly fatal. CNS TB treatment requires prolongation of the continuation phase for 10 months: 2RHZE/10RH. Clinical trials have demonstrated patients with CNS TB given adjunctive glucocorticoid may experience faster resolution of CSF abnormalities and elevated CSF pressure, resulting in lower rates of death or severe disability and relapse. The WHO now recommends that adjuvant glucocorticoid therapy with either dexamethasone or prednisolone, tapered over 6–8 weeks, should be used in CNS TB.

2. A 30-year-old known RVI patient on ART comes to a medical OPD with a complaint of cough with minimal sputum production of three days duration. He has fever and night sweating. However, he does not lose appetite and weight. His blood pressure is 100/70mmHg, pulse rate is 80/min, respirations are 25/min, temperature is 37.9^0C and SPO_2 is 92% at room air. Chest examination reveals coarse crepitation on the middle left lung fields. Investigations show WBC count of 13500/mm^3 with 70% polymorphs and CD4 count of 550/µl.

   What is the most likely diagnosis of this patient?
   (A) Pulmonary tuberculosis
   (B) Pneumocystis carini pneumonia
   (C) Upper respiratory tract infection
   (D) Community acquired pneumonia

Answer key: The answer is **D**
Explanation: The patient's symptoms, the coarse crepitation and leucocytosis with Neutrophil predominance are suggestive of community acquired pneumonia. Pulmonary disease is one of the most frequent complications of HIV infection. The most common manifestation of pulmonary disease in HIV patient is bacterial pneumonia. Typically, patients present with sudden onset of cough, sputum production, chest pain, fever and/or shortness of breath. Although pulmonary

tuberculosis can occur in patients with relatively high CD4+ T-cell, the absence of weight loss and loss of appetite, the acute presentation and PMN predominated leucocytosis makes it less likely. Pneumocystis carini pneumonia commonly occurs when patients have significant immune suppression (CD4 count <200cells/mm3 or CD4 percentage < 14%).The presence of leucocytosis and physical sign of consolidation on left lung makes the diagnosis of upper respiratory infection less likely.

3. A 55-year-old patient with diabetic nephropathy presents to a hospital. The patient has eGFR of 45ml/min/1.73m^2 and albumin with creatinine ratio of 100mg/g.

   What is the most effective management to reduce progression of CKD in this case?
   (A) Hemodialysis
   (B) Kidney transplantation
   (C) ACE inhibitors
   (D) Dietary protein restriction

Answer key: The answer is **C**
Explanation: The patient is on CKD stage 3a and A2 (moderately increased albumunria). Reducing intraglomerular hypertension and proteinuria is important in slowing the progression of chronic kidney disease (CKD). In patients with diabetic nephropathy in which progression is strongly associated with systemic and intraglomerular hypertension and proteinuria, ACE inhibitors and ARBs are the recommended choices to reduce progression of CKD. ACE inhibitors and ARBs are effective in slowing the progression of renal failure in large part through effects on efferent vasodilatation and the subsequent decline in glomerular hypertension.
Hemodialysis and kidney transplantation are the treatment choices for patients with end-stage kidney disease. There is limited evidence on the use of very low protein in patients with CKD and Diabetes mellitus.

4. A one-year-old female infant is brought to a clinic for general check-up. The birth weight of the infant was 3.0kg. Her mother wants to know the current weight of the baby, but the clinician does not have a beam balance for weight measurement. Meanwhile, the baby is growing well.

   What will be the most likely average weight of the baby at this age?
   (A) 6kg (B) 8kg (C) 9kg (D) 12kg

Answer key: The answer is **C**
Explanation: A newborn's weight may initially decrease 10% (vaginal delivery) to 12% (cesarean section) below birth weight in the first week as a result of excretion of excess extra vascular fluid and limited nutritional intake. Infants regain or exceed birth weight at two weeks of age and should grow at approximately 30g/day during the first month. Between the third and fourth months of age, the rate of growth slows to approximately 20g/day. By the age of four month, the birth weight

is doubled. At the age of one year, birth weight will be tripled. Since the birth weight of the infant was 3 kg, the expected weight after a year would be 9 kg.

5. A mother of a one-month-old male infant comes to a clinic and wants information about the benefit of breast feeding.

   What is the most appropriate information that should be given to the mother?
   (A) It is rich in secretary immunoglobulin E.
   (B) It contains more casein and less whey protein.
   (C) It protects against diarrheal disease and ear infection
   (D) It contains sufficient amount of Vitamin D for the baby

Answer key: The answer is **C**
Explanation: The American Academy of Pediatrics (AAP) and World Health Organization (WHO) have declared breastfeeding in order to make the administration of human milk as a normative practice for infant feeding and nutrition. Breastfeeding has documented short- and long-term medical and neuro-developmental advantages. Moreover, Human milk has a protective effect against diarrhea, otitis media, urinary tract infection, necrotizing Enterocolitis septicemia, infant botulism, insulin-dependent diabetes mellitus, celiac disease, crohn's disease, childhood cancer, lymphoma, leukemia, allergy, hospitalizations and infant mortality. Human Milk is rich in Secretary Immunoglobulin A not immunoglobulin E. It also contains sufficient amount of casein and whey protein but it doesn't have sufficient amount of Vitamin D.

6. A 60-year-old female patient underwent total thyroidectomy for an indication of papillary thyroid cancer. On the 4th postoperative day, she developed carpopedal spasm and paresthesias.

   What is the most appropriate management for this patient's problem?
   (A) Restrict calcium and resuscitate her with normal saline
   (B) Treat her with IV 10% calcium gluconate
   (C) Give her IV potassium chloride 20meq/l
   (D) Give her d5w and 3% sodium

Answer key: The answer is **B**

Explanation; The patient had total thyroidectomy in which case there is a high risk of hypocalcaemia due concomitant excision of parathyroid gland. The patient also developed paresthesia which is the first manifestation of hypocalcaemia. In addition, the presence of carpopedal spasm highly suggests the likelihood of hypocalcaemia. Therefore, the most appropriate treatment for this case is IV calcium gluconate in order to alleviate the manifestations. Option A is a treatment for hypercalcemia. Option C is a treatment for hypokalemia. Option D is a treatment for hyponathreima.

7. A 25-year-old female patient comes with a complaint of progressive difficulty of swallowing. Endoscopy result reveals narrow lower esophageal sphincter with dilated proximal esophagus. Esophageal manometer also shows incomplete lower esophageal sphincter relaxation with aperstalisis of the esophageal body.

   What is the most likely diagnosis of the patient?
   (A) Achalasia
   (B) Esophageal cancer
   (C) Nutcracker esophagus
   (D) Hypertensive lower esophageal sphincter

Answer key: The answer is **A**
Explanation; The relatively younger age of the patient is in favor of achalasia. In addition, the endoscopy result is consistent with the diagnosis of achalasia. Option B is unlikely be happened as the patient is relatively young. Option C and Option D are unlikely occurred because of the incomplete lower esophageal sphincter relaxation and the aperstalisis of the body of the esophagus.

8. A 67-year-old diabetic male patient was admitted to a medical ward with a diagnosis of community-acquired pneumonia two days ago. Currently, he is complaining of worsening shortness of breath and fast breathing. On evaluation, his blood pressure is 130/80mmHg, pulse rate is 113/min, respiration rate is 34/min, temperature is 36.5ºC, and O_2 saturation is 88% on 6 liter intranasal O_2. X-ray shows bilateral patchy opacities.

   What is the most likely explanation for these findings?
   (A) ARDS
   (B) Empyema
   (C) Lung abscess
   (D) Pulmonary embolism

Answer key: The answer is **A**
Explanation; The level of acuteness of the duration, the symptoms of shortness of breath, the high respiratory rate, the level of desaturation, and the chest X-ray findings are consistent with a diagnosis of ARDS. Option B is unlikely observed as there is no air fluid level on the imaging. Option C is not the most appropriate diagnosis as there is bilateral patchy opacity on the chest X-ray. Option D is unlikely seen as there is no sign of fluid collection on the imaging.

9. A one-year-old toddler is brought to an emergency room after a sudden choking episode, while he was playing at home. On physical examination, well appearing child with loud wheezing and absent air entry on the right side of the lung is noted.

   What is the most appropriate next step that will help to diagnose the child's problem?
   (A) Send for chest x-ray
   (B) Take nasal culture swab
   (C) Trial of Dexamethasone
   (D) Trial with Nebulized epinephrine

Answer key: The answer is **A**
Explanation; The history of choking episode, the physical examination finding of right side wheeze and absent air entry is consistent with a diagnosis of foreign body aspiration. In a well looking child, the most appropriate next step is to send the patient for chest x-ray. Option B is not indicated for foreign body aspiration. Option C and D are also not indicated for foreign body aspiration.

10. A 37-year-old G-IV, P-III woman underwent an uneventful vaginal delivery after eight hours of labor. The placenta was delivered completely by traction. After a while, she has started to experience vaginal bleeding. On examination, her blood pressure is 80/50mmHg, pulse rate is 120/min, her conjunctiva is slightly pale, uterus is not palpable abdominally and pinkish mass is coming out of the cervix.

    What is the most likely diagnosis of the woman?
    (A) Coagulopathy
    (B) Uterine atony
    (C) Uterine inversion
    (D) Succenturiate placenta

Answer key: The answer is **C**
Explanation: The patient's symptom; i.e., vaginal bleeding, tachycardia, hypotension, pale conjunctivae, are suggestive of postpartum hemorrhage (PPH). Moreover, the presence of pinkish mass coming out of the cervix in the absence of abdominally palpable uterus clinches the diagnosis of PPH secondary to uterine inversion. PPH refers to excessive bleeding following delivery (>500 ml in vaginal delivery or >1000 ml in Cesarean Delivery) or bleeding resulting in derangement of vital signs or a drop in hematocrit of > 10% from the baseline. Uterine inversion is one of the causes of PPH. The uterus turns inside-out partially or completely during or after delivery of the placenta. Risk factors include mismanagement of third stage of labor, adherent placenta and short cord.

11. A *woreda* health office is preparing a document to improve the health status of residents. One part of the document discusses women's health. The section on prevention of genital tract malignancies states coitarche should be at the age of 20 years, condom use should be advocated, number of children should be limited, combined oral contraceptive pills should be used by all women who do not want to be pregnant.

    Which strategy is the most appropriate to prevent cervical cancer?
    (A) Limiting child numbers
    (B) Advocating condom use
    (C) Delaying age at first coitus
    (D) Using combined oral contraceptives

Answer key: The answer is **C**
Explanation: There are numerous risk factors for cervical cancer, such as young age at first intercourse, multiple sexual partners, cigarette smoking, race, low socioeconomic status, and chronic immune suppression. Sexual activity has an association with cervical cancer as HPV is sexually transmitted. Having more than six lifetime sexual partners elevates the relative risk of cervical cancer. Similarly, an early age of first intercourse before age 20 confers an increased risk of developing this malignancy. So, delaying age of first coitus decreases the incidence of cervical cancer.

12. An old air conditioner of a classroom is making too loud noise which is causing noise pollution for the students and teachers in the school compound. The school director has planned to take measure to mitigate the problem.

    What is the most appropriate measure to be taken to resolve the problem?
    (A) Using sound proof walls
    (B) Replacing the air conditioner
    (C) Moving to a sound proof room
    (D) Shifting technicians working on air conditioner

Answer key: The answer is **B**
Explanation; A breakdown can occur at any point in the communication process. Barriers (obstacles) can inhibit communication, resulting in misunderstanding, lack of response or motivation and distortion of the message. For the communication barriers, the barrier should be removed. Therefore, the most appropriate measure to be taken is replacing the old air conditioner with the new one (Option B). The other three options do not aim to remove the barrier.

13. A 34-year-old woman who is suffering from lower abdominal pain and slight vaginal bleeding presents to an OPD. A trans-abdominal ultrasound and magnetic resonance imaging have been performed. An abdominal pregnancy has been diagnosed and a laparatomy has been carried out. Since abdominal pregnancy is an extremely rare and serious form of extrauterine gestation, the physician wants to study the event and publish the result in a scientific journal.

    What is the most appropriate study design for this condition?
    (A) Case control
    (B) Case report
    (C) Case series
    (D) Cohort

Answer key: The answer is **B**
Explanation: Case report is detail reporting of unusual/rare events on the single case by one or more physicians. In the scenario, we have the information that abdominal pregnancy is an extremely rare clinical condition and done on the single woman so that case report is the best answer for the scenario. However, case series is a detail reporting on a single case with 5-12 number of individuals (Option C) while case control (Option A) is conducted to identify the risk factors of a disease from its previous exposure status. Cohort (Option D) is a method of studying the incidence of disease and its risk factor.

14. A physician who is working in the Ministry of Health noticed that a manager tries to inspire and encourage staff to overcome obstacles and keep them moving in the right direction to reach organizational vision. However, the manager does not follow the effectiveness of the programs being implemented.

    What can be concluded from the manager's activities?
    (A) He employs good leadership, but poor management
    (B) He employs good management, but poor leadership
    (C) He employs good management and good leadership
    (D) He employs good leadership and management

Answer key: The answer is **A**
Explanation: Leadership is seen as a dynamic and interactive process that involves three dimensions, the leader, the followers and the context. Leadership is a process involving a relationship between those who aspire to lead and those who choose to follow. Leadership is the process through which a leader influences his followers to stimulate and to realize mutual goals. Whereas, good managers are strict to follow rules and regulations and apply important concepts of management like work effectiveness, efficiency and economy of scarce resources.

15. A physician who is working in a hospital always communicates with patients and asks them for their point of view in order to take it into account when providing care.

    What is the most likely behavior the physician is demonstrating?
    (A) Giving patients privacy
    (B) Respecting patient's individuality
    (C) Involving patients in decision making
    (D) Allowing patients to do what they can

Answer key: The answer is **C**
Explanation: Components of respectful care includes keeping patient privacy, giving respectful individualized care, involving patient in decision making and maximizing patients self-care. In the scenario, the physician has been committed to understand patient interest with proper communication, and considered patients point of view for final decision. This means considerable right was given to patient to accept or reject final decision. This is clearly an act of involving patient in decision making.

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