



SAUDI FELLOWSHIP TRAINING PROGRAM (AGREEMENTS)

Adult Psychosomatic Medicine

Final Written Examination 2021

Examination Format:

The final fellowship (Agreement) examination shall consist of one paper with 80-120 multiple-choice questions (single best answer out of four options). Up to 10 % unscored items can be added for pretesting purposes.

Passing Score:

The passing score is 70%. However, if the percentage of candidates passing the examination before final approval is less than 70%, the passing score must be lowered by one mark at a time aiming at achieving 70% passing rate or 65% passing score whichever comes first. Under no circumstances can the passing score be reduced below 65%.


Blueprint Outlines:

| No. | Sections | Percentage (%) |
|---|---|----------------|
| 1 | General Principles in Evaluation and Management in psychosomatic medicine | 10 |
| 2 | Delirium and other neurocognitive disorders; Aggression, Suicidality and Depression in the medical setting | 10 |
| 3 | Anxiety and related disorders, Psychosis, mania, catatonia in the medical setting | 10 |
| 4 | Somatic symptom and related disorders, Chronic fatigue and pain syndromes, factitious disorders and malingering | 10 |
| 5 | Other psychiatric disorders in the medical setting: Substance-related disorders ; Eating disorders; Sleep disorders; Sexual disorders; others | 9 |
| 6 | Psychosomatic related issues in Heart diseases ,Lung diseases, Gastrointestinal diseases; Renal diseases, Endocrine and metabolic diseases | 9 |
| 7 | Psychosomatic related issues in Neurology and neurosurgery, Rheumatology, Infectious diseases and HIV/AIDS | 9 |
| 8 | Psychosomatic related issues in oncology, palliative care, Hematology, obstetrics and gynecology, Surgery and Organ transplantation | 9 |
| 9 | Psychopharmacology and other treatments like ECT in the medically ill | 10 |
| 10 | Psychotherapy in the medically ill | 10 |
| Research, Ethics and Professionalism and Patient Safety | | 4 |
| Total | | 100% |

Note:

- Blueprint distributions of the examination may differ up to +/-3% in each category.
- Percentages and content are subject to change at any time. See the SCFHS website for the most up-to-date information.



Suggested References:

- Fogel, Barry S., and Donna B. Greenberg. Psychiatric care of the medical patient. Oxford University Press, 2015.
- The American Psychiatric Association Publishing Textbook of Psychosomatic Medicine and Consultation-Liaison Psychiatry, Third Edition
- Psychosomatic Medicine: An Introduction to Consultation-Liaison Psychiatry by James J. Amos

Note:

This list is intended for use as a study aid only. SCFHS does not intend the list to imply endorsement of these specific references, nor are the exam questions necessarily taken solely from these sources.



Example Questions

EXAMPLE OF K1 QUESTIONS

A 24-year-old man presents to the ER with chest pain and shortness of breath. He is shouting, "I am having a heart attack ". The ER doctor does blood work including cardiac enzymes and calls the cardiologist on call. The cardiologist calls the psychiatrist on call and reports that this is the 10th time that this patient has come to ER with the same symptoms and all his cardiac investigations have always been negative. In the psychiatric interview the patient reports that he is sure that there is something wrong with his heart, he can feel the chest pain that starts anytime and anywhere and is not related to exertion. He is extremely worried he will have a heart attack and die. He has not been able to work or socialize due to his symptoms that started around 7 months ago when he moved back from the United States where he was completing a master degree in psychology.

What would be your provisional diagnosis?

- A. Panic disorder
- B. Illness anxiety disorder
- C. Somatic symptom disorder
- D. Obsessive compulsive disorder

**Example Questions****EXAMPLE OF K2 QUESTIONS**

A 25-year-old woman is brought to the ER after cutting both her wrists in an attempt to kill herself. Her cuts are deep enough to require a vascular surgeon to intervene. She is a G1 P0, sixteen weeks pregnant. She has been medically stabilized. As you interview her, you find out that she is extremely unhappy about surviving the attempt, she is not remorseful and says that she would do it again. She has a history of bipolar disorder, she had one manic episode 5 years ago and many depressive episodes. She reports being depressed for the past five weeks, the stressor being this unplanned pregnancy. She has had many suicide attempts in the past, one requiring an ICU admission. She has no negative feelings towards her unborn child. She reports marital discord with her husband. She has been off of her medications (lamotrigine, quetiapine) for 6 months.

After stabilizing the patient, what would be the best pharmacological management for suicide prevention in this patient?

- A. Olanzapine/fluoxetine (Symbyax)
- B. Lithium
- C. Valproic acid
- D. Ketamine