

SAUDI FELLOWSHIP TRAINING PROGRAM

PAEDIATRIC INTENSIVE CARE

Promotion Examination

Written Examination Format:

- A written examination shall consist of one paper with not less than 100 MCQs with a single best answer (one correct answer out of four options).
- The examination shall contain type K2 questions (interpretation, analysis, reasoning and decision making) and type K1 questions (recall and comprehension).
- The examination shall include basic concepts and clinical topics relevant to the specialty.
- Clinical presentation questions include history, clinical finding and patient approach. Diagnosis and investigation questions; include the possible diagnosis and diagnostic methods. Management questions; including treatment and clinical management, either therapeutic or non-therapeutic, and complications of management. Materials and Instruments questions; including material properties, usage, and selection of instruments and equipment used. Health maintenance questions; include health promotion, disease prevention, risk factors assessment, and prognosis.

Passing Score for Promotion Exam:

The trainee's performance is assessed in each of the evaluation formulas according to the following scoring system:

Score	Less than 50%	50% – 59.4%	60% - 69.4%	More than 70%
Description	Clear Fail	Borderline Fail	Borderline Pass	Clear Pass

1. To upgrade the trainee from a training level to the next level, She/he must obtain at least a **Borderline Pass** in each evaluation form.
2. The program director may recommend to the local supervision committee to request the promotion of the trainee who did not meet the previous promotion requirement according to the following:
 - A. In case that the trainee gets a **borderline Fail** result in **one** of the evaluation forms, the remaining evaluation forms must be passed with **Clear Pass** in at least **one** of them.
 - B. In case that the trainee gets a **borderline Fail** result in **two** of the evaluation forms to a maximum, provided they do not fall under the same theme (Knowledge, Attitude, Skills). The remaining evaluation forms must be passed with **Clear Pass** in at least **two** of them.
 - C. The promotion must be approved in this case by the Scientific Council for the specialization.



Blueprint Outlines

No.	Section	Proportion
1	Cardiovascular	13%
2	Respiratory	13%
3	Neurology / Neuromuscular	10%
4	Infection Diseases/ Immunology/ Inflammation	10%
5	Renal and Electrolytes	6%
6	Metabolism / Endocrinology	5%
7	Hematology / Oncology	5%
8	Gastroenterology / Nutrition	6%
9	Poisoning / Toxins/ Overdose	5%
10	Trauma / Burn	6%
11	Pharmacology	6%
12	Anesthesia/ Postoperative care	5%
13	Procedures/ Monitoring/ Special critical care issues	5%
14	Quality/ Safety	5%
Total		100%

Note:

- Blueprint distributions of the examination may differ up to +/-5% in each category.
- Percentages and content are subject to change at any time. See the SCFHS website for the most up-to-date information.
- Research, Ethics, Professionalism and Patient Safety are incorporated within the various domains



Suggested References:

- Fuhrman, BP, Zimmerman JJ, et al, 2017. Pediatric Critical Care. 5th ED Philadelphia: Elsevier.
- Nichols DG, Shaffner DH, 2016. Rogers' Textbook of Pediatric Intensive Care. 5TH ED. Baltimore: Wolters Kluwer.
- Lucking SE et al, 2012. Pediatric Critical Care Study Guide. 1st ED. Springer.

Crash Courses:

- Outline of each course including suggested reading references given by the provider.

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 26-year-old woman has been married for 7 months, and has not become pregnant despite the couple trying. The patient is anxious.

Which of the following is the most appropriate counseling regarding time required for conception?

- A. After 1 year of marriage, the chance of being pregnant is 55%
- B. After 2 years of marriage, the chance of being pregnant is 30%
- C. After 3 months of being together, the chance of being pregnant is 90%
- D. Couples have about 25-30% chance of becoming pregnant in each cycle

Example of K2 Questions

A couple presented with a 4-year history of unexplained infertility. They had 3 cycles of intrauterine insemination without success. Then the wife underwent first cycle IVF long protocol with optimal response. 12 oocytes were retrieved. The inseminating semen sample was normal, and standard IVF was performed. The oocytes were checked on the following day, 18 hours post insemination, but there was total fertilization failure. Rescue-ICSI was performed and 5 oocytes were fertilized and cleaved into good quality embryos.

Which of the following is the most appropriate explanation?

- A. Total fertilization failure after standard IVF is 26%
- B. Rescue-ICSI usually results in 89% fertilization rate
- C. Total fertilization failure after standard IVF is less common in unexplained infertility
- D. After rescue-ICSI, pregnancy rate is higher with vitrified-thawed embryos compared to fresh embryo transfer