



SAUDI FELLOWSHIP TRAINING PROGRAM

CLINICAL PHARMACY

Final Written Examinations

Examination Format:

The Saudi subspecialty fellowship and diplomas final written examination shall consist of one paper with 80-120 Single Best Answer MCQs. 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

1. Pediatric Pharmacy Specialty

No.	Sections	Percentage
1	Immunizations / Vaccines	5%
2	Cardiovascular ¹	6%
3	Respiratory ²	9%
4	Parenteral and Enteral Nutrition	6%
5	Gastroenterology ³	7%
6	Neurology/ Psychiatry ⁴	9%
7	Pediatric Anticoagulation, Anemia	5%
8	Infectious Diseases ⁵	17%
9	Immunology ⁶	5%
10	Renal/Endocrinology ⁷	8%
11	Pediatric Critical Care ⁸ /Pain management	18%
12	Neonatology	5%
	Total	100%

¹Cardiovascular: including hypertension, & Congenital Heart Disease

²Respiratory: including bronchiolitis, Asthma, Pneumonia, Neonatal Respiratory Distress Syndrome, & Apnea of Prematurity

³Gastroenterology: including gastroesophageal Reflux Disease, diarrhea and constipation

⁴Neurology/ Psychiatry: including seizure disorders, ADHD, Autism Disorders, & Pediatric Depression

⁵Infectious Diseases: including neonatal sepsis, meningitis in Infants and Children, cellulitis, osteomyelitis, acute Otitis Media and Upper Respiratory Tract Infections, Infectious Diarrhea, Lower Respiratory Tract Infections, Urinary Tract Infections in Children

⁶Immunology: including Kawasaki Disease

⁷Renal/Endocrinology: including nephrotic syndrome, osteogenesis imperfecta, Diabetes Mellitus, & Vitamin D analogues / metabolism

⁸Pediatric Critical Care: including Fluids/ Electrolytes Management, Acid / Base disorder, Inotropes, DKA, Management of head injuries, sepsis/septic shock, sedation and analgesia

Note:

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- Research, Ethics and Professionalism and Patient Safety are incorporated within the various domains.
- Percentages and content are subject to change at any time. See the SCFHS website for the most up-to-date information



Suggested References:

1. Pediatric Pharmacotherapy. Sandra Benavides, Pharm.D., and Milap C. Nahata, Pharm.D, FCCP, Lead Editors
2. Lexicomp Pediatric & Neonatal Dosage Handbook. Carol K. Taketomo, PharmD
3. Advanced Pediatric Therapeutics. Lea Eiland, PharmD, BCPS, FASHP, FPPAG Timothy Todd, PharmD, FPPAG
4. Red book by AAP
5. Pediatric practice guidelines developed by professional societies (AAP, GINA, AHA, PPAG)
6. Professionalism and Ethics, Handbook for Residents, Practical guide, Prof. James Ware, Dr. Abdulaziz Fahad Alkaabba, Dr. Ghaiath MA Hussein, Prof. Omar Hasan Kasule, SCFHS, Latest Edition.
7. Essentials of Patient Safety, SCHS, Latest Edition.

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Blueprint Outlines:
2. Cardiology Pharmacy Specialty

No.	Sections	Percentage
1	Acute care cardiology ¹	22%
2	Medical cardiology ²	24%
3	Cardiac devices and heart transplantation ³	10%
4	Preventive cardiovascular medicine ⁴	15%
5	Surgical cardiology ⁵	15%
6	Ambulatory care cardiology ⁶	8%
7	Interventional cardiology ⁷	6%
	Total	100%

¹Acute care cardiology: including acute coronary syndrome, arrhythmias, acute decompensated heart failure, cardiogenic shock

²Medical cardiology: including ischemic heart disease, heart failure, valvular heart disease and endocarditis, pulmonary hypertension and anticoagulation

³Cardiac devices and heart transplantation: including ventricular assist devices, intra-aortic balloon pump, ECMO, Implantable cardioverter defibrillator/pacemakers

⁴Preventive cardiovascular medicine: including dyslipidemia, diabetes and hypertension

⁵Surgical cardiology: including CABG, valve and shunts

⁶Ambulatory care cardiology: including anticoagulation and heart failure, HTN, dyslipidemia, general cardiology.

⁷Interventional cardiology: including stenting and TAVI

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Suggested References:

1. Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine
2. ECGs Made Easy by Barbara J Aehlert
3. Professionalism and Ethics, Handbook for Residents, Practical guide, Prof. James Ware, Dr. Abdulaziz Fahad Alkaabba, Dr. Ghaiath MA Hussein, Prof. Omar Hasan Kasule, SCFHS, Latest Edition.
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Blueprint Outlines:
3. Critical Care Pharmacy Specialty

No.	Sections	Percentage
1	Hemodynamic, and shock ¹	15%
2	Gastroenterology ²	10%
3	Infectious Diseases ³	15%
4	Neurology critical care ⁴	10%
5	Pulmonary diseases ⁵	10%
6	Renal, Endocrine and metabolic disorders	15%
7	Surgery/trauma/immunocompromised critical care/burns	15%
8	Cardiovascular and hematology	10%
	Total	100%

¹Hemodynamic and shock: including but not limited to: cardiogenic, hypovolemic and septic shock,

²Gastroenterology: including but not limited to gastrointestinal bleeding, nutritional support and hepatic diseases

³Infectious Diseases: including but not limited to central nervous system infections; pneumonias; intraabdominal infections; urinary tract infections; skin and soft tissue infections, central line associated blood stream infections

⁴Neurology critical care: including but not limited to ischemic and hemorrhagic stroke, subarachnoid hemorrhage, analgesia, sedation and delirium management

⁵Pulmonary diseases: including ventilation and ARDS

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Suggested References:

1. The ICU Book by Paul L Marino
2. Updated North American guidelines related to critical care illness
3. Professionalism and Ethics, Handbook for Residents, Practical guide, Prof. James Ware, Dr. Abdulaziz Fahad Alkaabba, Dr. Ghaiath MA Hussein, Prof. Omar Hasan Kasule, SCFHS, Latest Edition.
4. Essentials of Patient Safety, SCHS, Latest Edition.

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Blueprint Outlines:
4. Infectious Diseases Pharmacy Specialty

No.	Sections	Percentage
1	Bacterial infections	40%
2	Fungal infections	15%
3	Human immunodeficiency Virus (HIV) infection	5%
4	Immunocompromised Host (Non-HIV Infections)	5%
5	Therapeutic drug monitoring of antimicrobial therapy	5%
6	Parasitic infections	5%
7	Vaccinations	5%
8	Viral infections	10%
9	Sexually transmitted infections(STIs)	5%
10	Clinical microbiology	5%
	Total	100%

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Suggested References:

1. Mandell, Douglas, and Bennett's. Principles and practice of infectious diseases. Latest edition
2. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Latest edition
3. Antimicrobial stewardship program latest guidelines for implementation and the updated infectious diseases international guidelines (including but not limited to IDSA, AST, NCCN, CDC, NICE, others)
4. Nelson Textbook of Pediatrics. Latest edition
5. David Greenwood. Medical Microbiology: A Guide to Microbial Infections: Pathogenesis, Immunity, Laboratory Diagnosis and Control. Latest edition
6. Professionalism and Ethics, Handbook for Residents, Practical guide, Prof. James Ware, Dr. Abdulaziz Fahad Alkaabba, Dr. Ghaiath MA Hussein, Prof. Omar Hasan Kasule, SCFHS, Latest Edition.
7. Essentials of Patient Safety, SCHS, Latest Edition.

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Blueprint Outlines:
5. Internal Medicine Pharmacy Specialty

No.	Sections	Percentage
1	Allergy/Immunology and adult immunization ¹	5%
2	Cardiovascular/ Pulmonary ²	16%
3	Endocrinology, Diabetes and Metabolism ³	20%
4	Gastrointestinal/Hepatology ⁴	18%
5	Hematology/Medical Oncology	5%
6	Infectious diseases	13%
7	Neuropsychiatry ⁵	5%
8	Rheumatology and Renal ⁶	13%
9	Geriatric	5%
	Total	100%

¹Allergy/Immunology and adult immunization: including urticaria, rhinitis and eczema

²Cardiovascular/ Pulmonary: including Asthma, COPD, hypertension, heart failure, pulmonary embolism, DVT

³Endocrinology, Diabetes and Metabolism: including diabetes, thyroid disorders, adrenal gland disorders, pituitary gland disorders, dyslipidemia, osteoporosis, osteoarthritis

⁴Gastrointestinal/Hepatology: including peptic ulcer disease, GERD, inflammatory bowel disease, hepatitis

⁵Neuropsychiatry: including stroke

⁶Rheumatology and Renal: including rheumatoid arthritis, renal failure

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Suggested References:

1. Harrison's Principles of Internal Medicine 20th ed.
2. Internal Medicine: A Guide to Clinical Therapeutics
3. Updated guidelines for management of chronic diseases including but not limited to diabetes, hypertension and asthma/COPD
4. Professionalism and Ethics, Handbook for Residents, Practical guide, Prof. James Ware, Dr. Abdulaziz Fahad Alkaabba, Dr. Ghaiath MA Hussein, Prof. Omar Hasan Kasule, SCFHS, Latest Edition.
5. Essentials of Patient Safety, SCHS, Latest Edition.

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Blueprint Outlines:
6. Nephrology Pharmacy Specialty

No.	Sections	Percentage
1	Acute kidney injury	15%
2	Renal replacement therapy	5%
3	Drug induced kidney disease	10%
4	Chronic kidney diseases and its complications ¹	35%
5	Glomerulonephritis	15%
6	Kidney transplant	7%
7	Assessment of kidney function	13%
	Total	100%

¹Chronic kidney diseases: including tubular, interstitial and cystic disorders, anemia of chronic kidney disease, MBD, uremic bleeding, electrolytes disturbance, acid-base disorders, line related infections, peritonitis.

²Kidney disease related complications: including electrolyte imbalance, anemia of chronic disease, line-related infections and renal osteodystrophy and secondary hyperparathyroidism

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Suggested References:

1. Comprehensive Clinical Nephrology, J. Feehally, J. Floege, R. Johnson, Latest edition
2. KDOQI and KDIGO updated guidelines
3. Harrison's, Principles of Internal Medicine, Latest edition
4. Pharmacotherapy (Dipiro), ACCP Updates in Therapeutics, Latest edition
5. Professionalism and Ethics, Handbook for Residents, Practical guide, Prof. James Ware, Dr. Abdulaziz Fahad Alkaabba, Dr. Ghaiath MA Hussein, Prof. Omar Hasan Kasule, SCFHS, Latest Edition.
6. Essentials of Patient Safety, SCHS, Latest Edition.

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Blueprint Outlines:
7. Hematology/Oncology Pharmacy Specialty

No.	Sections	Percentage %
1	Breast cancer	10%
2	Gastrointestinal cancer	10%
3	Genitourinary cancer	6%
4	Gynecological cancer	7%
5	Head/Neck cancer	5%
6	Hematological diseases ¹	30%
7	Lung cancer	6%
8	Melanomas, Sarcomas	6%
9	Neuro/Oncology	5%
10	Supportive care	15%
	Total	100%

¹Hematological diseases: including malignant and benign hematological disorders, lymphomas, and bone marrow transplantation

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Suggested References:

1. The American Society of Clinical Oncology updated guidelines
2. National Comprehensive Cancer Network (NCCN) updated guidelines
3. Multinational Association of Supportive Care in Cancer (MASCC) updated guidelines
4. Professionalism and Ethics, Handbook for Residents, Practical guide, Prof. James Ware, Dr. Abdulaziz Fahad Alkaabba, Dr. Ghaiath MA Hussein, Prof. Omar Hasan Kasule, SCFHS, Latest Edition.
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Blueprint Outlines:

8. Solid Organ Transplantation Pharmacy Specialty

No.	Sections	Percentage
1	Pretransplant ¹	15%
2	Perioperative ²	20%
3	Post-transplant ³	30%
4	Graft dysfunction	10%
5	Immunosuppression	10%
6	Ambulatory care ⁴	15%
	Total	100%

Solid Organ Transplantation includes liver; kidney; heart, lung, pancreas and islet cell and small bowel or combination of 2 or more organs

¹Pretransplant: including indications and contraindications and candidacy of transplantation; screening of donors and recipients; transplant immunology; prophylaxis of infections (laboratory testing and immunizations)

² Perioperative: including perioperative complications (donor and recipients); management of patients and donors pre- and immediately after transplant in ICU; prophylaxis and management of rejection; prophylaxis of infections (viral, bacterial, mycobacterial, parasitic and fungal)

³Post-transplant including but not limited to: non infectious, infectious, graft dysfunction, management of acute and chronic rejection (cellular and humoral); immunosuppressive medications and immunizations; infectious diseases prevention and management (bacterial, viral fungal, mycobacterial, parasitic infections); post-transplant complications {short and long term complications including but not limited to cardiovascular, chronic diseases, endocrine, CNS, post-transplant lymphoproliferative disease(PTLD)}; adherence to medical regimen; recurrence of disease; post-transplant malignancy and indications for re-transplantation.

⁴Ambulatory care including but not limited to post transplant care, management of immunosuppression's, common infectious diseases, common comorbidities.

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Suggested References:

1. Textbook of Organ Transplantation 2014 John Wiley & Sons, Ltd.
Textbook of Organ Transplantation Editor(s): Allan D. Kirk, Stuart J. Knechtle, Christian P. Larsen, Joren C. Madsen, Thomas
2. The most recent American Society of Transplantation (AST) guidelines published by the American Journal of Transplantation (AJT)
3. Transplant Infections. Fourth Edition. Editors: Per Ljungman, David Snyderman, Michael Boeckh.2016
4. Professionalism and Ethics, Handbook for Residents, Practical guide, Prof. James Ware, Dr. Abdulaziz Fahad Alkaabba, Dr. Ghaiath MA Hussein, Prof. Omar Hasan Kasule, SCFHS, Latest Edition.
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Blueprint Outlines:
9. Ambulatory Care Pharmacy Specialty

No.	Sections	Percentage
1	Chronic cardiovascular diseases ¹	20%
2	Chronic pulmonary diseases ¹	15%
3	Endocrinology ²	20%
4	Thromboembolic disease and anticoagulation therapy	20%
5	Rheumatology and Bone disorders ³	20%
6	Chronic kidney disease	5%
Total		100%

¹Cardiovascular/Pulmonary: Including but not limited to: Asthma, COPD, hypertension, heart failure, ischemic heart disease, atrial fibrillation

²Endocrinology, Diabetes: Including but not limited to: diabetes, thyroid disorders, dyslipidemia

³Rheumatology and Renal: including rheumatoid arthritis, osteoarthritis, renal failure.

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Suggested References:

1. Pharmacotherapy: A pathophysiology Approach, Latest edition. New York: McGraw Hill; Dipiro j, Talbert RL Yee CG, et.al
2. Harrison's Principles of Internal Medicine 20th ed.
3. Internal Medicine: A Guide to Clinical Therapeutics
4. Updated guidelines for management of chronic diseases including but not limited to diabetes, hypertension and asthma/COPD
5. Professionalism and Ethics, Handbook for Residents, Practical guide, Prof. James Ware, Dr. Abdulaziz Fahad Alkaabba, Dr. Ghaiath MA Hussein, Prof. Omar Hasan Kasule, SCFHS, Latest Edition.
6. Essentials of Patient Safety, SCHS, Latest Edition.

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Blueprint Outlines:
10. Drug Information Pharmacy Specialty

No.	Sections	Percentage
1	Drug information Practice*	13%
2	Drug information resources**	15%
3	Formulary Management and medication use policies***	20%
4	Evidence-based-medicine and literature evaluation	15%
5	Medication use evaluations	15%
6	Medication Misadventures****	10%
7	Medication management accreditation requirements	12%
	Total	100%

*drug information functions, formulation of responses, documentation, communication

**type of literatures, resources, electronic resources, use of internet

***P&T, medication use management, non-formulary, investigational medications, drug monograph evaluation

****Medication safety, adverse drug reactions, medications errors, recalls, drug safety alerts, pharmacy informatics, risk management programs.

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Suggested References:

1. Ferguson MC, Behnen E. Introduction to Drug Literature. In: Aparasu RR, Bentley JP. eds. Principles of Research Design and Drug Literature Evaluation, 2e. McGraw Hill; 2020. Accessed December 30, 2021.
2. May J, May D. Introduction to the Concept of Drug Information. In: Malone PM, Malone MJ, Park SK. eds. Drug Information: A Guide for Pharmacists, 6e. McGraw Hill; 2018. Accessed December 30, 2021.
3. Introduction to Medical Research. In: White SE. eds. Basic & Clinical Biostatistics, 5e. McGraw Hill; 2020. Accessed December 30, 2021
4. CBAHI standards
5. JCI standards

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Blueprint Outlines:
11-Nutrition Support Pharmacy Specialty

No.	Sections	Percentage
1	Malnutrition Screening and Assessment (Adults and Pediatrics) ¹	10%
2	Nutrition and Energy Metabolism (Adults and Pediatrics) ²	12%
3	Fluids, Electrolytes, and Acid-Base Disorders ³	15%
4	Drug-Nutrient Interactions ⁴	8%
5	Micronutrients Management ⁵	10%
6	Complications of Parenteral and Enteral Nutrition	15%
7	Enteral Nutrition	8%
8	Parenteral and Enteral Access Devices	5%
9	Nutrition Support in Specific Populations	12%
10	Home Nutrition Support	5%
	Total	100%

¹ Malnutrition Screening and Assessment: including Nutrition Focused Physical Examination (NFPE), and defining malnutrition classifications

² Nutrition and Energy Metabolism: including methods to determine energy expenditure and macronutrients metabolism

³ Fluids, Electrolytes, and Acid-Base Disorders: including calculating fluid requirement and management of electrolytes and acid base abnormalities

⁴ Drug-Nutrient Interactions: including physical, pharmaceutical, pharmacokinetic, and administrative related interactions.

⁵ Micronutrients Management: including Assessment, diagnosis, and management micronutrient deficiencies and toxicities.

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Suggested References:

6. Adult Nutrition Support Core Curriculum (ASPEN)
7. Pediatric Nutrition Support Core Curriculum (ASPEN)
8. American Society for Parenteral and Enteral Nutrition (A.S.P.E.N) guidelines and statements
9. European Society for Parenteral and Enteral Nutrition (E.S.P.E.N) guidelines and statements.
10. Professionalism and Ethics, Handbook for Residents, Practical guide, Prof. James Ware, Dr. Abdulaziz Fahad Alkaabba, Dr. Ghaiath MA Hussein, Prof. Omar Hasan Kasule, SCFHS, Latest Edition.
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Example Questions

EXAMPLES OF K1 QUESTIONS

Question 1

In addition to life style modification, which of the following is the first line therapy for diabetic patient with dyslipidemia but no documented heart disease?

- A. Pitavastatin 4 mg once daily
- B. Rosuvastatin 5 mg once daily
- C. Simvastatin 20 mg once daily
- D. Atorvastatin 40 mg once daily

Question 2

A 73-year-old man presents to his primary care physician with a chief complaint of increased pain in his right knee. He states that this pain usually lasts for 5 minutes after rising in the morning and limits his ability to walk for long distances. He is diagnosed with a mild case of osteoarthritis of the knee.

Which of the following is the best initial therapy?

- A. Ibuprofen
- B. Gabapentin
- C. Acetaminophen
- D. Glucosamine sulphate

Question 3

A 23-year-old woman with a history of partial seizures. She was started on carbamazepine (around 4 weeks ago) and has been taking carbamazepine 300 mg three times daily. Her seizures have continued, and she is currently experiencing diplopia, nausea, and sedation. Her physician has concerns with her current therapy.

Which of the following is the most appropriate therapy?

- A. Add lorazepam 2 mg twice daily
- B. Increase the dose until the total dose is 1200 mg daily
- C. Taper carbamazepine and start levetiracetam 500 mg BID
- D. Discontinue carbamazepine and start phenytoin 100 mg TID

**EXAMPLES OF K2 QUESTIONS****Question 4**

A 60-year-old man presented to a Cardiology Referral Centre with unstable angina started 6 hours' prior to presentation. The patient was diagnosed with non-ST segment elevation myocardial infarction (see lab results and report).

Cardiac Enzymes:

Test	Result	Normal value
CK-MB	18	(0-3 mcg/L)
Troponin T	1.2	(< 0.2 mcg/L)

Electrocardiogram:

Anterolateral ST-depression

Which of the following is the most appropriate approach?

- A. Cardiac catheterization
- B. Conservative management
- C. Revascularization with alteplase
- D. Revascularization with streptokinase