



## SAUDI FELLOWSHIP TRAINING PROGRAM

### PEDIATRIC CARDIOLOGY

#### Final Written Examination

##### Examination Format:

The Saudi subspecialty fellowship and diplomas final written examination shall consist of one paper with 80-120 Single Best Answer MCQs. 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	Invasive cardiology <sup>1</sup>	15%
2	Non-Invasive cardiology <sup>2</sup>	30%
3	Cardiac surgery <sup>3</sup>	5%
4	Intensive care <sup>3</sup>	5%
5	Electrophysiology <sup>4</sup>	15%
6	Clinical Cardiology <sup>5</sup>	30%
<b>Total</b>		<b>100%</b>

- 1-Hemodynamic, diagnostic image and interventional procedure  
 2-Echocardiography, cardiac CT and cardiac MRI  
 3-Common surgery, indication, complication, follow up and ICU care and management  
 4-Arrhythmia, invasive study, syncope and syndrome  
 5-Fetal cardiology, pediatric cardiology, adult congenital, anatomy, pathology, embryology and development, pharmacology, heart failure, syndrome and genetic, family and patient counseling

**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 various domains.

### Suggested References:

- Moss & Adams' Heart Disease in Infants, Children, and Adolescents, Including the Fetus and Young Adult (2 Volume Set)
- Atlas of Congenital Heart Disease Nomenclature: An Illustrated Guide to the Van Praagh and Anderson Approaches to Describing Congenital Cardiac Pathology by David S. Ezon MD, Jason F. Goldberg MD
- Nadas' Pediatric Cardiology, 2e by John F. (Barry) Keane MD and Donald C. Fyler MD
  - Echocardiography in Pediatric and Congenital Heart Disease: From Fetus to Adult Wyman W. Lai, Luc L. Mertens, Tal Geva, Meryl S. Cohen
- Cardiac catheterization in congenital heart disease: pediatric and adult Charles E. Mullins
- Congenital Heart Disease: The Catheterization Manual Lisa Bergersen, Susan Foerster, Audrey C. Marshall, Jeffery Meadows
- How to Read Pediatric ECGs Myung Kun Park, Warren G. Guntheroth
- Pediatric ECG Interpretation: An Illustrative Guide Barbara J. Deal, M.D., Christopher L. Johnsrude, M.D., Scott H. Buck, M.D.
- Pediatric and Congenital Cardiology, Cardiac Surgery and Intensive Care Eduardo daCruz, Dunbar Ivy, James Jagers
- Pediatric Cardiac Intensive Care Jan by Anthony Chang MD and Frank Hanley MD
- Critical Heart Disease in Infants and Children David Gregory Nichols
- Comprehensive Surgical Management of Congenital Heart Disease, Second Edition by Richard A Jonas & Atlas of Pediatric Cardiac Surgery 1st ed by Constantine Mavroudis, Carl Lewis Backer, Rachid F. Idriss
- [www.acc.org/guidelines](http://www.acc.org/guidelines)
- [https://professional.heart.org/professional/GuidelinesStatements/UCM316885\\_Guidelines-Statements.jsp](https://professional.heart.org/professional/GuidelinesStatements/UCM316885_Guidelines-Statements.jsp)
- <https://www.esccardio.org/Guidelines>

### **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 K2 QUESTIONS

#### Question 1

A 7-year-old girl is diagnosed with acute Rheumatic Fever (RF). She complains of mild chest pain, but no shortness of breath. Cardiac examination reveals normal S1 and S2, with a soft holosystolic murmur at the apex. Neck veins do not appear to be distended. Abdominal exam shows no organomegaly (See report).

#### **Echocardiogram:**

Small pericardial effusion, mild- to-moderate mitral valve regurgitation, mild aortic valve regurgitation, and mildly dilated left ventricle with an ejection fraction of 60%.

Which of the following treatment regimens is the most appropriate?

- A. IV steroids
- B. Oral steroids
- C. High-dose aspirin
- D.  $\beta$ -Blocker therapy

### EXAMPLE OF K1

#### Question 2

Which site of Infective Endocarditis (IE) has the highest embolic risk?

- A. Aortic valve
- B. Tricuspid valve
- C. Patent ductus arteriosus
- D. Secundum atrial septal defect