



SAUDI FELLOWSHIP TRAINING PROGRAM

CHILD AND ADOLESCENT PSYCHIATRY

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 findings 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 F1	Proportion%
1	Introduction to Child Psychiatry (History Taking and Mental Status Examination)	5%
2	Child and Adolescent Development / Attachment	5%
3	Neurodevelopmental Disorders	10%
4	Conduct Disorder/ Oppositional and Impulse Control Disorder/ Other Behavioural Disorders	10%
5	Major Depression/Bipolar Disorder/Other Mood Disorders	10%
6	Obsessive-Compulsive Disorder	5%
7	Anxiety Disorders/ Phobias/ Dissociative Disorders	5%
8	Psychotic Illnesses in Childhood and Adolescence	5%
9	Pharmacotherapy of Child Psychiatric Disorders	10%
10	Psychotherapy for Children and Adolescents	5%
11	Psychiatric Approach to Pediatric In-patients Consults/ Psychosomatics	5%
12	Child Abuse/ Legal Issues/ Personality Disorders/ Child Abuse	5%
13	Psychometric Test in Child and Adolescent/Clinical Psychology	5%
14	Child and Adolescent Psychiatry in DSM 5	5%
15	Professionalism and Ethics in Psychiatry	5%
16	Research Methodology/ Evidence-Based Medicine	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.





Suggested References:

- Rutter's Child and Adolescent Psychiatry Text Book.
- Dulcan's Textbook of Child and Adolescent Psychiatry.
- Diagnostic and Statistical Manual of Mental Diseases- Fifth Edition (DSM-5).
- American Academy of Child and Adolescent Psychiatry Practice Parameters.
- American Academy of Child and Adolescent Psychiatry Code of Ethics principles.

Crash Courses:

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

1- Ethics and Professionalism in Child and Adolescent Psychiatry Course:

Child and Adolescent Psychiatry has its own set of ethical standards which specifically address the unique aspects of working with children and adolescents. Most of its standards based on the Ten Principles of American Academy of Child and Adolescent Psychiatry (AACAP) Code of Ethics.

Other issues include the followings: patient confidentiality, mandated reporting, informed consent, custody and guardianship, rights of minors, individual and societal/ community needs, vulnerable Populations and juvenile Justice.

2- Cognitive Behavioral Therapy (CBT) Course

CBT provides concrete structure to augment the sense of mastery and control, alter maladaptive patterns of thinking, improve problem-solving and social skills, and modify physiological responses. CBT uses behavioral activation, cognitive restructuring, and problem-solving skills to change maladaptive cognitions and coping strategies.

Most CBT protocols aim to teach the child or adolescent new approach behaviors, concrete problem-solving skills, and strategies for challenging maladaptive or unrealistic anxious thoughts and beliefs.

3- Family Therapy Course

Applying family therapy in child and adolescent age group Disorders that benefit from therapy Challenges and other options of management Case scenarios and practice

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

Which of the following describes Atomoxetine's mechanism of action?

- a. Serotonin postsynaptic antagonism
- b. Selective dopamine reuptake inhibition
- c. Norepinephrine postsynaptic antagonism
- d. Selective norepinephrine reuptake inhibition

Example of K2 Questions

A 15-year-old girl was admitted to the epilepsy service for video EEG monitoring. She had a 3 minutes period of unresponsiveness in which she rolled from side to side in the bed. Her eyes were closed during the episode. When the rolling subsided, she opened her eyes and was fully alert and oriented. EEG was largely obscured by muscle artifact.

Her presentation is consistent with which of the following?

- a. Multiple sclerosis
- b. Factitious Disorder
- c. Conversion Disorder
- d. Complex Partial Seizure

