



## SAUDI FELLOWSHIP TRAINING PROGRAM

### PAEDIATRIC INTENSIVE CARE

#### 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	Cardiovascular	15%
2	Respiratory	15%
3	Neurology/Neuromuscular	11%
4	Infectious Diseases/Immunology/Inflammation	12%
5	Renal and Electrolyte	7%
6	Metabolism / Endocrinology	5%
7	Haematology/Oncology	5%
8	Gastroenterology/Nutrition	5%
9	Pharmacology/Poisoning/Toxin/Overdose	10%
10	Trauma/Burn	5%
11	Anaesthesia/Procedures/Monitoring/Special Critical Care Issues	10%
<b>Total</b>		<b>100%</b>

**Note:**

- Blueprint distributions of the examination may differ up to +/-5% in each category
- Research, Ethics, Professionalism, and Patient Safety are incorporated within 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:**

- Fuhrman and Zimmerman's textbook of Pediatric Critical care, 4th Edition
- Rogers' Textbook of Pediatric Intensive Care 5th 2016
- Pediatric critical care study guide
- Pediatric Critical Care Expert Consult Premium Edition

**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.



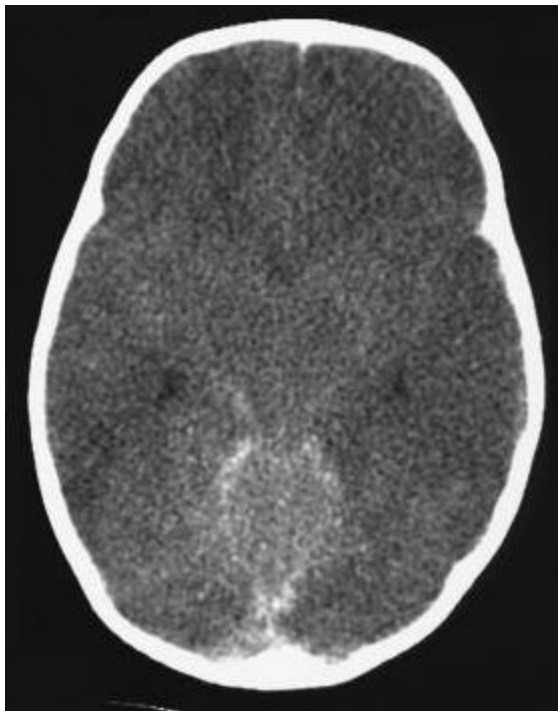


### Example Questions

#### EXAMPLE OF K2 QUESTIONS

##### Question 1

A 9-year-old boy was involved in a motor vehicle accident and was brought to the Emergency Department on arrival he was bradycardic and hypotensive, he was immediately hemodynamic supported, intubated and mechanically ventilated. His hemoglobin is 120 g/L, serum electrolytes were within normal limits. His blood pressure after intubation is 110/70 mmHg. Emergency CT scan is shown (see image).



Which of the following is the most appropriate management?

- A. Hyperventilation to maintain PaCO<sub>2</sub> in the range of 25-30 mmHg is recommended
- B. Recent studies have shown that institution of hypothermia to maintain temperature between 32-33°C is beneficial for long-term outcome
- C. Maintaining the ICP below 15 cm H<sub>2</sub>O is the gold standard for this age
- D. Bi-frontal craniotomy should be considered if the ICP is persistently more than 25 cm H<sub>2</sub>O

