



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%
Total		100%

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.



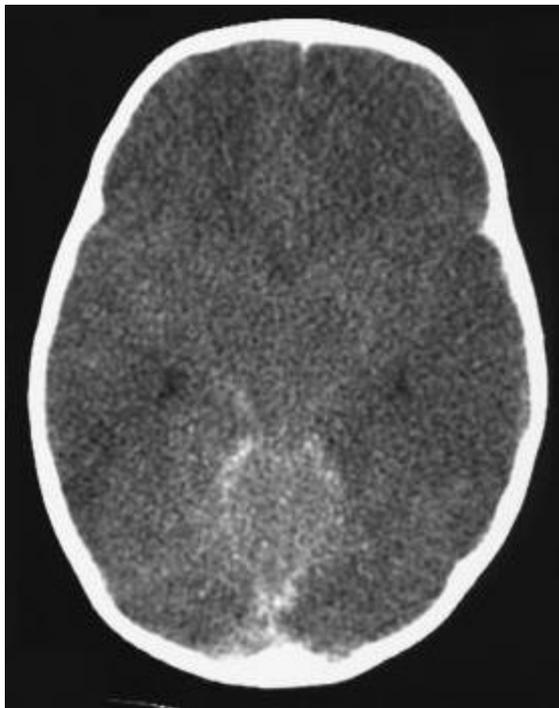


Example Questions

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 PaCO₂ 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 H₂O is the gold standard for this age
- D. Bi-frontal craniotomy should be considered if the ICP is persistently more than 25 cm H₂O

