Saudi Fellowship Training Program

Final Written Examinations of Pediatric Nephrology 2018

Objectives:

- Determine the quantity and quality of specialty knowledge base ranked as competent, so that the individual can be used as a referral source for the specialty.
- Using theoretical data, determine the candidate’s ability to think logically, to solve problems, to apply basic medical science to clinical problems, and to make judgments with valid comparisons.
- Screen candidates for the purposes of being allowed to take the final clinical examination.

Eligibility:

- Successful completion of the required period of fellowship training.
- Obtaining a training completion certificate (or equivalent) issued by the local supervisory committee based on a satisfactory Final In-Training Evaluation Report (FITER) and any other related requirements assigned by any mentioned scientific boards (e.g. research, publication, logbook, etc.). FITER example outlined in Appendix 6 in the exam rules and regulations document on SCFHS website.
- Any candidate missed a maximum of three (3) months of training of the whole fellowship program are allowed to sit for the exam (written and clinical), and his/her results will be suspended till that missing period is done.
- Registering for the examination at least one month before the exam date.

Rules:

- The Saudi fellowship specialty final written examination will be held once each year on a date published on the SCFHS website.
- Examination dates should be provided by the Specialty Examination Committee (SEC) in accordance with the fixed annual schedule submitted by the examination department.
- There shall be no reset examination.
• A candidate would remain eligible for Saudi fellowship final written examination for a period not longer than three years provided they could prove they had been clinically active.

• If the candidate did not pass within the three years, an exceptional attempt may be granted upon the approval of the scientific council, provided evidence of continuing clinical practice is presented.

• A candidate who failed to pass Saudi fellowship final written examination including the exceptional attempt has to repeat the final year of training, after which he/she is allowed to sit the final written examination twice after approval by the scientific council.

• After exhausting all the above attempts (maximum 6 attempts) the candidate will not be permitted to sit the Saudi fellowship final written examination.

**Examination Format:**

The final written exam of fellowship specialties should consist one paper with 80 -120 Single Best Answer (SBA) MCQs. (it shall consist one clinical scenarios with SBA from 4 options) Ten unscored items can be added for pretesting purposes.

**Examination Conduct and Duration:**

Exam period shall be between one hour and 40 minutes to two and 1/2 hour for 80 - 120 question paper. The exam will be delivered as a computer based test when available, otherwise paper and pencil.

**Passing Score:**

A. The passing score is 70%. However, if the percentage of candidates passing the examination 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%.

B. Alternatively, to set the passing score a standard setting method that is supported by published scientific evidence can be used, for which the Angoff method is recommended. The process to arrive to the passing score requires prior review and approval. If standard setting is used the above passing score regulation does not apply. See appendix 7 for more details in the exam rules and regulations document on the SCFHS website.

C. To set a passing score using a standard setting method (b), the specialty examination committee must obtain approval of the process and passing score from the SCFHS Assistant General Secretary for Postgraduate Studies one month prior to exam administration.
Declaration of Result:

All score reports shall go through a post-hoc item analysis before being issued and approved by the SCFHS and SEC within two weeks of the examination.

Exemption:

SCFHS at present has no reciprocal arrangement with respect to this examination or qualification by any other college or board, in any specialty.

Blueprint outlines

<table>
<thead>
<tr>
<th>NO.</th>
<th>Sections</th>
<th>Percentage (%)</th>
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<tbody>
<tr>
<td>1</td>
<td>Function of the kidney in children and presentation of kidney disease &amp; Neonatal disorders</td>
<td>7</td>
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<tr>
<td>2</td>
<td>Acute kidney injury, HUS: Hemolytic Uremic Syndrom, Glomerulonephritis, Glomerular disease &amp; Nephrotic syndrome</td>
<td>16</td>
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<tr>
<td>3</td>
<td>Chronic kidney disease</td>
<td>4</td>
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<tr>
<td>4</td>
<td>Hypertension &amp; Diabetes and kidney disease</td>
<td>3</td>
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<tr>
<td>5</td>
<td>Congenital, Urology Abnormalities &amp; Urinary tract infection</td>
<td>7</td>
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<tr>
<td>6</td>
<td>Tubulopathy, Childhood vasculitis &amp; Systemic lupus erythematosus</td>
<td>12</td>
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<tr>
<td>7</td>
<td>Cystic kidney disease &amp; Nephrocalcinosis with renal calculi</td>
<td>9</td>
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<tr>
<td>8</td>
<td>Disorders of fluid, electrolyte, Acid base regulation, calcium, phosphate &amp; Rickets</td>
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<tr>
<td>9</td>
<td>Renal management of inborn errors of metabolism &amp; Sickle cell disease</td>
<td>4</td>
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<tr>
<td>10</td>
<td>Renal replacement, Peritoneal dialysis, Haemodialysis and Plamaspheresis</td>
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<tr>
<td>11</td>
<td>Renal transplantation, Immunosuppressive therapy, Complication</td>
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<tr>
<td>12</td>
<td>Research, Ethics &amp; Professionalism and patient safety</td>
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</tbody>
</table>

Note: Blueprint distributions of the examination may differ up to +/-3% in each category
Suggested References:

- Pediatric Nephrology
  Ellis D. Avner, William E. Harmon, Patrick Niaudet, Norishige Yoshikawa (Eds.)
- Pediatric Nephrology in the ICU: Stefan G. Kiessling • Jens Goebel
  Michael J.G. Somers Editors
- Pediatric Dialysis
  Bradley A. Warady, Franz Schaefer, Steven R. Alexander Editors
- UpToDate, the evidence-based clinical decision
- Professionalism and Ethics, Handbook for Residents, Practical guide,
  Prof. James Ware, Dr. Abdulaziz Fahad Alkaabba, Dr. Ghaiath M.A
  Hussein, Prof. Omar Hasan Kasule, SCFHS, Latest Edition
- Essentials of Patient Safety, SCHS, Latest 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
EXAMPLES OF K2 QUESTIONS
Question 1

A 13 year-old girl with two months’ history of well-documented systemic lupus erythematosus, but without known prior renal disease, develops fever increased joint pain, and worsening facial rash. On physical examination, she has a molar rash and multiple erythematous lesions on her arms and torso, and pitting ankle edema. Her laboratory evaluation shows an elevated anti-double stranded DNA antibody titer, a low complement of C3. The urinalysis shows 4+ proteinuria and many erythrocytes and red blood cell casts. A renal biopsy is performed and shows diffuse proliferative lupus nephritis.

Blood pressure 130/90 mmHg

Which of the following has the best long-term efficacy and fewest side effects?

A. Cyclosporine twice a day for at least six months
B. Oral daily cyclophosphamide for three months
C. Mycophenolate mofetile twice daily for at least six months
D. Monthly intravenous pulse cyclophosphamide for six months and followed by maintenance MMF
EXAMPLES OF K1

Question 2

Which of the following best characterized peritoneal fill volume?

A. Prescribed fill volume should be determined solely by the child’s perceived clinical tolerance
B. Pain during peritoneal dialysis is only related to the size of the fill volume
C. Optimum fill volume for infants is 1200-1400/M² and for children 800 ml/M²
D. Measurement of IPP is an objective parameter of the tolerance of a fill volume