SAUDI FELLOWSHIP TRAINING PROGRAM

Paediatric Cardiology

Final Written Examination 2020

Examination Format:
The Saudi subspecialty fellowship and diplomas final written examination shall consist of one paper with 80-120 multiple-choice questions (single best answer out of four options). 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:

<table>
<thead>
<tr>
<th>No.</th>
<th>Sections</th>
<th>Percentage (%)</th>
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<tbody>
<tr>
<td>1</td>
<td>Cardiovascular Structure, Development, Function, Pharmacology and Arrhythmias</td>
<td>18</td>
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<tr>
<td>2</td>
<td>Cardiovascular Examination, Principles, and Application of Cardiac Diagnostics</td>
<td>10</td>
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<tr>
<td>3</td>
<td>Office-Based cardiac problems / Outpatient</td>
<td>7</td>
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<tr>
<td>4</td>
<td>Left to Right and Right to Left Shunt</td>
<td>10</td>
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<tr>
<td>5</td>
<td>Single Ventricle lesion</td>
<td>8</td>
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<tr>
<td>6</td>
<td>Structural, Valvar and Obstructive Lesions and Systemic and Pulmonary Venous Abnormalities</td>
<td>9</td>
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<tr>
<td>7</td>
<td>Congenital Abnormalities of the Great Arteries and Aorta</td>
<td>5</td>
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<tr>
<td>8</td>
<td>Disorders of the Myocardium, Pericardium, Endocardium and Vasculature</td>
<td>10</td>
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<tr>
<td>9</td>
<td>Acquired Forms of Cardiac Disease And Genetic Disorders and Syndromes of the Cardiovascular System</td>
<td>8</td>
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<tr>
<td>10</td>
<td>Heart Function and Disease in the Fetus and Newborn And Congenital Heart Disease in the Adolescence and Adult</td>
<td>7</td>
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<td></td>
<td>Research, Ethics and Professionalism and Patient Safety</td>
<td>8</td>
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<td></td>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
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</table>
Note:
Blueprint distributions of the examination may differ up to +/-3% in each category.

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 da Cruz, Dunbar Ivy, James Jaggars
- Pediatric Cardiac Intensive Care An 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
- https://professional.heart.org/professional/GuidelinesStatements/UCM_316885_Guidelines-Statements.jsp
- https://www.escardio.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?

1. IV steroids
2. Oral steroids
3. High-dose aspirin
4. β-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