

ASSESSMENT OF 30 MCQs

FPSC No : 85

MCQS ON CHILDHOOD DEVELOPMENTAL SCREENING 2020

Submission DEADLINE: 8 September 2020, 12 NOON

INSTRUCTIONS

- To submit answers to the following multiple choice questions, you are required to log on to the College Online Portal (www.cfps2online.org)
- Attempt ALL the following multiple choice questions.
- There is only ONE correct answer for each question.
- The answers should be submitted to the College of Family Physicians Singapore via the College Online Portal before the submission deadline stated above.
- There will be NO further extension of the submission deadline

1. The following are risk factors for developmental delay except:

- A. 36 weeks' gestation
- B. Low birth weight
- C. Maternal diabetes
- D. Maternal smoking
- E. 40 weeks' gestation

2. The following are protective factors except:

- A. Parents with stable occupation
- B. Motivated parents
- C. Elderly parents
- D. Grandparents
- E. Pre-school attendance

3. A three-month-old baby who has not rolled over. The other examination was normal. The next appropriate step is to:

- A. Reassure parents
- B. Earlier review
- C. Refer Paediatrician
- D. Refer Child Development Programme
- E. Perform thyroid function test

4. A six-month-old baby who has not rolled over. The other examination was normal. The next appropriate step is to:

- A. Reassure parents
- B. Earlier review
- C. Refer Paediatrician
- D. Refer Child Development Programme
- E. Perform thyroid function test

5. An 18-month-old toddler who does not speak and does not have eye contact. The other examination was normal. The next appropriate step is to:

- A. Reassure parents
- B. Earlier review

- C. Refer Paediatrician
- D. Refer Child Development Programme
- E. Perform hearing test

6. You are seeing Michael, an 18-month-old boy in your clinic, who has not started speaking yet. He can point to show what he wants. The parents think he follows their instructions and have no concerns in his play or social interaction skills. All other developmental milestones are age appropriate. He is cared for by his helper as both parents are working full time. In your clinic, he appears to make eye contact with you, smiles and refers to his parents for praise. You identify that the child's lack of speech at 18 months is an area of concern and discuss it with his parents. The father reports he, too, was late to talk and feels there is nothing to worry.**What will you do next?**

- A. Agree with the father and reassure parents
- B. Arrange for a review in four months with advice on home stimulation of language and the need for referral if child is not meeting age appropriate milestones at the review visit
- C. Arrange for a review in six months
- D. Advise parents that child would eventually catch up and follow the 'wait and see' approach
- E. Do nothing

7. What is/are the milestones that child should have been met at 18 months?

- A. Child says the word "Papa" and "Mama" specifically
- B. Child can put two or more blocks one on top of the other without the blocks falling
- C. Child can walk well with good balance, rarely falls and does not sway from side to side
- D. When doing housework, child copies what the parent is doing
- E. All of the above

8. What is/are the Autism red flag(s) at 18 months of age that may indicate a need for further evaluation?

- A. Lack of response to name
- B. Lack of pointing or showing
- C. Poor eye contact
- D. Lack of enjoyment in carer interactions
- E. All the above

9. What is/are the situation(s) when hearing assessment should be strongly recommended?

- A. Child has failed Newborn Hearing test or if it was not done at all.
- B. Child with recurrent or persistent ear infections for at least 3 months
- C. Parental concerns about hearing, speech and language delay
- D. Family history of permanent childhood hearing loss
- E. All the above

10. Which of the following statements is TRUE

- A. Most late talkers will catch up by school entry but it is difficult to differentiate a late talker from a child with developmental language disorder at younger ages.
- B. When there is a family history of late talking, reassuring parents that child will eventually talk is the right thing to do.
- C. In a child who is late to talk and coming from a bilingual household, encouraging parents to use only one language to hasten language development in the child can be advised.
- D. Excessive screen time use is not associated with language delay.
- E. Early identification of hearing loss is unlikely to reduce impact on language development

11. During the 18-month well child visit, a mother reports that her son is not pointing and cannot say 'papa' or 'mama' with meaning. You observe that the toddler does not look at his mother or yourself for more than a few seconds. You also learn that he uses a smart device to watch YouTube clips for up to three hours ever since he was walking. You counsel mother to stop screen time with the smart device. The next most appropriate step is to:

- A. Review the child in three months as stopping screen impairments observed
- B. Make a referral for further evaluation with a developmental specialist as this may be an early presentation of an autism spectrum disorder
- C. Advise mother to engage in more play with 'cause and effect' toys and review at the next well child visit
- D. Advise mother to resume screen time with the television as this is more developmentally appropriate

- E. Reassure mother that this is normal developmental variation and stopping screen time will improve child's outcomes.

12. A nine-month-old boy who was sleeping through the night now has frequent night time wakening. This is due to:

- A. Regression which requires further investigation
- B. A prolonged afternoon nap
- C. A predictable period of disorganisation as the child has learnt to stand
- D. The boy co-sleeping with parents who snore in the night
- E. The boy being overexcited during the day

13. During the 4 - 6 year well visit a mother reports that she is exhausted caring for pre-schooler as he is constantly on the move. The child never stops and cannot sustain attention for more than five minutes. On history, you find that he has been watching two to three hours of TV a day since he was two years old. He also sleeps around eight hours a day and goes to bed around 11pm with one afternoon nap in childcare. He moves around your clinic touching things in sight, climbing on and off chairs. Which of the following is the next most appropriate advice?

- A. Advise exhausting the boy with plenty of activities so he will be less active by evening
- B. Advise reducing screen time and making a referral to the developmental specialist.
- C. Advise reducing screen time and review the child at the next well visit
- D. Advise change of screen time content to something more calming
- E. Advise reducing screen time and make a referral to an occupational therapist

14. During the 8 week visit, a mother describes that her baby is a fussy feeder and difficult to settle and breast feed. She reports that her baby is crying through the night and not getting enough milk. When you weigh the baby, she is making good weight gain. The baby is alert and looks at you. The mother appears tired and listless. You get a history that she has been feeling sad and crying most days for the past four weeks. She has not been getting much sleep and there is little support at home. Your next step is to:

- A. Reassure mother that this is 'post-natal blues' and she will start feeling better in the next few days
- B. Make a referral for psychological support as she

appears to be in the early stages of post-natal depression

- C. Suggest that she gets out more and meet with friends and she will feel better
- D. Advise mother to stop feeling sorry for herself and focus on her baby
- E. Make a referral to the lactation consultant and the baby is not getting sufficient breast milk.

15. A three-year-old child should be doing all of the following EXCEPT:

- A. Telling fantasy from reality
- B. Making friends
- C. Engaging in imaginative play
- D. Undressing themselves independently
- E. Feeding themselves with a spoon

16. A 12-month-old boy is brought for a well-child evaluation. The boy's mother reports that several individuals in the family have had anaphylaxis to egg. The boy has not yet eaten eggs or foods containing egg. Which of the following is the most appropriate approach to administration of the measles-mumps-rubella (MMR) vaccine in this child?

- A. MMR vaccine should be administered without special precautions
- B. Diphenhydramine should be administered at the time of immunization
- C. Blood testing for egg ovalbumin specific IgE should be performed prior to immunization
- D. Skin Prick Testing for egg allergy should be done before giving MMR vaccine
- E. Administration of the MMR vaccine is contraindicated

17. Which of the following vaccines contain neomycin?

- A. PCV 13
- B. HPV vaccine
- C. MMRV vaccine
- D. Hepatitis B vaccine
- E. DTaP vaccine

18. Gelatin allergy is a contraindication for which vaccine?

- A. Hepatitis B
- B. Polio
- C. MMR and Varicella
- D. Rotavirus
- E. HPV

19. Syncope is a known problem likely to happen commonly following which vaccination?

- A. BCG vaccination
- B. Rotaviral vaccination
- C. HPV vaccination

- D. Meningococcal vaccination
- E. Varicella vaccination

20. Which of the following vaccine is a live attenuated vaccine?

- A. IPV
- B. Hepatitis B
- C. PCV
- D. HPV
- E. BCG

21. Which of the following would be suggestive of a peripheral nerve disorder in an infant?

- A. Dysmorphism
- B. Global developmental delay
- C. Hearing impairment
- D. Hypotonia
- E. Tongue fasciculations

22. A five-year-old boy had difficulty climbing stairs and was unable to keep up with PE in school. Clinical examination showed grade 4 strength in hip flexors, and grade 4+ strength in shoulder abductors. There was no facial weakness. Gower's sign was positive. Deep tendon reflexes were present, and there were no tongue fasciculations. The most useful investigation to do would be:

- A. Acid alpha-glucosidase dried blood spot
- B. Anti-acetylcholine receptor (anti-AChR) antibody
- C. Creatine kinase level
- D. Lactate level
- E. SMNI gene testing

23. What are the specific signs of exercise intolerance in children?

- A. Frequent falls
- B. Muscle wasting
- C. Proximal muscle weakness
- D. Rhabdomyolysis
- E. Tongue fasciculations

24. Prior to investigational muscle biopsy, which of the following drugs does the anaesthetist need to avoid administering?

- A. Lignocaine
- B. Midazolam
- C. Morphine
- D. Propofol
- E. Suxamethonium

25. Creatine kinase levels would be high in the following conditions:

- A. Charcot-Marie-Tooth Disease
- B. Down syndrome
- C. Duchenne muscular dystrophy

- D. Myasthenia Gravis
- E. Spina Bifida

26. A three-month-old infant is found to have a cardiac murmur. An urgent referral should be made to a paediatric cardiologist if

- A. Weight and height have been tracking along the 25th centile since birth.
- B. There is difficulty appreciating the splitting of the second heart sound.
- C. There is difficulty palpating the femoral pulses.
- D. There is a soft liver felt 1 cm below the right subcostal margin.
- E. The heart rate is 135/min and the respiratory rate is 40/min.

27. A two-year-old boy presents with seven days of fever with red eyes, red lips and few left sided cervical lymph nodes (the largest measuring 2cm). No rashes are seen. He also has a wet cough and pharyngitis. The mycoplasma IgM is reactive. After 48 hours of treatment with clarithromycin, the fever is still unremitting. The left-sided cervical lymph nodes have increased in size and there is severe pain in the neck. The next step(s) of management would be best for this child.

- A. Treat with levofloxacin for macrolide resistant mycoplasma infection and monitor for another two to three days for response.
- B. Start treatment with amoxicillin-clavulanic acid for cervical lymphadenitis with evolving abscess formation and refer to an otolaryngologist.
- C. Await spontaneous resolution of the fever in the next two to five days, as there may be a concomitant adenovirus infection.
- D. Perform some baseline blood investigations and consider referral to a paediatric cardiologist in the next two to three days to exclude incomplete Kawasaki Disease.
- E. Urgent referral to a paediatrician or paediatric cardiologist to exclude incomplete Kawasaki Disease.

28. Which of the following is NOT a risk factor for the development of metabolic syndrome for a nine-year-old?

- A. History of maternal gestational diabetes
- B. Birth weight 3.78 kg
- C. Family history of coronary artery disease
- D. Presence of acanthosis nigricans
- E. Watches You-tube and plays computer games for three to four hours almost every day

29. This 14-year-old boy's chest pain is likely to be BENIGN if

- A. The pain is intense, localized to the third left costochondral junction, lasts a few seconds and occurs randomly at least three times every week.
- B. It occurs consistently 20-30 minutes into every basketball training session.
- C. He has cold sweats, light-headedness and palpitations when he does higher intensity physical activity.
- D. His father is well but his paternal uncle collapsed and died suddenly at 35 years of age.
- E. The ECG shows a heart rate of 76/min and a corrected QT interval of 467ms.

30. A 12-year-old child was incidentally found to have a cardiac murmur during an episode of mild upper respiratory tract infection. This is likely to be an innocent murmur if

- A. It is a soft ejection systolic murmur grade 2/6 over the upper left sternal edge that disappears from the lying to the sitting position.
- B. It is a soft ejection systolic murmur grade 2/6 over the upper left sternal edge associated with fixed splitting of the second heart sound.
- C. It is a soft ejection systolic murmur grade 2/6 over the upper left sternal edge associated with a soft diastolic rumble in the lower left sternal edge.
- D. It is a soft continuous murmur grade 2/6 over the left upper sternal edge.
- E. It is a soft short systolic murmur grade 2/6 over apex associated with a mid-systolic click.

FPSC No. 78 “Chronic Disease Management Rerun” Answers to 30 MCQ Assessment		
1. D	11. C	21. D
2. B	12. B	22. A
3. C	13. E	23. E
4. A	14. D	24. A
5. E	15. E	25. C
6. B	16. C	26. B
7. D	17. D	27. A
8. B	18. E	28. E
9. B	19. E	29. D
10. D	20. B	30. C

FPSC No. 79 “Geriatric Care Rerun” Answers to 30 MCQ Assessment		
1. E	11. D	21. A
2. B	12. E	22. E
3. A	13. A	23. D
4. E	14. C	24. D
5. B	15. B	25. C
6. E	16. E	26. D
7. C	17. E	27. B
8. D	18. E	28. D
9. E	19. D	29. D
10. E	20. D	30. D

FPSC No. 81 “Mental Health Update Rerun” Answers to 30 MCQ Assessment		
1. B	11. E	21. E
2. D	12. D	22. E
3. E	13. E	23. A
4. E	14. D	24. D
5. C	15. E	25. D
6. B	16. A	26. D
7. E	17. D	27. C
8. C	18. E	28. A
9. E	19. D	29. B
10. D	20. C	30. E