

ASSESSMENT OF 30 MCQS

FPSC NO : 102
MCQS ON PERSONS WITH INTELLECTUAL DISABILITY
SUBMISSION DEADLINE: 25 October, 12 NOON

INSTRUCTIONS

- To submit answers to the following multiple choice questions, you are required to log on to the College Online Portal (<https://lms.wizlearn.com/cfps/>)
- Please contact sfp@cfps.org.sg if you have not received an email on the new LMS account.
- 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 Singapore Children's Society (SCS)'s missions are to protect and nurture children and youths of all races and religions. In 2021, how many children did SCS reach out to?
 - A. 17973
 - B. 18973
 - C. 19973
 - D. 20973
 - E. 21973
2. The Movement of the Intellectually Disabled of Singapore (MINDS) was founded in which year?
 - A. 1962
 - B. 1967
 - C. 1972
 - D. 1977
 - E. 1982
3. In the Second Enabling Masterplan 2012 – 2016, there were four areas of emphasis. Which of the following is not such an area?
 - A. Caregiver Support
 - B. Early Intervention
 - C. Employment
 - D. Adult Care
 - E. Education and Healthy Lifestyle
4. The Disability Sports Master Plan (DSMP) aims to benefit people who have been medically certified to have the following disabilities, impairment, or disorders EXCEPT one. Which is the one?
 - A. Physical Disability
 - B. Intellectual Disability
 - C. Visual Impairment
 - D. Hearing Impairment
 - E. Attention Deficit Hyperactivity Disorder
5. To support persons with disabilities in acquiring relevant vocational and independent living skills and emerge stronger from the COVID-19 pandemic, the Temasek Trust-CDC Lifelong Learning Enabling Fund is made available for X number of years. What is X?
 - A. 5
 - B. 4
 - C. 3
 - D. 2
 - E. 1
6. Psychiatric conditions can be missed in people with intellectual disability because of
 - A. Epileptic fits
 - B. Diagnostic overshadowing
 - C. Intellectual distortion
 - D. Cognitive disintegration
 - E. People with intellectual disability do not commonly suffer from the same types of mental health conditions as the general population
7. Which of the following is not a possible contributing factor for someone presenting with behavioural issues?
 - A. Constipation
 - B. Sensory issues
 - C. Communication difficulties
 - D. Diagnostic overshadowing
 - E. Recent change of training officer at the Day Centre
8. The following are anxiety disorders except
 - A. Social phobia
 - B. Hypochondriasis
 - C. Post-Traumatic Stress Disorder
 - D. Panic disorder
 - E. Generalized Anxiety Disorder

9. Depression can manifest with any of the following symptoms except

- A. Racing thoughts
- B. Hypersomnia
- C. Deterioration in self-care skills
- D. Difficulties making decisions and concentrating
- E. Repeated self-injurious behaviour

10. Which of the following should not be used in the treatment of depression in someone with intellectual disability?

- A. Cognitive-Behavioural Therapy
- B. Fluoxetine
- C. Care-giver education
- D. Benzodiazepines
- E. Exposure Therapy

11. Which of the following situations/conditions is not likely linked to dental disease in persons with ID?

- A. Polypharmacy
- B. Diabetes Mellitus
- C. Lower socio-economic status
- D. Being bedridden
- E. None of the above

12. What are the barriers to providing healthcare for persons with ID?

- A. Lack of knowledge and training amongst primary healthcare providers on the healthcare needs of persons with ID
- B. Poor communication skills and failure to understand by primary healthcare providers, resulting in missing diagnoses
- C. Strange environment and fear causing persons with ID to exhibit behaviours of concern
- D. Lack of time by primary care providers
- E. All of the above

13. Mr S, aged 31 years with severe ID, is noted to be nonverbal. He is accompanied by his father who mentions that Mr S is exhibiting self-injurious behaviour and hitting the right side of his face for the past two weeks. What would you do?

- A. Elicit a detailed history from Mr S' caregiver and do a detailed clinical evaluation. Provide the family with an antecedent, behaviour, consequence chart and ask them to come back one week later
- B. Reassure family that this is a behaviour that occurs in persons with ID
- C. Refer to the mental health team for evaluation
- D. Refer to the psychologist to help him and the family
- E. Immediate referral to A&E for admission

14. Miss K, a 28-year-old lady with autistic spectrum disorder and ID with minimal communication skills, is brought in by her sister for a weight loss programme lasting six weeks. Miss K has occasional episodes of vomiting, infrequent stooling, and food refusal. Her sister feels that she exhibits behaviours of anxiety after meals. What would you do?

- A. Elicit a detailed history and clinical evaluation. In view of weight loss, refer to specialist for evaluation and management
- B. Trial of proton pump inhibitors
- C. Referral to mental health services
- D. Urgent referral to hospital for admission
- E. Ask the family to monitor for symptoms and review in one month's time

15. What are reasonable adjustments that need to be incorporated into practice to help persons with ID?

- A. Identify the best mode of communication before the consult
- B. Speak to the person directly
- C. Be patient and speak simple, short phrases
- D. Use other forms of communication like gestures, signs, pictures to communicate effectively
- E. All of the above

16. Which of the following statements about behaviours of concern (BOC) in persons with intellectual disability (ID) is correct?

- A. It is inherent in persons with ID to have BOC
- B. Medications are the best way to manage BOC
- C. It can be defined as "Disruptive and harmful behaviour displayed commonly by persons with ID"
- D. It can be defined as "Culturally abnormal behaviour(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities"
- E. Persons with ID should not be allowed to participate in activities until their BOC are resolved

17. The primary objective of assessing BOC in persons with ID should be to:

- A. Strive to identify and address the underlying causes of or reasons for the behaviour
- B. Stop the behaviours
- C. Educate their caregivers and families on how to manage these behaviours
- D. Engage persons with ID in activities so families can get respite from the behaviours
- E. Find the right medications to treat the behaviours

18. The ABC chart method is a common method used to keep track of BOC. In this chart,

- A. The A refers to Action: the action that led to the behaviour
- B. The B refers to Background: the incidents that surround the behaviour
- C. The C refers to Consequences: what happened directly after the behaviour occurred
- D. It is important when using the ABC chart to focus on interpretations, rather than on the description of the events
- E. The ABC chart will always show a clear pattern and give us the answer to the cause of the BOC

19. Health conditions can present as BOC. Examples will include:

- A. Constipation presenting with agitation
- B. Toothache presenting with food refusal
- C. Otitis media presenting with self-injurious behaviour, e.g., hitting of ears
- D. Hallucinations presenting with head-banging episodes
- E. All of the above

20. Management of BOC can be approached in the following manner:

- A. Always use medications as the first-line treatment so as to reduce stress for everyone
- B. Any obvious physical or psychiatric cause for the BOC should be managed appropriately and promptly
- C. Persons with ID face many barriers to the usual methods of communication, and healthcare professionals will have to find alternative methods to communicate with them in order to reduce the risk of BOC
- D. All of the above
- E. B and C only

21. The Enabling Masterplans (EMP) are:

- A. Roadmaps for Singapore to build a more inclusive society where persons with disabilities are empowered and enabled to realise their true potential
- B. Led by the Ministry of Social and Family Development
- C. Ongoing and we are now moving into our fourth EMP
- D. None of the above
- E. A, B, and C

22. In the EMP, persons with disability (PwDs) include those with:

- A. Autism Spectrum Disorder
- B. Visual impairment
- C. Dementia
- D. All of the above
- E. A and B only

23. In Singapore, we have an estimated:

- A. Approximately 30,000 PwDs
- B. Approximately 50,000 PwDs
- C. Approximately 80,000 PwDs
- D. More than 100,000 PwDs
- E. We have no estimate

24. SG Enable is an agency that:

- A. Was established by MSF in 2013 as the focal agency that is the first stop for all disability matters in Singapore
- B. Strives to enable social service agencies and partners to provide effective and holistic support to PwDs
- C. Provides caregiver support to the families of PwDs
- D. Raises awareness and imparts knowledge about PwDs and their needs
- E. All of the above

25. Some barriers to accessing healthcare raised by PwDs include:

- A. Difficulty making appointments for PwDs with visual and hearing impairment
- B. Difficulty getting healthcare professionals to understand their needs for PwDs with intellectual disability
- C. Overly stimulating clinic environments for PwDs with sensory processing disorders
- D. Ageing caregivers who have difficulty bringing their adult PwD children for medical appointments
- E. All of the above

26. Which of the statement(s) below is correct?

A deputy under the MCA

- I. must be appointed by the Court
- II. can make all decisions for P including making a will for P
- III. must file an annual report to the OPG
- IV. does not need to consider the statutory principles laid out in Section 5 of the MCA since he is already appointed

- A. All of the above
- B. I only
- C. I and III
- D. I, III, and IV
- E. None of the above

27. The determination of whether or not a person has mental capacity:

- A. is by a medical practitioner using the 2-step test
- B. is by the judge using the 2-step test
- C. is by the medical practitioner in consultation with the judge in the 2-step test
- D. is by the judge and the medical practitioner together in the 2-step test
- E. is by the judge taking into consideration the medical practitioners' opinion in the 2-step test

28. Which of the statements below describe the differences between a deputy and a professional deputy?

- I. A professional deputy can charge for his services**
- II. A professional deputy must be registered with the Office of Public Guardian**
- III. A professional deputy cannot be related to the patient**
- IV. A professional deputy can only be appointed to manage the patient's financial affairs**
- V. A professional deputy must report to the public guardian**

- A. All of the above
- B. I, II, and III
- C. I, II, III, and IV
- D. I, II, and V
- E. I, IV, and V

29. In which of the scenarios below is Deputyship necessary?

- I. When there is no donee, the patient has dementia, and the patient is required to sign documents relating to the upgrading of the patient's HDB flat**
- II. When the patient has not made an LPA and is 93 years old**
- III. The patient was involved in an accident where he is in a coma. The patient has a donee for personal welfare only and his family needs to access his insurance**
- IV. When the patient is intellectually disabled and is reaching 21 years of age. He currently does not have his own bank account and monies given to him is deposited into his mother's bank account.**
- V. Where the patient has suffered a stroke and moves about slowly and slurs in his speech. When given assistance and when he is not tired, he is able to make decisions.**

- A. All of the above
- B. None of the above
- C. I, III, IV, and V
- D. I, II, III, and IV
- E. I, III, and IV

30. Which of the following statement(s) is/are correct in relation to proxy decision-makers?

- I. The Court's power to make decisions for the patient is only limited by the need for applications to be made by applicants to the Court**
- II. A Donee under an LPA would have more powers to make decisions for the patient compared to a Deputy that is appointed by the Court.**
- III. The Deputy appointed by the Court must exercise his power in accordance with the Order of Court and must report to the OPG on an annual basis**
- IV. Caregivers and medical professionals are able to make any decisions for the patient as they are protected under section 7 of the MCA**

- A. None of the above
- B. I only
- C. II, III, and IV
- D. III and IV
- E. III only

**FPSC 98 "Geriatric Care 2022"
Answers to 30 MCQs Assessment**

1. C	11. D	21. E
2. D	12. D	22. E
3. E	13. E	23. D
4. B	14. E	24. D
5. A	15. C	25. A
6. A	16. B	26. B
7. B	17. A	27. C
8. C	18. C	28. D
9. D	19. D	29. A
10. E	20. D	30. E

**FPSC 99 "GOAL: Guidance Oriented
Approach to Learning"
Answers to 30 MCQs Assessment**

1. D	11. E	21. A
2. C	12. C	22. C
3. C	13. E	23. A
4. B	14. D	24. A
5. A	15. E	25. C
6. A	16. D	26. A
7. E	17. D	27. D
8. D	18. C	28. C
9. E	19. C	29. B
10. B	20. C	30. E

FPSC 100 “Mental Health 2022” Answers to 30 MCQs Assessment					
1.	E	11.	D	21.	E
2.	D	12.	D	22.	D
3.	D	13.	E	23.	A
4.	C	14.	E	24.	C
5.	A	15.	B	25.	D
6.	B	16.	D	26.	E
7.	C	17.	E	27.	D
8.	A	18.	E	28.	A
9.	B	19.	E	29.	D
10.	A	20.	E	30.	B