

The CPD programme for SAJCH is administered by Medical Practice Consulting.

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## Regarding comorbid attention deficit hyperactivity disorder (ADHD) and developmental co-ordination disorder (DCD)

1. What are the three core symptoms of ADHD?
  - a. hyperactivity, lack of concentration, impulsivity
  - b. inattention, hyperactivity, co-ordination problems
  - c. impulsivity, hyperactivity, inattention
  - d. lack of concentration, co-ordination problems, hyperactivity.
2. What are the approximate worldwide prevalence rates of DCD?
  - a. 7 - 10%
  - b. 5 - 15%
  - c. 6 - 9%
  - d. None of the above.
3. What three tests does this study use to confirm a diagnosis of comorbid ADHD and DCD?
  - a. Groningen Motor Observation Scale, Copeland's rating scale, the Developmental Co-ordination Disorder Questionnaire (DCDQ)
  - b. Modified Conners' teacher rating scale, DCDQ, the Movement Assessment Battery for Children (first edition) (MABC-1)
  - c. DCDQ, MABC-2, Modif.
  - d. None of the above.
4. Which neuroanatomical areas suggest that ADHD and DCD exist in comorbidity?
  - a. frontal region, cerebellum, basal ganglia and thalamus
  - b. cerebellum, basal ganglia, thalamus and parietal lobe
  - c. temporal lobe, basal ganglia, cerebellum and thalamus
  - d. frontal region, occipital region, basal ganglia and thalamus.
5. What percentage prevalence of comorbid ADHD and DCD was found in the study published here?
  - a. 55.2%
  - b. 50%
  - c. 74%
  - d. 33%.

## Regarding premature and ex-premature infants admitted to the paediatric intensive care unit in the first 6 months of life

6. Which of the following risk factors are associated with increased mortality and/or morbidity in infants?
  - a. male, gestational age (GA) >37 weeks and birthweight >2 500 g
  - b. male, GA <37 weeks, extremely low-birthweight infants (<1 000 g) and bronchopulmonary dysplasia
  - c. female, GA <37 weeks, extremely low-birthweight infants (<1 000 g)
  - d. female, HIV-infected, GA >37 weeks and extremely low-birthweight infants (<1 000 g).
  - e. male, HIV-uninfected and birthweight >2 500 g.
7. Which statements are true?
  - a. Haematinics are not beneficial for the prevention of iron deficiency anaemia in preterm infants.

- b. Palivizumab for prevention of 'respiratory syncytial virus' is routinely available in South Africa (SA) for preterm infants.
- c. Moderate to late preterm infants may also be at increased risk of morbidity/mortality and may benefit from close monitoring and follow-up.
  - d. Breastfeeding and immunisations are not protective in preventing illness in preterm infants.
  - e. Respiratory infection is not a common reason for admission in preterm infants.
8. Which of these would not have a significant role to play in improving outcomes of preterm infants in the first year of life?
  - a. improved antenatal care and education of pregnant women
  - b. education of caregivers on early signs of clinical deterioration in children
  - c. increased access to family planning services
  - d. implementing public health initiatives to improve treatment and prevention of HIV
  - e. routine administration of immunisation for human papilloma virus in children.

## Regarding admission of critically ill children to a general high-care unit

9. The care of critically ill children in SA is often the responsibility of general paediatricians in regional hospitals. Most severely ill children in SA are admitted in mixed medical and surgical intensive care units (ICUs) and high-care units (HCUs) that admit both adults and children. Which statement is correct?
  - a. Children have a higher mortality when cared for in mixed units as indicated by studies from developed countries.
  - b. ICUs can be subcategorised into 3 categories: category 1 – specialised organ support unit; category 2 – tertiary ICU facility; category 3 – HCU.
  - c. The transport of critically ill children to tertiary paediatric ICUs (PICUs) in the Western Cape is associated with a low incidence of adverse transfer-related events.
  - d. Centralised paediatric critical care and retrieval services do not result in improved outcomes of critically ill children.
10. Mortality predication scores such as the Paediatric Index of Mortality 3 (PIM3) are widely used in PICUs. The Standardised Mortality Ratio (SMR) compares the predicted chance of mortality with the unit mortality rate. Regarding the PIM3 and SMR, which statement is incorrect?
  - a. PIM3 is a mortality prediction score which is used to assess a child's risk of mortality when admitted to a critical care unit.
  - b. The PIM3 has been shown to under-predict mortality in a recent study at a tertiary-level PICU in KwaZulu-Natal.
  - c. The SMR can be used to compare the quality of care between different PICUs.
  - d. PIM3 has been validated as an accurate predictor of mortality in regional hospital HCUs.

A maximum of 3 CEUs will be awarded per correctly completed test.

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After submission you can check the answers and print your certificate.

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## Regarding healthcare practitioners' views about early hearing detection and intervention practices

11. Which statements are false? This article contains data that suggest parents:
- benefit from effective team collaboration
  - are given information about screening that is too complex and contains jargon that they do not understand
  - are given unlimited information about newborn hearing screening that is effective and adequate
  - are given education about hearing screening while at hospital, but it would be ideal if they had this information before the birth of their baby
  - have limited understanding of the importance of hearing screening and should be provided with the necessary support to minimise loss to follow-up.
12. Which statement is true?  
The majority of healthcare practitioners in the study:
- were opposed to hearing and ear care being part of the birth package offered to mothers
  - were of the view that hearing screening should not be mandatory
  - felt that universal newborn hearing screening is undeserving of healthcare resource expenditure
  - agreed that hearing loss in infants should be identified early and intervention commenced <6 months of age.
13. Which risk factor does not form part of the Joint Committee on Infant Hearing (2007) list of high-risk factors for hearing loss, but is relevant in the SA context?
- meningitis
  - maternal infections
  - head trauma
  - hyperbilirubinaemia
  - low birthweight.

## Regarding the effects of a home-based exercise programme on the exercise endurance of HIV-infected children

14. In this study, what form of research was done to validate the home exercise programme before it was implemented?
- a nominal group
  - an interview
  - quantitative data collection
  - a document analysis.
15. Factors other than being virally suppressed may have affected the participants' exercise endurance. Which of the factors below may result in a decreased 6-minute walking distance?
- participant's height
  - participant's blood pressure
  - participant's neural and muscular function
  - a and b.

## Regarding unsafe disposal of faeces

16. Which of the following describes the recommended safe way of disposing of child stools?
- Child used toilet or latrine, put/rinsed into the toilet or latrine.
  - Child used toilet or latrine, put/rinsed into the toilet or latrine, put/rinsed into a drain or ditch.
  - Put/rinsed into a drain or ditch, thrown into the garbage, left in the open, buried, other.
  - None of the above.
17. Which of the following factors were associated with unsafe child faeces?
- child age, toilet facility, place of residence and region of residence
  - child age, toilet facility, place of residence, region of residence and maternal education
  - child age, toilet facility, place of residence, region of residence and source of water supply
  - child age, place of residence, region of residence and source of water supply.

## Regarding mortality and outcomes in a paediatric burns ICU

18. With regards to risk factors for mortality in paediatric burns, which statement is true?
- Admission into ICU is a risk factor for mortality.
  - Burns involving >40% total body surface area (TBSA) are associated with 100% mortality .
  - Patients younger than 48 months can tolerate burns >30% TBSA due to compensatory mechanisms.
  - Sepsis is the second leading cause of mortality in burns.

## Regarding hotspots and drivers of acute respiratory infection (ARI) among children in Nigeria

19. Which of the following statements is true?
- ARI is a disease of the respiratory system.
  - ARI is a disease of the digestive system.
  - ARI is a disease of the nervous system.
  - ARI is a disease of the skeletal system.
20. The most significant risk factor for ARI is:
- poverty
  - vehicle ownership
  - overcrowding
  - urbanisation.

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