

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201903A)

	True	False
1. Developmental delays are common, occurring in approximately 20% of preschool children.	<input type="checkbox"/>	<input type="checkbox"/>
2. During a phase of prolonged illness, a child may have a plateau or even a delay in development, which is usually transient.	<input type="checkbox"/>	<input type="checkbox"/>
3. Children who have a variant crawl pattern, such as 'commando crawlers', are likely to walk late. Hence, they need to be referred early for intervention.	<input type="checkbox"/>	<input type="checkbox"/>
4. A majority of children with developmental delay have a developmental disability.	<input type="checkbox"/>	<input type="checkbox"/>
5. A significant delay refers to performance of two or more standard deviations below the mean on age-appropriate norm-referenced standardised testing.	<input type="checkbox"/>	<input type="checkbox"/>
6. The cause of global developmental delay (GDD) can always be identified through investigations alone.	<input type="checkbox"/>	<input type="checkbox"/>
7. Developmental regression is an unequivocal red flag that warrants an urgent referral for further assessment and management.	<input type="checkbox"/>	<input type="checkbox"/>
8. All children presenting with developmental delays, irrespective of the degree of delay, should be promptly referred for further specialist assessment.	<input type="checkbox"/>	<input type="checkbox"/>
9. Children from socially disadvantaged backgrounds are at higher risk for developmental delays.	<input type="checkbox"/>	<input type="checkbox"/>
10. A boy presenting with gross motor delay should have his serum creatine phosphokinase checked.	<input type="checkbox"/>	<input type="checkbox"/>
11. All children with a diagnosis of GDD need cognitive testing to assess their intellectual functioning at the age of about six years.	<input type="checkbox"/>	<input type="checkbox"/>
12. The majority of children with GDD have a degree of intellectual disability.	<input type="checkbox"/>	<input type="checkbox"/>
13. Nutritional deficiencies such as iron deficiency are a treatable cause of developmental delays.	<input type="checkbox"/>	<input type="checkbox"/>
14. In children presenting with significant development delays (e.g. language delay) or with a history of regression, a prompt referral to a developmental paediatrician is warranted.	<input type="checkbox"/>	<input type="checkbox"/>
15. Vision assessment should be part of the evaluation, especially for a child presenting with fine motor delay.	<input type="checkbox"/>	<input type="checkbox"/>
16. Children should be discouraged from exposure to many languages, as they will have persistent difficulties with language acquisition.	<input type="checkbox"/>	<input type="checkbox"/>
17. Baseline investigations for a child presenting with GDD would not include thyroid function tests if they were already done in the newborn period as part of the newborn metabolic screen.	<input type="checkbox"/>	<input type="checkbox"/>
18. Hearing assessment should be part of the developmental evaluation for a child presenting with language delay.	<input type="checkbox"/>	<input type="checkbox"/>
19. Children needing intensive and long-term interventions are usually referred to EIPIIC (Early Intervention Programme for Infants and Children) centres.	<input type="checkbox"/>	<input type="checkbox"/>
20. Baseline blood tests, such as a full blood count, should be performed for all children presenting with developmental delays.	<input type="checkbox"/>	<input type="checkbox"/>

### Doctor's particulars:

Name in full: \_\_\_\_\_ MCR no.: \_\_\_\_\_  
 Specialty: \_\_\_\_\_ Email: \_\_\_\_\_

#### SUBMISSION INSTRUCTIONS:

Visit the SMJ website: <http://www.smj.org.sg/current-issue> and select the appropriate quiz. You will be redirected to the SMA login page.

**For SMA member:** (1) Log in with your username and password (if you do not know your password, please click on 'Forgot your password?'). (2) Select your answers for each quiz and click 'Submit'.

**For non-SMA member:** (1) Create an SMJ CME account, or login with your SMJ CME username and password (for returning users). (2) Make payment of SGD 21.40 (inclusive of 7% GST) via PayPal to access this month's quizzes. (3) Select your answers for each quiz and click 'Submit'.

#### RESULTS:

(1) Answers will be published online in the SMJ May 2019 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 9 May 2019. (3) Passing mark is 60%. No mark will be deducted for incorrect answers. (4) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council. (5) One CME point is awarded for successful candidates. (6) SMC credits CME points according to the month of publication of the CME article (i.e. points awarded for a quiz published in the December 2018 issue will be credited for the month of December 2018, even if the deadline is in January 2019).

**Deadline for submission (March 2019 SMJ 3B CME programme): 12 noon, 2 May 2019.**