

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 202110A)

	True	False
1. Chronic cough in children is defined in this article as a cough that lasts for more than four weeks.	<input type="checkbox"/>	<input type="checkbox"/>
2. Chronic cough affects the child alone, with no impact on family or social considerations.	<input type="checkbox"/>	<input type="checkbox"/>
3. A school-going child with unremitting cough for more than four weeks accompanied by loss of weight and poor exercise tolerance is most likely having recurrent upper respiratory tract infection and does not need re-evaluation.	<input type="checkbox"/>	<input type="checkbox"/>
4. Young children usually cannot expectorate; hence, it is important to have a child induce a cough during the consultation to characterise whether it is wet or dry.	<input type="checkbox"/>	<input type="checkbox"/>
5. The presence of digital clubbing, hyperinflated chest and Harrison sulci warrants specialist referral for further evaluation.	<input type="checkbox"/>	<input type="checkbox"/>
6. A generally healthy pre-schooler can have as many as eight upper respiratory tract infections annually.	<input type="checkbox"/>	<input type="checkbox"/>
7. If a child's cough gradually abates by the third week to become dry, with cough-free periods of at least a few weeks in between recurrent episodes, has normal growth and physical examination findings, and good exercise tolerance, a referral to a specialist is warranted.	<input type="checkbox"/>	<input type="checkbox"/>
8. Persistent daily wet cough is always pathological and indicates excessive airway secretions.	<input type="checkbox"/>	<input type="checkbox"/>
9. Initial investigations in a child with chronic cough include chest radiography and spirometry, if possible.	<input type="checkbox"/>	<input type="checkbox"/>
10. Spirometry can be attempted in a three-year-old child.	<input type="checkbox"/>	<input type="checkbox"/>
11. Computed tomography (CT) of the thorax is a useful investigation in a child with unremitting cough if it is clinically indicated based on a child's symptoms, clinical assessment and available resources.	<input type="checkbox"/>	<input type="checkbox"/>
12. Asthma affects 40% of school-going children in Singapore.	<input type="checkbox"/>	<input type="checkbox"/>
13. Typical asthma symptoms of wheeze and exertional dyspnoea may not be recognised or initially reported by caregivers and must be actively sought for during each review.	<input type="checkbox"/>	<input type="checkbox"/>
14. If a child has asthma that does not respond to inhaled corticosteroids, with poor symptom control despite adherence to therapy, it is prudent to refer him/her for specialist evaluation.	<input type="checkbox"/>	<input type="checkbox"/>
15. A specialist referral is warranted for a child being treated for recurrent protracted bacterial bronchitis who requires more than three antibiotic courses a year.	<input type="checkbox"/>	<input type="checkbox"/>
16. In children aged below two years who are suspected of having tuberculosis, the tuberculin skin test is the preferred mode of initial immunological investigation.	<input type="checkbox"/>	<input type="checkbox"/>
17. The diagnosis of bronchiectasis can usually be made clinically and does not require CT imaging.	<input type="checkbox"/>	<input type="checkbox"/>
18. Treatment of somatic cough syndrome mainly involves the use of cough syrups for symptom relief.	<input type="checkbox"/>	<input type="checkbox"/>
19. Upper airway cough syndrome is associated with nasal congestion, rhinorrhoea and a cobblestone appearance of the posterior oropharynx.	<input type="checkbox"/>	<input type="checkbox"/>
20. Any trial of therapy for the presumed aetiology of a child's chronic cough requires a review 2–4 weeks after therapy to decide whether the appropriate response has been achieved.	<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 log in 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 December 2021 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 31 December 2021. (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 October 2021 issue will be credited for the month of October 2021, even if the deadline is in December 2021).

**Deadline for submission (October 2021 SMJ 3B CME programme): 12 noon, 24 December 2021.**