## CPD September 2021

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#### Regarding the optimal time for haematocrit check after packed red blood cell transfusion among children with anaemia

- 1. Why is post-transfusion haematocrit check important in children?
- a. It is needed to determine whether the child will remain in hospital or not.
- It is part of the routine investigations that must be done after transfusion.
- c. Caregivers would want to know the value.
- d. It is necessary to determine whether the volume of blood administered is adequate or not.
- e. The child can become anaemic if it is not done.
- 2. Why is early post-transfusion haematocrit check more favoured by clinicians?
- a. It obviates unnecessary delay in clinical decision-making.
- b. The patient will be able to leave the hospital early.
- c. Clinicians will have more time to attend to other patients.
- d. Many patients now prefer early post-transfusion haematocrit check.
- e. It is more reliable than late post-transfusion haematocrit check.
- 3. When can haematocrit be reliably checked after packed cell transfusion in children who are above the neonatal age group?
- a. 24 hours after transfusion
- b. 1 hour after transfusion
- c. 48 hours after transfusion
- d. 6 hours after transfusion
- e. 12 hours after transfusion.

#### Regarding missed opportunities in the prevention of mother-tochild transmission

- 4. An important factor contributing to the persistence of maternal transmission of HIV to infants in South Africa (SA) despite the widespread usage of maternal ART is:
- a. the high rates of preterm deliveries
- b. not repeating HIV tests in HIV-negative mothers
- c. failure to manage maternal anaemia
- d. the poor socioeconomic status of many mothers.
- 5. An indeterminate or false-negative HIV DNA polymerase chain reaction (PCR) result in some neonates can be due to:
- a. the reduced perinatal HIV transmission rate seen in SA now
- b. the low sensitivity of the HIV DNA PCR test that is being used
- c. the low specificity of the HIV DNA PCR test that is being used
- d. the effect of maternal ART treatment in lowering an infant's HIV viral load.

### Regarding the clinical profile and outcome of children with transfusion-dependent thalassaemia in KwaZulu-Natal Province, SA

- 6. True or false? Beta thalassaemia, unlike alpha thalassaemia, is present at ~6 months of age.
- The common clinical findings of thalassaemia are the following, except:
- a. pallor
- b. skeletal changes
- c. fever
- d. abdominal cramps.
- 8. Treatment modalities that can be given to patients with thalassaemia are the following:
- a. blood transfusion
- b. iron chelation
- c. stem cell/bone marrow transplant
- d. all of the above.

### Regarding health facility obstacles resulting in missed vaccination opportunities in Tshwane Region 5, Gauteng Province

- 9. What is the World Health Organization's target for fully immunised under-1-year-old coverage (FIC) at district level?
- a. 80%
- b. 85%
- c. 90%
- d. 95%.
- 10. Recall bias can be avoided by:
- basing vaccination history on the verbal testimony of the primary caregiver
- b. basing vaccination history on the child's Road to Health Card
- c. not including children aged >23 months
- d. verifying caregivers' recall using clinic records.
- 11. Regarding the limitations of the study, which statement is false?
- The FIC may have been lower among children of caregivers who refused to participate in the study.
- b. The FIC may have been lower as eligible caregivers of children without a Road to Health Card were excluded from the survey.
- c. The FIC may have been lower among children whose families were on vacation, as affording a vacation suggests that the caregivers were employed.
- d. The FIC may have been lower in gated communities, where a higher rate of internet access and vaccine hesitancy is more likely.

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

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- 12. The following statement is correct:
- a. Missed vaccination opportunities result from vaccine hesitancy.
- b. Missed vaccination opportunities can be avoided if vaccinators provide caregivers with the return date for vaccinations.
- c. Immunisation is one of the most cost-effective treatments for controlling vaccine-preventable diseases.
- d. Immunisation is one of the most cost-effective public health interventions for preventing and controlling vaccine-preventable diseases.
- 13. The most common reason for missed vaccinations in this study
- a. health facility obstacles
- b. lack of information
- c. vaccine hesitancy
- d. lack of motivation.

### Regarding outcomes of extremely low birthweight neonates at a tertiary hospital in the Western Cape Province, SA

- 14. Which of the following was the most commonly occurring neonatal morbidity among the neonates of extremely low birthweight in the study cohort?
- a. intraventricular haemorrhage
- b. neonatal sepsis
- c. necrotising enterocolitis
- d. respiratory distress syndrome.
- 15. Which of the following variables was a significant predictor of mortality in this study?
- a. birthweight
- b. gestational age
- c. sepsis
- d. respiratory distress syndrome.

- 16. Which of the following was the most-commonly listed cause of death among the neonates of extremely low birthweight in the study cohort?
- a. sepsis
- b. necrotising enterocolitis
- c. extreme prematurity
- d. respiratory distress syndrome.

#### Regarding developing a validated instrument to assess paediatric interns in SA

- 17. Work-based assessment refers to assessing medical doctors in:
- a. acute care settings only
- b. the work environment
- c. knowledge and attitudes
- d. counselling skills.
- 18. The major paediatric conditions interns need to be proficient in managing in SA public hospitals include:
- a. acute gastroenteritis and pneumonia
- b. HIV and TB
- c. newborn care (neonatal care) and malnutrition
- d. all of the above.
- 19. Self-management skills include:
- a. caring for patients and the hospital
- b. working well in a team while at work
- c. showing a balance between personal and work life
- d. dealing with demanding patients.

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