Self-Evaluation Quiz

The questions in this self-evaluation quiz are based on the articles in this issue of the journal. Each of the questions or statements is followed by five possible answers or completions. Select all of the correct answers to each of the questions and circle the corresponding letters. The answers appear on the inside front cover of this issue.

As an organization accredited for continuing medical education, the American Academy of Pediatrics certifies that this continuing medical education activity, when used and completed as directed, meets the criteria for two hours of credit in Category 1 of the Physician’s Recognition Award of the American Medical Association and two hours of PREP credit.

To earn two hours of Category 1 credit and two hours of PREP credit for this quiz, you must currently be enrolled in PREP or subscribing to PEDIATRICS IN REVIEW. You will receive two quiz reply cards this year along with a letter acknowledging your enrollment or subscription. Each card provides space to answer the questions from five issues of the journal. Please use CARD #1 for responses to the questions in the July through November issues and CARD #2 for the December through April issues. To receive proper credit, both cards MUST be returned by June 30, 1987.

We invite your specific comments about the relevance of each of the articles and any other comments you wish to make about the journal. You may enclose your comments with your quiz reply cards, or send them directly to: PEDIATRICS IN REVIEW, American Academy of Pediatrics, 141 Northwest Point Road, PO Box 927, Elk Grove Village, IL 60007.

1. Which one of the following is not a true statement pertaining to health promotion groups for parents?
   A. Parents hear questions answered that they had not thought of asking.
   B. Questions are answered that parents might be hesitant to ask on their own.
   C. Because pediatricians are not trained in group leadership, other professionals should direct these groups.
   D. Parents gain a greater understanding of the wide range of individual differences among children.
   E. Parents learn from other parents what has worked for them.

2. Which one of the following statements is least likely to be true?
   A. The chief justification for health promotion visits today lies in the areas of development and behavior.
   B. It is usually easier for the pediatrician to foster normal behavior and development than to correct problems once they have occurred.
   C. Health promotion that addresses behavior and development must be personalized to be effective.
   D. More pertinent information is usually forthcoming in response to directive rather than open-ended questions.
   E. Parent-administered behavioral screening inventories are not recommended.

3. Families at increased risk for communication problems include those in which there is a/an:
   A. Child with a major handicap.
   B. Parent who is away an excessive amount of time because of work.
   C. Alcoholic parent.
   D. Divorce.
   E. Adolescent.

4. Rather than the traditional "organic" vs. "psychogenic" classification, Coleman and Levine recommend dividing recurrent abdominal pain into three major categories. These include:
   A. Conversion reaction pain.
   B. Organic pain.
   C. Dysfunctional pain.
   D. Psychogenic pain.
   E. Specific pain syndromes.

5. Which one of the following is not among the four converging forces that Coleman and Levine include in their conceptual model of causative and/or predisposing factors pertaining to recurrent abdominal pain?
   A. Somatic predisposition, dysfunction, or disorder.
   B. Life-style and habit.
   C. Temperament and learned response patterns.
   D. Milieu and critical events.
   E. Alliance formation and demystification.

6. For more than 1 year, a 12-year-old white boy has had an occasional crampy periumbilical pain lasting several hours. There is no apparent relationship with meals or milk ingestion. He frequently has irregular bowel movements consisting of diarrhea alternating with constipation. Sometimes he passes mucus with his stools but no blood. He has grown normally and has no constitutional symptoms. On physical examination some abdominal tenderness is felt in the left lower quadrant. Complete blood cell count, urinalysis, ESR, and plain abdominal film findings are normal. The single most likely diagnosis is:
   A. Ulcerative colitis.
   B. Irritable bowel syndrome.
   C. Regional ileitis (Crohn disease).
   D. Lactose deficiency.
   E. Peptic ulcer disease.

7. Which one of the following is not a typical association?
   A. Down syndrome—acute lymphocytic leukemia.
   B. Beckwith-Wiedemann syndrome—optic gliomas.
   C. Congenital anemia—Wilms tumor.
   D. Neurocutaneous syndrome—brain tumors.
   E. Immunodeficiency—lymphpomas.

8. Which one of the following is least likely to be true?
   A. Any cause of renal dysplasia may predispose a child to Wilms tumor.
   B. There is an increased incidence of neuroblastoma in association with anagionic megacolon, neurofibromatosis, and fetal hydantoin syndrome.
   C. The family history of a child with cancer should contain questions about birth defects, immunologic disorders, and blood dyscrasias.
   D. Pediatricians should identify patients in their practice who are at increased risk for cancer.
   E. Familial cases of retinoblastoma are almost always unilateral.

9. Examples of the prevention of childhood cancer include all but which one of the following?
   A. Xeroderma pigmentosum—avoid sunlight.
   B. Ataxia-telangiectasia—avoid ionizing radiation.
   C. Dysplastic nevus syndrome—surgically remove precursor lesions.
   D. X-linked lymphoproliferative syndrome—immunize with varicella vaccine.
   E. Cryptorchism—orchioepxy/orchietomy.
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These programs feature subject matter which is coordinated with the PREP curriculum and are eligible for PREP credits.

For further information, contact: CME, Department of Education, American Academy of Pediatrics, PO Box 927, Elk Grove Village, IL 60007. (800) 433-9016. In Illinois (800) 421-0589.