

**“Common Diagnoses in Pediatric Dermatology: Empowering the Pediatrician and Knowing When to Refer” questions:**

1. A 12 mo M with a history of moderate atopic dermatitis presents to clinic. He was previously well controlled on triamcinolone ointment used occasionally to the abdomen, legs, and antecubital fossa. Over the past two weeks his atopic dermatitis has started to flare and is unresponsive to triamcinolone twice daily for 2 weeks. What is your next best step in evaluation?
  - a) Ask about introduction of new foods
  - b) Increase strength of topical steroid
  - c) Look for signs and symptoms of infection
  - d) Ask about recent sick contacts
  - e) Both c&d
  
2. The pathophysiology of which common localized skin infection is like that of staphylococcal scalded skin syndrome?
  - a) Giannotti crosti syndrome
  - b) Eczema herpeticum
  - c) Bullous impetigo
  - d) Molluscum contagiosum
  
3. The following patient presents to your clinic for her first well child exam. She is noted to have a vascular patch on the upper lip and swelling of the left parotid area. What other evaluation should be considered for this patient?



- a) Renal ultrasound
  - b) Echocardiogram
  - c) Liver ultrasound
  - d) Chest x ray
4. A patient presents to clinic with the following eruption. Which of the following viruses is a common inciting factor?



- a) Parvo B19
  - b) EBV
  - c) HHV6
  - d) Poxvirus
  - e) All of the above
5. What other autoinflammatory disease has shown association with this condition?



- a) Crohn's disease

- b) JIA
- c) Dermatomyositis
- d) SLE

**“The Way You Move: A Guide to Pediatric Constipation” questions:**

1. Which of the following are criteria for functional constipation based on the Rome IV criteria
  - a. Two or fewer defecations per week
  - b. History of painful or hard bowel movements
  - c. Presence of large fecal mass in the rectum
  - d. At least 1 episode/week of incontinence after the acquisition of toileting skills
  - e. All of the above
  
2. True or False: Abdominal x-rays can be used to diagnose functional constipation
  
3. Which of the following is an alarm symptom in a child with constipation?
  - a. Less than 2 bowel movements/week
  - b. Anal fissure on exam
  - c. Passage of meconium > 48 hours of life
  - d. Palpable stool in left lower quadrant on exam
  
4. Senna is which of the following?
  - a. Osmotic laxative
  - b. Stimulant laxative
  - c. Secretagogue
  
5. What is the name of the reflex that occurs when food stretches the stomach, triggering the colon to contract and move its contents (old food/waste) towards the rectum to make room for the new meal, causing the urge to have a bowel movement after eating?
  - a. Gastro-colic reflex

- b. Moro reflex
- c. Babinski reflex
- d. Corneal reflex

**“Who Decides the Vaccine Schedule, How Did We Get Here, and Where Are We Going?” questions:**

1. Which organization is responsible for licensing vaccines in the United States?
  - A. American Academy of Pediatrics (AAP)
  - B. Advisory Committee on Immunization Practices (ACIP)
  - C. U.S. Food and Drug Administration (FDA)
  - D. Centers for Disease Control and Prevention (CDC)
  
2. What factors does ACIP formally consider when making vaccine recommendations?
  - A. Vaccine cost alone
  - B. Public opinion and media coverage
  - C. Manufacturer recommendations
  - D. Disease burden, vaccine safety and effectiveness, economic analyses, and implementation issues
  
3. Which statement best explains why vaccine schedules cannot simply be copied from other countries?
  - A. Other countries use different vaccines
  - B. Differences in disease burden, health systems, and population structure
  - C. U.S. vaccines are less effective
  - D. Vaccine safety data are not transferable
  
4. Why is the hepatitis B birth dose particularly important in the United States?
  - A. Hepatitis B is rare in adults
  - B. Prenatal screening identifies nearly all cases
  - C. It prevents infections when maternal screening or communication fails
  - D. It replaces the need for later doses
  
5. What is a major concern with moving vaccines to a Shared Clinical Decision Making (SCDM) recommendation?
  - A. Increased vaccine adverse events
  - B. Reduced vaccine effectiveness
  - C. Lower vaccination uptake and increased confusion for clinicians and families
  - D. Higher vaccine costs

**“Iron, Indices, and Insights: Practical Pearls for Pediatric Anemia” questions:**

1. Which combination of CBC indices is most helpful for narrowing the differential diagnosis of pediatric anemia?
  - A. Hemoglobin, hematocrit, platelet count
  - B. White blood cell count, platelet count, RDW
  - C. MCV, RBC count, and RDW
  - D. Hemoglobin, reticulocyte count, ferritin
  
2. A Mentzer Index greater than 13 suggests which diagnosis is more likely?
  - A. Beta-thalassemia trait
  - B. Alpha-thalassemia trait
  - C. Anemia of chronic inflammation
  - D. Iron deficiency anemia
  
3. In healthy term infants, the physiologic nadir of hemoglobin typically occurs at which age range?
  - A. Birth to 2 weeks
  - B. 4–6 weeks
  - C. 8–12 weeks
  - D. 4–6 months
  
4. Which laboratory finding is most consistent with iron deficiency anemia rather than thalassemia trait?
  - A. Very low MCV with normal RDW
  - B. High RBC count with microcytosis
  - C. Normal ferritin with low TIBC
  - D. High RDW with low ferritin
  
5. What is the expected hematologic response timeline after starting appropriate oral iron therapy for iron deficiency anemia?
  - A. Hemoglobin normalizes within 3–5 days
  - B. Reticulocyte response begins after 2–3 weeks
  - C. Hemoglobin rises by ~1 g/dL by week 2
  - D. Iron therapy can be stopped once hemoglobin normalizes

**“Overcoming Challenges in Pediatric Coding and Reimbursement”** questions:

1. Treatment recommended or prescribed for the patient is represented under which element of Medical Decision Making:
  - a. Number and Complexity of Problems Addressed
  - b. Amount of Data to be Reviewed and/or Analyzed
  - c. Risk
  - d. Time
  
2. Which of the following is a documentation element required for telehealth?
  - a. Custody
  - b. Location of the provider and patient
  - c. Insurance coverage
  - d. Primary care physician
  
3. A diagnosis code for examination with abnormal findings is to be assigned:
  - a. when there is a new finding or a change in the severity of a chronic condition
  - b. in order to get paid for the service
  - c. in order to bill both a preventive medicine visit and an office visit at the same encounter
  - d. when the patient is under 5 years old
  
4. Underdosing may be coded when:
  - a. the patient takes medication at a lower dose than prescribed
  - b. the patient discontinues the medication without direction to do so by the physician
  - c. the parent chooses not to continue the medication
  - d. all of the above
  
5. A splinter is removed from the patient's finger using tweezers. There is no incision made. How is this coded?
  - a. office visit code
  - b. 10120 - Incision and removal of foreign body, subcutaneous tissues; simple
  - c. 10121 - Incision and removal of foreign body, subcutaneous tissues; complicated
  - d. 69200 - Removal foreign body from external auditory canal; without general anesthesia