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MCQ

Instruction:

1. Please use pencil to shade the box for the best and correct answer (only one answer for each question).
2. Send back the answer sheet (see loose leaf page) to the Hong Kong College of Paediatricians. One point will be awarded to each article if ≥3 of the 5 answers are correct. The total score of the 4 articles will be 4 CME points.

(A) Investigation of the Relationships Among Maternal Anxiety, Infantile Colic and Sociodemographic Characteristics of the Family

1. Which of the following criteria is used for the diagnosis of infantile colic (IC)?
   a. Rome III criteria
   b. Rome IV criteria
   c. Wessel's Rule of Twos
   d. DSM-5 criteria
   e. WHO infant crying index

2. Which of the following statements about the diagnosis of IC is true according to the Rome IV criteria?
   a. Diagnosis is based on laboratory findings.
   b. IC requires evidence of growth failure.
   c. Episodes must start and end within the first five months of life.
   d. IC is confirmed only if the infant has a gastrointestinal infection.
   e. Crying duration must exceed 6 hours per day.

3. Which of the following is not a commonly proposed mechanism in the pathophysiology of IC?
   a. Gastrointestinal motility disorders
   b. Food allergies
   c. Maternal anxiety during pregnancy
   d. Congenital heart disease
   e. Gut microbiota imbalance

4. IC is classified under which of the following categories?
   a. Infectious gastrointestinal diseases
   b. Functional gastrointestinal disorders
   c. Autoimmune gastrointestinal diseases
   d. Metabolic disorders
   e. Structural gastrointestinal abnormalities

5. Which of the following is considered the first-line treatment for IC?
   a. Probiotic therapy
   b. Simethicone drops
   c. Caregiver education and reassurance
   d. Antibiotic therapy
   e. Surgical intervention

(B) Can Neutrophil to Lymphocyte Ratio Predict Duration of Hospitalisation in Term Infants with Early Neonatal Infection?

1. Which of the following is considered the gold standard for the diagnosis of neonatal sepsis?
   a. Complete blood count (CBC)
   b. Blood culture
   c. C-reactive protein (CRP)
   d. Neutrophil-to-lymphocyte ratio (NLR)
   e. Clinical sepsis scoring system

2. Why is predicting the length of hospital stay important in neonatal intensive care units?
   a. It helps reduce unnecessary laboratory testing
   b. It supports resource planning and reduces hospital-acquired infection risk
   c. It prevents the need for respiratory support
   d. It eliminates the need for inflammatory biomarkers
   e. It reduces antibiotic resistance development

3. What is the main advantage of the neutrophil-to-lymphocyte ratio (NLR) compared to CRP in neonatal sepsis evaluation?
   a. Higher specificity
   b. Immediate availability from routine CBC without additional cost
   c. More reliable than blood culture
   d. Better long-term prognostic accuracy
   e. Less affected by maternal factors

4. Which of the following statements about C-reactive protein (CRP) in neonatal infections is correct?
   a. CRP levels peak immediately after infection begins
   b. CRP is the least reliable acute-phase reactant in neonates
   c. CRP secretion begins 4–6 hours after inflammation and peaks within 36–48 hours
   d. CRP cannot be used for monitoring neonatal sepsis
   e. CRP values remain stable and are not affected by gestational age

5. Which of the following factors can influence leukocyte and neutrophil counts in neonates, apart from infection?
   a. Maternal fever and hypertension
   b. Mode of delivery
   c. Perinatal asphyxia and meconium aspiration
   d. All of the above
   e. None of the above

(C) Exploring Parental Decision-Making in Paediatric Clinical Trials: Evidence from Malaysia

1. What research design was used in this study to explore parental decision-making?
   a. Quantitative cross-sectional survey
   b. Randomised controlled trial
   c. Qualitative study using semi-structured interviews
   d. Mixed-methods cohort study
   e. Case–control study

2. Which factor most strongly encouraged parents to agree to their children's participation in the clinical trial?
   a. Availability of alternative private healthcare services
   b. Pressure from healthcare institutions
   c. Trust in the treating doctor and prior engagement
   d. Parents' educational background
   e. Requirement to follow hospital policy

3. How did the child's health status influence parental decision-making?
   a. Parents preferred participation only when the child was healthy
   b. Parents avoided trials due to fear of worsening illness
   c. Parents were more willing when the child's condition was poorly controlled
   d. Health status had no influence on decisions
   e. Parents relied solely on financial incentives regardless of health status

4. Which of the following best describes the role of altruism in parental decision-making?
   a. Parents participated mainly to receive monetary incentives
   b. Altruism was not mentioned as a motivating factor
   c. Parents hoped participation would benefit future children with similar conditions
   d. Parents believed altruism conflicted with their child's best interest
   e. Altruism only influenced parents with higher income

5. Which doctor-related attribute was identified as important in influencing parental consent?
   a. Use of complex medical terminology
   b. Strict enforcement of study procedures
   c. Effective communication in simple, understandable language
   d. Minimal interaction with parents to reduce bias
   e. Delegation of consent discussions to junior staff

(D) The Reliability of Neuromotor Assessment Using Test of Infant Motor Performance Screening Items in Infants

1. What is the primary clinical advantage of using the Test of Infant Motor Performance Screening Items (TIMPSI) compared with the full Test of Infant Motor Performance (TIMP)?
   a. It allows precise diagnosis of cerebral palsy subtypes
   b. It includes a larger number of test items for detailed scoring
   c. It requires less time and reduces stress for infants during assessment
   d. It measures sensory integration and visual tracking
   e. It eliminates the need for professional training

2. In this study, what population was specifically targeted for evaluating the reliability of TIMPSI?
   a. Term-born healthy infants
   b. Infants with neuromuscular diseases only
   c. High-risk infants under four months of corrected age
   d. Infants above one year of age
   e. Children with developmental coordination disorder

3. Which of the following best describes the implication of the high inter-rater and test-retest reliability found in the study?
   a. TIMPSI requires advanced imaging support for accuracy
   b. TIMPSI can be reliably applied by different trained clinicians using standard protocols
   c. TIMPSI results vary significantly depending on the tester's experience
   d. The test is unsuitable for infants younger than 38 weeks PMA
   e. The test produces inconsistent results due to behavioural variation

4. According to the authors, how should TIMPSI be positioned within the framework of neuromotor assessment?
   a. As a replacement for the full TIMP in all clinical contexts
   b. As an initial screening tool preceding comprehensive evaluation
   c. As a diagnostic tool for long-term neurodevelopmental outcomes
   d. As a test limited to research settings only
   e. As a measure of caregiver–infant interaction quality

5. What limitation did the authors highlight regarding the generalidability of TIMPSI in this study?
   a. The study excluded all premature infants
   b. The test lacks standardised scoring guidelines
   c. The small, region-specific sample limits generalisation across diverse populations
   d. Video-based assessment reduced inter-rater consistency
   e. TIMPSI overestimates developmental delays in older infants

Answers of October issue 2025

(A) 1. c; 2. b; 3. c; 4. a; 5. c

(B) 1. e; 2. e; 3. a; 4. a; 5. a

(C) 1. e; 2. b; 3. d; 4. b; 5. b

(D) 1. d; 2. d; 3. c; 4. c; 5. d