

## MCQs

### Instruction:

1. Please use pencil to shade the box for the correct answer (see loose leaf page).
2. Send back the answer sheet to the Hong Kong College of Paediatricians for the award of 4 CME points for those with >50% correct answers.

The following statements are true / false

### (A) Collaborative Strategies for Improving the Health of Young People

1. In regard to the characteristics of young people, which of the following statements is/are true?
  - a. The traits attributed to young people and the nature of their position and function within society are changing.
  - b. The core experiences of adolescence are similar.
  - c. Young people are essentially a homogeneous group.
  - d. WHO defines 'young people' as 15-24 years.
  - e. The relationships between physical, social and psychological development remain largely unexplored in developing countries.
2. Given that the social contexts in which young people grow up have been shown to influence their health and wellbeing, which of the following statements is/are true?
  - a. Professor Urie Bronfenbrenner, a famous American developmental psychologist, has written extensively on this subject.
  - b. Adolescents from *authoritative* homes (with parenting that is warm, firm and fosters psychological autonomy) are more likely to engage in anti-social behaviour including delinquency and drug abuse.
  - c. Children living in families of socio-economic disadvantage will grow into adults at greater risk of health problems.
  - d. The *United Nations Convention on the Rights of the Child* was drafted in 1999.
  - e. A wide range of adolescent health problems could be avoided by ensuring that all youth have appropriate support, connectedness and opportunities.
3. Adolescence presents an unique opportunity to invest in the health of the entire population. In this context, which of the following statements is/are true?
  - a. The health problems of young people are mostly psychosocial and preventable.
  - b. The health problems of young people contribute to the leading causes of adult morbidity.
  - c. School based interventions for the promotion of mental health have been shown to lessen risk behaviours in young people.
  - d. Universal (population) approaches such as primary prevention, health promotion and early detection are more cost effective than targeted treatment programs.
  - e. All of the above.
4. Improving access to and quality of health services for young people is a major priority of the field. Which of the following statements is/are true?
  - a. Young people are reluctant consumers of health care.
  - b. Young people generally have a good idea of services and programs available to them.
  - c. For young people seeking care, issues of trust and confidentiality are rated highly.
  - d. Service providers report a lack of youth-appropriate communication skills.
  - e. Youth participation is a prominent feature of existing youth health services.
5. A major challenge facing the field of adolescent health and medical care is ensuring that knowledge can be used to inform policy and practice. Which of the following statements is/are true?
  - a. Studies show that adolescents and their parents want clinicians to address risk-taking behaviours in their consultations with young people.
  - b. Protective factors for young people include connectedness to families, schools and communities.
  - c. *Public health advocacy* is less important than office-based practice in improving the health of young people.
  - d. Developing cooperative partnerships across disciplines and sectors (collaboration) is likely to achieve a more informed, coordinated and effective approach to the needs and issues of young people.

**(B) Medical Curricula Development for Adolescent Medicine in the United States: What Have We Learned and Where Do We Need To Go?**

1. Subspecialty certification training in Adolescent Medicine in the United States began in the following decade:
  - a. 1960's.
  - b. 1970's.
  - c. 1980's.
  - d. 1990's.
  - e. 2000.
2. The first fellowship training programs in Adolescent Medicine in the United States were offered in:
  - a. 1950s.
  - b. 1960s.
  - c. 1970s.
  - d. 1980s.
  - e. 1990s.
3. With the advent of subspecialty training programs in the United States in Adolescent Medicine, the number of training programs in the field:
  - a. Stayed the same.
  - b. Increased somewhat.
  - c. Decreased somewhat.
  - d. Decreased rapidly.
  - e. Increased rapidly.
4. Prior to entering a fellowship in Adolescent Medicine in the United States, the entering fellow must be board certified in:
  - a. Family Practice.
  - b. Pediatrics.
  - c. Internal Medicine.
  - d. Any of the Primary Care Specialties listed above.
5. In the United States the only residency training program requiring a rotation in Adolescent Medicine as part of the core experience is:
  - a. Surgery.
  - b. Internal Medicine.
  - c. Family Practice.
  - d. Pediatrics.

**(C) Family Processes and Developmental Outcomes in Chinese Adolescents**

1. Based on the different datasets reported in this paper, when different measures of parent-child relational qualities were analyzed by factor analyses, results showed that two distinct factors emerged. What are these factors?
  - a. Paternal parent-child relational qualities and maternal parent-child relational qualities.
  - b. Positive parent-child relational qualities and negative parent-child relational qualities.
  - c. Dyadic parent-child relational qualities processes and systemic family processes.
  - d. Parental responsiveness and parental demandingness.
2. Regarding the influences of family processes on adolescent developmental outcomes, the present review shows that:
  - a. The influences are generally stronger in adolescent boys than in adolescent girls.
  - b. The influences are generally stronger in adolescent girls than in adolescent boys.
  - c. The influences are equally strong in adolescent boys and adolescent girls.
  - d. The influences are stronger in adolescents in late adolescence than in adolescents in early adolescence.
3. According to the present review, which of the following statements is true?
  - a. Family influences on adolescent developmental outcomes were observed in adolescents without economic disadvantage only.
  - b. Family influences on adolescent developmental outcomes were observed in adolescents with economic disadvantage only.
  - c. Family influences on adolescent developmental outcomes were observed in adolescents with and without economic disadvantage.
  - d. Family influences on adolescent developmental outcomes were observed in female adolescents only.
4. According to the present review, which of the following statements is true?
  - a. Relative to mothers, fathers exert a stronger influence on adolescent developmental outcomes.
  - b. Relative to fathers, mothers exert a stronger influence on adolescent developmental outcomes.

- c. Paternal and maternal influences on adolescent developmental outcomes are equally strong.
  - d. Relative to fathers, mothers exert a stronger influence on the developmental outcomes in adolescents in early adolescence but not in adolescents in late adolescence.
5. Both cross-sectional and longitudinal findings in this review show that:
    - a. Positive parenting characteristics were related to better adolescent psychological well-being but more problem behaviour.
    - b. Positive parenting characteristics were related to poorer adolescent psychological well-being but less problem behaviour.
    - c. Positive parenting characteristics were related to better adolescent psychological well-being and less problem behaviour.
    - d. Positive parenting characteristics were related to poorer adolescent psychological well-being and more problem behaviour.
3. Why adolescents face a new health crisis in Hong Kong?
    - a. A recent study revealed that nearly 15% of students had considered suicide.
    - b. Those students who self-rated themselves with distinction in academic performance, less likely they reported depressive symptoms.
    - c. Those students with depressive symptoms were more likely to have unhealthy eating habits.
    - d. Those students with depressive symptoms were also more likely to report being threatened at schools or involved in fighting.
    - e. All of the above.
  4. Which key area is found to have closer linear relationship with the overall performance of Health Promoting School?
    - a. School Health Policy.
    - b. School Physical Environment.
    - c. School Social Environment.
    - d. School Health Services.
    - e. None of the above.

**(D) Helping Students to Adopt Healthy Lifestyle and Positive Youth Development Through School Setting: Hong Kong Experience of Health Promoting Schools**

1. What constitutes an effective health promoting school?
    - a. The school has a doctor as advisor.
    - b. The school should adopt single-problem approach rather than comprehensive approach for prevention on a broad range of youth problems.
    - c. Students should be able to expose to increasing numbers of protective factors for health.
    - d. The school should focus on either remediation or treatment.
    - e. The school should regard individual behavioural change to be more important than organizational structure change.
  2. Why school is regarded as a good setting for health promotion?
    - a. School is an institution where large numbers of the country's children and adolescents can be reached at one time.
    - b. Schools and communities working together would build systems to tackle the barriers to student learning and psychological, emotional and social development.
    - c. Most schools have comprehensive coverage of wide range of health education topics.
    - d. (a) and (b) are correct.
    - e. (a), (b) and (c) are correct.
5. Which of the following statement is true?
    - a. Schools providing a place of enjoyment and peace are more likely to produce students with enhanced outcomes in both health and education.
    - b. To implement an effective health promotion programme, it is important to involve partnership between agents of education, medical and social services.
    - c. To implement an effective health promotion programme, students must accept lifelong responsibility for their health and social behaviours.
    - d. (a) and (b) are correct.
    - e. (a), (b) and (c) are correct.

**(E) The Consequences of Pressure on Adolescent Students to Perform Well in School**

1. A Hong Kong study by Cheung and Lam (1992) showed that 40% of hospitalized adolescents who attempted suicide did so because of:
  - a. Conflicts with their parents.
  - b. Problems related to romantic breakup.
  - c. Poor academic results.
  - d. Death of a parent or a close friend.
  - e. Copying from other recent incidents.

2. Chinese culture places great importance on:
  - a. Being loyal and obedient towards one's parents.
  - b. Working hard and persistence to achieve one's goals.
  - c. Education and knowledge to build one's character and to have better career prospects.
  - d. Academic achievement.
  - e. All of the above.
3. Highly motivated students with learning goal have one of the following characteristics:
  - a. They use ability for judging their own self-worth.
  - b. They avoid difficult task so as to make sure they succeed.
  - c. They memorize factual material that is needed to pass exams.
  - d. They are concerned with how others judge their abilities compared with their classmates.
  - e. They engage in learning activities with intention of gaining knowledge.
4. The results of the study by Salili, Lai and Leung (2004) comparing the Canadian students with Chinese and European background and Hong Kong students showed:
  - a. Sixty-five percent (65%) of Hong Kong students received an average mark of 60% or less.
  - b. Only 2% of Canadian students had received a mark less than 60%.
  - c. Twenty-one percent (21%) of HongKong Chinese students had a mark less than 50%.
  - d. Overall correlation between effort and exam results for Canadian groups was positive, whereas for the Chinese was negative.
  - e. All of the above.
5. Salili et al., (2004) study showed that:
  - a. Both culture and context of learning have great impact on student academic motivation and achievement.
  - b. There was no relationship between context of learning and student academic motivation.
  - c. Chinese students in Canada spent extraordinary amount of time to study but they did not achieve as a high mark as their Canadian counterparts with European origin.
  - d. There was no correlation between learning goal and performance goal for the Hong Kong Chinese students.
  - e. Canadian Chinese students rated highest among the groups on social goals (i.e., goals of pleasing parents, peers, and teachers).

## (F) Obesity: An Emerging Epidemic Problem

1. The following statements are true regarding the genetics of human obesity:
  - a. Monogenic causes of obesity are common.
  - b. Twin studies suggest that at least 90% of the tendency towards obesity is inherited.
  - c. Leptin deficiency is the commonest of monogenic form of obesity.
  - d. Genetic factors are more important than environmental factors in childhood obesity.
  - e. Molecular genetic studies should be carried out on children and adolescents with a body mass index (BMI)>30.
2. Which of the following statements are true of childhood obesity?
  - a. In Asian countries, obesity is more common in adolescent females than males.
  - b. Increasing caloric intake is the single most important factor for the rising prevalence of childhood obesity.
  - c. Children who watch the most number of hours television a day have the highest prevalence of obesity.
  - d. The prevalence of childhood obesity is higher than that of adult obesity.
  - e. The rising trend in childhood obesity is restricted to developed countries.
3. Recognised complications of childhood and adolescent obesity include:
  - a. Obstructive sleep apnoea syndrome.
  - b. Elevated high-density lipoprotein cholesterol level.
  - c. Normochromic normocytic anaemia.
  - d. Stroke.
  - e. Hypertension.
4. Which of the following statements are true of the psychological complications of childhood obesity?
  - a. Males are found to have more significant psychosocial consequence of obesity than obese females.
  - b. Adolescent obesity is associated with negative body image and low self esteem.
  - c. Obese adolescents experience incidents of weight-teasing at school and at home.
  - d. Binge eating disorder is no more common among obese adolescents than in the general population.
  - e. Psychiatric disorder in obese children and adolescents is positively associated with the individual's body mass index.

**(G) Understanding Subjective Depressive Experiences of Adolescents: Its Implications to Intervention**

1. Subjective Experience of Depression should consist of:
  - a. Experience of symptoms.
  - b. Experience of reading.
  - c. Experience of being together with family.
  - d. Experience of play.
2. Which of the following is NOT a subjective experience of depression?
  - a. Experience in treatment.
  - b. Experience in facing the label of depression.
  - c. Experience in taking drug.
  - d. Experience in being bullied by others.
3. Adolescent depression tends NOT to have the following influence to the adolescent:
  - a. Feeling of shame and inferiority.
  - b. Thinking that others are better than them.
  - c. Unable to sleep, eat and concentrate.
  - d. Over-energetic and aggressive behaviour.
4. Which of the following is NOT the benefit of respecting the subjective experience of adolescent depression?
  - a. Taking more depressive drug.
  - b. Understanding adolescent's feeling, and building up better rapport.
  - c. Knowing his or her needs and background.
  - d. Help him or her to change for better cognition and appropriate behaviour.
5. Adolescent depression is different from adolescent schizophrenia:
  - a. Depression is more prompt to suicidal ideation.
  - b. Depression needs to take less medication.
  - c. Depression has more hallucination and delusion.
  - d. Depression is easier to handle.

**(H) A Framework for Addressing Adolescent Health and Development in the WHO Western Pacific Region**

1. The majority of adolescents worldwide live in developed countries.

2. The number of adolescents dying prematurely each year is estimated at:
  - a. 100 million.
  - b. 0.5 million.
  - c. 1.7 million.
3. From the following list, identify the important health and development issues facing adolescents:
  - a. Nutrition.
  - b. Mental health.
  - c. Tobacco.
  - d. Sexual and reproductive health.
  - e. Violence and injury.
4. Which of the following underlying factors significantly impact adolescent health and development?
  - a. Poverty.
  - b. Unemployment.
  - c. Gender-based discrimination.
  - d. Migration, urbanization.
  - e. Lack of formal education.
5. Which of the following strategies or actions are supportive of healthy adolescent development?
  - a. Providing accurate and timely information.
  - b. Developing life-skills.
  - c. Marketing tobacco and alcohol through the media and entertainment industry.
  - d. Providing acceptable and accessible health services.
  - e. Providing counselling services in school-settings.

**(I) Eating: A Pleasure, Challenge or Disorder?**

1. In Neumark-Sztainers spectrum of weight-related disorders, the following is/are included:
  - a. Obesity.
  - b. Anorexia nervosa.
  - c. Bulimia nervosa.
  - d. Binge eating disorder.
  - e. Unhealthy dieting.
2. Which of the following is/are risk factor(s) of obesity for children and adolescents:
  - a. Being breast-fed.
  - b. Food insecurity.
  - c. Low socioeconomic status.
  - d. Maternal obesity.
  - e. Watching television.

3. Which of the following is/are true?
  - a. Morbidity and mortality occurred at a lower BMI in Asians compared with Caucasians.
  - b. Asians have a smaller waist to hip ratio for the same BMI compared with Caucasians.
  - c. Weight loss in obese subjects cannot reduce important disease risk factors.
  - d. Childhood overweight and obesity has risen by about 50% in China.
  - e. In Hong Kong, about one-third of children at 10 years of age are overweight.
4. Disordered eating is associated with:
  - a. Low self-esteem.
  - b. Depression.
  - c. Suicidal attempt.
  - d. Puberty.
  - e. Caucasians only.
5. Which of the following statements are correct in the prevention of obesity?
  - a. Appropriate growth charts should be available for use by all school workers.
  - b. Early recognition of significant changes in growth patterns is crucial.
  - c. Provision of opportunity for physical activities should be encouraged.
  - d. Energy-dense food products should be promoted.
  - e. Predominant involvement of parents is effective.
2. Which disease did Gary suffer from?
  - a. Ewing Sarcoma.
  - b. Glioma.
  - c. Osteosarcoma.
  - d. Retinoblastoma.
  - e. Wilms Tumour.
3. What was the treatment Gary received?
  - a. Chemotherapy.
  - b. Radiotherapy.
  - c. Surgery.
  - d. Chemotherapy and radiotherapy.
  - e. Surgery and chemotherapy.
4. What kind of sports did Gary excel in?
  - a. Archery and Volleyball.
  - b. Basketball and Canoeing.
  - c. Bowling and Squash.
  - d. Swimming and Fencing.
  - e. Table tennis and Tennis.
5. What disabilities and discomforts are Gary facing now?
  - a. Amputation of the left lower limb.
  - b. Mild degeneration of the normal knee.
  - c. Tinnitus and mild hearing loss at high pitch.
  - d. Frequent vomiting.
  - e. All of the above.

**(J) How Illness Changes an Adolescent's Outlook of Life?**

1. Which procedure did Gary undergo on his birthday eve?
  - a. Bone Scan.
  - b. Bone biopsy.
  - c. CT scan.
  - d. MRI.
  - e. Ultrasound.