

(LE 0214)

M.MED.FAMILY MEDICINE

Sub. Code: 4004

FIRST YEAR THEORY EXAM– FEB 2014

PAPER IV - FAMILY MEDICINE AND PRIMARY CARE

Q.P. CODE : 434004

TIME: THREE HOURS

MAXIMUM MARKS: 100

INSTRUCTIONS

- The paper will be for a total of **100 marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios (**40 marks**).
- **Part B** will have Objective type EMQs **extended matching questions (60 marks)**.
 - ✓ This will have 10 sets of these questions.
 - ✓ Each set will have 6 questions.
 - ✓ Each question will carry 1 mark.
 - ✓ Each set has a **theme** on the top. In each set there are **some options** given on the top followed by some **questions**. The options are lettered using the English Alphabets A, B, C, D and so on.

Example:

3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)
From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)

Options:

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazine deconoate
- H. Tab. Risperidone

Questions: What is your treatment option in the following cases?

- 3(i) What is the drug of choice for Acute Psychosis?
- 3(ii) What is the drug of choice for Bipolar illness?

PART – A
DESCRIPTIVE QUESTIONS

(ANSWER ALL QUESTIONS)

1. Mr. Muniraj had some back problem. He went to consult a very famous doctor in his town. The doctor gave him a list of costly investigations to do and some very expensive and latest medicines. But, after the consultation, Mr. Muniraj felt that the doctor did not listen to him properly and was not satisfied with the consultation. He now plans to go another doctor in the neighbouring town.

(TOTAL: 20 MARKS)

- A. What is 'communication'? What are five basic elements in the communication process?
(5 Marks)
- B. List and explain 'Patient characteristics' that can influence communication. **(5 Marks)**
- C. Explain in detail the communication process outlined in the CALGARY - CAMBRIDGE GUIDE to the medical interview. **(10 Marks)**

2. 55 year old Mr. Roshan, an accountant, comes to you with reports of a Master health check-up which he had undergone elsewhere. You find from the reports that he has diabetes and has early retinopathy.

(TOTAL: 20 MARKS)

- A. Elaborate on the 9 levels of care in Family Practice? **(10 Marks)**
- B. Explain how you will apply these levels of care in Mr. Roshan's case. **(10 Marks)**

PART – B
EXTENDED MATCHING QUESTIONS

(ANSWER ALL QUESTIONS)

1. THEME: LEVELS OF PREVENTION [QUESTIONS. 1(i) - 1(vi) (TOTAL: 6 MARKS)

From the options 'A to C' given below, choose the best answer for the questions 1(i) – 1(vi)

Options :

- A. Primary prevention. C. Tertiary prevention
B. Secondary prevention

Questions: What is the level of prevention advised in the following cases?

- 1.(i). Prema has delivered today at your hospital. You advise her to get her baby vaccinated with BCG vaccine.
- 1.(ii). Mr. Pandian had a stroke few days ago and is stable now. You advice your physiotherapist to teach him passive exercises.
- 1.(iii). You advice your patients to make use of the Pulse polio program conducted by the Government every year
- 1.(iv). Mr. Rajan is a farmer who gets injuries often says that his wounds do not heal for a long time. You advise him to get his blood and urine sugar tests done.
- 1.(v). Ms. Sarala is a known case of hypertension. You advise her to take regular treatment and with that her BP is under control.
- 1.(vi) Mr. Madhav Lal from Jharkhand and members of his family come to you with recurrent bouts of Malaria. You advise him to get his home and surroundings sprayed with insecticides.

2. THEME: VACCINATION FOR DOG BITES [QUESTIONS 2(i) – 2(vi)] (TOTAL: 6 MARKS)

From the options ‘A to M’ given below, choose the best answer for the questions 2(i) - 2(vi)]

Options :

- | | |
|--|---|
| A. Human Diploid-Cell Vaccine | I. Purified duck Embryo Vaccine |
| B. INH 10mg/kg/day for 3 to 6 months | J. 1 ml intramuscular in anterolateral aspect of thigh |
| C. 3 doses on days 0, 7 and 28 days | K. 0.5 ml intramuscular in anterolateral aspect of thigh |
| D. 1 ml intramuscular in gluteal region | L. Modified tissue vaccine |
| E. Purified Vero-Cell Vaccine | M. DNA Virus group |
| F. 3 doses on days 0, 14 and 28 days | |
| G. RNA virus group | |
| H. 1 ml intramuscular in deltoid region | |

Questions:

- 2(i).** Mayank got bitten by a dog and was afraid that he will get Rabies. Which group of viruses does Rabies virus belong to?
- 2(ii).** He was given Rabipur vaccine to prevent Rabies. Which type of vaccine is the RABIPUR vaccine?
- 2(iii).** This is the schedule used for the Pre-exposure prophylaxis for Rabies.
- 2(iv).** Mayank’s son, who is 1 year old, was also bitten by the same dog. What will be the dosage and site of rabies vaccination.
- 2(v).** What will be the dosage and site of rabies vaccination for Mayank who is 25 years old ?
- 2(vi).** Which vaccine is given for Primary immunisation for dogs?

3. THEME: IMMUNIZATION SCHEDULE

[QUESTIONS. 3(i) – 3(vi)] TOTAL: 6 MARKS)

From the options 'A to N' given below , choose the best answer for the questions 3(i)– 3(vi):

Options :

- | | |
|-----------------------|--|
| A. At birth | H. At 15 years |
| B. At 10 weeks | I. Needs vaccination during pregnancy |
| C. At 14 weeks | J. Needs vaccination in lactating period |
| D. At 9 months | K. At 36 months |
| E. At 6 weeks | L. At 8 weeks |
| F. At 16 to 24 months | M. No need to vaccinate |
| G. At 10 years | N. Needs immediate vaccination |

Questions:

- 3(i).** Mrs. Maya brings her 5 year old son for vaccination. He asks you when he needs to bring him again for vaccination.
- 3(ii).** Mrs. Preethi comes to you saying that she delivered a girl baby 3 weeks back at home. She has not given any vaccination for her baby. When would you advise her to bring the baby for taking BCG vaccine along with DPT 1 and OPV 1?
- 3(iii).** Mrs. Shreys, one of your patients calls you to ask when she should bring her baby for DPT and OPV booster doses. The baby's vaccination is up to date for 9 months. What would you advice?
- 3(iv).** Manisha is planning to get pregnant and she comes to you saying that she has been fully immunised since childhood and enquires whether and when she needs vaccination. What would be your reply?
- 3(v).** Sadhna has been very regular in vaccinating her son since birth. When would she have to bring him for his 3rd dose of DPT and OPV?
- 3(vi).** 8 year old Latha fell down and injured her knee. Her mother has brought her for TT injection. You see from her records that she is vaccinated at 5 years of age. What will be your advice?

4. THEME: VACCINES & ADVERSE REACTIONS - [QUESTIONS. 4 (i) – 4(vi)]
(TOTAL: 6 MARKS)

From the options 'A to F' given below, choose the best answer for the questions 4 (i)–4(vi):

Options :

- | | |
|--------------------|---------------------------|
| A. OPV | D. Any of these Vaccines |
| B. Measles vaccine | E. None of these Vaccines |
| C. BCG Vaccine | F. DPT Vaccine |

Questions: Which vaccines are responsible for the following adverse reactions?

- 4 (i). Maya's baby had been crying incessantly after this vaccine
- 4 (ii). Baby Vikram developed anaphylaxis with this vaccine
- 4 (iii). Priya's baby developed seizures after this vaccine.
- 4 (iv). This vaccine is said to cause mental retardation
- 4 (v). Mala took her baby for vaccination. After this vaccine, her baby developed axillary lymphadenitis.
- 4(vi) Neena was very upset because her baby developed a bacterial abscess after this vaccine

5. THEME: CALGARY-CAMBRIDGE MODEL OF COMMUNICATION
[QUESTIONS. 5(i) – 5(vi)] (TOTAL: 6 MARKS)

From the options ‘A to F’ given below, choose the best answer for the questions 5(i) – 5(vi)]

Options:

- | | |
|--------------------------|---------------------------|
| A. Initiating a session | D. Building relationship |
| B. Gathering information | E. Shared decision making |
| C. Providing structure | F. Safety netting |

Questions: Which aspect of the Calgary-Cambridge model have the following doctors portrayed in their consultation?

5 (i). Dr. Nath tells his patient, “I do not expect anything to go wrong till I see you again next Friday, but in case you develop any breathing difficulty or tightness in the chest, please feel free to call my clinic. The phone number is on your folder.”

5 (ii). Babu has a heart block. Dr. Rao discusses the various options available with the patient and his family and helps them plan the next step.

5 (iii). Dr. Surya is being consulted by a depressed middle aged lady. He maintains eye contact, his facial expression is sympathetic and he gives periodic vocal cues.

5 (iv). Dr. Sinha always ‘signposts’ using transitional statements when he progresses from one section of his consultation to the other.

5 (v). Dr. Kumar to his patient: “This headache, I understand is bothering you much. Do you have some thoughts about why you are having this headache? ”.

5 (vi). Dr. Raj listens to the patient’s opening statement without interrupting.

6. THEME – CHRONIC DISEASE FOLLOWUP [QUESTIONS. 6(i) – 6(vi)]
(TOTAL: 6 MARKS)

From the options ‘A to F’ given below, choose the best answer for the questions 6(i) – 6(vi)
Options:

- | | |
|----------------------------------|---------------------------------------|
| A. Screening and Early detection | D. Coordinating care with specialists |
| B. Ensuring compliance | E. Promoting self-capacity of patient |
| C. Looking for complications | F. Patient and carer education |

Questions:

- 6 (i).** Dr. Simon has a volunteer team in OPD to have focus group discussions for patients with diabetes and their relatives. Which aspect of chronic disease follow-up he is focusing on?
- 6 (ii).** Dr. Pillai uses a paper based register recall system for followup his diabetic patients. Which aspect of chronic disease follow-up he is focusing on?
- 6 (iii).** Dr. Dinesh sends a nurse for home-visits to all his patients with coronary artery disease. Which aspect of chronic disease follow-up he is focusing on?
- 6 (iv).** Dr. Dutta has employed a nurse educator to teach SMBG (Self-Monitoring of Blood Glucose) to his diabetic patients. By doing this, which aspect of chronic disease follow-up he is focusing on?
- 6 (v).** Dr. Vikram tests for peripheral neuropathy by doing the monofilament testing for his diabetic patients on a routine basis. Which aspect of chronic disease follow-up he is focusing on?
- 6 (vi).** What is the first step in chronic disease follow up?

7. THEME – LADDER OF BEHAVIOURAL CHANGE [QUESTIONS. 7(i) – 7(vi)]

(TOTAL: 6 MARKS)

From the options ‘A to F’ given below, choose the best answer for the questions 7(i) – 7(vi)

Options:

A. Action

D. Preparation

B. Maintenance

E. Contemplation

C. Pre-contemplation

F. Relapse

Questions: Which stage in the ladder of change are the following patients?

- 7 (i)** . Mr. Sahu, a 48 year old businessman, smokes 2 packs of cigarettes a day and he is happy with what he is doing. He does not feel that he needs to stop.
- 7 (ii)**. Mr.Roshan, a software executive thinks occasionally that he needs to cut down on his alcohol intake but he is not sure if he really can do that.
- 7 (iii)**. Mr. Mohammed meets you with his wife and he expresses that he wants to make some plans with you how he can stop his daily alcohol intake.
- 7 (iv)**. Mr. Stalin has stopped smoking for the past 1 week after he had a counseling session with you.
- 7 (v)**. You meet Mr. Stalin 3 months later and he tells you that since the day he decided to stop smoking after the counseling session with you in your clinic, he has totally abstained from smoking.
- 7 (vi)**. Mr. Suresh, who had stopped abusing drugs for 3 months after the counseling session with you in your clinic, comes to meet you again saying that he could not resist the temptation when some friends called him to smoke pot last week and has been abusing drugs again for the past 1 week.

8. THEME: DIFFERENCE BETWEEN FAMILY MEDICINE & OTHER SPECIALTIES [QUESTIONS. 8(i) – 8(vi)] (TOTAL: 6 MARKS)

From the options 'A to D' given below, choose the best answer for the questions 8(i) – 8(vi)]

Options:

- | | |
|--------------------------------|------------------------|
| A. Family Medicine | D. Emergency Medicine |
| B. General (Internal) Medicine | E. Palliative Medicine |
| C. Community Medicine | F. Sports Medicine |

Questions: Distinguish between the 4 specialties mentioned above:

- 8 (i).** Dr. Naman tells his patient, “I do not expect anything to go wrong till I see you again next Friday, but in case you develop any breathing difficulty or tightness in the chest, please feel free to call my clinic. The phone number is on your folder.” This ‘continuity of care’ is typical of this specialty:
- 8 (ii).** Dr. Kishore did a stomach wash for a patient with Organophosphorus poisoning and then transferred the patient to the ICU for further management with atropine injections. Giving urgent care initially and then handing over the patient is typical of this specialty:
- 8 (iii).** Mrs. Manekh Lal comes to you with cough and fever for 2 days. You find on examination that her radial pulse rate- 90/min, B.P-100/70mmHg and respiratory rate is 28/min. You suspect that she has pneumonia, start her on antibiotics, explain danger signs to her and ask her to come for review in 2 days. This ‘dealing with uncertainty’ is typical of this specialty:
- 8 (iv).** Dr. Sreedhar visits the neighbouring village with a team from the hospital and conducts mass health education on HIV. This type of Health promotion is typical of this specialty:
- 8 (v).** Mrs. Babu has Rheumatoid Arthritis. After the first round of investigations, Dr. Rao orders HLA typing. This ‘disease depth’ is typical of this specialty:
- 8 (vi).** Dr. Raj sends a team to bleach all the wells in Karadikulam village after many were brought to his hospital from the village with gastroenteritis. This is type of mass level intervention is typical of this specialty:

9. THEME – PRINCIPLES OF FAMILY MEDICINE [QUESTIONS. 9(i) – 9(vi)]
(TOTAL: 6 MARKS)

From the options ‘A to G’ given below, choose the best answer for the questions 9(i) – 9(vi)

Options:

- | | |
|-------------------------|---|
| A. Whole person care | E. A command of complexity and uncertainty |
| B. Comprehensiveness | F. High level of Diagnostic and therapeutic skill |
| C. Disease centeredness | G. Coordinated care |
| D. Continuity of care | |

Questions: Which aspect of Family Medicine do the following cases portray?:

- 9 (i). Mrs. Sangeetha came to you with abdominal pain. You take a good history and do complete clinical examination and find nothing physically wrong with her. You find that she has huge problems with her mother-in-law. You spend time with Sangeetha and schedule her next appointment along with her husband.
- 9 (ii). Mr. Mahesh has come to you with a gangrene foot. You call up a surgeon and talk to him about Mahesh and then send him with a referral letter.
- 9 (iii). Mr. Salim has come to you for the first time. He is a diabetic and takes medicines from different doctors irregularly. You examine him, order relevant investigations and make a followup plan for him.
- 9 (iv). Mr. Ram is diagnosed with TB. You start him on ATT. He is also bothered about his osteoarthritis for which you give medications and teach him exercises. You ask him to bring his 2 year old granddaughter who lives in the same house for screening for TB.
- 9 (v). Mrs. Mohana comes to you with cough and fever for 2 days. You find on examination that her radial pulse rate- 90/min, B.P-100/70mmHg and respiratory rate is 28/min. You suspect that she has pneumonia and start her on antibiotics. You defer doing an X-ray despite her son being keen on it. She comes to you well in 2 days' time.
- 9 (vi). You invite an ophthalmologist friend of yours to come once in 2 months and check your diabetic patients who are due for an ophthalmoscopy for diabetic retinopathy.

10. THEME – COMMUNICATION IN FAMILY PRACTICE [(QUESTIONS. 10(i) – 10(vi)] (TOTAL: 6 MARKS)

From the options ‘A to B’ given below, choose the best answer for the questions 10(i) – 10(vi)

Options:

A. True

B. False

Questions:

- 10 (i). Dr. Savitha yawns while the patient is telling his story. Non-verbal communication or body language forms major part of human communication takes any other method.
- 10 (ii). Neuro-linguistic programming based on the work of Bandler and Grinder is about a person developing rapport with another by mimicking their body language, speech, posture, pace and other characteristics.
- 10 (iii). Dr. Madhuri always follows the four essential elements of listening. They are: checking facts, checking feelings, encouragement and reflection.
- 10 (iv). The majority of communication pattern between doctor and patient in the traditional consultation tends to be ‘doctor focused’ than ‘patient focused’.
- 10 (v). Srinivas said “I am so glad that my doctor listened to fully”. Listening is an active process.
- 10 (vi). Poor communication is the most important factor causing complaints from patients and relatives against doctors leading to many medico-legal battles.
