

M.MED.FAMILY MEDICINE

II YEAR THEORY EXAM– AUG 2013

PAPER IV - FAMILY MEDICINE AND PRIMARY CARE

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. 46 year old Mr. Manichand comes to you with a Urinary tract infection and on investigating him, you find that his blood sugars are very high. On questioning, Mr. Manichand says that, 4 years ago, he was told that his sugars were high, but he did not take any medicines except some herbal tonic he drinks everyday since then which is supposed to reduce blood sugar level. He has never checked his blood sugars in between. You send him for further investigations to look for complications. He is found to have Retinopathy for which he needs Laser therapy and his creatinine is 2mg/dl.

(TOTAL: 20 MARKS)

- A.** What are your roles as a Family Physician in treating Mr. Manichand? **(5 Marks)**
- B.** Describe in detail the principles of Chronic Disease follow-up and how you will apply it to Mr. Manichand. **(10 Marks)**
- C.** How will you counsel Mr. Manichand regarding his problems, the possible solutions and further treatment plan? **(5 Marks)**

2. Mr. Hari who met with an accident on a highway is brought to your clinic. He was found be conscious and his blood pressure was 70/ 50 mm of hg and he was bleeding profusely from the fractured left leg.

(TOTAL: 20 MARKS)

- A.** Explain the principles of ‘referral in Family Practice’ and how you will apply it to Mr. Hari? To where and to whom will your refer him? **(12 Marks)**
- B.** Write a referral letter for Mr. Hari **(8 Marks)**

PART – B
EXTENDED MATCHING QUESTIONS

(ANSWER ALL QUESTIONS)

1. THEME: TYPES OF REFERRALS [QUESTIONS. 1(i) - 1(vi) (TOTAL: 6 MARKS)]

From the options ‘A to D’ given below, choose the best answer for the questions 1(i) – 1(vi)

Options :

- | | |
|------------------------|-------------------|
| A. Interval Referral | C. Split Referral |
| B. Collateral Referral | D. Cross Referral |

Questions: What is the type of referral which is described in the following cases?

- 1.(i).** Mr. Ganesh is seen by you for complaints of acute abdominal pain and you refer him to a surgeon for Appendectomy.
- 1.(ii).** Mr. Prakash , whom you are treating for diabetes has developed retinopathy and you refer him to an ophthalmologist for Laser therapy.
- 1(iii).** You find that Mrs. Parvathy, who is being taken care of by you in your antenatal clinic, has a valvular heart problem and you refer her to a cardiologist for opinion and treatment.
- 1.(iv).** Mr. Raja comes to you with a compound fracture of his forearm. You refer him to an Orthopedician for an open reduction.
- 1.(v).** Ms. Suja goes to a doctor with head ache for 2 months and the doctor referred her to an ophthalmologist, Neurophysician, ENT specialist and a Psychologist for checkup.
- 1.(vi)** In your antenatal clinic, you do an ultrasound for Mrs. Shyama who is an elderly primi and find that she has a large fibroid complicating pregnancy. You refer her to a Gynaecologist for further care and safe delivery.

2. THEME: RED FLAGS [QUESTIONS 2(i) – 2(vi)] (TOTAL: 6 MARKS)

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

Options :

- A.** Red Flag for Backache
- B.** Not a Red Flag for backache

Questions: Choose from the Options below which of the following is and which is not a red flag for Backache

2(i). Age of 58

2(ii). Persistent fever

2(iii). History of cancer

2(iv). Unremitting night pain

2(v). Cauda Equina syndrome

2(vi). Early morning pain

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

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

Options :

- A.** Tab. Chloroquine 300 mg base same day each week 1 wk before, during, 4 wk after exposure at 10 weeks
- B.** Tab. Chloroquine 600 mg base same day each week 1 wk before, during, 4 wk after exposure at 10 weeks
- C.** Cap Doxycycline100 mg same day each week, 1 wk before, during, 4 weeks after
- D.** Tab. Chloroquine 150 mg base same day each week 1 wk before, during, 4 wk after exposure at 10 weeks
- E.** Tab. Mefloquine 500 mg same day each week
- F.** Tab Proguanil 200 mg (2 tabs) same day each week 1 day before, during, 4 weeks after
- G.** Tab. Mefloquine 750mg same day each week
- H.** Tab Proguanil 100 mg (1 tab) same day each week 1 day before, during, 4 weeks after
- I.** Tab Proguanil 50 mg (½ tabs) same day each week 1 day before, during, 4 weeks after
- J.** Cap Doxycycline 200 mg each day, 2 days before, during, 4 weeks after

Questions:

3(i) . Mr. Manoj is going for an official assignment to Bihar and you want to start Chloroquin prophylaxis for him. Which regime will you follow?

3(ii). Mina is going to a malaria-prone area for her work for 5 weeks and you know that it is a chloroquin resistant area. What will be your alternative drug and its dose?

3(iii). Mina is also taking her 3 year old son with her to that chloroquin resistant malaria-prone area? What will be your drug of choice and its dose?

3(iv) . Monisha went to a malaria-prone area and he was given malaria prophylaxis, but that drug caused photosensitivity reaction. What drug can it be?

3(v) . 32 year old Subash , a business executive is attending a 1-week conference in Brazil which also involves some field trips. What will be your drug of choice and its dose?

3(vi) Which of the above drugs can be used only on a person who has a body weight of above 45 kg?

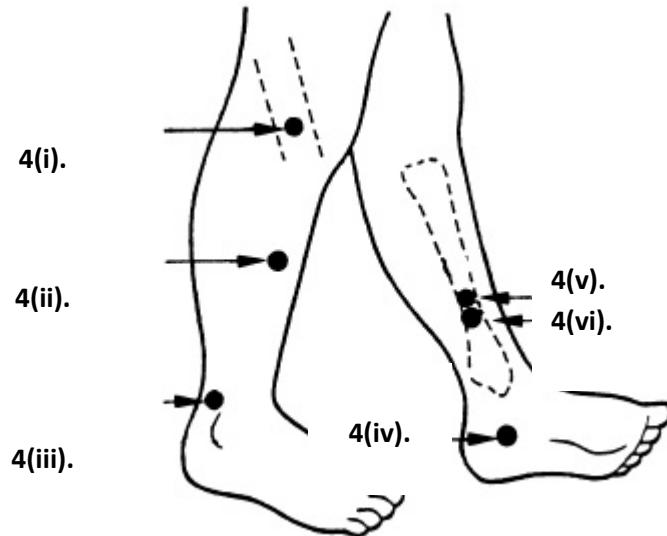
4. THEME: OVERUSE SYNDROMES OF LEGS [QUESTIONS. 4 (i) – 4(vi)] (TOTAL: 6 MARKS)

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

Options :

- | | |
|--------------------------------|----------------------------------|
| A. Plantar Fasciitis | D. Tibial stress fracture |
| B. Ilio-tibial band tendinitis | E. Anterior compartment syndrome |
| C. Tibial stress syndrome | F. Achilles tendinitis |

Questions: Name the correct sites of the overuse syndromes of the leg in the picture given below:



5. THEME: ANKLE LIGAMENT INJURIES [QUESTIONS. 5(i) – 5(vi)] (TOTAL: 6 MARKS)

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

Options :

- A.** Anterior Talo-Fibular (ATFL)
- B.** Calcaneo-Fibular Ligament (CFL)
- C.** Posterior talofibular ligament (PTFL)
- D.** Medial Ligament

Questions:

5(i). Farah, an athlete slipped from the stairs and her right foot went into inversion in a plantar flexed state. Which ligament is she most likely to injure?

5(ii). Mohan, a basketball player, slipped in the court and his right foot went into inversion in a neutral position. Which ligament is he most likely to injure?

5(iii). Mr. Raman twisted his ankle while he was skiing. The ankle went into inversion while the foot was in dorsiflexion. Which ligament is he most likely to injure?

5(iv). Sharda twisted her ankle while she was skipping. Her ankle went into eversion while the foot was in a plantar-flexed state. Which ligament is she most likely to injure?

5(v). Mayank twisted his ankle while he was playing football. His ankle went into eversion while the foot was in a neutral state. Which ligament is she most likely to injure?

5(vi). Which is the most common ligament to be injured in inversion injuries of the ankle?

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

Questions:

6(i). What is the first step in chronic disease follow up?

6(ii). Dr. Pai 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. Dinakar send 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. Which aspect of chronic disease follow-up he is focusing on?

6(v). Dr. Nesan does monofilament testing for his diabetic patients on a routine basis. Which aspect of chronic disease follow-up he is focusing on?

6(vi). Dr. Manjukar 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?

**7. THEME – TEAM CONCEPT – CLINICAL ASSISTANT [QUESTIONS. 7(i) – 7(vi)]
(TOTAL: 6 MARKS)**

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

Options:

A. Clinical Assistant

B. Clinical Assistant with Physician

Questions: Which of the following can be done by the clinical assistant alone and which ones he has to do along with the Physician ?

7(i) . Ask appropriate questions for the problems or symptoms, using the “ODD IF HAPPY” mnemonic.

7(ii). Review problem list and get patient's update on recent problems

7(iii). Recommend and document appropriate preventive care plan

7(iv). Performs pertinent physical exam and communicates findings.

7(v). Administer MMSE (Mini Mental State Examination)

7(vi). Writes down impressions and plan.

**8. THEME: GOVERNMENT PROGRAMS [QUESTIONS. 8(i) – 8(vi)]
(TOTAL: 6 MARKS)**

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

Options:

- | | |
|-------------------------------------------|-------------------------------------------------|
| A. Kala Azar control program | G. Integrated Child Development Services Scheme |
| B. Dengue and Chikungunya control program | H. RNTCP Revised National TB Control Program |
| C. National AIDS control program | I. Reproductive and Child Health Program (RCH) |
| D. Malaria control program | J. Kishori Shakthi Yojana (KSY) |
| E. Special Nutrition Program | K. JSY (Janani Suraksha Yojana) |
| F. Mid-day meal program | L. RSBY (Rashtriya Swasthya Bima Yojana.) |

Questions: Identify to which Government program , each of the following components is part of:

- 8(i).** Promotion of Institutional delivery
- 8(ii).** Vector control through IRS with DDT up to 6 feet height from the ground twice annually
- 8(iii).** Prevention of Parent to child transmission of disease is done
- 8(iv).** Supplementary feeding of about 300 calories and 10 grams of protein to preschool children and about 500 calories and 25 grams of protein to pregnant and breastfeeding mothers for six days a week.
- 8(v).** Indoor insecticide spray in endemic areas
- 8(vi).** Indoor insecticide spray during epidemic months of June/July

9. THEME – CHARACTERISTICS OF A FAMILY PHYSICIAN

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

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

9(i). Mr. Shankar came with headache to you. You take a good history and do complete clinical examination and diagnose it to be a tension headache. You spend time with Shankar and find out that he has marital problems and you advise him and his wife to go for marriage counseling.

9(ii). Malini has come with knee swelling and you on investigations find out that she has osteosarcoma. You call up an orthopedician and talk to him about her and send her to 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. Lal 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 3 year old granddaughter who lives in the same house for screening for TB.

9(v). Mrs. Munni 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 call 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 – MEDICAL DOCUMENTATION

**[(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) . A problem is anything that requires diagnosis or management or that interferes with quality of life as perceived by the patient.

10(ii). Weed described four basic elements as the nucleus of the Source oriented medical record (POMR) namely: Data base ,Problem list, Initial plan and Progress notes.

10(iii). There is no proof that sharing the record with the patient improves quality of care, but it improves the patient’s understanding about the disease.

10(iv). Family practice record will have well-established diseases as well as symptoms at undifferentiated stage of illness.

10(v). In Family practice records, minor problems that resolve but then recur with excessive frequency may assume the status of major problems.

10(vi). Source oriented medical record (SOMR) is a diary of past events, consisting of laboratory data, radiological reports, physicians’ reports, and consultants’ reports.

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M.MED.FAMILY MEDICINE

Sub. Code: 4014

II YEAR THEORY EXAM– FEB 2014

PAPER IV - FAMILY MEDICINE AND PRIMARY CARE

Q.P. CODE: 434014

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.
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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. You have a primary health care setup in a village. You take care of 6 villages with a total population 8000. In the busy out patient days, you feel the quality of time you spend with each patient is not satisfactory. **(TOTAL: 20 MARKS)**

A. If you train a clinical assistant to help you, what are the areas he can be helpful? Explain each area briefly. **(10 Marks)**

B. What are the benefits of team care? **(5 Marks)**

C. Discuss any five qualities of a family physician as a team leader. **(5 Marks)**

2. You work in a village PHC where you find many adolescent girls with anemia and married women with high risk pregnancy. (Total :20 marks)

A. What is the program that is targeted towards adolescent girls?

1. Who are the Beneficiaries
2. What are the Benefits of this program?
3. What are Common services
4. What are the Eligibility Criteria?
5. Explain briefly how to avail the benefits? **(10 Marks)**

B. Explain about one program that is targeted towards antenatal women under the following headings..

1. Who are the Beneficiaries
2. What are the Benefits of this program?
3. What are Common services
4. What are the Eligibility Criteria?
5. Explain briefly how to avail the benefits? **(10 Marks)**

PART – B
EXTENDED MATCHING QUESTIONS

(ANSWER ALL QUESTIONS)

1. THEME – Family physician as Leader [(QUESTIONS. 1(i) – 1(vi)]
(TOTAL: 6 MARKS)

From the options ‘A and B’ given below, choose the best answer for the questions 1(i) – 1(vi)

Options:

- A.** True
- B.** False

Questions:

1 (i) Dr.Sankar in the beginning of the week communicates to his whole team the tasks for the weeks and delegates to them what each person has to do. It is a good leadership quality.

1 (ii) It is said of Dr.Dayal that he talks a lot, but never keeps his word. Others in the team say that though he is like that somehow he gets the work done by bribing people. Since he somehow gets the work done, he can be called a good leader.

1 (iii) Dr. Ranjan shouts at people and gets the work done very easily. It is a good leadership quality.

1 (iv) The local MLA wanted a false death certificate from Dr.Latha and she refused.In a few days time she was transferred and her family had to suffer a lot. Lot of her seniors told that in the present situation most of them oblige to what the politicians demand. In your opinion, Dr.Latha is a good leader.

1 (v) Dr. Pushpa gets commission for all the investigations she sends from the nearby lab and distributes it equally to all her employees. She is a good leader.

1 (vi) Dr. Kishore, reads journals, attends conferences ,participates in CMEs .Some people in the team feel that it is waste of time. They feel he should see patients instead of doing these things. What Dr. Kishore does is right.

2. THEME – CHARACTERISTICS OF A GOOD LEADER

[QUESTIONS. 2(i) – 2(vi)]

(TOTAL: 6 MARKS)

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

Options:

A. Character

E. Generosity

B. Commitment

F. Listening

C. Good communication

G. Self discipline

D. Courage

H. Relationship

Questions: Which aspect of good leadership quality of a Family physician do the following cases portray?:

2 (i) Dr.Mathan wakes up at 5am, does his morning exercise, reads for $\frac{1}{2}$ an hour and will be in the hospital sharp at 8a.m.In the evenings he plays for an hour and regularly reads for an hour.

2 (ii) The staff of the team wanted to tell their grievances to Dr. Babu. He was hearing it patiently for more than an hour.

2 (iii) When there was an epidemic of cholera in their area. Dr.Kannan called all his staff and explained to them all what need to be done and how they are going to do that etc

2 (iv) Mr. Kumar, the local Thasildar’s nephew had fever for 1day and demanded antibiotic and Dr. Kamesh declined to prescribe from his PHC. Soon he got a threatening call from the Thasildar that if he may have to face dire consequences. Yet Dr. Kamesh did not oblige.

2 (v) 5 month old Preethi was brought with signs of meningitis and the mother had onlyRs.50 with her. Dr.Kumar paid for the ambulance and transferred the child to a secondary care hospital 40k.m away and gave rs.500 to the mother to be spent for her treatment.

2 (vi) Dr. Lalitha’s niece got married. She finished her antenatal clinic and attended the reception though she could not be there for the wedding.

3. THEME – CHARACTERISTICS OF A FAMILY PHYSICIAN
[QUESTIONS. 3(i) – 3(vi)] (TOTAL: 6 MARKS)

From the options ‘A to G’ given below, choose the best answer for the questions 3(i) – 3(vi)

Options:

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

3 (i) 27 year old Sumathi presented with high grade fever with right knee swelling and pain for 1day.Dr.mukesh suspected that she has septic arthritis and did a knee aspiration and sent it to lab and confirmed the diagnosis. He started her on cloxacillin and now she is fine.

3 (ii) Dr. Ruby started Mr.Kannan on antihypertensive drugs and gave appointed after 15days to see her to see how he responds to treatment.

3 (iii) 5 year old Rani has developmental delay. Dr.Ramanan has referred her to Dr.Kamal who is a developmental Paediatrician and both of them followed her up.

3 (iv) Mrs. Sudha presented to you with aches and pains for the past 6months.On questioning her you found that her main problem is due to her husband who is an alcoholic and giving lot of trouble. You have called him and counseled him.

3 (v) You have called 20 diabetic patients under your care for Retinopathy check up by an ophthalmologist.

3 (vi) Mr.Kannan has been diagnosed to have Lung cancer. Dr.Ramesh the pulmonologist is worried about all the complications he may develop and advises expensive treatments , while the family is struggling to make ends meet.

**4. THEME – TEAM CONCEPT – CLINICAL ASSISTANT [QUESTIONS. 4(i) – 4(vi)]
(TOTAL: 6 MARKS)**

From the options ‘A to B’ given below, choose the best answer for the questions 4(i) – 4(vi)

Options:

A. Clinical Assistant

B. Clinical Assistant with Physician

Questions: Which of the following can be done by the clinical assistant alone and which ones he has to do along with the Physician ?

4 (i) Functions by the mnemonic “ODD IF HAPPY”

4 (ii) Updates the problem list with dates of important completed tests (colonoscopy, mammogram, etc.).

4 (iii) Reviews the impressions and plans with the patient and then politely exits, leaving the hard copy of the impressions and plan

4 (iv) Performs pertinent physical exam and communicates findings.

4 (v) Explains matters of referral process or obtaining further tests at other facilities.

4 (vi) Document the impressions and plan of the physician

5. THEME – CHRONIC DISEASE FOLLOWUP [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.** Screening and Early detection
- B.** Ensuring compliance
- C.** Looking for complications
- D.** Coordinating care with specialists
- E.** Promoting self-capacity of patient
- F.** Patient and carer education

Questions:

5 (i) What is the first step in chronic disease follow up?

5(ii) Dr. Pai uses a- Electronic recall systems like PCICS to follow his diabetic patients. Which aspect of chronic disease follow-up he is focusing on?

5(iii) Dr. Dinakar sends Mr.Sankar with a diabetic foot with ulcer for debridement to a surgeon.

5(iv) Dr. Dutta has employed a nurse educator to teach self assessment of peakflow of all his asthmatic patients. Which aspect of chronic disease follow-up he is focusing on?

5(v) Dr. Moorthy does monofilament testing for his diabetic patients on a routine basis. Which aspect of chronic disease follow-up he is focusing on?

5(vi) Dr. Manjukar 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. THEME-HOME VISIT [QUESTIONS. 6(i) – 6(vi)] (TOTAL: 6 MARKS)

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

Options:

- A.** Community based care
- B.** Home based care
- C.** Home care
- D.** Therapeutic home visit
- E.** Diagnostic home visit
- F.** Increased
- G.** Core value of Family medicine
- H.** Decreased

Questions:

6(i).Patient-Doctor relationship is a

6(ii).Increasing costs, improvement in communication and emergency services has caused..... number of home visits.

6(iii).Ms. Padma a village health nurse visits Mr.Ramanand gives Inj.Procaine penicillin daily for 5 days.This is an example of

6(iv).Dr. Raman was called to see Mr.Gopal who was breathless.He examines him and says that Mr.Gopal has acute exacerbation of asthma. This is an example of.....

6(v).Mrs.Rose the village health nurse visits Mr.Murugan,who was discharged from hospital after a Myocardial infarction.What she does is

6(vi).Mr.Rajan who has developed a stroke is being taken care of by his wife and children.This is an example of.....

7. THEME: TYPES OF REFERRALS [QUESTIONS. 7(i) - 7(vi) (TOTAL: 6 MARKS)

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

Options :

- | | |
|-------------------------------|--------------------------|
| A. Interval Referral | C. Split Referral |
| B. Collateral Referral | D. Cross Referral |

Questions: What is the type of referral which is described in the following cases?

7.(i). Mr. Ganesh is seen by you for complaints of acute abdominal pain and you refer him to a surgeon for Appendectomy.

7.(ii). Mr. Prakash , whom you are treating for diabetes has developed retinopathy and you refer him to an ophthalmologist for Laser therapy.

7(iii). You find that Mrs. Parvathy, who is being taken care of by you in your antenatal clinic, has a valvular heart problem and you refer her to a cardiologist for opinion and treatment.

7.(iv). Mr. Raja comes to you with a compound fracture of his forearm. You refer him to an Orthopedician for an open reduction.

7.(v). Ms. Suja goes to a doctor with head ache for 2 months and the doctor referred her to an ophthalmologist, Neurophysician, ENT specialist and a Psychologist for checkup.

7.(vi) In your antenatal clinic, you do an ultrasound for Mrs. Shyama who is an elderly primi and find that she has a large fibroid complicating pregnancy. You refer her to a Gynaecologist for further care and safe delivery.

**8. THEME: GOVERNMENT PROGRAMS [QUESTIONS. 8(i) – 8(vi)]
(TOTAL: 6 MARKS)**

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

Options:

- A. Kala Azar control program
- B. Dengue and Chikungunya control program
- C. National AIDS control program
- D. Malaria control program
- E. Special Nutrition Program
- F. Mid-day meal program
- G. Integrated Child Development Services Scheme
- H. RNTCP Revised National TB Control Program
- I. Reproductive and Child Health Program (RCH)
- J. Kishori Shakthi Yojana (KSY)
- K. JSY (Janani Suraksha Yojana)
- L. RSBY (Rashtriya Swasthya Bima Yojana.)

Questions: Identify to which Government program , each of the following components is part of:

8(i). Promotion of Institutional delivery

8(ii). Vector control through IRS with DDT up to 6 feet height from the ground twice annually

8(iii). Prevention of Parent to child transmission of disease is done

8(iv). Supplementary feeding of about 300 calories and 10 grams of protein to preschool children and about 500 calories and 25 grams of protein to pregnant and breastfeeding mothers for six days a week.

8(v). Indoor insecticide spray in endemic areas

8(vi). Indoor insecticide spray during epidemic months of June/July

9. THEME – MEDICAL DOCUMENTATION

**[(QUESTIONS. 9(i) – 9(vi)]
(TOTAL: 6 MARKS)**

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

Options:

A. True

B. False

Questions:

9(i) . A problem is anything that requires diagnosis or management or that interferes with quality of life as perceived by the patient.

9(ii). Weed described four basic elements as the nucleus of the Source oriented medical record (POMR) namely: Data base ,Problem list, Initial plan and Progress notes.

9(iii). There is no proof that sharing the record with the patient improves quality of care, but it improves the patient’s understanding about the disease.

9(iv). Family practice record will have well-established diseases as well as symptoms at undifferentiated stage of illness.

9(v). In Family practice records, minor problems that resolve but then recur with excessive frequency may assume the status of major problems.

9 (vi). Source oriented medical record (SOMR) is a diary of past events, consisting of laboratory data, radiological reports, physicians’ reports, and consultants’ reports.

10. THEME – NUTRITIONAL PROGRAMS **[(QUESTIONS. 10(i) – 10(vi)]**
(TOTAL: 6 MARKS)

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

Options:

- A. Integrated Child Development Services Scheme
- B. Midday Meal Program
- C. Special Nutrition Program (SNP)
- D. National Nutritional Anemia Prophylaxis Program
- E. National Iodine Deficiency Disorders Control Program
- F. School Health program
- G. Mountain dwellers health program

Questions:

10 (i). Health screening and identifying children with problems like anemia, malnutrition, eye problems and refer for treatment; Health Education for school children and teachers; Promoting hygienic practices in schools like hand-washing

10 (ii). Aimed at school-going children by providing one meal per day at noontime with goals of Improving the nutritional status of children; Encouraging poor children, to attend school more regularly; Providing nutritional support to children of primary stage in drought-affected areas during summer vacation.

10 (iii). It provides supplementary feeding of about 300 calories and 10 grams of protein to preschool children and about 500 calories and 25 grams of protein to pregnant and breastfeeding mothers for six days a week.

10 (iv). This program provides Supplementary nutrition, provision of Vit-A, Iron and Folic Acid, Immunization, Health check-ups, Referral services, Treatment of minor illnesses; Nutrition and health education to women; Pre-school education of children in the age group of 3-6 years.

10 (v). Under this program, the expected and breastfeeding mothers as well as acceptors of family planning methods were also provided with iron and folic acid supplements.

10 (vi). Health education about managing endemic goiters; targeted at hilly areas

(LF 0214)

M.MED.FAMILY MEDICINE

Sub Code: 4014

II YEAR THEORY EXAM– AUGUST 2014

PAPER IV -FAMILY MEDICINE AND PRIMARY CARE

QP CODE: 434014

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?

- ✓ Match each question to a **single best option** and write it in your paper in the column provided like this:

3(i)	A
3(ii)	F
3(iii)	
3(iv)	
3(v)	
3(vi)	

- ✓ Each option may be used more than once. Some options may not be used at all.

PART – A
DESCRIPTIVE QUESTIONS
(ANSWER ALL QUESTIONS)

1. Mr. Somnath admitted his wife in a private hospital for delivery. She was taken up for a caesarean section 6 hours later because there was foetal distress. But the baby was asphyxiated at birth and finally died after 2 hours despite being put on a ventilator. Mr. Somnath has now filed a case under Consumer Protection Act against the hospital, citing negligence at the District Consumer Protection Council. He contends that the baby may have lived if his wife had been taken up for surgery earlier. (Total: 20 Marks)

- A. Define the terms ‘Complaint’ and ‘Complainant’. What is the complaint and who is the complainant in the above case scenario? (5 Marks)
- B. Describe the Consumer Protection Redressal machinery. Up to how much compensation can a District Consumer Protection Council give Mr. Somnath? If Mr. Somnath is not happy with the verdict in the District Consumer Protection Council, where can he appeal against it next? (5 Marks)
- C. Who is a ‘Consumer’? What are the ‘Rights’ of a consumer? (3 Marks)
- D. Discuss the general ‘duties’ and ‘responsibilities’ of a Physician as per Medical Council of India (MCI) regulations: (7 Marks)

2. You are a Private Practitioner who has just completed the distance course in Family Medicine. You have also sponsored a nurse to be trained as your Family Physician Assistant and now you are setting up a Family Practice. One of the key concepts you want to put into your practice is ‘Team Care’. (Total: 20 Marks)

- A. Explain the benefits of Team Care: (5 Marks)
- B. What are the things that a Family Physician Assistant can **alone** do in your Family Practice before and after consultation? (8 Marks)
- C. What are the things that a Family Physician Assistant can do **along with the Physician** in your Family Practice? (7 Marks)

PART – B
EXTENDED MATCHING QUESTIONS
(ANSWER ALL QUESTIONS)

1. THEME: TRAVEL MEDICINE - VACCINATIONS& PROPHYLAXIS [QUESTIONS. 1(i) - 1(vi)] (Total:6 Marks)

From the options ‘A to H’ given below, choose the best answer for the questions 1(i) – 1(vi)

Options:

- A. Yellow Fever Vaccination
- E. Japanese Encephalitis Vaccination
- F. Typhoid Vaccination

- B. Malaria Prophylaxis
- C. Meningococcal Vaccination
- D. Hepatitis Vaccination
- G. Plague Vaccination
- H. Cholera Vaccination

Questions:

1. (i). Mr. Rajnath is a business executive and you are the Family Physician for him and his family for many years. He will be shortly travelling for a South American project of his company, mostly in Colombia and Venezuela. What specific vaccination would you advice for him?

1. (ii). Mr. Afzal, one of your patients, is planning to take a Haj Pilgrimage to Saudi Arabia. What specific vaccination would you advice?

1. (iii). Mrs. Sunitha is working with the UNICEF in a South East Asian project and has to visit some rural parts of Indonesia for that in the recent future, where she will be working in a hospital. What immunization will be helpful for her to have?

1. (iv). Mr. Naik, one of your friends who is a Non Resident Indian (NRI) is planning to visit his ancestral home in Odisha in North India. He calls you to find out about precautions and immunisations. What is the most important one you would advise?

1. (v). A non-compulsory vaccination prevents a serious flavivirus infection but which is not licensed in the US and Australia is

1. (vi) Col. Dr. Nitin is posted in Vietnam in a rural army outpost. What vaccine would you suggest that he takes before going there?

2. THEME – CHARACTERISTICS OF A GOOD LEADER [QUESTIONS. 2(i) – 2(vi)]
(Total:6 Marks)

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

Options:

- A. Courage
- B. Listening
- C. Self discipline
- D. Relationship

- E. Character
- F. Commitment
- G. Good communication
- H. Generosity

Questions: Which aspect of good leadership quality of a Family physician do the following cases portray?

2 (i) Dr. Sudhan is regular in his daily exercise, has a balanced diet and spends daily $\frac{1}{2}$ an hour in professional updating. He is always punctual to the hospital.

2 (ii) Dr. Rajan has a special time called ‘Coffee Corner’ for his staff once a week, during which time, he takes his staff by turns and spends half an hour with each staff over coffee.

2 (iii) When the Family Practice went through a bad patch financially, Dr. Sudakar kept everyone on the team updated by having regular meetings and reassured them. As a result of this the team stood with him till the crisis was over.

2 (iv) Dr. Kumar refused to write a fake medical certificate for a local Politician despite being ordered by his boss to comply to the request.

2 (v) A poor labourer was rushed into Dr. Kumar’s clinic with a lower limb injury following a road traffic accident. He had a closed fracture of the femur and was in shock. The wife had no money in her hand. Dr. Kumar stabilized him hemodynamically and arranged for an ambulance to shift him to a higher centre. He also gave Rs.500 to the wife to spend for the treatment.

2 (vi) Dr. Latha planned her vacation in advance. She completed all her patient obligations, informed her patients ahead of time about her absence and also arranged for a stop-gap doctor to cover till she was back.

3. THEME: MALARIA PROPHYLAXIS[QUESTIONS. 3(i) – 3(vi)] **(Total: 6 Marks)**

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

Options:

- A.** Cap Doxycycline 200 mg each day, 2 days before, during, 4 weeks after
- B.** Tab. Mefloquine 500 mg same day each week
- C.** Tab. Chloroquine 300 mg base same day each week 1 wk before, during, 4 wk after exposure at 10 weeks
- D.** Cap Doxycycline100 mg same day each week, 1 wk before, during, 4 weeks after
- E.** Tab. Chloroquine 600 mg base same day each week 1 wk before, during, 4 wk after exposure at 10 weeks
- F.** Tab Proguanil 100 mg (1 tab) same day each week 1 day before, during, 4 weeks after
- G.** Tab. Chloroquine 150 mg base same day each week 1 wk before, during, 4 wk after exposure at 10 weeks
- H.** Tab Proguanil 200 mg (2 tabs) same day each week 1 day before, during, 4 weeks after
- I.** Tab. Mefloquine 750mg same day each week
- J.** Tab Proguanil 50 mg ($\frac{1}{2}$ tabs) same day each week 1 day before, during, 4 weeks after

Questions:

3 (i). Mr. Manoj is going for an official assignment to Bihar and you want to start Chloroquine prophylaxis for him. Which regime will you follow?

3 (ii). Mina is going to a malaria-prone area for her work for 5 weeks and you know that it is a Chloroquine resistant area. What will be your alternative drug and its dose?

3 (iii). Mina is also taking her 3 year old son with her to that chloroquine resistant malaria-prone area. What will be your drug of choice and its dose?

3 (iv). Monisha went to a malaria-prone area and he was given malaria prophylaxis, but that drug caused photosensitivity reaction. What drug can it be?

3 (v). 32 year old Subash, a business executive is attending a 1-week conference in Brazil which also involves some field trips. What will be your drug of choice and its dose?

3 (vi) Which of the above drugs can be used only on a person who has a body weight of above 45 kg?

4. THEME: ROLES & RESPONSIBILITIES OF A FAMILY PHYSICIAN[QUESTIONS. 4(i) – 4(vi)] **(Total:6 Marks)**

From the options ‘A to J ’given below, choose the best answer for the questions 4(i)–4(vi)]:

Options:

- | | |
|---------------------------|--------------------------|
| A. Medical Expert | F. Scholar |
| B. Communicator | G. Professional |
| C. Collaborator | H. Role Model |
| D. Manager | I. Friend & Guide |
| E. Health Advocate | J. Philosopher |

Questions: What roles and responsibilities do the following Family Physicians fulfill ?

4 (i). Dr. Suman, a Family Physician is very keen on primordial prevention. He prescribes a strict exercise regimen for his patients. He also displays posters about this all over his practice and the neighbourhood. Every morning you can see him jogging along the seashore regularly, without fail.

4 (ii). When Praveen was finishing his 12th grade, his Family doctor, Dr. Prasad, called him and briefed him on all the career choices in the medical field.

4 (iii). Dr. Sam motivated all the people in his locality to give a request to the collector to deal with the open sewage system in their locality which was causing a lot of health problems to the residents.

4 (iv). Dr. Monisha's patients are greatly benefitted as she closely works with and uses the expertise of nurses, allied health professionals as well as specialists and super-specialists to give quality patient care.

4 (v). Dr. Subash, is in charge of a Primary Health Centre (PHC). He wisely allocates the budget on a fair basis to meet the various needs of the PHC, the staff and the patients.

4 (vi) When a sick patient died, the relatives started shouting and behaving badly. But when Dr. Kaur explained and talked to them, they calmed down and went away

5. THEME: COMMON SPORTING INJURIES [QUESTIONS. 5(i) – 5(vi)] (Total: 6 Marks)
From the options 'A to N' given below, choose the best answer for the questions 5(i)–5(vi):

Options :

- | | |
|-------------------------------------------------|-----------------------------------|
| A. Retinal tears | H. Lateral Epicondylitis |
| B. Lens dislocations | I. Olecranon dislocation |
| C. Medial epicondylitis | J. Tenpin Bowlers Thumb |
| D. Game keepers thumb | K. Corked Thigh (hematoma) |
| E. Haemorrhage into the various chambers | L. Hamstring injury |
| F. Corneal abrasion | M. Achilles Tendon rupture |
| G. Mallet Finger | N. Fracture of toes |

Questions:

5 (i). Mr. Surjit Singh is a boxer and he sustained an eye injury in the last match. What is the commonest injury to the eye in body contact sports?

5 (ii). Mr. Suresh is a national level Tennis player and he recently developed elbow pain. You diagnose him to have 'Backhand Tennis Elbow'. What condition gives rise to this?

5 (iii). Mr. Raman who lives in Manali, goes for skiing everyday. He sustained an injury to his thumb. What is the commonest thumb injury that can happen in skiing?

5 (iv). Shylaa is part of the Women's Cricket team and as she was trying to take a catch the ball hit the tip of her finger resulting in hyperflexion of the finger. What can result from such an injury?

5 (v). Mayank is an athlete developed soreness in his thigh which became better with RICE treatment and graded stretching exercises. What is the injury he is likely to have sustained?

5 (vi). Positive Thompson's test is diagnostic of this injury:

6. THEME – CHRONIC DISEASE MANAGEMENT [QUESTIONS. 6(i) – 6(vi)]

(Total: 6 Marks)

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

Options:

- A. Ensuring compliance
- B. Looking for complications
- C. Coordinating care with specialists
- D. Promoting self-capacity of patient
- E. Screening and Early detection
- F. Patient and Carer education
- G. Wholistic Management of the Chronic Illness

Questions: Which aspect of chronic disease management are the following doctors focusing on?

6 (i). Dr. Vinay is a Family Physician who has made a protocol in his Family practice that in any patient over the age of 35, blood pressure should be checked. This is in line with the first step in chronic disease follow up which is:

6 (ii). Dr. Sinhasends electronic reminders to all his diabetic patients to come for their scheduled appointments. Which aspect of chronic disease management he is focusing on?

6 (iii). Dr. Manav Dassends a nurse for home-visits to all the postpartum mothers under his care and they fill in a checklist which prompts them to look for bleeding per-vaginum, postpartum fever etc. This is an example of this component of chronic disease management:

6 (iv). Dr. Dolly takes care of many patients with Asthma. She has employed a nurse educator to teach use of Peak Flow Meter to some of the asthmatics to monitor themselves and to change medication doses accordingly. Which aspect of chronic disease follow-up she is focusing on?

6 (v). Dr. Susanorders Serum Creatinine and microalbuminuria tests for all her diabetic patients annually. Which aspect of chronic disease follow-up she is focusing on?

6(vi). Dr. Scindia has two nurse educators in his out-patient department to have focus group discussions for patients with diabetes and their relatives. Which aspect of chronic disease follow-up he is focusing on?

7.THEME – TEN LEVELS OF CARE[QUESTIONS. 7(i) – 7(vi)]

(Total: 6 Marks)

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

Options:

- A. Prevention
- B. Screening
- C. Early diagnosis
- D. Diagnosis of established disease

E. Management of disease

F. Management of complications

G. Rehabilitation

H. Terminal care

I. Counseling

J. Family Care

Questions: Which level of care is demonstrated in the following cases?

7 (i). Mr. Manikam had come with complaints of palpitations to you. You take a good history and do complete clinical examination and diagnose it to be anxiety and stress-related. You encourage him to talk to you about his home and work-related problems.

7 (ii). Mrs. Shantais a diabetic and is taking medicines from different doctors irregularly. She is lately on homeopathy drugs and her sugars are not controlled. She has come to you for the first time. You examine her, order relevant investigations, prescribe the necessary medicines and make a follow-up plan for her.

7 (iii). Mrs. Malini, a 64 year old retired teacher has come to you with white discharge PV since 2 months. She has been shy to reveal this and you convince her that you need to do a pelvic examination to which she finally consents. On examination, you find that she has Cervical Carcinoma Stage 3.

7 (iv). You teach Ms. Radha how to change the urinary catheter and care for her mother who has a terminalmalignancy.

7 (v). Mrs. Malathi brings her 5 month old baby with history of cough and fever for 2 days. On examination, you find that the baby's pulse rate- 110/min, and respiratory rate is 46/min. Onauscultation, the lungs were clear. You suspect that she has pneumonia and start her on antibiotics. She sends a message after 2 days that the baby is well.

7 (vi). Mr. Puia is diagnosed with TB and is on ATT. You ask him to bring his 3 year old granddaughter who lives in the same house to look for TB

8. THEME: GOVERNMENT PROGRAMS [QUESTIONS. 8(i) – 8(vi)] (Total: 6 Marks)

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

Options:

A. Kala Azar control program

B. Dengue and Chikungunya control program

C. National AIDS control program

D. Malaria control program

E. Special Nutrition Program

F. Mid-day meal program

G. Integrated Child Development Services Scheme (ICDS)

H. Revised National TB Control Program(RNTCP)

I.National Filaria Control Program

J.Kishori ShakthiYojana (KSY)

K.JSY (Janani Suraksha Yojana)

L. RSBY (RashtriyaSwasthyaBimaYojana)

Questions: Identify to which Government program , each of the following components is part of:

8 (i). Transmission control with mass administration of drugs and disability prevention for those who already have the disease by offering home-based as well as hospital-based management as warranted are components of this national program:

8 (ii). Eight Key elements (Octalogues) of Mid Term Plan of this program are:(i) Disease and Vector Surveillance, (ii) Case management, (iii) Laboratory diagnosis, (iv) Vector management, (v) Outbreak response, (vi) Capacity building, (vii) Behaviour Change Communication, (viii) Inter-sectoral coordination and (ix) Monitoring & Supervision

8 (iii). This program is an Indian government-sponsored conditional cash transfer scheme to reduce the numbers of maternal and neonatal deaths and increase health facility deliveries in BPL families.

8 (iv). Supplementary feeding of about 300 calories and 10 grams of protein to preschool children and about 500 calories and 25 grams of protein to pregnant and breastfeeding mothers for six days a week.

8 (v). Indoor insecticide spray in endemic areas is done in this program:

8 (vi). Indoor insecticide spray during epidemic months of June/July is done in this program:

**9. THEME – CHARACTERISTICS OF A FAMILY PHYSICIAN [QUESTIONS. 9(i) – 9(vi)]
(Total: 6 Marks)**

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

Options:

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

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

9 (i). When Mrs. Fatima came with multiple somatic complaints and her Family Physician gently elicited the fact that she was depressed and found the cause of worry to be her son who is an alcoholic. The Family Physician counseled her and invited her to bring her son with her next visit.

9 (ii). Mr. Suman is brought to you with chest pain. You do an ECG and you find that he has Acute Coronary Syndrome (ACS). You call up a known cardiologist, arrange an ambulance and refer him with a well-drafted referral letter.

9 (iii). Mr. Yadav is an asthmatic who takes irregular medicines usually obtained over-the-counter. He has come to you with one of his frequent exacerbations. After settling the acute problem, you discuss with him and chalk out a follow-up plan for him.

9 (iv). Mr. Pal is newly diagnosed with TB and you started Anti- Tuberculosis Therapy. You also screen him for diabetes and HIV. You teach him how to discard sputum and how to maintain good healthy diet. You advise him on work-related issues. You also ask him to bring his 3 year old granddaughter who lives in the same house for screening for TB.

9 (v). You work in a rural clinic in a tribal belt in South India. Mrs. Mousamibrings her 4 year old son with headache and fever for 2 days. You find on examination that he is febrile, his radial pulse rate- 100/min and respiratory rate is 28/min. He had neck stiffness but all other systemic examinations were normal. You start treatment for meningitis and she brings him to you well in 2 days' time.

9 (vi). You arrange for a periodic ophthalmologist visit to your clinic to get your diabetic patients who are due for an ophthalmoscopy checked for diabetic retinopathy.

**10. THEME – COMMUNITY ORIENTED 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). Clinicians think normally in terms of single patients rather than population groups. Family physicians have to think in terms of both.

10 (ii). Ideally, the family physician should share the same habitat as his patients.

10 (iii). Communication with the patient and other team members, Participation, as needed, in home care/family conferences, Evaluation of quality of care are all components of the Community Oriented Primary Care (COPC)

10 (iv). A home visit can be either diagnostic or therapeutic, and is often a combination of both.

10 (v). In COPC, home care and house calls are 2 separate entities.

10 (vi). Feasibility of intervention and Commonness of a problem are important criteria for prioritization in a COPC.

(LG 0215)

M.MED.FAMILY MEDICINE

(Sub Code: 4014)

SECOND YEAR THEORY EXAM– FEBRUARY 2015

PAPER IV - FAMILY MEDICINE AND PRIMARY CARE

QP .CODE: 434014

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?

- ✓ Match each question to a **single best option** and write it in your paper in the column provided like this:

3(i)	A
3(ii)	F
3(iii)	
3(iv)	
3(v)	
3(vi)	

- ✓ **Each option may be used more than once.**
Some options may not be used at all.

PART – A
DESCRIPTIVE QUESTIONS
(ANSWER ALL QUESTIONS)

1. You have a primary health care setup in a village. You take care of 6 villages with a total population of 8000. Around 50% of the patients in your clinic need chronic disease care.

(Total: 20 Marks)

- A. What are the components of Chronic Disease Management in Primary care? (5 Marks)
- B. What are the steps in management of chronic disease? (5 Marks)
- C. How do you ensure compliance of a patient with chronic disease? (5 Marks)
- D. How can we promote the individual's capacity to manage the disease? (5 Marks)

2. You are a Medical Officer in a Government PHC. Apart from your clinical and other administrative responsibilities, you supervise implementation of many National health programs. Answer the following questions on some of the National health programs.

(Total: 20 Marks)

- A. What are the programs available for communicable (infectious) diseases? (5 Marks)
- B. What are the programs available for improving the nutrition of mothers and children? (5 Marks)
- C. Name and describe the program that is targeted towards adolescent girls? (5 Marks)
 - i. Who are the beneficiaries
 - ii. What are the benefits of this program?
 - iii. What are the common services offered?
 - iv. What are the Eligibility Criteria?
 - v. Explain briefly how to avail the benefits?
- D. Explain about one program that is targeted towards antenatal women. (5 Marks)
 - i. Who are the beneficiaries
 - ii. What are the benefits of this program?
 - iii. What are the common services offered?
 - iv. What are the Eligibility Criteria?
 - v. Explain briefly how to avail the benefits?

PART – B
EXTENDED MATCHING QUESTIONS
(ANSWER ALL QUESTIONS)

1. THEME – MEDICAL ETHICS [(QUESTIONS. 1(i) – 1(vi)] (Total: 6 Marks)
From the options 'A' to 'F' given below, choose the best answer for the questions 1(i)–1(vi)

Options:

- | | |
|--------------------|----------------|
| A. Beneficence | D. Justice |
| B. Non maleficence | E. Paternalism |
| C. Autonomy | F. Autocracy |

Questions:

1(i). Mr. Raj has come with symptoms of dysuria and fever. After making a diagnosis of uncomplicated UTI, though Mr. Raj could be treated with antibiotics the physician admits him for IV antibiotics because there were few inpatients in his private nursing home. What principle of bioethics is breeched here?

1(ii). When Mr. Murugan had a left sided subdural hemorrhage which needed surgical evacuation, his cranium was opened on the right side by the neurosurgeon. What principle of bioethics is not taken care of here?

1(iii). When Mr. Mani had colonic cancer and advised resection and colostomy, he refused. His doctor explained about the outcomes and discussed about the alternate modes of treatment. What ethical principle comes into play here?

35 year old Mrs. Valliamma was diagnosed with carcinoma cervix stage1. The surgeon did a hysterectomy and bilateral salpingo oophorectomy but Mrs. Valliamma was not explained that her uterus and ovaries are being removed. “What will she understand? I have done what is good for her” is the statement of the surgeon.

1(iv). What is this attitude called in medical ethics?

1(v). What is the principle of bio ethics which is **not** followed in Mrs. Valliamma’s case?

1(vi). In a pediatric outpatient clinic, when children are waiting with medical conditions requiring immediate attention, a local VIP walks in and demands to see the doctor immediately because his 3 year old daughter has a dark patch on her cheek from birth. What ethical principle should come into play here, while you handle this situation?

2. THEME – CHARACTERISTICS OF A FAMILY PHYSICIAN [QUESTIONS. 2(i) – 2(vi)] (Total: 6 Marks)

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

Options:

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

Questions: What characteristics do the following Family Physicians portray in each of the scenarios described below?

2(i) 7 year old Geetha presented with high grade fever with right knee swelling and pain for 1day. Dr. Rajesh suspected that she has septic arthritis and did a knee aspiration and sent it to lab and confirmed the diagnosis. He started her on appropriate antibiotics because the family could not afford referral and the child is better now.

2(ii) Mr. Gopal has come to Dr. Hari with complaints of giddiness and his BP was found to be high in repeated occasions. Dr. Hari explains to him about the disease and starts on medications. He has also asked him to come back after 15 days for review.

2(iii) 2 year old Felci was brought to Dr. Mala because her mother was worried that she is not like other kids. Dr. Mala did developmental screening and found her milestones were delayed and then referred her to a developmental pediatrician.

2(iv) Mrs. Sharada presented to you with aches and pains for the past 6 months. On questioning her you found that her main problem is her husband who is an alcoholic and gives her lot of trouble. You decided to call her and her husband along with her mother in law who lives with them to have a family conference.

2(v) You always assign every second Thursday afternoon for retinopathy screen of your diabetic patients and arrange an ophthalmologist to come to your clinic and see them.

2(vi) Mr. Ganesh has been diagnosed to have Lung cancer. Dr. Balakumar, the pulmonologist is worried about all the complications he may develop and advises expensive treatments, but the family is finding it impossible to comply as they are struggling to make ends meet.

3. THEME: TYPES OF REFERRALS [QUESTIONS. 3(i) - 3(vi)] (Total: 6 Marks)
From the options ‘A to D’ given below, choose the best answer for the questions 3(i) – 3(vi)

Options :

- A. Interval Referral**
 - B. Collateral Referral**
 - C. Split Referral**
 - D. Cross Referral**

Questions: What is the type of referral which is described in the following scenarios?

3(i). Mr. Sudhesh has come to you with complaints of abdominal pain for the past one hour. This is his first visit to you and you refer him to a surgeon for Appendectomy. After surgery, he goes back to his native place for recuperation.

3(ii). Mr. Ezhil, whom you are treating for diabetes, has developed retinopathy and you refer him to an ophthalmologist for Laser therapy. While he is treating the retinopathy, you continue to take care of his diabetes.

3(iii). You find that Mrs. Priyanka, who is being taken care of by you in your antenatal clinic, has a valvular heart problem and you refer her to a cardiologist for opinion and treatment. After surgery, since she is a high risk pregnancy, she is referred to an obstetrician.

3(iv). Mr. Rajesh is your regular patient, and this time he has come with a compound fracture of his forearm. You refer him to an Orthopedician for an open reduction. After the procedure and the recovery period is over, he comes to you for regular consultations.

3(v). Ms. Leela, an IT engineer, has complaints of headache for the past 2 months after she has transferred to a new office. When she visits a doctor, she is referred to an ophthalmologist, Neurophysician, ENT specialist and a Psychologist for checkup.

3(vi). Mrs. Sudha is your regular patient for many years. Now she is 35 years and she has become pregnant for the first time after 12 years of marriage. Her height is 134 cm and you refer her to a Gynecologist for further care and safe delivery.

4. THEME: TRAVEL MEDICINE [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. Mebendazole or Albendazole
- B. Praziquantel
- C. Albendazole or thiabendazole
- D. Symptomatic treatment
- E. Ceftriaxone and metronidazole
- F. Doxycycline

Questions: What is the management of the following patients with illnesses acquired during travel?

4(i). Treatment for 26 year old Mr. Gopal with Scrub typhus

4(ii). Treatment for 32 year old Mr. Kavin with Schistosomiasis. He has recently returned from Egypt.

4(iii). Treatment for 6 year old Suraya with Trichuriasis

4(iv). Treatment for 12 year old Sameer with Hookworm infestation

4(v). Treatment for 41 year old Mr. Das with Cutaneous larva migrans

4(vi). Treatment for 4 year old Junaya with Dengue fever

5. THEME-CHRONIC DISEASE FOLLOWUP [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. Screening and Early detection
- B. Ensuring compliance
- C. Looking for complications
- D. Coordinating care with specialists
- E. Promoting self-capacity of patient
- F. Patient and career education

Questions:

5(i) You are planning for an organized Chronic disease care in your clinic. What is the first step in chronic disease follow up?

5(ii) Dr. Raj uses an Electronic recall systems like PCICS to follow his diabetic patients. Which aspect of chronic disease follow-up he is focusing on?

5(iii) Dr. Das sends Mr. S with a diabetic foot with ulcer for debridement to a surgeon. Which aspect of chronic disease follow-up he is focusing on?

5(iv) Dr. Dutta has a medical assistant in his team who will take care many aspects including teaching self-assessment of peak flow of all his asthmatic patients. Which aspect of chronic disease follow-up he is focusing on?

5(v) Dr. Moorthy does monofilament testing for his diabetic patients on a routine basis. Which aspect of chronic disease follow-up he is focusing on?

5(vi) Dr. Manjukar 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. THEME – CONSULTATION [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. Responsibility sharing
- B. Checking concerns
- C. Checking ideas
- D. Checking expectations
- E. Risk reduction
- F. Setting goals

Questions: Which aspect of consultation is being dealt with in the following dialogues?

6(i) Dr Shanta, a Family Physician asked her patient who was a teenage girl with acne, ‘Tell me about what you think is causing it.’

6(ii) Mr Somu went to his Family Physician as he was worried about his headache and his Family Physician asked him in the middle of the consultation, ‘What was the worst thing you were thinking it might be?’

6(iii) Dr Lata asked Mrs. Ganesh, ‘How might I best help you with this?’

6(iv) Dr. Prakash told Mr Jani, ‘You have to monitor your asthma control twice a day. You can call me in this number if you have any difficulty’.

6(v) Dr. Sailo asked his patient, “So... shall we say, weight reduction of 1 kg a month?”

6(vi) Dr. Gurdeep asked his patient “How many cigarettes a day are you smoking now?”

7. THEME – CHARACTERISTICS OF A GOOD LEADER [QUESTIONS. 7(i) – 7 (vi)]
(Total: 6 Marks)

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

Options:

- | | |
|------------------------------|---------------------------|
| A. Character | F. Listening |
| B. Commitment | G. Self discipline |
| C. Good communication | H. Relationship |
| D. Courage | I. Organizing |
| E. Generosity | |

Questions: Which aspect of good leadership quality of a Family physician do the following scenarios portray?

7(i) When there is a team meeting, Dr. Lal gives the introduction and then lets the team members talk about the issues where he observes and give just inputs occasionally.

7(ii) Dr. Mathew plans his day ahead and as far as possible adhere to it. The hospital staff who works with him finds it easy to cooperate.

7(iii) When the primary care team arranged a health camp, Dr. Kailash called all his staff and explained to them all what needed to be done and how they were going to do that.

7(iv) Mr. Kumar, does not take commission from the local labs for referring the patients for investigations unnecessarily even though he came to know the chain of labs in the town were owned by a local politician and he was threatened indirectly.

7(v) When 5 months old Kalai needed a referral for her severe pneumonia, Dr. Kumar paid for the ambulance and transferred the child to a secondary care hospital 40 km away, spoke to the hospital to send the bill to him and gave some money to the mother for the expense on the way. He did this because he knew the family’s financial situation.

7(vi) Dr. Sudha’s team worker’s feels comfortable working with her because they feel they can contact her any time to clarify their doubts.

8. THEME-HOME VISIT [QUESTIONS. 8(i) – 8 (vi)]
(Total: 6 Marks)

From the options ‘A to G’ given below, choose the best answer for the questions 8(i) – 8(vi)
One option can be used more than once.

Options:

- | |
|--------------------------------|
| A. Community based care |
| B. Home based care |

- C. Home care
- D. Therapeutic home visit
- E. Diagnostic home visit
- F. Family conference
- G. Family therapy

Questions: Which type of care is portrayed in the following examples?

8(i) Mr. Rajan who has developed a stroke is being taken care of by his wife and children, after being taught by the primary care worker sent to his home by his Family Physician Dr. Khandekar.

8(ii) Mr. Neil, a physician's assistant visits Mr. Rajan to change his catheter every month.

8(iii) Dr. Balan was called to see Mr. Gopal who was breathless. He examines him and finds Mr. Gopal has acute exacerbation of asthma.

8(iv) Dr. Ranjan visits the house of Heera, a teenager, who has depression and had expressed ideas of self-harm.

8(v) Dr. Saleem visits the family of Mr. Lal, who has pancreatic carcinoma for adjustment of medications for his palliative care every month. Mr. Lal finds it very comforting than visiting a hospital.

8(vi) Dr. Senthil visits Mrs. Jansi, a 75 year old hypertensive who lives alone to check her BP and medications.

9. THEME: GOVERNMENT PROGRAMS [QUESTIONS.9(i)-9(vi)] (Total: 6 Marks)
From the options 'A to L' given below, choose the best answer for the questions 9(i)–9(vi)

Options:

- | | |
|-------------------------------------------------|------------------------------------------------|
| A. Kala Azar control program | H. Revised National TB Control Program (RNTCP) |
| B. Dengue and Chikungunya control program | I. Reproductive and Child Health Program (RCH) |
| C. National AIDS control program | J. Kishori Shakthi Yojana (KSY) |
| D. Malaria control program | K. JSY (Janani Suraksha Yojana) |
| E. Special Nutrition Program | L. RSBY (Rashtriya Swasthya Bima Yojana.) |
| F. Mid-day meal program | |
| G. Integrated Child Development Services Scheme | |

Questions: Identify to which Government program, each of the following components is part of:

9(i). Dr. Fatima is able to convince her patients to opt for Institutional delivery because of this program.

9(ii). Dr. Vijula, who works in a malaria endemic area, operates Vector control through IRS with DDT up to 6 feet height from the ground twice annually through this program.

9(iii). Dr. Keerthana is able to do Prevention of Parent to child transmission of disease through this program.

9(iv). Dr. Heera, when posted in her PHC found lots of children with PEM. Now she is able to arrange Supplementary feeding of about 300 calories and 10 grams of protein to preschool children and about 500 calories and 25 grams of protein to pregnant and breast feeding mothers for six days a week through this program.

9(v). Dr. Isaac, who works in a Kalaazar endemic area, operates Indoor insecticide spray in endemic areas through this program.

9(vi). Dr. John who works in Kerala, makes use of this program for Indoor insecticide spray during epidemic months of June/July.

10. THEME – SPORTS INJURIES [(QUESTIONS. 10 (i) – 10(vi)] (Total: 6 Marks)
From the options ‘A to J’ given below, choose the best answer for the questions 10(i)-10(vi)

Options:

- A. Injury to rectus femoris
 - B. Iliopsoas bursitis
 - C. Tinea cruris
 - D. Tibial stress fracture
 - E. Tibialis anterior tenosynovitis
 - F. Achilles tendinitis
 - G. Complete rupture of Achilles tendon
 - H. Partial rupture of Achilles tendon
 - I. Plantar fasciitis
 - J. Osteitis pubis

Questions: Choose from the options above, the right diagnosis for the following patients:

10(i) . Mr. Louis, a sportsman presents with pain in left groin for the past 2 months. Radiation of pain is to the adductor muscles of both thighs; pain aggravated by exercise, especially twisting and turning and kicking. On examination, he has a mild waddling gait; and there is local ‘pinpoint’ tenderness to palpation over the symphysis.

10 (ii). Mr. Krishnan has come with acute onset of groin pain from yesterday evening after playing football.

10 (iii). Mr. Jeyanth has come with pain and localized tenderness over the distal posteromedial border of the tibia which is noted after running and usually relieved by rest.

10 (iv). Mr. Hari had an ankle injury when rushing down the stairs yesterday. A sudden sharp pain was noticed at the time of injury; and now complains of sharp pain in the site of tendoachilles area when stepping off affected leg.

10 (v). Mrs. Kanitha had an ankle injury when rushing down the stairs yesterday. Sudden onset of intense pain was noticed at the time of injury; she fell over. Now there is swelling and bruising in the site of tendoachilles area; and there is some difficulty walking, especially on tiptoe.

10 (vi). Mrs. Devi has pain in the tendoachilles area. Tendon feels stiff, especially on rising; tender thickened tendon; there is palpable crepitus on movement of tendon.

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M.MED.FAMILY MEDICINE
SECOND YEAR THEORY EXAM– AUGUST 2015
PAPER IV -FAMILY MEDICINE AND PRIMARY CARE

Q.P. Code: 434014

TIME: THREE HOURS

MAXIMUM: 100 MARKS

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 typequestions** based on case scenarios (**40 marks**).
- **Part B** will have Objective type **EMQsExtended Matching Questions& MCQs(Multiple Choice Questions)**(**60 marks**).
 - ✓ This will have 10 sets of these questions.
 - ✓ Each set will have 6 questions.
 - ✓ Each question will carry 1 mark.
 - ✓ For EMQs, 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. You are called to give a lecture on National health programs to a class of nursing students in a nearby Nursing school. Answer the following questions related to that:

(TOTAL: 20 MARKS)

- A. How the National health programs are broadly classified? Give 2 examples for each. (4Marks)
- B. Write the benefits, beneficiaries and where people can utilize the Integrated Child Development scheme.(ICDS) (4Marks)
- C. Write thebenefits, beneficiaries and where people can utilize the Mid-day meal program. (4 Marks)
- D. Write a short note on Janani Balsuraksha Yojana, highlighting the aim, beneficiaries of the program and how it is delivered (4 Marks)
- E. Write a short note on National Program for control of Blindness, highlighting the aim, beneficiaries of the program and how it is delivered (4 Marks)

2. Your MBBS classmate has come to know that you have Chronic Disease Follow Up in your clinic which has improved your practice. He has come to see you. Answer the following questions related to ChronicDisease Follow up. **(TOTAL: 20 Marks)**

- A. Name 4 advantages of Chronic Disease Follow up. (4Marks)
- B. Name 8 diseases where Chronic Disease Follow up must be done. (4 Marks)
- C. A Chronic Disease Follow Up team must have at least 3 persons with different roles.
 - i. Whoare these 3 persons?
 - ii. What are all the “principles of working together as a team” in a Chronic Disease Follow up? (4 Marks)
- D. Name minimum 8 things you will screen in a patient with Diabetes attending your Chronic Disease Follow up OPD (4Marks)
- E. What are all the components of Chronic Disease management in primary care? (4 Marks)

PART – B
EXTENDED MATCHING QUESTIONS

(ANSWER ALL QUESTIONS)

1. THEME: ROLES OF A FAMILY PHYSICIAN [(QUESTIONS. 1(i) – 1(vi)]
(TOTAL: 6 MARKS)

From the options ‘A’ to ‘F’ given below, choose the best answer for the questions 1(i) – 1(vi)

Options:

- | | |
|--------------------|------------------------|
| A. Health advocate | D. Medical expert |
| B. Role model | E. Scholar and teacher |
| C. Communicator | F. Collaborator |

Questions:

1 (i). 10 months old Vanitha is brought with vomiting, loose stools for 2 days. Dr. Ravindran took a proper history, examined her and diagnosed her to have some dehydration and started the plan B treatment with ORS. He also started her on T. cotrimoxazole since she had blood in her stools. The role exhibited by Dr. Ravindran is

1 (ii). Mr. Sunder was under Dr. Robin’s care. He had oliguria for the past 4 hours which Dr. Robin was correcting. He called Mr. Sunder’s son and explained the situation clearly and informed him that if he is not putting out enough urine in the next few hours, Mr. Sunder may have to be shifted to a higher Centre where there is dialysis facility. The role exhibited by Dr. Robin is

1 (iii). Four hours later, there was not enough urine output. So Dr. Robin called the Nephrologist at the higher Centre and explained and referred Mr. Sunder. He also told the nurse to call the ambulance driver and shift him at the earliest. The role exhibited by Dr. Robin is

1 (iv). When Dr. Lee saw many people from the local factory came with injuries from the machinery, he went to the factory owner and asked him to install basic safety equipment. The role exhibited by Dr. Lee is

1 (v). Dr. Yasmin used to take regular classes for the Nursing, Physiotherapy and Occupational therapy students posted in her unit. The role exhibited by Dr. Yasmin is

1 (vi). Dr. Logeswari always tries to sit erect while sitting in the clinic. When asked she told that then only she can advice her patients about back care. The role exhibited by Dr. Logeswari is

2. THEME – RESPONSIBILITIES OF A FAMILY PHYSICIAN

[QUESTIONS. 2(i) – 2(vi)]

(TOTAL: 6 MARKS)

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

Options:

- A. Maintaining good health
- B. Providing Good clinical care
- C. Exhibiting Honesty
- D. Maintaining good medical practice
- E. Working with colleagues
- F. Teaching and training

Questions: What responsibilities of the Family Physicians are portrayed in each of the scenarios described below?

2 (i). Mrs. Radha told Dr. Kumar that she has aches and pains. By taking a detailed history and doing a thorough clinical examination, Dr. Kumar diagnosed her to have depression. He took time to educate her and gave resources to read.

2(ii) Dr. Gopal keeps himself updated by gathering information from the journals, internet resources like Pub-med etc....

2(iii) Dr. Xavier makes sure that the clinical meeting happens every week so that the nurses, nursing students and the paramedical update their clinical learning.

2(iv). Dr. Somu communicates well with his cleaner, attender, lab technician and the nurses so that the work is done smoothly.

2(v). The pharmaceutical representative requested Dr. Anbusudhan to prescribe the new drug which is costlier to his patients and offered him a free trip to Singapore but he refused.

2(vi) Dr. Lakshmanan is 56 years old and he is not a diabetic or hypertensive. He wakes up at 5.30 AM and does regular physical exercise for 30 minutes. He avoids much sweets and junk foods and includes a lot of fruits and vegetables in his diet.

3. THEME: BIO MEDICAL ETHICS [QUESTIONS. 3(i) - 3(vi) (TOTAL: 6 MARKS)]

From the options ‘A to D’ given below, choose the best answer for the questions 3(i) – 3(vi)

Options:

- A. Beneficence
- B. Non-maleficence
- C. Autonomy
- D. Justice

Questions: What is the Bio medical ethical principle involved in each of the following scenarios?

3. (i). Dr. Kannan, the PHC medical officer was attending Mr. Suresh, a victim of road traffic accident. The local MLA brought his wife who had migraine and on seeing Suresh, the MLA felt that he was not sick. He threatened that if Dr. Kannan did not attend his wife immediately, he will report to the Deputy Director of health services. Dr. Kannan stabilised Mr. Suresh and then only attended the MLA's wife.

3. (ii). Mr. Babu was having chronic obstructive pulmonary disease with respiratory failure and he was deteriorating. He requested Dr. Madan to discharge him so that he could die peacefully at home. Dr. Madan honoured his request and 2 days later he peacefully died at home.

3. (iii). Dr. Kamesh allotted a kidney from a brain dead patient to 25 year old Mr. Kumar with renal failure though he was offered a huge sum by the relatives of 80 year old Mr. Nandhir who had Diabetic nephropathy.

3. (iv). 12 year old Ganesh needed an appendectomy. Dr. Uday knew that his parents may not be able to pay his fees if operated in his private nursing home. So he arranged for the surgery to be done free of cost.

3. (v). Mr. Shankar was posted for right hernioplasty. Dr. Ratnam by mistake has done left hernioplasty. What ethical principle is violated here?

3.(vi). Dr. Kamala forced Mrs. Saroja to have cu-T inserted though Mrs. Saroja preferred oral contraceptive pill than cu-T. What ethical principle is violated here?

4. THEME: MEDICAL ETHICS [QUESTIONS. 4(i) - 4(vi)] (TOTAL: 6 MARKS)

From the options ‘A toS’ given below, choose the best answer for the questions 4 (i) – 4 (vi).

Options:

- A. T. Voveran 50 mg tid
 - B. After the treatment
 - C. Ethical
 - D. Before the treatment
 - E. During the treatment
 - F. Can be prescribed
 - G. Minimum 5 years
 - H. Unethical
 - I. T. Diclofenac sodium 50 mg tid
 - J. Minimum 60 hours every 5 years
 - K. Minimum 3 years
 - L. 48 hours
 - M. Minimum 30 hours every 5 years
 - N. 72 hours
 - O. Minimum 4 years
 - P. At least 30 hours every 3 years
 - Q. Diclofenac sodium 50 mg tid
 - R. Diclofenac sodium 1 tablet tid
 - S. No fee for treatment

Questions:

- 4. (i).** According to the code of Medical ethics,to maintain a good medical practice, atime duration a physician is expected to participate in professional meetingsas part of continuing medical education is
- 4. (ii).** According to the code of Medical ethics, how many years is a physician expected to maintain the medical records pertaining to his/her indoor patients?
- 4. (iii).** According to the code of Medical ethics, within what period of time is any request made for medical records by the patient/authorized authority be duly acknowledged and document be issued?
- 4. (iv).** Mr. Ganesh has come with osteoarthritis of knees. Dr. Govindan is planning to give a NSAID for him. The right way to write the prescription is
- 4. (v).** According to the code of Medical ethics, the time to announce the physician's fees to the patient for rendering a service is
- 4. (vi).** According to the code of Medical ethics, the time to announce the physician's fees to another physician for rendering him/her a service is

**5. THEME:RESPONSIBILITIES OF CLINICAL ASSISTANT AND PHYSICIAN
[QUESTIONS. 5(i) – 5(vi)] (TOTAL: 6 MARKS)**

From the options 'A to C' given below, choose the best answer for the questions 5(i) – 5(vi)

Options:

- A.** Assistant only
- B.** Assistant and physician
- C.** Physician only

Questions: For the responsibilities given below choose who among the answer given above will be performing them.

- 5 (i)** Takes history from patient
- 5(ii)** Obtains verbally all the information already gathered
- 5(iii)** Review of systems
- 5(iv)** Updates the problem list
- 5(v)** Uses the pulse oximeter
- 5(vi)** Performs pertinent physical examination and communicate findings

6. THEME:FUNCTIONS OF A FAMILY PHYSICIAN [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. Working with community | D. Organising home visits |
| B. Involves in preventive care | E. Empowering people for their own health |
| C. Accountability | F. Competent clinician |

Questions:Which function of the Family Physician is portrayed here?

6 (i) Dr. Sonu with the help of the social worker maintained the income and expenditure incurred in running the health camp conducted in his village and presented it to the team.

6 (ii) Dr. Arasu has a meeting with all the ward members and the President of the village once a month to know the felt need of the people and tries to fulfil their needs.

6 (iii) Dr. Naveen a PHC Medical officer has trained the adolescent boys and girls in the locality to give health education and the women’s self-help group members to distribute Vitamin A and albendazole to all the Under 5s in his care.

6 (iv) Dr. Prakash told his team to go and see Mr. Baskar at home who was suffering from carcinoma bronchus.

6 (v) Dr. Chandan makes sure that the immunization coverage in his PHC is more than 95%

6 (vi) When Mr. Kadir came with breathlessness Dr. David diagnosed him to have Pneumothorax and immediately inserted a chest tube and reduced his breathlessness. After 7 days he was completely normal and the chest tube was removed and he went home happily.

7. THEME – HEALTH INFORMATICS[QUESTIONS. 7(i) – 7 (vi)]

(TOTAL: 6 MARKS)

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

Options:

- | | |
|----------------------|-------------------|
| A. Data entry | D. Power back up |
| B. Training of staff | E. Data retrieval |
| C. Data Security | F. Data analysis |

G. Data Reporting

H. Data Collection

Questions:

7 (i) When you entered your office in the night you saw your ward boy sitting in front of the computer. When you reached there without him noticing, you found that he was gathering information about a patient about whom his friend wanted to know. Which aspect of clinical information storage is weak here?

7 (ii) Dr. Mohan when he installed the new clinical information system he made sure that the technical person teach all his people about how to use the various tools in the software and told him to come once a month so that they can clear all their doubts with him. Which aspect of clinical information storage is strong here?

7 (iii) Dr. Ramesh has made sure that the name, sex, date of birth, vaccination history, height, weight, BMI and many other important variables of all the patients coming to his clinic is captured into the system. Which aspect of clinical information storage is strong here?

7 (iv) The systems in Dr. Gupta's clinic do not allow reception staff to access the clinical records at all. Which aspect of clinical information storage is strong here?

7 (v) Dr. Nitin wanted to know how many patients registered in his clinic from a particular area of the town are overweight/obese. He could get this data within 30 seconds. Which aspect of clinical information storage is strong here?

7 (vi) Dr. Kandan has invested Rs. 2 lakhs on solar panels for uninterrupted power supply for his clinic. Which aspect of clinical information storage is strong here?

8. THEME: HOME VISITS [(QUESTIONS. 8 (i) – 8(vi)] (TOTAL: 6 MARKS)

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

Options:

- A.** Emergency illness home visit
- B.** Chronic illness home visit
- C.** Grief support home visit
- D.** Assessment home visit
- E.** Hospitalisation follow up home visit
- F.** Terminal care home visit

Questions: Identify the type of home visit in the scenarios given below:

8 (i). 14 year old Malathi was brought with bruises on her left forearm. Dr. Ganesh suspects an abuse. He makes a home visit to Malathi's home.

8 (ii). Mr. Gopi had a stroke and was admitted in the hospital 2 weeks ago. Last week he was discharged. Dr. Randir with the health worker made a home visit to Mr. Gopi's home.

8 (iii). Mrs. Shanthi is living 100 metres away from your clinic. This morning her saree caught fire while she was cooking in the kitchen. Her neighbour came running to you to come and save her. You are visiting Mrs. Shanthi's home.

8 (iv). Mr. Rajan had carcinoma colon. He was under your care for the past 2 years. Last week he passed away. Today you and the health worker are making a home visit to his home.

8 (v). Mrs. Sita is an 80 year old grandma under your care. She has diabetes, hypertension and she had a stroke 6 months ago and has recovered. You are making a home visit to her home with your health worker.

8 (vi). Mrs. Vanaja had carcinoma lung with secondaries in the liver. She was deteriorating and you were giving palliative care to her. You get a call from her husband saying that she was gasping and you are visiting her home immediately.

9. THEME: FAMILY PHYSICIAN AND COMMUNITY [QUESTIONS. 9(i) – 9(vi)]
(TOTAL: 6 MARKS)

From the options ‘A to F’ given below, choose the best answer for the questions 9 (i) – 9 (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 care taker education |

Questions:

9 (i). Dr. Pai uses a paper based register recall system for follow-up of his diabetic patients. Which aspect of chronic disease follow-up he is focusing on?

9 (ii). Dr. Dinakar 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?

9 (iii). Dr. Dutta has employed a nurse educator to teach SMBG (Self-Monitoring of Blood Glucose) to his diabetic patients. Which aspect of chronic disease follow-up he is focusing on?

9 (iv). Dr. Nesan does monofilament testing for his diabetic patients on a routine basis. Which aspect of chronic disease follow-up he is focusing on?

9 (v). Dr. Manjukar 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?

9 (vi). Dr. Punitha, a Family Physician, uses an Electronic recall systems like PCICSto follow her diabetic patients. Which aspect of chronic disease follow-up she is focusing on?

10. THEME: COPC – [QUESTIONS. 10(i) – 10 (vi)] (TOTAL: 6 MARKS)

Choose the single best option for the questions 10(i) – 10(vi).

10 i).Dr Madhukar works in Bihar. As a Family Physician, he understands how a disease condition is serious by this indicator:

- A. Admission rate
- B. prevalence and incidence
- C. Case fatality rate
- D. The ratio of funds spent for the condition in relation to total expense

10 ii). Dr Sudhakar works with the NRHM in Jharkhand and has to be involved in a lot of primary care initiatives. As a Family Physician, he understands how common a condition is by this indicator:

- A. Admission rate
- B. prevalence and incidence
- C. Case fatality rate
- D. The ratio of funds spent for the condition in relation to total expense

10 iii).When Dr Milind, a Family Physician, views his practice as a "population at risk", he/she thinks in terms of

- A. Single patient
- B. Community
- C. Disease profile
- D. Both A and B

10 (iv).Dr Sadhna is committed to the practice of COPC. The Philosophy of COPC is

- A. Individual is more important than the community
- B. Care of community and care of an Individual are two separate entities
- C. The care at the individual level takes care of the community
- D. One would look to prevent a disease from occurring among high risk individuals rather than only seeking to improve their treatment.

10 (v). The correct sequence of the steps in COPC is

- A. Intervention strategies, definition of population, initiation of intervention, surveillance and program evaluation
- B. Intervention strategies, initiation of intervention, definition of population, initiation of intervention, surveillance and program evaluation
- C. Definition of population, intervention strategies, initiation of intervention, surveillance and program evaluation
- D. Definition of population, initiation of intervention, intervention strategies, surveillance and program evaluation

10 (vi). As a Family Physician, you may want to address all the following questions regarding diabetes in COPC except:

- A. What is the contribution of diabetes to the mortality and morbidity of the population?
- B. What is the population's knowledge about diabetes, obesity and exercise?
- C. How does control of an individual's blood sugar control affect the community?
- D. How many diabetics are treated and how many are being adequately controlled?

(LI 0216)

M.MED.FAMILY MEDICINE

(Sub Code: 4014)

SECOND YEAR THEORY EXAM– FEBRUARY 2016

PAPER IV - FAMILY MEDICINE AND PRIMARY CARE

QP .CODE: 434014

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?

- ✓ Match each question to a **single best option** and write it in your paper in the column provided like this:

3(i)	A
3(ii)	F
3(iii)	
3(iv)	
3(v)	
3(vi)	

- ✓ **Each option may be used more than once.**
options may not be used at all.

Some

PART – A
DESCRIPTIVE QUESTIONS
(ANSWER ALL QUESTIONS)

1. Dr. Nityanand is a Private Practitioner who has established practice in a sub-urban region. He has a trained Family Physician Assistant working with him. He is keen to implement the ‘Team Concept’ in Family Practice. He seeks your advice on the following: **(Total: 20 Marks)**

- A.** Explain the benefits of Team Care. **(5 Marks)**
- B.** What are the things that a Family Physician Assistant can alone do in your Family Practice before and after consultation? **(8 Marks)**
- C.** What are the things that a Family Physician Assistant can do along with the Physician in your Family Practice? **(7 Marks)**

2. Dr. Sudha is a Family Physician working with the Government in a primary health care centre. She takes care of a total population of 10,000. Around 40% of her patients in your clinic need chronic disease care. **(Total: 4 x 5 = 20 Marks)**

- A.** What are the components of Chronic Disease Management in Primary care?
- B.** Describe the ‘Team Concept’ in the management of chronic disease?
- C.** How do you ensure compliance of a patient with chronic disease?
- D.** How can we promote the individual’s capacity to manage the disease?

PART – B
EXTENDED MATCHING QUESTIONS
(ANSWER ALL QUESTIONS)

1. THEME: BIO MEDICAL ETHICS [QUESTIONS. 1(i) - 1(vi)] **(Total: 6 Marks)**
From the options ‘A to D’ given below, choose the best answer for the questions 1(i) – 1(vi)

Options:

- A.** Beneficence
- B.** Non-maleficence
- C.** Autonomy
- D.** Justice

Questions:

1.(i) Dr. Kapil works in a District Hospital and all of a sudden a few road traffic accident victims were brought in. Dr Kapil was attending to them when the local MLA brought his wife who had migraine. He threatened that if Dr. Kapil did not attend to his wife immediately, he will report to the Deputy Director of health services. But Dr. Kapil stabilised the accident victims and only then attended the MLA’s wife. What principle of bioethics was followed here?

1(ii). Dr. Kapil then went for his ward rounds and there was Mr. Babu who is being treated for chronic obstructive pulmonary disease with respiratory failure and Dr. Kapil found that he was deteriorating. Mr. Babu requested Dr. Kapil to discharge him so that he could die peacefully at home. Dr. Kapil honoured his request and 2 days later he peacefully died at home. What principle of bioethics was followed here?

1.(iii) Dr. Kapil allotted a kidney from a brain-dead patient to 25 year old Mr. Kumar with renal failure though he was offered a huge sum by the relatives of 80 year old Mr. Nandhir who had severe Diabetic nephropathy and was on dialysis. What principle of bioethics was followed here?

1.(iv) Mr. Raj has come with symptoms of dysuria and fever. After making a diagnosis of uncomplicated UTI, though Mr. Raj could be treated with antibiotics the physician admits him for IV antibiotics because there were few inpatients in his private nursing home. What principle of bioethics is breached here?

1.(v) When Mr. Murugan had a left sided subdural hemorrhage which needed surgical evacuation, his cranium was opened on the right side by the neurosurgeon. What principle of bioethics is not taken care of here?

1.(vi) When Mr. Mani who had colonic cancer was advised resection and colostomy, he refused. His doctor explained about the outcomes and discussed about the alternate modes of treatment. What ethical principle comes into play here?

2. THEME – CHARACTERISTICS OF A FAMILY PHYSICIAN [QUESTIONS. 2(i) – 2(vi)]
(Total: 6 Marks)

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

Options:

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

Questions: What characteristics does Dr. Kapil portray in each of the scenarios described below?

2(i). 7 year old Gina presented with high grade fever with right knee swelling and pain for 1 day. Dr. Kapil suspected that she has septic arthritis and did a knee aspiration and sent it to lab and confirmed the diagnosis. He started her on appropriate antibiotics because the family could not afford referral and the child is better now.

2(ii). Mr. Govind has come to Dr. Kapil with complaints of giddiness and his BP was found to be high in repeated occasions. Dr. Kapil explains to him about the disease and starts on medications. He has also asked him to come back after 15 days for review.

2(iii). 2 year old Fiona was brought by her mother to Dr. Kapil because she was worried that she is not like other kids. Dr. Kapil did developmental screening and found her milestones were delayed and then referred her to a developmental pediatrician.

2(iv). Mrs. Sharada presented to Dr. Kapil with a history of aches and pains for the past 6 months. On questioning her, he found that her main problem is her husband who is an alcoholic and gives her lot of trouble. Dr. Kapil decided to call her and her husband along with her mother in law who lives with them to have a family conference.

2(v). Dr. Kapil always assigns every second Thursday afternoon for ophthalmic examination of his diabetic patients and he arranges for an ophthalmologist to come to his clinic and see them.

2(vi). Dr. Kapil refers Mr. Ganesh who has been diagnosed to have Lung cancer to a pulmonologist. The pulmonologist is worried about all the complications he may develop and advises expensive treatments, but the family is finding it impossible to comply as they are struggling to make ends meet. What characteristic do you see in the pulmonologist which is not seen in a good Family Physician?

3. THEME – RESPONSIBILITIES OF A FAMILY PHYSICIAN [QUESTIONS. 3(i) – 3(vi)] **(Total: 6 Marks)**

From the options ‘A to F’ given below, choose the best answer for the questions 3 (i) – 3 (vi)

Options:

- | | |
|---------------------------------|--------------------------------------|
| A. Maintaining good health | D. Maintaining good medical practice |
| B. Providing Good clinical care | E. Working with colleagues |
| C. Exhibiting Honesty | F. Teaching and training |

Questions: What responsibilities of a Family Physician are portrayed in each of the scenarios described below?

3(i). Mrs. Radha told Dr. Kapil that she has aches and pains. By taking a detailed history and doing a thorough clinical examination, Dr. Kapil diagnosed her to have depression. He took time to educate her and gave her some resources to read.

3(ii). Dr. Kapil is busy in his District Hospital but keeps himself updated by gathering information from the journals, internet resources like Pub-med etc....

3(iii). Dr. Kapil makes sure that the clinical meeting happens every week so that the nurses, nursing students and the paramedical update their clinical learning.

3(iv). Dr. Kapil makes it a point to communicate well with his cleaner, attender, lab technician and the nurses so that the work is done smoothly.

3(v). Many pharmaceutical representatives visit the District Hospital. One such representative requested Dr. Kapil to prescribe a new anti-diabetic drug which is more expensive to his patients and in-lieu, offered him a free trip to Singapore but Dr. Kapil refused.

3(vi). Dr. Kapil wakes up at 5.30 AM and does regular physical exercise for 30 minutes. He avoids sweets and junk foods and includes a lot of fruits and vegetables in his diet.

4. THEME: ROLES OF A FAMILY PHYSICIAN [(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. Health advocate | D. Medical expert |
| B. Role model | E. Scholar and teacher |
| C. Communicator | F. Collaborator |

Questions:

4.(i) 10 months old Vanitha is brought with vomiting, loose stools for 2 days. Dr. Kapil took a proper history, examined her and diagnosed her to have some dehydration and started the plan B treatment with ORS. He also started her on T. cotrimoxazole since she had blood in her stools. The role exhibited by Dr. Kapil is

4.(ii) Mr. Sunder was under Dr. Kapil’s care. He had oliguria for the past 4 hours which Dr. Kapil was correcting. He called Mr. Sunder’s son and explained the situation clearly and informed him that if he is not putting out enough urine in the next few hours, Mr. Sunder may have to be shifted to a higher Centre where there is dialysis facility. The role exhibited by Dr. Kapil is

4.(iii) Four hours later, there was not enough urine output still. So Dr. Kapil called the Nephrologist at the higher Centre and explained and referred Mr. Sunder. He also told the nurse to call the ambulance driver and shift him at the earliest. The role exhibited by Dr. Kapil is

4.(iv) When Dr. Kapil saw that many people from the local factory came with injuries from the machinery, he went to the factory owner and asked him to install basic safety equipment. The role exhibited by Dr. Kapil is

4.(v) Dr. Kapil takes regular classes for the Nursing, Physiotherapy and Occupational therapy students posted in his District Hospital from the local Medical College. The role exhibited by Dr. Kapil is

4.(vi) Dr. Kapil takes care about his posture and always tries to maintain an erect posture while sitting in the clinic. He feels that only then can he advise his patients about back care. The role exhibited by Dr. Kapil is

5. THEME – HEALTH INFORMATICS [QUESTIONS. 5(i) – 5 (vi)] (Total: 6 Marks)
From the options ‘A to H’ given below, choose the best answer for the questions 5 (i) – 5(vi)

Options:

- | | |
|----------------------|--------------------|
| A. Data entry | E. Data retrieval |
| B. Training of staff | F. Data analysis |
| C. Data Security | G. Data Reporting |
| D. Power back up | H. Data Collection |

Questions:

5.(i) One day, when Dr. Kapil entered his office in the night, he saw his ward boy sitting in front of the computer. When he reached near him, he found that he was gathering information about a patient about whom his friend wanted to know. Which aspect of clinical information storage is weak here?

5.(ii) Dr. Kapil had volunteered to participate in the pilot project to install the new clinical information system. During the implementation stage, he made sure that the technical person taught all his people about how to use the various tools in the software and told him to come once a month so that they can clear all their doubts with him. Which aspect of clinical information storage is strong here?

5.(iii) Dr. Kapil has ensured that the name, sex, date of birth, vaccination history, height, weight, BMI and many other important variables of all the patients coming to his clinic is captured into the system. Which aspect of clinical information storage is strong here?

5.(iv) The systems in Dr. Kapil’s clinic do not allow reception staff to access the clinical records at all. Which aspect of clinical information storage is strong here?

5.(v) Dr. Kapil, after running this pilot for some time, wanted to know how many patients registered in his clinic from a particular area of the town are overweight/obese. He was impressed when he could get this data within 30 seconds. Which aspect of clinical information storage is strong here?

5.(vi) Dr. Kapil was also impressed to see the pilot project involved an investment of Rs. 2 lakhs on solar panels for uninterrupted power supply for the hospital clinic. Which aspect of clinical information storage is strong here?

6. THEME: HOME VISITS [(QUESTIONS. 6 (i) – 6vi)] (Total: 6 Marks)
From the options ‘A to F’ given below, choose the best answer for the questions 6 (i) – 6 (vi)

Options:

- A. Emergency illness home visit
- B. Chronic illness home visit
- C. Grief support home visit
- D. Assessment home visit
- E. Hospitalisation follow up home visit
- F. Terminal care home visit

Questions: Identify the type of home visit in the scenarios given below:

6.(i) 14 year old Malathi was brought with bruises on her left forearm. Dr. Kapil suspects an abuse. He makes a home visit to Malathi's home.

6.(ii) Mr. Gopi had a stroke and was admitted in the hospital 2 weeks ago. Last week he was discharged. Dr. Kapil, along with the health worker made a home visit to Mr. Gopi's home.

6.(iii) Mrs. Shanthi is living 100 metres away from Dr. Kapil's hospital. This morning her saree caught fire while she was cooking in the kitchen. Her neighbour came running to Dr. Kapil to come and save her. You are visiting Mrs. Shanthi's home.

6.(iv) Mr. Rajan had carcinoma colon. He was under Dr. Kapil's care for the past 2 years. Last week he passed away. Today Dr. Kapil and the health worker are making a home visit to his home.

6.(v) Mrs. Sita is an 80 year old grandma under Dr. Kapil's care. She has diabetes, hypertension and she had a stroke 6 months ago and has recovered. Dr. Kapil is making a visit to her home with his health worker.

6.(vi) Mrs. Vanaja had carcinoma lung with secondaries in the liver. She was deteriorating and Dr. Kapil was giving palliative care to her. This morning Dr. Kapil gets a call from her husband saying that she was gasping and he visited her home immediately.

7. THEME: FAMILY PHYSICIAN AND COMMUNITY [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. Screening and Early detection
- B. Ensuring compliance
- C. Looking for complications
- D. Coordinating care with specialists
- E. Promoting self-capacity of patient
- F. Patient and care taker education

Questions:

7.(i) Dr. Kapil uses a paper based register recall system for follow-up of his diabetic patients. Which aspect of chronic disease follow-up he is focusing on?

7.(ii) Dr. Kapil 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?

7.(iii) Dr. Kapil has employed a nurse educator to teach SMBG (Self-Monitoring of Blood Glucose) to his diabetic patients. Which aspect of chronic disease follow-up he is focusing on?

7.(iv) Dr. Kapil does monofilament testing for his diabetic patients on a routine basis. Which aspect of chronic disease follow-up he is focusing on?

7.(v) Dr. Kapil 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?

7.(vi) In collaboration with the pilot project by the Government, Dr. Kapil is trying out an Electronic recall system called PCICS to follow his diabetic patients. Which aspect of chronic disease follow-up he is focusing on?

8. THEME: COPC – [QUESTIONS. 8(i) – 8 (vi)] **(Total: 6 Marks)**
Choose the single best option for the questions 8(i) – 8(vi).

8.(i) Dr. Kapil works in Bihar. As a Family Physician, he understands how a disease condition is serious by this indicator:

- A. Admission rate
- B. prevalence and incidence
- C. Case fatality rate
- D. The ratio of funds spent for the condition in relation to total expense

8.(ii) Dr. Kapil, as a doctor in the District Hospital, has to be involved in a lot of primary care initiatives. As a Family Physician, he understands how common a condition is by this indicator:

- A. Admission rate
- B. prevalence and incidence
- C. Case fatality rate
- D. The ratio of funds spent for the condition in relation to total expense

8.(iii). When Dr. Kapil views his practice as a "population at risk", he thinks in terms of

- A. Single patient
- B. Community
- C. Disease profile
- D. Both A and B

8.(iv). Dr. Kapil is very much committed to the practice of COPC. The Philosophy of COPC is

- A. Individual is more important than the community
- B. Care of community and care of an Individual are two separate entities
- C. The care at the individual level takes care of the community
- D. One would look to prevent a disease from occurring among high risk individuals rather than only seeking to improve their treatment.

8.(v). The correct sequence of the steps in COPC which Dr. Kapil is so keen about is:

- A. Intervention strategies, definition of population, initiation of intervention, surveillance and program evaluation
- B. Intervention strategies, initiation of intervention, definition of population, initiation of intervention, surveillance and program evaluation
- C. Definition of population, intervention strategies, initiation of intervention, surveillance and program evaluation
- D. Definition of population, initiation of intervention, intervention strategies, surveillance and program evaluation

8.(vi). Dr. Kapil, as a Family Physician tries to address all the following questions regarding diabetes in COPC except:

- A. What is the contribution of diabetes to the mortality and morbidity of the population?
- B. What is the population's knowledge about diabetes, obesity and exercise?
- C. How does control an individual's blood sugar affect the community?
- D. How many diabetics are treated and how many are being adequately controlled?

9. THEME: GOVERNMENT PROGRAMS [QUESTIONS. 9(i) – 9(vi)] (Total: 6 Marks)

From the options 'A to L' given below, choose the best answer for the questions 9 (i) – 9 (vi)]

Options:

- A. Kala Azar control program
- B. Dengue and Chikungunya control program
- C. National AIDS control program
- D. Malaria control program
- E. Special Nutrition Program
- F. Mid-day meal program
- G. Integrated Child Development Services Scheme
- H. Revised National TB Control Program (RNTCP)
- I. Reproductive and Child Health Program (RCH)
- J. Kishori ShakthiYojana (KSY)
- K. JSY (Janani Suraksha Yojana)
- L. RSBY (RashtriyaSwasthyaBimaYojana.)

Questions: Identify to which Government program, each of the following components is part of:

9.(i) The maternal mortality where Dr. Kapil works is very high and most women deliver at home. Dr. Kapil is able to convince his patients to opt for Institutional delivery because of this program.

9.(ii) The place where Dr. Kapil works is a malaria endemic area. So he operates Vector control through IRS with DDT up to 6 feet height from the ground twice annually through this program.

9.(iii) Dr. Kapil is able to do 'Prevention of Parent to child transmission (PPTCT)' of disease through this national program.

9.(iv) Dr. Kapil has been very disturbed when he saw lot of children in his locality with PEM (Protein Energy Malnutrition). He is happy because now he is able to arrange Supplementary feeding of about 300 calories and 10 grams of protein to preschool children and about 500 calories and 25 grams of protein to pregnant and breastfeeding mothers for six days a week through this national program.

9.(v) Kala Azar is also endemic where Dr. Kapil works. He successfully operates indoor insecticide spray in endemic areas through this national program.

9.(vi) Dr. Kapil visited his friend Dr. John who works in Kerala, last summer. He found that Dr John makes use of this national program for Indoor insecticide spray during epidemic months of June/July

**10. THEME: FUNCTIONS OF A FAMILY PHYSICIAN 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. Working with community
- B. Involves in preventive care
- C. Accountability
- D. Organizing home visits
- E. Empowering people for their own health
- F. Competent clinician

Questions: Which function of the Family Physician is portrayed here?

10(i). Dr. Kapil with the help of the social worker maintained the income and expenditure incurred in running the health camp conducted in his village and presented it to the team.

10(ii). Dr. Kapil has a meeting with all the ward members and the President of the village once a month to know the felt need of the people and tries to fulfil their needs.

10(iii). Dr. Kapil has also trained the adolescent boys and girls in the locality to give health education and the women’s self-help group members to distribute Vitamin A and albendazole to all the Under-five children in his care.

10(iv). Dr. Kapil told his team to go and see Mr. Baskar at home who was suffering from carcinoma bronchus.

10(v). Dr. Kapil makes sure that the immunization coverage in his area is more than 95%

10(vi). When Mr. Kadir came with breathlessness Dr. Kapil diagnosed him to have Pneumothorax and immediately inserted a chest tube and reduced his breathlessness. After 7 days he was completely normal and the chest tube was removed and he went home happily.

SECOND YEAR THEORY EXAM– AUGUST 2016
PAPER IV – PRINCIPLES OF FAMILY MEDICINE & PRIMARY CARE

QP .CODE: 434014

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. Fluphenazinedeconate
- 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?

- ❖ Match each question to a **single best option** and write it in your paper in the column provided like this:

3(i)	
3(ii)	
3(iii)	
3(iv)	
3(v)	
3(vi)	

- ❖ Each option may be used more than once. Some options may not be used at all.

PART – A
DESCRIPTIVE QUESTIONS
(ANSWER ALL QUESTIONS)

- 1. You are a Private Practitioner who has just completed the distance course in Family Medicine. You have also sponsored a nurse to be trained as your Family Physician Assistant and now you are setting up a Family Practice. One of the key concepts you want to put into your practice is ‘Team Care’.** (Total: 20 Marks)
- A. Why team care? Explain the benefits of Team Care. (4 Marks)
B. What is Team care? Explain in brief. (3 Marks)
C. What are the things that a Family Physician Assistant can alone do in your Family Practice before and after consultation? (8 Marks)
D. What are the things that a Family Physician Assistant can do along with the Physician in your Family Practice? (5 Marks)
- 2. You have a primary health care setup in a village. You take care of 6 villages with a total population of 8000. Around 50% of the patients in your clinic need chronic disease care.** (Total: 20 Marks)
- A. What are the chronic diseases should be monitored Primary care? (4 Marks)
B. What are the steps in management of patients with chronic disease? (6 Marks)
C. How do you ensure compliance of a patient with chronic disease? (5 Marks)
D. How can we promote the individual’s capacity to manage the disease? (5 Marks)

PART – B
EXTENDED MATCHING QUESTIONS
(ANSWER ALL QUESTIONS)

- 1. THEME: ROLES OF A FAMILY PHYSICIAN [(QUESTIONS. 1(i) – 1(vi)]** (Total: 6 Marks)
- From the options ‘A’ to ‘J’ given below, choose the best answer for the questions 1(i) – 1(vi)

Options:

- | | |
|------------------------|-----------------|
| A. Health advocate | F. Collaborator |
| B. Role model | G. Manager |
| C. Communicator | H. Professional |
| D. Medical expert | I. Friend |
| E. Scholar and teacher | J. Philosopher |

Questions:

- 1(i).** 8 months old Baby Dora is brought with vomiting, loose stools for 2 days. Dr. Aravind took a proper history, examined her and diagnosed her to have some dehydration and started the

plan B treatment with ORS. He also started her on T. Cotrimoxazole since she had blood in her stools. The role exhibited by Dr. Aravind is

1(ii). 76 years old Mr. Ravi was under Dr. Ernest's care. He had oliguria for the past 4 hours which Dr. Ernest was correcting. He called Mr. Ravi's son and explained the situation clearly and informed him that if he is not putting out enough urine in the next few hours, Mr. Ravi may have to be shifted to a higher Centre where there is dialysis facility. The role exhibited by Dr. Ernest is

1(iii). Four hours later, there was not enough urine output. So Dr. Ernest called the Nephrologist at the higher Centre and explained and referred Mr. Ravi. He also told the nurse to call the ambulance driver and shift him at the earliest. The role exhibited by

Dr. Ernest is

1(iv). Dr. Sampath is working in a factory as a medical officer. He saw many people from the local factory came with injuries from the machinery; he went to the factory owner and asked him to install basic safety equipment. The role exhibited by Dr. Sampath is

1(v). 35 years old Dr. Kalaiselvi used to take regular classes for the Nursing, Physiotherapy and Occupational therapy students posted in her unit. The role exhibited by Dr. Kalaiselvi is

1(vi). 42 years old Dr. Meena always tries to sit erect while sitting in the clinic. When asked she told that then only she can advise her patients about back care. The role exhibited by Dr. Meena is

2. THEME:RESPONSIBILITIES OF A FAMILY PHYSICIAN [QUESTIONS2(i) –2(vi)] (Total: 6 Marks)

From the options 'A to J' given below, choose the best answer for the questions 2 (i) – 2 (vi)

Options:

- | | |
|---------------------------------------------|---------------------------------|
| A. Maintaining good health | F. Teaching and training |
| B. Providing Good clinical care | G. Health advocacy |
| C. Exhibiting Honesty | H. Leadership style |
| D. Maintaining good medical practice | I. Coordinating care |
| E. Working with colleagues | J. Manager |

Questions: What responsibilities of the Family Physicians are portrayed in each of the scenarios described below?

2(i). 40 years old Mrs. Gunavathi came to see Dr. Khan for her body aches and pains. By taking a detailed history and doing a thorough clinical examination, Dr. Khan diagnosed her to have depression. He took time to educate her and gave resources to read.

2(ii) 60 years old Dr. Nandhu keeps himself updated by gathering information from the journals, internet resources like Pub-med etc....

2(iii) 35 years old Dr. Jacob makes sure that the clinical meeting happens every week so that the nurses, nursing students and the paramedical update their clinical learning.

2(iv) 42 years old Dr. Oliver communicates well with his cleaner, attender, lab technician and the nurses so that the work is done smoothly.

2(v) The pharmaceutical representative requested Dr. Ivan to prescribe the new drug which is costlier to his patients and offered him a free trip to Singapore but he refused.

2(vi) 56 years old Dr. Albert is not a diabetic or hypertensive. He wakes up at 5.30 AM and does regular physical exercise for 30 minutes. He avoids much sweets and junk foods and includes a lot of fruits and vegetables in his diet.

3. THEME: BIO MEDICAL ETHICS [QUESTIONS. 3(i) - 3(vi)] (Total: 6 Marks)

From the options ‘A to I’ given below, choose the best answer for the questions 3(i) – 3(vi)

Options:

- | | |
|--------------------|------------------------|
| A. Beneficence | E. Paternalism |
| B. Non-maleficence | F. Medical Indications |
| C. Autonomy | G. Patient Preferences |
| D. Justice | H. Quality of Life |
| | I. Contextual Features |

Questions: What is the Bio medical ethical principle involved in each of the following scenarios?

3(i). Dr. Kannan, the PHC medical officer was attending Mr. Suresh, a victim of road traffic accident. The local MLA brought his wife who had migraine and on seeing Suresh, the MLA felt that he was not sick. He threatened that if Dr. Kannan did not attend his wife immediately, he will report to the Deputy Director of health services. Dr. Kannan stabilised Mr. Suresh and then only attended the MLA’s wife.

3(ii). Mr. Babu was having chronic obstructive pulmonary disease with respiratory failure and he was deteriorating. He requested Dr. Madan to discharge him so that he could die peacefully at home. Dr. Madan honoured his request and 2 days later he peacefully died at home.

3(iii). Dr. Kamesh allotted a kidney from a brain dead patient to 25 year old Mr. Kumar with renal failure though he was offered a huge sum by the relatives of 80 year old Mr. Nandhir who had Diabetic nephropathy.

3(iv). 12 year old Ganesh needed an appendectomy. Dr. Uday knew that his parents may not be able to pay his fees if operated in his private nursing home. So he arranged for the surgery to be done free of cost.

3(v). Mr. Shankar was posted for right hernioplasty. Dr. Ratnam by mistake has done left hernioplasty. What ethical principle is violated here?

3(vi). Dr. Kamala forced Mrs. Saroja to have cu-T inserted though Mrs. Saroja preferred oral contraceptive pill than cu-T. What ethical principle is violated here?

4. THEME: MEDICAL ETHICS [QUESTIONS. 4(i) - 4(vi)] (Total: 6 Marks)

From the options ‘A to T’ given below, choose the best answer for the questions 4 (i) – 4 (vi).

Options:

- | | |
|-------------------------|-----------------------------------|
| A. T. Voveran 50 mg tid | F. Can be prescribed |
| B. After the treatment | G. Minimum 5 years |
| C. Ethical | H. Unethical |
| D. Before the treatment | I. T. Diclofenac sodium 50 mg tid |
| E. During the treatment | J. Minimum 60 hours every 5 years |

- K.** Minimum 3 years
- L.** 48 hours
- M.** Minimum 30 hours every 5 years
- N.** 72 hours
- O.** Minimum 4 years
- P.** At least 30 hours every 3 years
- Q.** Diclofenac sodium 50 mg tid
- R.** Diclofenac sodium 1 tablet tid
- S.** No fee for treatment
- T.** 24 hours

Questions:

4(i). According to the code of Medical ethics, to maintain a good medical practice, a time duration a physician is expected to participate in professional meetings as part of continuing medical education is

4(ii). According to the code of Medical ethics, how many years is a physician expected to maintain the medical records pertaining to his/her indoor patients?

4(iii). According to the code of Medical ethics, within what period of time is any request made for medical records by the patient/authorized authority be duly acknowledged and document be issued?

4(iv). Mr. Ganesh has come with osteoarthritis of knees. Dr. Govindan is planning to give a NSAID for him. The right way to write the prescription is

4(v). According to the code of Medical ethics, the time to announce the physician's fees to the patient for rendering a service is

4(vi). According to the code of Medical ethics, the time to announce the physician's fees to another physician for rendering him/her a service is

**5. THEME: CHARACTERISTICS OF A GOOD LEADER [QUESTIONS 5(i) – 5 (vi)]
(Total: 6 Marks)**

From the options 'A to J' given below, choose the best answer for the questions 5 (i) – 5(vi)

Options:

- | | |
|------------------------------|----------------------------|
| A. Character | F. Listening |
| B. Commitment | G. Self-discipline |
| C. Good communication | H. Relationship |
| D. Courage | I. Organizing |
| E. Generosity | J. Managing finance |

Questions: Which aspect of good leadership quality of a Family physician do the following scenarios portray?

5(i). When there is a team meeting, Dr. Lal gives the introduction and then lets the team members talk about the issues where he observes and give just inputs occasionally.

5(ii). Dr. Mathew plans his day ahead and as far as possible adhere to it. The hospital staff who works with him finds it easy to cooperate.

5(iii). When the primary care team arranged a health camp, Dr. Kailash called all his staff and explained to them all what needed to be done and how they were going to do that.

5(iv). Mr. Kumar, does not take commission from the local labs for referring the patients for investigations unnecessarily even though he came to know the chain of labs in the town were owned by a local politician and he was threatened indirectly.

5(v). When 5 months old Kalai needed a referral for her severe pneumonia, Dr. Kumar paid for the ambulance and transferred the child to a secondary care hospital 40 km away, spoke to the hospital to send the bill to him and gave some money to the mother for the expense on the way. He did this because he knew the family's financial situation.

5(vi). Dr. Sudha's team workers feels comfortable working with her because they feel they can contact her any time to clarify their doubts.

6. THEME: FUNCTIONS OF A FAMILY PHYSICIAN [QUESTIONS. 6(i) – 6(vi)]

(Total: 6 Marks)

From the options 'A to G' given below, choose the best answer for the questions 6(i) – 6(vi)

Options:

- | | |
|--------------------------------|-------------------------------------------|
| A. Working with community | E. Empowering people for their own health |
| B. Involves in preventive care | F. Competent clinician |
| C. Accountability | G. Training of health workers |
| D. Organising home visits | |

Questions: Which function of the Family Physician is portrayed here?

6(i). Dr. Sonu with the help of the social worker maintained the income and expenditure incurred in running the health camp conducted in his village and presented it to the team.

6(ii). Dr. Arasu has a meeting with all the ward members and the President of the village once a month to know the felt need of the people and tries to fulfil their needs.

6(iii). Dr. Naveen a PHC Medical officer has trained the adolescent boys and girls in the locality to give health education and the women's self-help group members to distribute Vitamin A and albendazole to all the Under 5s in his care.

6(iv). Dr. Prakash told his team to go and see Mr. Baskar at home who was suffering from carcinoma bronchus.

6(v). Dr. Chandan makes sure that the immunization coverage in his PHC is more than 95%

6(vi). When Mr. Kadir came with breathlessness Dr. David diagnosed him to have Pneumothorax and immediately inserted a chest tube and reduced his breathlessness. After 7 days he was completely normal and the chest tube was removed and he went home happily.

7. THEME: HEALTH INFORMATICS [QUESTIONS. 7(i) – 7 (vi)]

(Total: 6 Marks)

From the options 'A to H' given below, choose the best answer for the questions 7 (i) – 7(vi)

Options:

- | | |
|----------------------|------------------|
| A. Data entry | C. Data Security |
| B. Training of staff | D. Power back up |

- E.** Data retrieval
- F.** Data analysis

- G.** Data Reporting
- H.** Data Collection

Questions:

7(i). When you entered your office in the night you saw your ward boy sitting in front of the computer. When you reached there without him noticing, you found that he was gathering information about a patient about whom his friend wanted to know. Which aspect of clinical information storage is weak here?

7(ii). Dr. Mohan when he installed the new clinical information system he made sure that the technical person teach all his people about how to use the various tools in the software and told him to come once a month so that they can clear all their doubts with him. Which aspect of clinical information storage is strong here?

7(iii). Dr. Ramesh has made sure that the name, sex, date of birth, vaccination history, height, weight, BMI and many other important variables of all the patients coming to his clinic is captured into the system. Which aspect of clinical information storage is strong here?

7(iv). The systems in Dr. Gupta's clinic do not allow reception staff to access the clinical records at all. Which aspect of clinical information storage is strong here?

7(v). Dr. Nitin wanted to know how many patients registered in his clinic from a particular area of the town are overweight/obese. He could get this data within 30 seconds. Which aspect of clinical information storage is strong here?

7(vi). Dr. Kandan has invested Rs. 2 lakhs on solar panels for uninterrupted power supply for his clinic. Which aspect of clinical information storage is strong here?

**8. THEME: COMMUNITY ORIENTED FAMILY PRACTICE [(QUESTIONS 8(i) –8(vi)]
(Total: 6 Marks)**

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

Options:

- A. True
- B. False

Questions:

8(i). Clinicians think normally in terms of single patients rather than population groups. Family physicians have to think in terms of both.

8(ii). Ideally, the family physician should share the same habitat as his patients.

8(iii). Communication with the patient and other team members, Participation, as needed, in home care/family conferences, Evaluation of quality of care are all components of the Community Oriented Primary Care (COPC).

8(iv). A home visit can be either diagnostic or therapeutic, and is often a combination of both.

8(v). In COPC, home care and house calls are 2 separate entities.

8(vi). Feasibility of intervention and Commonness of a problem are important criteria for prioritization in a COPC.

9. THEME:GOVERNMENT PROGRAMS[QUESTIONS9(i)–9(vi)] (Total: 6 Marks)
From the options ‘A to L’ given below, choose the best answer for the questions 9(i) – 9(vi)]

Options:

- A. Kala Azar control program
- B. Dengue and Chikungunya control program
- C. National AIDS control program
- D. Malaria control program
- E. Special Nutrition Program
- F. Mid-day meal program
- G. Integrated Child Development Services Scheme
- H. Revised National TB Control Program (RNTCP)
- I. Reproductive and Child Health Program (RCH)
- J. Kishori Shakthi Yojana (KSY)
- K. JSY (Janani Suraksha Yojana)
- L. Rashtriya Swasthya Bima Yojana

Questions: Identify the Government program:

9(i). Dr. Fatima is able to convince her patients to opt for Institutional delivery because of this program.

9(ii). Dr. Vijula , who works in a malaria endemic area, operates Vector control through IRS with DDT up to 6 feet height from the ground twice annually through this program.

9(iii). Dr. Keerthana is able to do Prevention of Parent to child transmission of disease through this program.

9(iv). Dr. Heera, when posted in her PHC found lots of children with PEM. Now she is able to arrange Supplementary feeding of about 300 calories and 10 grams of protein to preschool children and about 500 calories and 25 grams of protein to pregnant and breastfeeding mothers for six days a week through this program.

9(v). Dr. Isaac, who works in a Kala azar endemic area, operates Indoor insecticide spray in endemic areas through this program.

9(vi). Dr. John who works in Kerala, makes use of this program for Indoor insecticide spray during epidemic months of June/July

10. THEME: CHRONIC DISEASE FOLLOW UP [QUESTIONS. 10 (i) –10 (vi)] (Total: 6 Marks)

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

Options:

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

Questions:

10(i). Dr. Pai uses a paper based register recall system for follow-up of his diabetic patients. Which aspect of chronic disease follow-up he is focusing on?

10(ii). Dr. Dinakar 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?

10(iii). Dr. Dutta has employed a nurse educator to teach SMBG (Self-Monitoring of Blood Glucose) to his diabetic patients. Which aspect of chronic disease follow-up he is focusing on?

10(iv). Dr. Nesan does monofilament testing for his diabetic patients on a routine basis. Which aspect of chronic disease follow-up he is focusing on?

10(v). Dr. Manjukar 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?

10(vi). Dr. Punitha, a Family Physician, uses Electronic recall systems like PCICS to follow her diabetic patients. Which aspect of chronic disease follow-up she is focusing on?

SECOND YEAR THEORY EXAM – FEBRUARY 2017
PAPER IV–FAMILY MEDICINE AND PRIMARY CARE

QP .CODE: 434014

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?

- ❖ Match each question to a **single best option** and write it in your paper in the column provided like this:

3(i)	
3(ii)	
3(iii)	
3(iv)	
3(v)	
3(vi)	

- ❖ Each option may be used more than once. Some options may not be used at all.

PART – A
DESCRIPTIVE QUESTIONS
(ANSWER ALL QUESTIONS)

1. Dr. Venugopal has a growing medical practice and has become famous doctor in his area for his management and treatment. He is a hard working doctor seeing the patients day and night with hectic work schedule. As a result his own health has been affected, and recently he was detected to have hypercholesterolemia. **(Total: 20 Marks)**
 - A. List and explain the 9 different roles a Family Physician should play in day to day work. **(10 Marks)**
 - B. What are the Responsibilities that a Family Physician should be committed to ensure good practice of Family Medicine? **(6 Marks)**
 - C. What are the suggestions you can give to Dr. Venugopal to be a good Family Physician? **(4 Marks)**
2. Two doctors worked together in a clinic. Dr. Suresh was 55 years old and he doesn't like technology to keep the records and preferred paper system. Dr. Nalini was 33 years old and she liked usage of computers. The clinic decided to invest in a digital clinical management system. **(Total: 20 Marks)**
 - A. Define 'Health informatics'. What are the advantages of it in primary care? **(6 Marks)**
 - B. What are the four areas of health informatics which impact Family Physicians? **(4 Marks)**
 - C. List the advantages and disadvantages of using a digital clinical patient data management system? **(6 Marks)**
 - D. Discuss the four important points in managing a clinical information storage system? **(4 Marks)**

PART – B
EXTENDED MATCHING QUESTIONS
(ANSWER ALL QUESTIONS)

1. **THEME: CHRONIC DISEASE FOLLOW-UP [QUESTIONS 1(i)- 1(vi)]** **(Total: 6 Marks)**
From the options 'A to F' given below, choose the best answers for the questions 1(i) to 1(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:

1 (i) You are planning for an organized Chronic disease care in your clinic. What is the first step in chronic disease follow up?

1(ii) Dr. Hariharan uses an Electronic recall system to follow his diabetic patients. Which aspect of chronic disease follow-up he is focusing on?

1(iii) Dr. Hariharan sends Mr. S with a diabetic foot ulcer for debridement to a surgeon. Which aspect of chronic disease follow-up he is focusing on?

1(iv) Dr. Hariharan has a medical assistant in his team who will take care of many aspects including teaching self-assessment of peak flow of all his asthmatic patients. Which aspect of chronic disease follow-up he is focusing on?

1(v) Dr. Hariharan does monofilament testing for his diabetic patients on a routine basis. Which aspect of chronic disease follow-up he is focusing on?

1(vi) Dr. Hariharan 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?

2. THEME: ETHICAL PRINCIPLES [QUESTIONS 2(i) - 2(vi)] (Total: 6 Marks)
From the options 'A to H' given below, choose the best answers for the questions 2(i) to 2(vi)

Options

- | | |
|------------------------|------------------------|
| A. Contextual Features | E. Justice |
| B. Beneficence | F. Medical Indications |
| C. Non-maleficence | G. Paternalism |
| D. Autonomy | H. Quality of Life |

Questions: What is the Bio-medical Ethical Principle involved in each of the following scenarios?

2 (i) Mr. Desai, 69 years old, was recently diagnosed to have poorly differentiated lung cancer originating in the left lung, Stage IV. He sustained a pathological fracture of his right femur. His family refused surgery saying he was too weak. The doctor said surgery was needed if he was to walk again.

2(ii) Dr. Devi always attends to her patients in the order of their coming or prior appointment, regardless of their socio-economic status. She interrupts this order only when any patient has an emergency.

2 (iii) Anita, a 7 year old girl was diagnosed with acute lymphoblastic leukemia. Her parents could not afford her treatment. She was referred to the National Cancer Hospital for treatment by the Family Physician, as her condition was imminently treatable.

2 (iv) Mrs. Joyce, 78 years old, suffered a left hip fracture after a fall. She recovered from the surgery and was recommended IV zoledronic acid for her osteoporosis as she did not tolerate oral medicines. She had flu-like symptoms after the first infusion which lasted three months. She refused further doses saying the treatment made her feel sicker, than the disease. What should her physician consider in this situation?

2 (v) Mr. Dinesh developed a ganglion on the dorsum of his right hand, which became painful only when he used his right hand for a long time. His surgeon said he should operate it, as it was the only way in which it could be managed. In stating that he knew better, what quality was the doctor demonstrating?

2(vi) Dr. Das refused to operate on 10 year old Vikram with dengue, who sustained both-bone fracture of his right forearm, as his platelet counts were still low and the fractured segments were not displaced.

3. THEME: GOVERNMENT PROGRAMS [QUESTIONS 3(i) - 3(vi)] (Total: 6 Marks)
From the options ‘A to L’ given below, choose the best answers for the questions 3 (i) to 3 (vi)

Options

- A.** Kala Azar control program
- B.** Dengue and Chikungunya control program
- C.** National AIDS control program
- D.** Malaria control program
- E.** Special Nutrition Program
- F.** Mid-day meal program
- G.** Integrated Child Development Services Scheme
- H.** Revised National TB Control Program (RNTCP)
- I.** Reproductive and Child Health Program (RCH)
- J.** Kishori Shakthi Yojana (KSY)
- K.** JSY (Janani SurakshaYojana)
- L.** RSBY (Rashtriya Swasthya BimaYojana.)

Questions: Identify to which Government program, each of the following components is part of:

3(i). Dr. Fatima is able to convince her patients to opt for Institutional delivery because of this program.

3(ii). Dr. Vijula , who works in Jharkhand, operates Vector control through IRS with DDT up to 6 feet height from the ground twice annually through this program.

3(iii). Dr. Keerthana is able to do Prevention of Parent to child transmission of disease through this program.

3(iv). Dr. Heera, when posted in her PHC found lots of children with PEM. Now she is able to arrange Supplementary feeding of about 300 calories and 10 grams of protein to preschool children and about 500 calories and 25 grams of protein to pregnant and breastfeeding mothers for six days a week through this program.

3(v). Dr. Isaac, who works in Chhattisgarh, operates Indoor insecticide spray in endemic areas through this program.

3(vi). Dr. John who works in Kerala, makes use of this program for Indoor insecticide spray during epidemic months of June/July.

4. THEME: CODE OF MEDICAL ETHICS [QUESTIONS 4 (i) to 4(vi)] (Total: 6 Marks)
From the options ‘A to T’ given below, choose the best answers for questions 4 (i) to 4 (vi)

Options

- A. T. Voveran 50 mg tid
- B. After the treatment
- C. Ethical
- D. Before the treatment
- E. During the treatment
- F. Can be prescribed
- G. Minimum 5 years
- H. Unethical
- I. T. Diclofenac sodium 50 mg tid
- J. Minimum 60 hours every 5 years
- K. Minimum 3 years
- L. 48 hours
- M. Minimum 30 hours every 5 years
- N. 72 hours
- O. Minimum 4 years
- P. At least 30 hours every 3 years
- Q. Diclofenac sodium 50 mg tid
- R. Diclofenac sodium 1 tablet tid
- S. No fee for treatment
- T. 24 hours

Questions:

4.(i). According to the code of Medical ethics, to maintain a good medical practice, a time duration a physician is expected to participate in professional meetings as part of continuing medical education is

4.(ii). According to the code of Medical ethics, how many years is a physician expected to maintain the medical records pertaining to his/her indoor patients?

4.(iii). According to the code of Medical ethics, within what period of time is any request made for medical records by the patient/authorized authority be duly acknowledged and document be issued?

4.(iv). Mr. Ganesh has come with osteoarthritis of knees. Dr. Govindan is planning to give a NSAID for him. The right way to write the prescription is

4.(v). According to the code of Medical ethics, the time to announce the physician’s fees to the patient for rendering a service is

4.(vi). According to the code of Medical ethics, the time to announce the physician’s fees to another physician for rendering him/her a service is

5. THEME: FAMILY PHYSICIAN AS A LEADER [QUESTIONS 5 (i) TO 5 (vi)]
(Total: 6 Marks)

From the options ‘A to J’ given below, choose the best answers for the questions ‘5 (i) to 5 (vi)

Options

- A. Character
- B. Commitment
- C. Good communication
- D. Courage
- E. Generosity
- F. Listening
- G. Self-discipline
- H. Relationship
- I. Organizing
- J. Managing finance

Questions: Which aspect of good leadership quality of a Family physician do the following scenarios portray?

5 (i) When there is a team meeting, Dr. Lal gives the introduction and then lets the team members talk about the issues where he observes and give just inputs occasionally.

5 (ii) Dr. Mathew plans his day ahead and as far as possible adhere to it. The hospital staff who works with him finds it easy to cooperate.

5 (iii) When the primary care team arranged a health camp, Dr. Kailash called all his staff and explained to them all what needed to be done and how they were going to do that .

5 (iv) Mr. Kumar, does not take commission from the local labs for referring the patients for investigations unnecessarily even though he came to know the chain of labs in the town were owned by a local politician and he was threatened indirectly.

5 (v) When 5 months old Kalai needed a referral for her severe pneumonia, Dr. Kumar paid for the ambulance and transferred the child to a secondary care hospital 40 km away, spoke to the hospital to send the bill to him and gave some money to the mother for the expense on the way. He did this because he knew the family's financial situation.

5 (vi) Dr. Sudha's team workers feels comfortable working with her because they feel they can contact her any time to clarify their doubts.

6. THEME: COMMUNITY ORIENTED PRIMARY CARE [6 (i) – 6(vi)] (Total: 6 Marks)

From the options 'A to H' given below, choose the best answer for the questions 6 (i) – 6 (vi)

Options:

- | | |
|-----------------------------------|------------------------------------------------|
| A. Major health risks | E. Program evaluation |
| B. Intervention strategies | F. Training community health workers |
| C. Home visit | G. Health promotion at individual level |
| D. Target population | H. Community health indicators |

Questions: What is the aspect of COPC we observe here?

6 (i) Mrs. Kartika, known to suffer from schizophrenia, had not come to the primary care centre for 8 months. What needs to be done in this case?

6 (ii) Dr. Satwik needs to study available statistics, health needs and cultural practices before he plans to do this.

6(iii) Statistics, health records and chronic disease registers help us to determine.....

6(iv) One definitely successful way to reach out to the community is by

6(v) This method helps the community health team to determine the effect of interventions carried out.

6(vi) The interventions and methodologies used by the community health team depend on

7. THEME: TEAM CONCEPT [7 (i) – 7 (vi)]**(Total: 6 Marks)****From the options ‘A&B’ given below, choose the best answer for the questions 7(i) – 7(vi):****Options:**

- A. Clinical Assistant only
- B. Clinical Assistant with Physician

Questions: Which of the following can be done by the clinical assistant alone and which ones he has to do along with the Physician?

7(i). Ask appropriate questions for the problems or symptoms, using the “ODD IF HAPPY” mnemonic.

7(ii). Review problem list and get patient's update on recent problems

7(iii). Recommend and document appropriate preventive care plan

7(iv). Performs pertinent physical exam and communicates findings.

7(v). Administer MMSE (Mini Mental State Examination)

7(vi). Writes down impressions and plan

8. THEME: HOME VISIT [QUESTIONS 8 (i) TO 8 (vi)]**(Total: 6 Marks)****From the options ‘A to H’ given below, choose the best answers for the questions 8 (i) – 8 (vi)****Options**

- | | |
|---------------------------|-----------------------------------------|
| A. Community based care | E. Diagnostic home visit |
| B. Bereavement visit | F. Assessment home visit |
| C. Home care | G. Virtual home visit |
| D. Therapeutic home visit | H. Hospitalization follow up home visit |

Questions:

8(i) Ms. Padma a village health nurse visits Mr. Ramanand and gives Inj. Procaine penicillin daily for 5 days. This is an example of

8(ii) Dr. Raman was urgently called to see Mr. Gopal who was breathless at home. He examines him and says Mr. Gopal has acute exacerbation of asthma. This is an example of.....

8 (iii) Mr. Murugan was recently discharged from the hospital after a Myocardial infarction. Mrs. Rose the village health nurse visits him at his home. This is an example of

8(iv) Mr. Saravanan is staying in a distant place and having transportation problems. Dr. Raman is enquiring about the health problems of Mr. Saravanan and giving instructions to him through video conferencing. This is an example of.....

8 (v) Dr. Raman is treating Mrs. Vasantha for her hypertension and diabetes for the past 3 years. Inspite of his best treatment her blood pressure and blood sugars are not under control. One day Dr. Raman plans to visit her home to see her. This is an example of.....

8 (vi) Mrs. Julie is a known hypertensive and a diabetic, regularly seeing Dr. Raman for the treatment. She developed carcinoma of breast and now in her terminal stage. She is depressed, bedridden and she developed bed sores. Dr. Raman is sending a nurse as well as sometimes he also visits her home to monitor her, counsel her and to treat the bed sores. This is an example of

9. THEME: NUTRITIONAL PROGRAMS [QUESTIONS 9 (i) TO 9 (vi) (Total: 6 Marks)
From the options ‘A to H’ given below, choose the best answers for questions 9(i) to 9(vi)

Options:

- A. Integrated Child Development Services Scheme
- B. Midday Meal Program
- C. Special Nutrition Program (SNP)
- D. National Nutritional Anemia Prophylaxis Program
- E. National Iodine Deficiency Disorders Control Program
- F. School Health program
- G. Mountain dwellers health program
- H. National program for Children

Questions:

9(i) Health screening and identifying children with problems like anemia, malnutrition, eye problems and refer for treatment; Health Education for school children and teachers; Promoting hygienic practices in schools like hand-washing

9(ii). Aimed at school-going children by providing one meal per day at noontime with goals of Improving the nutritional status of children; Encouraging poor children, to attend school more regularly; Providing nutritional support to children of primary stage in drought-affected areas during summer vacation.

9(iii). It provides supplementary feeding of about 300 calories and 10 grams of protein to preschool children and about 500 calories and 25 grams of protein to pregnant and breastfeeding mothers for six days a week.

9(iv). This program provides Supplementary nutrition, provision of Vit-A, Iron and Folic Acid, Immunization, Health check-ups, Referral services, Treatment of minor illnesses; Nutrition and health education to women; Pre-school education of children in the age group of 3-6 years.

9(v). Under this program, the expected and breastfeeding mothers as well as acceptors of family planning methods were also provided with iron and folic acid supplements.

9(vi). Health education about managing endemic goiters; targeted at hilly areas

**10. THEME: FAMILY PHYSICIAN AND COMMUNITY HEALTH [QUESTIONS.
10(i) - 10(vi)] (Total: 6 Marks)**
From the options ‘A & B’ given below, choose the best answer for the questions 10(i) – 10(vi)

Options:

- A. True
- B. False

Questions:

10(i). Clinicians think normally in terms of single patients rather than population groups. Family physicians have to think in terms of both.

10(ii). Ideally, the family physician should share the same habitat as his patients.

10(iii). Communication with the patient and other team members, Participation, as needed, in home care, family conferences, Evaluation of quality of care are all components of the Community Oriented Primary Care (COPC).

10(iv). A home visit can be either diagnostic or therapeutic, and is often a combination of both.

10(v). In COPC, home care and house calls are 2 separate entities.

10(vi). Feasibility of intervention and Commonness of a problem are important criteria for prioritization in a COPC.

SECOND YEAR THEORY EXAM–FEBRUARY 2018
PAPER IV - FAMILY MEDICINE AND PRIMARY CARE

QP .CODE: 434014

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?

- ❖ Match each question to a **single best option** and write it in your paper in the column provided like this:

3(i)	
3(ii)	
3(iii)	
3(iv)	
3(v)	
3(vi)	

- ❖ Each option may be used more than once. Some options may not be used at all.

PART – A
DESCRIPTIVE QUESTIONS
(ANSWER ALL QUESTIONS)

1. As primary care physicians, we know we should always work with teams. Discuss the following questions: **(Total: 20 Marks)**

- A. The team concept is superior to a doctor practicing alone. Give reasons. **(3 Marks)**
- B. What is the heart of the ‘team care’ innovation? **(3 Marks)**
- C. Discuss the outline of team concept in Indian primary care **(4 Marks)**
- D. Briefly discuss Brazilian model of team care in family health program and its impact. **(4 Marks)**
- E. What are the responsibilities of Family Physician as a leader? **(6 Marks)**

2. As a family physician doing chronic disease follow-up, discuss the following questions. **(Total: 20 Marks)**

- A. What are the components of chronic disease management in primary care? Discuss briefly. **(8 Marks)**
- B. In a chronic disease follow-up, what should happen at each appointment? **(6 Marks)**
- C. How to ensure compliance in patient with chronic disease? **(4 Marks)**
- D. How will you promote the individual’s capacity to manage the disease as a general practitioner? **(2 Marks)**

PART – B
EXTENDED MATCHING QUESTIONS
(ANSWER ALL QUESTIONS)

1. Theme: Home Visit [Questions 1(i) – 1(vi)] **(Total: 6 Marks)**
From the options ‘A to G’ given below, choose the best answer for questions 1(i) – 1(vi):

Options:

- | | |
|---------------------------|--------------------------|
| A. Community based care | E. Diagnostic home visit |
| B. Home based care | F. Family conference |
| C. Palliative home visit | G. Family therapy |
| D. Therapeutic home visit | |

Questions: Which type of care is portrayed in the following examples?

1(i). Mr. R, who has developed a stroke, is being taken care of by his wife and children, after being taught by the family physician when Mr. R was admitted in the hospital.

1(ii). Dr. A visits one of the 19 villages in her target area every 2 weeks. She does home visits and health education for the community with her team.

1(iii). Dr. B was called to see Mr. G at home, who was breathless. On examination, the doctor diagnoses Mr. G to be in acute exacerbation of asthma.

1(iv). Dr. R visits the house of Ms. H, a teenager, who has depression and had expressed ideas of self-harm to talk to his parents.

1(v). Dr. S visits the family of Mr. L, who has pancreatic carcinoma for adjustment of medications for his pain every month. Mr. L finds it very comforting than visiting a doctor in a hospital.

1(vi). Dr. S visits Mrs. J, a 75 year old hypertensive who lives alone to check her BP and medications.

2. Theme: Government Programs [Questions 2(i) – 2(vi)] **(Total: 6 Marks)**
From options ‘A to L’ given below, choose the best answer for questions 2(i) – 2(vi):

Options:

- A.** Kala Azar Control Program
- B.** Dengue and Chikungunya Control Program
- C.** National AIDS Control Program
- D.** Malaria Control Program
- E.** Special Nutrition Program
- F.** Mid-day Meal Program
- G.** Integrated Child Development Services Scheme
- H.** Revised National TB Control Program (RNTCP)
- I.** Reproductive and Child Health Program (RCH)
- J.** Kishori ShakthiYojana (KSY)
- K.** JSY (Janani Suraksha Yojana)
- L.** RSBY (Rashtriya Swasthya BimaYojana)

Questions: Identify the Government Program:

2(i). Dr. F is able to convince her patients to opt for institutional delivery because of this program.

2(ii). Dr. V, who works in an endemic area, operates vector control through IRS with DDT up to 6 feet height from the ground twice annually through this program.

2(iii). Dr. K is able to do prevention of parent to child transmission of disease through this program.

2(iv). Dr. H when posted in her PHC found lots of children with PEM. Now she is able to arrange supplementary feeding of about 300 calories and 10 grams of protein to preschool children and about 500 calories and 25 grams of protein to pregnant and breastfeeding mothers for six days a week through this program.

2(v). Dr. I is able to do free sputum examination for his patients who present with a two week h/o cough through this program.

2(vi). Dr. J who works in Kerala makes use of this program for Indoor insecticide spray during epidemic months of June/July.

3. Theme: Health Informatics [Questions 3(i) – 3(vi)] **(Total: 6 Marks)**
From options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi):

Options:

- A.** Data entry
- B.** Training of staff
- C.** Data Security
- D.** Power back up
- E.** Data retrieval
- F.** Data analysis
- G.** Data Reporting
- H.** Data Collection

Questions:

3(i). When you entered your office in the night you saw your ward boy sitting in front of the computer. When you reached there without him noticing, you found that he was gathering information about a patient about whom his friend wanted to know. Which aspect of clinical information storage is weak here?

3(ii). Dr. M when he installed the new clinical information system made sure that the technical person taught all his team members about how to use the various tools in the software. He also told him to come once a month so that they can clear all their doubts with him. Which aspect of clinical information storage is strong here?

3(iii). Dr. R has made sure that the name, sex, date of birth, vaccination history, height, weight, BMI and many other important variables of all the patients coming to his clinic is stored in the system. Which aspect of clinical information storage is strong here?

3(iv). The systems in Dr. G's clinic do not allow reception staff to access the clinical records at all. Which aspect of clinical information storage is strong here?

3(v). Dr. N wanted to know how many patients registered in his clinic from a particular area of the town are overweight/obese. He could get this data within 30 seconds. Which aspect of clinical information storage is strong here?

3(vi). Dr. K has invested Rs. 2 lakhs on solar panels for uninterrupted power supply for his clinic. Which aspect of clinical information storage is strong here?

4. Theme: Chronic Disease Follow Up [Questions 4(i) – 4 (vi)] (Total: 6 Marks)
From options ‘A to F’ given below, choose the best answer for the questions 4(i) – 4(vi):

Options:

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

Questions: Which aspect of chronic disease follow-up is the doctor focusing on?

4(i). Dr. P arranges for an ophthalmologist to visit his clinic where all his diabetic patients would be present for retinopathy screening.

4(ii). Dr. D sends a nurse for home-visits to all his patients with coronary artery disease.

4(iii). Dr. K has employed a nurse educator to teach SMBG (Self-Monitoring of Blood Glucose) to his diabetic patients.

4(iv). Dr. N does monofilament testing for his diabetic patients on a routine basis.

4(v). Dr. M has a volunteer team in OPD to have group discussions for patients with diabetes and their relatives.

4(vi). Dr. P, a Family Physician, uses an Electronic recall system to follow her diabetic patients.

5. Theme: Responsibilities of Clinical Assistant & Physician [Questions 5 (i) – 5 (vi)] (Total: 6 Marks)

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

Options:

- | | |
|----------------------------|-------------------|
| A. Assistant only | C. Physician only |
| B. Assistant and physician | |

Questions: For the responsibilities given below choose who among the answer given above will be performing them.

- 5(i). Takes history from patient.
5(ii). Confirms verbally all the information already gathered.
5(iii). Review of systems.
5(iv). Updates the problem list.
5(v). Uses the pulse oximeter.
5(vi). Performs pertinent physical examination and communicate findings.

6. Theme: Functions of a Family Physician [Questions 6(i) – 6 (vi)] (Total: 6 Marks)

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

Options:

- | | |
|--------------------------------|-------------------------------------------|
| A. Working with community | E. Empowering people for their own health |
| B. Involves in preventive care | F. Competent clinician |
| C. Accountability | G. Training of health workers |
| D. Organizing home visits | |

Questions: Which function of the Family Physician is portrayed here?

- 6(i). Dr. S with the help of the social worker maintained the income and expenditure incurred in running the health camp conducted in his village and presented it to the team.
6(ii). Dr. A has a meeting with all the ward members and the president of the village once a month to know the felt need of the people and tries to fulfill their needs
6(iii). Dr. N, a PHC Medical officer has trained the adolescent boys and girls in the locality to give health education, and the women’s self-help group members to distribute Vitamin A and albendazole to all the under 5s in his care.
6(iv). Dr. P has asked his team to go and see Mr. B at home who was suffering from carcinoma bronchus.
6(v). Dr. C makes sure that the immunization coverage in his PHC is more than 95%
6(vi). When Mr. K came with breathlessness Dr. D diagnosed him to have pneumothorax and immediately inserted a chest tube and reduced his breathlessness. After 7 days he was completely normal and he went home happily.

7. Theme: Control of Dengue in India [Questions 7 (i) –7 (vi)] (Total: 6 Marks)
From options ‘A to H’ given below, choose the best answer for questions 7(i) –7(vi):

Options:

- | | |
|------------------------------------|-----------------------------------|
| A. Disease and Vector Surveillance | E. Outbreak response |
| B. Case management | F. Capacity building |
| C. Laboratory diagnosis | G. Behaviour Change Communication |
| D. Vector management | H. Inter-sectoral coordination |

Questions:

7(i). Dr. R conducts community health education on transmission and clinical features of dengue periodically in his target area periodically since it is an endemic area.

7(ii). A health team under Dr. R goes from home to home to take a census of the patients affected by dengue and to inspect for vector breeding sites.

7(iii). Dr. R has taught his team of health workers to look for the signs and red flags of dengue in patient presenting with fever.

7(iv). Dr. R, though a family physician, works with government health care schemes in prevention and treatment of dengue.

7(v). Dr. R uses the WHO clinical criteria for diagnosis and management of patients with dengue.

7(vi). Dr. R makes use of the district referral lab to confirm his clinical diagnosis of dengue.

8. Theme: Roles & Responsibilities of A Family Physician [(Questions 8 (i) – 8 (vi)] (Total: 6 Marks)

From the options ‘A to J’ given below, choose the best answer for questions 8(i) – 8(vi):

Options:

- | | |
|--------------------|-------------------|
| A. Medical Expert | F. Scholar |
| B. Communicator | G. Professional |
| C. Collaborator | H. Role Model |
| D. Manager | I. Friend & Guide |
| E. Health Advocate | J. Philosopher |

Questions: What roles and responsibilities do the following Family Physicians fulfill?

8(i). Dr. S, a Family Physician, is very keen on primordial prevention. He prescribes a strict exercise regimen for his patients. He also displays posters about this all over his practice and the neighborhood. Every morning you can see him jogging along the seashore regularly, without fail.

8(ii). When Praveen was finishing his 12th grade, his Family doctor, Dr. P, called him and briefed him on career choices.

8(iii). Dr. S motivated all the people in his locality to give a request to the collector to deal with the open sewage system in their locality which was causing a lot of health problems to the residents.

8(iv). Dr. M's patients are greatly benefitted as she closely works with, and uses the expertise of, nurses, allied health professionals as well as specialists and super-specialists to give quality patient care.

8(v). Dr. S, is in charge of a Primary Health Centre (PHC). He wisely allocates the budget on a fair basis to meet the various needs of the PHC, the staff and the patients.

8(vi). When a sick patient died, the relatives started shouting and behaving badly. But when Dr. K explained and talked to them, they calmed down and went away.

9. Theme: Medical Ethics [Questions 9(i) – 9(vi)] **(Total: 6 Marks)**

From options 'A to F' given below, choose the best answer for the questions 9(i) – 9(vi):

Options:

- | | |
|--------------------|----------------|
| A. Beneficence | D. Justice |
| B. Non maleficence | E. Paternalism |
| C. Autonomy | F. Autocracy |

Questions:

9(i). Mr. R has come with symptoms of dysuria and fever. After making a diagnosis of uncomplicated UTI, though Mr. Raj could be treated with antibiotics, the physician admits him for IV antibiotics because there were few inpatients in his private nursing home. What principle of bioethics is breeched here?

9(ii). When Mr. M had a left sided subdural hemorrhage which needed surgical evacuation, his cranium was opened on the right side by the neurosurgeon. What principle of bioethics is not taken care of here?

9(iii). When Mr. M had colonic cancer and advised resection and colostomy, he refused. His doctor explained about the outcomes and discussed about the alternate modes of treatment. What ethical principle comes into play here?

35 year old Mrs. V was diagnosed with carcinoma cervix stage 1. The surgeon did a hysterectomy and bilateral salpingo oophorectomy but Mrs. V was not explained that her uterus and ovaries are being removed. "What will she understand? I have done what is good for her" is the statement of the surgeon.

9(iv). What is this attitude called in medical ethics?

9(v). What is the principle of bio ethics which is not followed in Mrs. V's case?

9(vi). In a pediatric outpatient clinic, when children are waiting with medical conditions requiring immediate attention, a local VIP walks in and demands to see the doctor immediately because his 3 year old daughter has a dark patch on her cheek from birth. What ethical principle should come into play here, while you handle this situation?

10. Theme: Community Oriented Primary Care [Questions 10 (i) –10 (vi)] (Total: 6 Marks)

From options 'A to G' given below, choose the best answer for questions 10(i) – 10(vi):

Options:

- | | |
|----------------------------|-------------------------------|
| A. Surveillance | C. Initiation of intervention |
| B. Intervention strategies | D. Definition of population |

- E. Program evaluation**
- F. Training and Working with community health workers**
- G. Health promotion at individual level**

Questions: What is the aspect of COPC we observe here?

10(i). Dr. S, when started a small clinic in a remote village, she began to get the complete picture of the whole village, by studying their total population, age, gender distribution, kind of work the village people did. This enabled her to understand the population she is going to work with.

10(ii). In few months of Dr. S's practice she found many children less than two years are coming with severe lower respiratory infection. She visited the community and went from house to house to study the child rearing practices among the village women. She also studied the breastfeeding practice and hand hygiene practices followed in that village.

10(iii). From interacting with the village women Dr. S found lot of wrong practices followed in that area. She arranged for a meeting with the health workers and nearby local medical authorities to discuss the ways these problems can be handled.

10(iv). Dr. S and her team decide to conduct regular health education sessions for village women with the help of the villagers and ASHAs. Once a month, an ASHA gathers a group of women in the village. Dr. S with trained health workers go to the field and conduct health education on infant and young child feeding practices and good hand hygiene practices.

10(v). Mothers were met at their homes to educate on causes and prevention of pneumonia and diarrhoea among young children.

10(vi). In six months time Dr. S set out a survey to find out the current child rearing practices among women of the same village and correlated with the number of pneumonia cases coming from that village.
