

FINAL YEAR THEORY EXAM – AUGUST 2016
PAPER IV –FAMILY MEDICINE AND PRIMARY CARE

QP CODE: 434024

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. Fluphenazinedeconoate
- 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 as a Family Physician have decided to follow the wholistic approach for health promotion. Answer the following questions related to that: (Total: 5 x 4 = 20 Marks)

- A. Compare and contrast the two approaches of health promotion.
- B. List and discuss four factors that influence health with one example.
- C. What are the three components of health promotion? Discuss.
- D. Discuss the four types of Screening.
- E. What are the primary level interventions to prevent colorectal cancer that you can implement as a Family Physician and community health leader?

2. 50 year old Mr. Thilak and his family are known to you for many years. Now, he is diagnosed to have diabetes. You both have discussed about the disease and the care it needs. Discuss the following questions regarding chronic disease management by a Family Physician: (Total: 5 x 4 = 20 Marks)

- A. What are the components of chronic disease management in primary care?
- B. Discuss the importance of team in the management of chronic disease in family practice. What are the principles of working together as a team?
- C. What are the methods to ensure compliance in management of chronic disease? Explain.
- D. How will you promote the patient's individual capacity to manage chronic disease?
- E. What are the helpful tools that can be used by a family physician in chronic disease management? Discuss any three of them.

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. Professional | D. Medical expert |
| B. Friend, philosopher and guide | E. Scholar and teacher |
| C. Communicator | F. Collaborator |

Questions:

1(i). A medical representative came to Dr. Sharma's clinic during his appointed time and gave a short presentation on a new drug for diabetes. Dr. Sharma is an esteemed physician for the care of diabetes patients in his area. The representative says that all the nearby

pharmacies have been instructed to keep an account of his prescriptions for this new drug, for which he will receive a monthly incentive. What role of Dr. Sharma is challenged by the medical representative?

1(ii). Mrs. Shanthamma has brought her 8-month-old child with diarrhoea for the second time in two months. Dr. Mohan treated the child two months ago and advocated hygiene and the use of oral rehydration solution through his nurse who speaks the same language as Mrs. Shanthamma. What role is needed in this case?

1(iii). Mr. George, 66 years, a long-standing diabetic for 18 years comes with a feeling of uneasiness in the upper abdomen and complains of nausea and a feeling of weakness. He had mild sweating initially but not much else. Dr. Deepak examined him and advised an ECG as part of his initial evaluation. Which role did he fulfill?

1(iv). Dr. Shah has a team of two junior doctors and eight nurses who help him in his clinic. He sets apart 2 hours every week to connect with them about clinic matters and train them in one aspect of clinical care of relevance in his practice. What role is he fulfilling?

1(v). Dr. Chatterjee is counseling a young couple who are struggling with finances, a seven-month-old baby, and relationships with the extended family. What role is he exhibiting?

1(vi). Dr. David has referred one-year old Vinod with Ventricular Septal Defect to the cardiothoracic surgeon for his six-monthly check up with a medical referral slip, telling the doctor about how Vinod has been doing in terms of growth, milestones achieved and number of lower respiratory illnesses suffered. What is the role he has taken here?

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. Good health | D. Maintaining good medical practice |
| B. Providing good clinical care | E. Working with colleagues |
| C. Exhibiting honesty or probity | F. Teaching and training |

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

2(i). Mr. Ram, 22 years, has had episodes of infection from the pilonidal sinus that he has had since infancy. Dr. Sham has repeatedly said that he needs definitive surgery from the district hospital surgeon, to whom he has referred patients in the past. Dr. Sham assures him of providing follow-up care after surgery.

2(ii). Dr. Sanjeev keeps himself fit by taking early morning walks and avoids using a vehicle for short distances to be an example to his patients.

2(iii). Dr. Nita reads continually whenever she can in her busy schedule. She also sets apart a day or two once in three months to attend a CME so that she is updated in her practice.

2(iv). Dr. Sajjan teaches his staff at every opportunity he gets. He also encourages them to attend training sessions that are vital to their standard of clinical care twice a year.

2(v). The medical team in Dr. Saranya's clinic is regularly reminded through their weekly meetings, and posters about the value of treating patients well in all aspects of clinical care.

2(vi). Dr. Santhosh is respected for his frank and gentle discussions with his patients and staff.

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

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

3(i). 71 years Mr. Quereshi is diagnosed to have inoperable gastric carcinoma. His physician advises him chemotherapy. But he requests his physician only pain relief so that he could spend time with his family in his last days peacefully.

3(ii). Dr. Bharath was examining a patient for routine follow up visit when he was called to attend an elderly gentleman with chest discomfort. He quickly explained the situation to the patient he was attending and took care of the patient with chest pain.

3(iii). Mrs. Savithri has come with her husband with an antenatal scan done outside at 18 weeks. The report says that 'possible cardiac anomaly cannot be ruled out' She wants to consider an MTP. Which principle of ethics is challenged here?

3(iv). Mr. Kannan is admitted with incarcerated hernia which needs surgery immediately, but he has some risks for anaesthesia. What is the most important aspect of four topic approach you will chose considering two medical ethical principles are being opposed?

3(v). Mr. Hari has a lipoma in the right upper arm. When he was advised surgery, he is hesitant because it is his son's exam time. But the surgeon insists that it has to be operated immediately. What is this attitude of the surgeon called?

3(vi). Dr. Das operated on 18 years old Wasim, when he was admitted with an intracranial bleed with rapidly increasing mass effect even before his parents arrived.

4. THEME: COMMUNITY ORIENTED PRIMARY CARE – [QUESTIONS. 4(i) – 4(vi)] (Total: 6 Marks)

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

Options

- | | |
|-------------------------------|---|
| A. Surveillance | F. Training and Working with community health workers |
| B. Intervention strategies | G. Health promotion at individual level |
| C. Initiation of intervention | |
| D. Definition of population | |
| E. Program evaluation | |

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

4 (i). When Dr. Kannan started his private practice in a village, he had clear idea of the population he will cater to, to maintain the quality of his practice.

4(ii). After studying the demographic profile of his target population, Dr. Murali sits with his team and plans the methods to reach each age group.

4(iii). When he was appointed as the medical officer of the primary care centre, Dr. Somanath did a study on the epidemiology of the local diseases, vital statistics and disease seeking behaviour of the target population.

4(iv). When she found an alarming number of teenage suicides in the local population, Dr. Jyothi started visiting neighbouring schools to interact with the students along with the cooperation of the school managements.

4(v). When Mrs. Geetha visits Dr. Mohan for the complaints of gastritis, he asks about her family and discusses about the immunization for her children.

4(vi). After running a diabetes screening program for five years with his target population, Dr. Asif repeats the surveillance to see the benefits of the program.

5. THEME: NATIONAL HEALTH PROGRAMS [QUESTIONS. 4(i) –4(vi)]

(Total: 6 Marks)

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

Options

A. National Vector Borne Diseases Control Program (NVBDCP)

B. Revised National Tuberculosis Control Program (RNTCP)

C. Universal Immunization Program (UIP)

D. National Cancer Control Program

E. National Mental Health Program

F. National Program for Control and treatment of Occupational Diseases

G. National program for prevention and control of deafness

H. National Programme for Health Care of the Elderly NPHCE

I. Integrated Child Development Services Scheme (ICDS)

J. National Nutritional Anaemia Prophylaxis Program

K. Reproductive and Child Health Program (RCH)

L. Special Nutrition Program (SNP)

M. National Welfare Programs

N. Kishori Shakthi Yojana (KSY)

Questions: What is the program?

5(i). The program run by Central and State Government , under the Ministry of Health and Family Welfare to meet the age group between childhood and womanhood to cater to the needs of nutrition, education, health education and to train them for adulthood/motherhood.

5(ii). The program run by Central and State Government, under the Ministry of Health and Family Welfare for the care the pregnant mother which includes antenatal, delivery and postpartum services and Child survival services for new-borns and infants.

5(iii). Pre-school education of children in the age group of 3 - 6 years is important part of this program.

5(iv). Transmission control to prevent the occurrence of new infection and disease by administration of annual single dose of anti-filarial drug i.e. DEC and/or co-administration of DEC and Albendazole is an important strategy this program.

5(v). Program under which protection against Tuberculosis, Diphtheria, Pertussis, Tetanus, Poliomyelitis and Measles are available for free of cost to all.

5(vi). Developing healthy work environments, healthy work practices and compensation to the affected from the employer are the strategies of this program.

6. THEME: LEVELS OF PREVENTION IN PRIMARY CARE [QUESTIONS. 6(i) – 6(vi)] (Total: 6 Marks)

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

Options:

- | | |
|---------------------------------|---|
| A. Tertiary prevention | E. Elementary prevention |
| B. Primordial prevention | F. Mass prevention |
| C. Organized prevention | G. Primary prevention |
| D. Horde prevention | H. Secondary prevention |
| | I. Social catastrophe prevention |

Question: What is the type of prevention in the following situations?

6(i). You make it a point to immunize all the children in your target area.

6(ii). Teaching school children healthy life style as a part of school curriculum.

6(iii). Your clinical assistant checks the blood pressure of every patient above 30 years.

6(iv). Your health worker visits the house of Mr. Lal, who had a stroke recently, twice in a week to give and teach physiotherapy.

6(v). You teach the mothers in your target area how important it is to maintain a growth chart for their children.

6(vi). The local youth group is giving a program on importance of building toilets.

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. Incomplete data entry | E. Ensuring backup supply |
| B. Training of staff | F. Data analysis |
| C. Security of Health Information system | G. Data Reporting |
| D. Delayed data entry | H. Correct data collection |

Question: Choose the right words to describe what has happened in the following situations.

- 7(i) Sr. Susan makes sure she enters all the details of each outpatient before she forgets the findings like the pulse, BP, weight, BMI, etc., in order to make correct entries.
- 7(ii) Dr. Cherian has been using the Health Information System in the health centre; he has shared the password for access to patient files with his staff nurse only.
- 7(iii) Dr. Neeta is researching the problems of obese patients in her clinic. She has taken the help of the biostatistician to get a report of the morbidity and mortality of obese patients with their co-existent problems.
- 7(iv) Dr. Madhan has invited the software trainer from the company which supplied the clinic software to take a session in order to familiarize the data entry for staff.
- 7(v) Sr. Sumathi has not been entering patient consultation details after each visit, for the past one week. She does not remember some of the details which need to be entered now.
- 7(vi) Dr. Jain has taken a loan to invest in an inverter for his clinic to keep the lights, computers and other equipment functioning during a power failure.

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. Antenatal check | D. Chronic illness home visit |
| B. Acute care home visit | E. Post-operative home visit |
| C. Bereavement visit | F. Palliative care home visit |

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

- 8(i). Mrs. Sita, 65 years, is under treatment with Fluphenazine deconoate every 3 weeks. She is unable to be brought to the hospital frequently.
- 8(ii). Five-month-old Chander had surgery for a strangulated inguinal hernia 20 days ago. Suture removal was uneventful 10 days ago.
- 8(iii). Mr. Shyam is being treated for multiple myeloma with chemotherapy. He does not feel ready for any more chemotherapy which has left him weak, although he requires less pain medicines than before.
- 8(iv). Mrs. Komathi underwent Shirodkar’s circlage last month and had one previous history of second trimester pregnancy loss.
- 8(v). Mr. Vasu passed away after a long struggle with lung cancer. His smoking has left his wife with chronic bronchitis and recurrent respiratory infections.

8(vi). Mr. Gopal fell off the coconut tree while harvesting coconuts this morning. He has been lying on the ground unable to pick himself up, although he is conscious.

9. THEME: CONSULTATION MODELS [QUESTIONS. 9(i) – 9(vi)] (Total: 6 Marks)
From the options ‘A to I’ given below, choose the best answer for the questions 9 (i) – 9 (vi)

Options:

- | | |
|--|--------------------------------|
| A. Balint Model | F. RCGP tri-axial model |
| B. Traditional Medical Model | G. Byrne & long |
| C. Patient-centred Model | H. Scott & Davis |
| D. Calgary-Cambridge Model | I. Pendleton et al |
| E. Three-stage Assessment Model | |

Questions: Identify the consultation model

9(i). This consultation model brought prominence to the importance of defining patient and doctor (as well as illness) factors in general practice consultations.

9(ii). This consultation model is an approach which encompasses ‘the patient's total experience of illness’, and it has come to represent the defining philosophy of general practice, emphasizing the importance of taking patient beliefs and characteristics into consideration when making clinical decisions.

9(iii). This consultation model goes through the routine of History taking- Examination- Tests-Diagnosis-Treatment-Follow-up.

9(iv). This consultation model takes into account clinical assessment, individual assessment and contextual assessment.

9(v). This consultation model highlights the exceptional potential of every primary care consultation to address co-morbidity, offer health promotion and to negotiate help-seeking behaviour with patients.

9(vi). This consultation model has 6 phases of consultation - Establish relationship, reason for coming, verbal and physical examination, sharing about illness / management and termination of consultation.

10. THEME: REFERRALS IN FAMILY PRACTICE [QUESTIONS. 10 (i) – 10(vi)]
(Total: 6 Marks)

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

Options:

- | | |
|-------------------------------|----------------------------------|
| A. Collusion referral | D. Collaborative referral |
| B. Interval referral | E. Split referral |
| C. Collateral referral | F. Cross referral |

Questions: Identify the type of referral

10(i). Mr. Ravi Kumar, your regular patient for 12 years is referred by you for an appendicectomy.

10(ii). 52 year old Mr. Palani has come to your clinic with typical angina for 1 hour. He has never come to your clinic before. After giving the initial medications, you are referring him to a place which is 1 hour away.

10(iii). 48 year old Mr. Thomas, a diabetic and your regular patient is referred for cataract surgery. The ophthalmologist has asked for your help in managing his blood sugar levels during surgery and post-operative period.

10(iv). You are the Family Physician for 70 year old Mr. Das. He has Parkinsonism which is not responding to treatment. You would like to get a second opinion from a neurologist.

10(v). When Mr. Sudhakar was referred to a corporate hospital for his hernia surgery, he was operated by a surgeon, his asthma was taken care of by a pulmonologist, and his diabetes was taken care of by an endocrinologist.

10(vi). Dr. Kannan works in the emergency department of a hospital. He assesses the patients arriving at the emergency, stabilizes them and refers them to the respective departments.

FINAL YEAR THEORY EXAM – FEBRUARY2017
PAPER IV - FAMILY MEDICINE AND PRIMARY CARE

QP CODE: 434024

Time: Three hours

Maximum Marks: 100

INSTRUCTIONS

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- 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)**
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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. Fluphenazinedecanoate
- 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. A Family Physician helps the individual and the nation to follow cost-effective health practices. Answer the following questions related to that: (Total: 20 Marks)

- A. In what ways can a Family Physician practice cost-effective care with his/her patient in the clinic? (4 Marks)**
- B. How does building a relationship with the patient help in cost-effective care? (4 Marks)**
- C. Discuss how health promotion can be cost-effective? (4 Marks)**
- D. What are the components of chronic disease care which make it cost-effective? (4 Marks)**
- E. How is preventive care cost-effective? Use the example of obesity to demonstrate this. (4 Marks)**

2. You have decided to develop your clinic further to incorporate all the learning in family medicine. (Total: 20 Marks)

- A. Name 8 areas of managing a family medicine practice. (4 Marks)**
- B. Mention 8 points in planning physical infrastructure. (4 Marks)**
- C. What attitudes will you encourage your staff to adopt? (4 Marks)**
- D. Name 8 important records to be maintained in the practice. (4 Marks)**
- E. What provisions will you ensure for infection control in your practice? (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. Manager | D. Health advocate |
| B. Friend, philosopher and guide | E. Scholar and teacher |
| C. Communicator | F. Role model |

Questions:

1(i). Dr. Rajat has a growing medical practice and has become famous in his area for his management and treatment. As a result, his clinic timings have been extending up to 11 pm in the

night. His own health has been affected, and recently he was detected to have hypercholesterolemia. He decided that he would delegate some of the work he was doing, in order to finish early and take care of himself. What role is Dr. Rajat demonstrating?

1(ii). Mr. George has been recently diagnosed with poorly differentiated lung cancer. He had been a smoker for 40 years. What is the role that Mr. George needs in his Family Physician right now?

1(iii). Sarita is an 18 year old who weighs 91 kg. She is otherwise healthy and pursues academics with vigour. What role should her physician play in her health?

1(iv). Dr. Ira has been encouraging her staff to attend at least three continuing medical education meetings each year in the area of their interest, in addition to the weekly meetings which she chairs at the collective practice. What role is she fulfilling?

1(v). Dr. Evan has been arranging the schedule for visiting doctors and their appointments with chronic care patients with the help of three nurses. What role is he exhibiting?

1vi). Mrs. Sumana has brought her teenage son who has an issue with drug and alcohol dependence. She wants the doctor to talk to him and convince him of the long-term effects of his choices. What role is the doctor called to in this situation?

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 goodpersonal health
- B.** Providing good clinical care
- C.** Teaching and training

- D.** Maintaining good medical practice
- E.** Exhibiting honesty or probity
- F.** Working with colleagues

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

2(i) Ms. Esther has been diagnosed to have polycystic ovarian disease, and is on follow-up with her gynaecologist. She comes to you for help with weight loss and regular advice on balanced diet and exercise. What responsibility is the Family Physician fulfilling in this case?

2(ii) Dr. Jacob takes time with every patient of his who has a smoking habit to talk to them about the effects of smoking on health. He tells them about the clinical history of patients he had with lung cancer and why he doesn’t smoke tobacco.

2(iii) Dr. Sarojini constantly trains her staff to keep them sensitive to appropriate manners with patients and the job responsibilities each member of her staff have in maintaining the standard of clinical care.

2(iv) Dr. Rita follows her own routine of meditation, diet and exercise to maintain her health, so she can work effectively.

2(v) The doctors in the Family Medicine practice plan their leave to attend conferences in such a manner that each one attends the conference of their interest, acquires CME credits and trains the others in the team.

2(vi) Each of the doctors in the practice are on the schedule of teaching the paramedical staff to meet the standards of care in chronic disease patients in the clinic.

3. THEME: PRINCIPLES OF FAMILY MEDICINE [QUESTIONS 3(i) – 3(vi)]

(Total: 6 Marks)

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

Options:

- | | |
|---------------------------|-------------------------|
| A. Comprehensive care | E. Coordination of care |
| B. First point of contact | F. Whole-person care |
| C. Family focused care | G. Continuity of care |
| D. Red-flag concept | H. Cost-effective care |

Question: What principle of family medicine do the following scenarios demonstrate?

3(i) Mrs. Sylvia is a diabetic in the care of Dr. Mohan. She lost her husband 10 years ago due to a myocardial infarction. Her 30 year old son, David, is an obese individual who accompanied her to the clinic. Dr. Mohan invites him to go through a weight-loss program to prevent type 2 diabetes.

3(ii) 10 year old Sonu has lost 4 kg in 2 months. He now weighs only 21 kg and his mother is very worried because her father-in-law died of pulmonary TB 2 years ago. What should the doctor explain to the mother?

3(iii) Mrs. Shah, 82 years old, has an anxious personality. Any health problem causes her to come up with numerous questions concerning the disease, its treatment and the outcomes. What is the challenge for the family physician?

3(iv) Gita a former epileptic had two children. She continues to come with her family to Dr. Neeraja whose clinic is in their residential area. She has developed acute appendicitis and needs referral. What care can her family physician now give her?

3(v) Sharada has brought a visiting nephew to her family physician after he fell during a friendly cricket game and developed pain and deformity in his left elbow.

3(vi) Nina consults her family physician regularly for management and care of her hypertension, obesity and frequent respiratory illnesses. Her physician is working with her on improving her diet to decrease her weight and improve her immunity.

4. THEME: HEALTH PROMOTION– [QUESTIONS. 4(i) –4(vi)]

(Total: 6 Marks)

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

Options

- | | |
|-----------------------------------|--------------------------|
| A. Behavioural counselling | C. Primordial protection |
| B. Opportunistic health promotion | D. Disease screening |

- E. Health protection
- F. Health strategies

- G. Aiding lifestyle modification
- H. Disease prevention

Questions: What is the best description of the activity in each situation?

- 4.(i). The State Legislative Assembly passed a bill on mandatory use of helmets by all riders of two-wheelers.
- 4.(ii). Dr. Satwik recommends HbA1c for all people above 35 years, obese individuals, and those with family history of diabetes.
- 4.(iii). Dr. Anita writes patient information leaflets on why it is important to maintain a healthy weight, pursue a balanced diet and exercise regularly.
- 4. (iv). Dr. Gita advocates the HPV vaccine for all adolescent girls.
- 4.(v). Regular self-help group meetings and counselling of alcohol dependent individuals after their deaddiction program
- 4. (vi). Recommending a regular exercise program for those with diabetes, obesity, and hypertension.

5. THEME: NATIONAL HEALTH PROGRAMS [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

- | | |
|---|--|
| <ul style="list-style-type: none"> A. National Vector Borne Diseases Control Program (NVBDCP) B. Revised National Tuberculosis Control Program (RNTCP) C. National Nutritional Anaemia Prophylaxis Program D. Universal Immunization Program (UIP) E. National Mental Health Program F. National Program for Control of Blindness | <ul style="list-style-type: none"> G. National Cancer Control Program H. National Programme for Health Care of the Elderly NPHCE I. Integrated Child Development Services Scheme (ICDS) J. National AIDS Control Program K. Special Nutrition Program (SNP) L. Janani Suraksha Yojana (JSY) M. National Welfare Programs N. Kishori Shakthi Yojana (KSY) |
|---|--|

Questions: What is the program?

- 5. (i). Directly observed treatment has been one of the key methodologies adopted in this program.
- 5. (ii). PPTCT is one of the provisions of this program.
- 5. (iii). Tetanus vaccine for pregnant mothers is available under this program.
- 5. (iv). This program is now combined with RCH program.
- 5. (v). Adolescent care is planned in this program.
- 5. (vi). This program seeks to encourage institutional deliveries by providing incentives.

6. THEME: LEVELS OF PREVENTION IN PRIMARY CARE [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:

- | | |
|---|---|
| <ul style="list-style-type: none"> A. Tertiary prevention B. Primordial prevention C. Organized prevention D. Elementary prevention | <ul style="list-style-type: none"> E. Mass screening F. Primary prevention G. Secondary prevention H. Social catastrophe prevention |
|---|---|

Question: What is the type of prevention in the following situations?

- 6.(i). Educating and counselling school children about the effects of drug dependence and how to report any drug use confidentially.
- 6.(ii). Measuring height, weight and blood pressure as a routine for every adult patient and counselling them about normal and abnormal findings.
- 6.(iii). Wilson's criteria help in planning this.
- 6.(iv). You arrange for an occupational and physiotherapist to help Rita who had polio affecting her right lower limb.
- 6.(v). You train the field workers on how to advise on weaning foods and safe drinking water in the community.
- 6.(vi). Advising low-dose aspirin prophylaxis for a person after a myocardial infarction.

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 questions 7 (i) – 7(vi)

Options:

- | | |
|--|---------------------------------|
| A. Confidentiality | E. Ensuring backup power supply |
| B. Training of staff | F. Data analysis |
| C. Security of Health Information system | G. Data Reporting |
| D. Delayed data entry | H. Correct data collection |

Question: Choose the right words to describe what has happened in the following situations.

- 7(i) Mr. Madan, the health administrator, arranges for updates in using the health information system software installed in the clinic for the staff.
- 7(ii) Each category of health worker is given a password to use at his desktop only, to access the health information system.
- 7(iii) The medical records team tallies the charts distributed each day with the admissions, outpatient care and casualty records. Entries made for that day are checked for completeness.
- 7(iv) Monthly meetings are held by the medical records team at the beginning of each month on the first Friday to verify reports and do a random check on medical records. Incomplete and incorrect data feedback is given to the concerned doctors or nurses. Verified data is then reported in the given format.
- 7(v) As many staff were absent, complete data entry could not be made. The concerned staff dealt with the backload after returning to work.
- 7(vi) Due to the increase in out-patient and in-patient load, a UPS was installed to prevent loss of data which was in the process of being entered.

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. Palliative care home visit | D. Chronic illness home visit |
| B. High-risk antenatal check | E. Bereavement visit |
| C. Acute care home visit | F. Post-operative home visit |

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

- 8(i).** Ms. Lalita succumbed to cancer 7 days ago. Her aged mother who was also suffering from diabetes is now living alone.
- 8(ii).** Mrs. Anitha, 19 years, is pregnant for the fourth time. She has history of three first trimester abortions, and is also anaemic.
- 8(iii).** Mr. Abdul, 88 years, had surgery for a left hip fracture in the tertiary care government hospital 2 hours away. He had a home health nurse visit him for suture removal and review.
- 8(iv).** Mrs. Jayanthi, 75 years, is a long-standing diabetic who developed a foot ulcer due to improper footwear. She is now unable to come to the primary care centre.
- 8(v).** Mrs. Joan lives on the first floor in her son’s house and fell in the bathroom this morning while having bath. She is unable to move her left limb due to pain.
- 8(vi).** Mrs. Jeeva is on liquid diet as she has been diagnosed with oesophageal cancer, stage IV. They have refused a feeding gastrostomy, as she did not want any more pain.

9. THEME: CONSULTATION MODELS [QUESTIONS. 9(i) – 9(vi)] (Total: 6 Marks)
From the options ‘A to I’ given below, choose the best answer for the questions 9 (i) – 9 (vi)

Options:

- | | |
|---------------------------------|--------------------------|
| A. Three-stage assessment model | F. Patient-centred model |
| B. Balintmodel | G. Byrne & Long |
| C. Traditional medical model | H. Scott & Davis |
| D. Calgary-Cambridge model | I. Pendleton et al |
| E. RCGP tri-axial model | |

Questions: Identify the consultation model

- 9(i).** This model for consultation changed the disease-centred approach to the patient-centred approach.
- 9(ii).** This consultation model works at building a relationship while providing structure to the clinical exam by going through introductions, gathering information, examination, planning and closing the session.
- 9(iii).** This consultation model provides a wholistic assessment of disease, patient’s perspectives and social situation.
- 9(iv).** This model is time-consuming and may miss out the real reason for the patient’s coming as the doctor is preoccupied with all that he/she has to do.

9(v). The founder of this model helped doctors understand how they could be therapy in itself.

9(vi). The most practical, concise, yet comprehensive model.

10. THEME: REFERRALS IN FAMILY PRACTICE [QUESTIONS. 10 (i) – 10(vi)]

(Total: 6 Marks)

From the options 'A to F' given below, choose the best answer for the questions 10 (i) – 10 (vi)

Options:

- A. Collective referral
- B. Interval referral
- C. Cross referral

- D. Collateral referral
- E. Collaborative referral
- F. Split referral

Questions: Identify the type of referral

10(i). Mr. Suresh, 28 years, your patient since 5 years is referred for an elective umbilical hernia surgery.

10(ii). Mrs. Asha has come to you for the first time, 2 months pregnant with acute left lower abdominal discomfort, with tachycardia.

10(iii). You refer your diabetic patient with nephropathy and peripheral arterial disease for complete evaluation at the secondary level hospital.

10(iv). Mr. Ezekiel, 68 years old, has been your patient since 2 years, His wife complains of sudden onset of bursts of anger and delusions, on and off since one week.

10(v). Suraj, 8 years, was brought with history of fever for 3 days which resolved the day before, but he developed small red spots which have worried his parents.

10(vi). Your patient, Mrs. Alva, 78 years, has been referred for cataract surgery to the phthalmologist.

FINAL YEAR THEORY EXAM- AUGUST 2017
PAPER IV - FAMILY MEDICINE AND PRIMARY CARE

QP CODE: 434024

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. Fluphenazinedeconoate
- 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 have just joined as a Faculty member of a medical college in your district as a qualified Family Physician. You have been instructed to set up a Family Medicine department within the college. Answer the following questions related to that:**
(Total: 20 Marks)

- A.** List and discuss any eight characteristics that make Family Medicine a unique discipline within the field of medicine. (4 Marks)
- B.** How does Family medicine differ from the specialty of general medicine?(4 Marks)
- C.** How is a Community Medicine specialist different from a Family physician?
(4 Marks)
- D.** The American Association of Family Physicians (AAFP) describes Family Medicine as a three-dimensional specialty incorporating knowledge, skill and process. Of these which is the one that is largely unique to Family Medicine and why?
(4 Marks)
- E.**Your first patient in the department is a 25 year old Mrs. Shanthi who presents with severe headache. Her child is very restless and looks malnourished. On questioning her you find that she lost her husband recently. Discuss how you as a Family Physician can influence her in various areas of care. (4 Marks)

- 2. You have been practicing in a tertiary care hospital for ten years. You now decide to move to a remote rural area to re-open a primary care hospital. It is the only hospital in a radius of 40 km, and there are a large number of tribal villages located in the area. Although you are the only doctor there, there are two nurses, a lab technician, a pharmacist, a medical records person and some local volunteers who want to help. Answer the following questions bearing this scenario in mind:**
(Total: 20 Marks)

- A.** How is practicing “team care” superior to practicing alone? (4 Marks)
- B.** Discuss the role of a family physician as leader of the team. (4 Marks)
- C.** In a small setting as described above, there may be no separate personnel delegated with managerial and administrative responsibilities. What would be the family physician’s role as a manager in such a setting? (4 Marks)
- D.** Discuss the ‘Family Health programme’ in Brazil. What are some important strategies that can apply to a country like India? (4 Marks)
- E.** There are a large number of outpatients and emergencies in the hospital daily. You decide to train one of the nurses to be an assistant to help you with outpatient work. List the tasks you could assign to her to make your work more efficient. (4 Marks)

PART – B
EXTENDED MATCHING QUESTIONS
(ANSWER ALL QUESTIONS)

1. Theme: Health Promotion & Disease Prevention [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 protection | F. Screening |
| B. Tertiary prevention | G. Organized prevention |
| C. Primordial prevention | H. Horde prevention |
| D. Health education | I. Primary prevention |
| E. Secondary prevention | J. Social catastrophe prevention |

Questions:

1(i). Dr. Nitin has instructed the receptionist and nurse stationed outside his busy diabetes clinic to hand out pamphlets advising parents regarding diet and exercise for their children. What type of prevention is Dr. Nitin engaged in?

1(ii). Dr. Thomas, an eminent Family Physician who has been practicing in Sivakasi for the past 30 years, has just been consulted by the chief of police who is worried by the alarming number of road accidents with fatalities in the area. Dr. Thomas has suggested that the law about wearing helmets be enforced in the area with strict penalties for defaulters. What is this an example of?

1(iii). Once a month, Dr. Kavitha sets apart time from her busy practice to visit the local panchayat hall, where she takes sessions for women's self-help groups in safe drinking water and hygienic cooking practices. What type of intervention is she engaging in?

1(iv). Dr. Thangadurai has instructed his nurses to ensure that all patients above 35 years should have their blood pressure checked at every visit regardless of their presenting complaints. Any abnormal readings should be informed to the junior doctor who will make a decision regarding further course of action. What is this an example of?

1(v). Dr. Mukherjee has just received the pathology report of a biopsy from a thyroid swelling of a 25 year old lady in his clinic. The report is strongly suggestive of early stages of malignancy. He has broken the news to her, and has suggested a referral to an oncologist to initiate treatment at the earliest in order to avoid further spread of the disease. What type of prevention is Dr. Mukherjee engaging in?

1(vi). Mrs. Jayalakshmi is a 60 year old lady with diabetes who is following up with her Family Physician Dr Ramya for the last ten years. At every visit, Dr. Ramya carefully inspects her feet, looking if any new wounds or ulcers are present, checks for sensations and checks her footwear. She also revises the instructions for good foot care. What type of prevention is Dr. Ramya engaging in?

2. Theme – Calgary-Cambridge consultation model [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. Initiating the session | D. Providing structure |
| B. Gathering information | E. Explanation and planning |
| C. Building the relationship | F. Closing the session |

Questions: Which step of the consultation model is depicted in the following scenarios?

2(i). The doctor mentions the recent India-Pakistan cricket match, and expresses disappointment that India lost. The patient’s eyes suddenly light up and a smile comes across his face as he gives his opinion as to why the match was lost.

2(ii). After examining the patient the doctor says, “Mr. Nataraj, now that I have completed examining you, I would like to discuss with you about the possible causes of your symptoms...”

2(iii). The doctor hands over some information leaflets to the patient. He also asks the patient to explain in his own words what he has understood about the management plan, and provides contact details in case of any difficulties.

2(iv). The doctor explains to the patient the nature of the problems, and discusses the options for treatment, including the risks and benefits. The doctor then says, “now that we have discussed the options available, which of these treatment plans would you prefer?”

2(v). The doctor says, “Tell me about your difficulties...”

2(vi). The doctor says, “How are these symptoms affecting your daily routines?”

3. Theme: Types of Medical Records [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. Patient-held medical records | E. Electronic medical records |
| B. Progress notes | F. Problem-oriented medical records |
| C. Source-oriented medical records | G. Hospital-maintained medical records |
| D. Data base | |

Questions: What is the best type of medical record for each of the following scenarios?

3(i). A doctor runs a small practice in a single room of a building, and does not have any staff except one nurse who assists him. While he is concerned about safety of the records, he is also aware that many patients in the locality have filed mal-practice suits against other private doctors.

3(ii). Dr. Mohan, an Emergency Care Physician, runs a trauma centre. The turnover is more than 50 patients per day, and his team is over-worked. Often, patients are seen by visiting consultants of various specialties after acute management is done. The trauma team needs to convey the most important information quickly and accurately. He advises them to just include basic information about presenting complaints and examination, laboratory data, radiological reports and consultation notes of various specialists.

3(iii). A new medical college is being planned, and Dr. Chouhan is invited to be the director. The college requires detailed medical records to be maintained for the purposes of research, study and as evidence in case of medico-legal issues. Manpower and space are not issues, but the funding is limited and majority of the staff are not yet computer-literate.

3(iv). In a surgical inpatient unit, the head of the unit needs to know the clinical status of each patient daily. He has different junior doctors on duty on different days, and the nurses change every shift. He suggests a uniform format that includes subjective details including any current complaints, objective details including important examination findings and test results, assessment (including working diagnosis) and plan for the day.

3(v). Dr. Jaganath runs a psychiatric outpatient clinic in Chennai. Many of his patients have multiple psychosocial issues and family problems in addition to their primary psychiatric diagnoses, and he needs to remember these issues in order to provide relevant and meaningful therapy. He needs the records to not only remind him of the diagnosis, but also of the specific psychological and social problems unique to each patient. He also needs to document his plan and chart progress over time.

3(vi). The director of a large chain of private hospitals wants to re-organize the medical records. He frequently gets requests from the patients to provide their health-related information for insurance claims.

4. Theme: Types of Family Practice– [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. Solo practice | D. Specialised (sub-specialty) Family practice |
| B. Group practice | E. Brazilian Family Practice |
| C. Hospitalist Family practice | F. Education and Research |

Questions: What is the setting of Family Practice implied in each of these scenarios?

4(i). Dr. Kannan practices Family Medicine in a clinic in Mysore. He has a nurse, clinical assistant, lab technician and pharmacist working along with him.

4(ii). Dr. Deepa is a family physician who looks after the general medical care of all patients in a hospital. She refers to relevant specialists when required, and coordinates between the various specialists.

4(iii). Dr. Dhanajayan is a family physician working in a clinic in a rural area. He has teamed up with Dr. Preethi and Dr. Samuel and they are now running the clinic together. Over time, Dr. Dhanajayan started focusing more on children and adolescents, Dr. Preethi got some extra training in obstetrics and women’s health and Dr. Samuel felt there was a need to concentrate on mental health and addictions. All three continued to see general patients but referred to each other in their particular field of interest.

4(iv). Dr. Dhanya, a family physician runs an emergency service in a rural area. She only handles emergency scenarios and does not focus on long-term followup of chronic diseases. After acute interventions, patients are referred to nearby hospitals for long-term care.

4(v). In a remote hospital, Dr. Amir and Dr. Farhana are the only Family physicians available. They notice that the most pressing need in their community relates to the unacceptable neonatal and maternal mortality due to preventable causes. They decide to focus their attention on provision of good maternity care.

4(vi). Dr. Stanley worked as a family physician in a private clinic for twenty years. He now offers his services to a nearby general hospital as well. Along with three other private family physicians from the same area, he looks after the general medical needs of all the inpatients at the hospital and coordinates the relevant referrals to specialists.

5. Theme: Three stage assessment model [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. Clinical assessment | D. Psycho-spiritual assessment |
| B. Socio-economic assessment | E. Individual assessment |
| C. Contextual assessment | F. Needs assessment |

Questions: What stage of Fehrsen and Henbest’s three-stage assessment model is implied in each of these scenarios?

- 5(i).** The clinician probes into the reasons why the patient has come, and his expectations of treatment.
- 5(ii).** After clinical evaluation, the doctor orders relevant laboratory tests and imaging.
- 5(iii).** The doctor tries to find out more about the patient’s family.
- 5(iv).** The doctor explores the patient’s ideas about the disease and his fears.
- 5(v).** The doctor may need to enquire about the patient’s spirituality and how it impacts his understanding of the disease.
- 5(vi).** The doctor tries to understand some details of the patient’s workplace and community.

6. Theme: Roles of a family physician [Questions. 6(i) –6(vi)] (Total: 6 Marks)
From the options ‘A to I’ given below, choose the best answer for the questions 6 (i) – 6(vi)

Options

- | | |
|--------------------|----------------------------------|
| A. Medical Expert | F. Scholar and teacher |
| B. Communicator | G. Professional |
| C. Collaborator | H. Role model |
| D. Manager | I. Friend, philosopher and guide |
| E. Health advocate | |

Question: What is the role represented by the following scenarios?

- 6(i).** Dr. Jazim was effective in explaining adverse events to the patient, family and colleagues. He checked for their understanding, and gave them time to take the information in and allowed them to ask questions.
- 6(ii).** Dr. Suma took excellent medical histories and could accurately formulate diagnosis in even difficult cases. Other doctors often referred challenging cases to her to get her opinion.
- 6(iii).** Dr. Mohan has a busy family practice. However, he sets time apart to show interesting cases to his assistants and nurses. He also makes a member of his team present an important health topic as a seminar or group discussion once a week. He himself also makes it a point to read up on difficult cases he encounters.
- 6(iv).** Dr. Ananya always ensured that she followed up her patients after they had been referred to a specialist for consultation. She made it a point to communicate clearly with the concerned specialist and tried as far as possible to incorporate their recommendations into the treatment plan.

6(v). Dr. Santhosh noticed that many patients presenting with hand injuries came from the same factory nearby. He visits the factory and has a talk with the owner, who immediately looks into the matter as he is impressed that the doctor has not only noticed the frequency of injuries but has also taken the time to come to discuss the issue. It is found that the particular machine has a product defect that is responsible for the causing the injuries, and this is replaced.

6(vi). Dr. Abraham is a simple man. He does not talk much or show off his skills. But he is disciplined, hardworking and very pleasant to interact with. His patients love him, and are very upset if he is on leave. Many junior doctors in the hospital try to find out why he is so successful, and aspire to be like him.

7. Theme: Chronic disease management [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 identification | E. Encourage self-management and lifestyle choices |
| B. Chronic Disease Management Plan | F. Health promotion |
| C. Follow up of patients | |
| D. Case coordination with specialists | |

Question: Choose the right words to describe what has happened in the following situations.

7(i). Dr. Elizabeth has trained health workers in her team to look for and pick up patients with epilepsy in their communities. Many of these patients are thought to be demon-possessed and are often sent to priests or religious healers.

7(ii). Dr. Chouhan teaches all the family members of patients with epilepsy what they need to do when the patient is actually having a seizure. He also tells the patient not to drive or engage in certain dangerous occupations unsupervised.

7(iii). Dr. Maya noticed that Mr. Shaji’s seizures are well-controlled with Phenytoin. However, he mumbles to himself at times and becomes aggressive towards family members. She refers him to a psychiatrist who suggests her to change the anticonvulsant to carbamazepine and start a low dose of Risperidone. His symptoms improve. However, one day she notices a severe rash on both his palms and oral ulcers. She refers to a dermatologist who suggests her to stop the carbamazepine immediately. Dr. Maya consults with the psychiatrist and decides to use Valproate instead.

7(iv). Dr. Rashmi diagnoses Mrs. Vijaya as having Complex Partial Seizures with secondary generalization. She decides that Valproate is the drug of choice, but Mrs. Vijaya starts crying saying she cannot afford the bill. Dr. Rashmi talks to her and her family and they decide together that they will try Carbamazepine as it is cheaper, but may need to reconsider after a few weeks if the seizures are not controlled.

7(v). Dr. Sumathi and her team keeps meticulous records of all the epilepsy patients she treats in the area, including their village and contact details.

7(vi). Dr. Rama and his team decide to spend one day a month visiting the surrounding villages and talk to various religious and panchayat leaders about epilepsy. They give examples of local patients they have treated, and try to explain that it is not because of demon possession, but a disease that can be treated very easily medically. They suggest that they can continue their religious rituals provided that they are not physically harmful, but the patients should be encouraged to take their medications as well.

8. Theme: National health programs [(QUESTIONS. 8 (i) – 8(vi)] (Total: 6 Marks)
From the options 'A to H' given below, choose the best answer for the questions 8 (i) – 8 (vi)

Options:

- | | |
|---|--|
| A. National Vector Borne Diseases Control Program | E. National AIDS Control Program |
| B. Universal Immunisation Program | F. Revised National Tuberculosis Control Program |
| C. Integrated Child Development Services Scheme | G. Reproductive and Child Health Program |
| D. National Program for control of Blindness | H. Kishori Suraksha Yojana |

Question: Which of the above national programs are the following interventions a part of:

- 8(i). 35 years old Mr. Suresh receives free condoms under this program.
8(ii). Breeding larvivorous fish is recommended under this program.
8(iii). Mrs. Vasumathi wants to give her children free vaccinations for tuberculosis.
8(iv). 50 years old Mr. Natesan had free sputum testing under this program.
8(v). 8 months old baby was given free vitamin A under this program.
8(vi). Mrs. Revathi a primi gravida came to receive her Tetanus injections under this program.

9. Theme: Biomedical ethics [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. Autonomy | D. Justice |
| B. Beneficence | E. Patient preferences |
| C. Non-maleficence | F. Quality of life |

Questions: What ethical principle is involved in each of these scenarios?

9(i). Mr. Rajesh is a 36 year old single accountant who is visiting his family physician Dr. Dhruv for his annual health check-up. The doctor notices that Mr. Rajesh has lost a lot of weight and is looking dull and tired. He finds out that Mr. Rajesh has had fever several times in the past few months, and has a severe cough now as well. While examining him, he notices several needle marks and thrombosed veins on his arms, and gently enquires into the patient's substance abuse patterns. After discussing with him, he orders some tests and it is revealed that he is HIV positive. Mr. Rajesh's boss at work comes and asks the doctor about the results, but the doctor gently explains that the nature of the tests ordered implies that he cannot reveal the information without the consent of Mr. Rajesh.

9(ii). Ms. Dhanya is a 28 year old married software engineer. One morning she suddenly becomes very violent and aggressive and accuses her husband of trying to poison her and she refuses to go to work. She takes a knife and threatens to cut her wrists if her husband approaches her. He somehow brings her to the emergency department, but she shouts out loudly that she does not want any treatment and nobody can force her. The emergency physician on duty asks for a psychiatric consult, and she is given Inj. Haloperidol and Inj Promethazine. She falls asleep and she is admitted to the acute psychiatric ward.

9(iii). Dr. Johnson is a senior obstetrician working in a private hospital. He has a busy outpatient department, but the manager gently indicates that he has had slightly less number of operative cases this month. A rich, influential patient is in the labour room demanding a caesarean section. However, Dr Johnson feels strongly that there is no indication and refuses to take up the case without a trial of normal labour.

9(iv). Dr. Abdulla is an emergency medical officer working in a trauma centre. There is a patient seriously ill after a road traffic accident requiring his attention. At that time there is a politician who has brought his daughter who has fever with cough. Dr. Abdulla asks his assistant to see the politician's daughter and examine her while he stabilizes the accident victim. He promises he will see the politician's daughter once the sick patient is settled. The politician makes a big scene and telephones the director. Dr. Abdulla gets multiple phone calls on his mobile, but he refuses to change his course of action.

9(v). Dr. Tanya is an oncologist practicing in Delhi. She is treating a 30-year-old woman with advanced breast cancer. Dr. Tanya suggests her to go for surgery followed by radiotherapy, but the patient says she cannot afford it and wants to go home to her parent's house to die peacefully. She does not want to be a burden on others and has peacefully accepted that the end has come. Dr. Tanya is very upset, and tries hard to convince the patient, but ultimately goes along with the patient's wishes.

9(vi). Mr. Faizal is a 65-year-old gentleman with advanced Alzheimer's disease, and he is also diabetic and hypertensive. He has a diabetic foot that his doctors feel requires amputation. As Mr. Faizal's dementia is so advanced, he can barely recognise those around him and he cannot understand the implications of his condition. The doctors take the consent of his family, and go ahead with the procedure.

10. Theme: Health informatics [QUESTIONS. 10 (i) – 10(vi)] (Total: 6 Marks)
From the options 'A to F' given below, choose the best answer for the questions 10 (i) – 10 (vi)

Options:

- | | |
|--|--------------------------------------|
| A. Health information | D. Community data analysis |
| B. Health training and e-learning | E. Electronic medical records |
| C. Digital patient management systems | F. Medline searches |

Questions: What aspect of health informatics is referred to in each of these?

10(i). The National Health Systems Resource Centre gathers, aggregates and analyses information and uses the information to improve health systems.

10(ii). A software that stores individual health information, has standard templates for some conditions, may have sophisticated medicine management systems and has an efficient appointment booking and reminder system.

10(iii). Websites that offer training on various subjects and include interactive assessments and feedback are increasingly being used by many medical professionals.

10 (iv). Electronic printing of journals and textbooks has revolutionized the way doctors can learn.

10(v). Health-related information about a particular individual will be easily available for quick access when required.

10(vi). Although expensive to install and requiring considerable maintenance work and secure connections, this facility makes prescriptions and billing easier and more efficient.

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

QP CODE: 434024

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. You are working as a family physician in a rural area. You found that most of the patients coming to you, are having some or the other social problems like alcoholism, broken family or domestic violence. Now answer the following related questions in a family physician point of view. **(Total: 20 Marks)**
 - A. Do you want to approach the problem of your practice area in traditional method or holistic approach? Justify your decision **(6 Marks)**
 - B. What are the determinants of health of a community? **(2 Marks)**
 - C. As a part of the health promotional activities in your area, you would like to conduct a screening program. What are the four types of screening? **(4 Marks)**
 - D. What are the different levels of prevention? Explain with an example. **(4 Marks)**
 - E. You have identified alcoholism as one of the social problem in that area. Discuss the health promotion strategies you would like to follow in this area. **(4 Marks)**

2. Mr. Harish had some low back problem. Recently his brother expired due to cancer. He went to consult a very famous doctor in his town. The doctor gave him a list of costly investigations to do and some very expensive and latest medicines. But, after the consultation, Mr. Harish felt that the doctor did not listen to him properly and was not satisfied with the consultation. He now plans to go to another doctor in the neighbouring town. **(Total:20 Marks)**
 - A. What is ‘communication’? What are five basic elements in the communication process? **(5 Marks)**
 - B. List and explain ‘Patient characteristics’ that can influence communication. **(5 Marks)**
 - C. Explain in detail the communication process outlined in the CALGARY CAMBRIDGE GUIDE to the medical interview. **(10 Marks)**

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 questions 1(i) – 1(vi):

Options:

- | | |
|----------------------------------|-------------------|
| A. Professional | D. Medical expert |
| B. Friend, philosopher and guide | E. Role Model |
| C. Communicator | F. Collaborator |

Questions:

1(i). Dr. Yadhav was consulting a one-year old Raju for his recurrent respiratory infection. He suspected cardiovascular abnormality in Raju and had referred Raju to the cardiothoracic surgeon for further investigation and management. The cardiothoracic surgeon has confirmed Atrial Septal defect in Raju and asked Raju’s parent to bring him for six-monthly check-up. Dr. Yadhav continues to consult Raju and send his parents to the cardiothoracic surgeon with

detailed information on growth and development of Raju. What is the role Dr. Yadhav has taken here?

1(ii). Dr. Sanjeev runs a clinic with two junior doctors and eight nurses. He always comes on time for work and he is very sincere towards his patient care. He takes utmost care, not to allow any unintentional error to happen with respect to patient care. He ensures that he doesn't speak over mobile phones continuously during his consultation time. He treats every patient equally without any discrimination. What role is he exhibiting?

1(iii). Mr. Raman, 63 years, a known case of diabetes and hypertension on treatment comes to Dr. David with a neck pain and feeling of mild indigestion. Dr. David examined him and advised an ECG as part of his initial evaluation. Which role did he exhibit?

1(iv). Mrs. Malathy has brought her 2 year old child with the complaint of diarrhea for the past two days. Dr. Subitha asked the mother to give oral rehydration therapy (ORS) to child and advised on hand hygiene. Mrs. Malathy was not happy and insisted to give antibiotic to the child to stop the diarrhea as soon as possible. Dr. Subitha explained that most of the diarrhea in young children is due to virus and antibiotics are not required. She also explained the role of ORS in replenishing the fluid and electrolyte loss. With this Mrs. Malathy got convinced and she sincerely adhered to doctor's advice. What role did Dr. Subitha fulfill here?

1(v). Dr. Navya is counseling a 45 year old widow, Mrs. Rani, who is been diagnosed with breast cancer. Mrs. Rani is the mother of two young children and she is the sole bread winner of the family. What role Dr. Navya is exhibiting?

1(vi). Dr. Amrithraj is a medical officer working in a rural primary health centre. He is esteemed as a good doctor by the local population. He takes good care of himself and as well as his patients' health. He doesn't smoke or drink alcohol. He does exercise regularly. Whatever he advices, his patients are very much willing to obey. What role as a doctor he is exhibiting here?

2. Theme: Responsibilities of A Family Physician [Questions 2(i)–2(vi)] (Total: 6 Marks)

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

Options:

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

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

2(i). Dr. Sami Ulla is very good at minor surgeries. One of his patients came with complaint of ulcer in the oral cavity. After examination he calls his colleague Dr. Ragav, an ENT surgeon for a second opinion. Both discussed the details of the condition and decided to refer this patient to the nearest district hospital for further management. However, Dr. Sami Ulla does safety netting that he will give the follow up and appropriate guidance whenever needed.

2(ii). Dr. Prasad is very good clinician. Even though he has clinics in the morning and in the evening, he goes for regular walk and takes short breaks between his work hours to keep himself fit and active. He also undergoes regular health check-ups for himself.

2(iii). Dr. Sachin is a busy practicing clinician. However, he pursues courses to refine his clinical skill and attends CME and conferences to update his knowledge regularly.

2(iv). Dr. Divya, runs a clinic with four junior nurses and one lab technician. She regularly conducts classes for them on common diseases prevailing in that area and monitors them when they do any procedures in the clinic.

2(v). Dr. Fredrick always tries to explain to the patient, the cause and prevention aspect of the disease. He also gives enough information on the adverse outcome of the treatment if it needs to be prolonged for longer duration.

2(vi). Dr. Zechariah is a medical officer in a rural PHC. He ensures that all the patients from that village receive equal and best possible care from his centre. He instructs all the staffs to treat every patient with due respect and clarify the doubt of the patient properly. Every patient along with medicines also receives health education.

3. Theme: Bio-medical Ethics [Questions 3 (i) – 3 (vi)] (Total: 6 Marks)
From options ‘A to I’ given below, choose the best answer for the questions 3(i) – 3(vi):

Options:

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

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

3(i). Dr. Latha was attending a patient with fever of unknown origin. During which she was called to attend another patient with dyspnoea and chest discomfort. She quickly explained the situation to the patient with she was attending and went to take care of the patient with chest pain.

3(ii). 90 year old Mr. Khan is diagnosed to have inoperable oral carcinoma. His physician advised him chemotherapy and radiotherapy. But he requested his physician only pain relief so that he could spend time with his family in his last days peacefully.

3(iii). Dr. Johnson is a senior obstetrician working in a private hospital. He has a busy outpatient department, but the manager gently indicates that he has had slightly less number of operative cases this month. A rich, influential patient is in the labour room demanding a caesarean section. However, Dr. Johnson feels strongly that there is no indication and refuses to take up the case without a trial of normal labour.

3(iv). Mr. Swaroop has a small wart on his right foot. When his family doctor advised him surgery, he requested the doctor to postpone the surgery because his daughter’s wedding is approaching soon. But the surgeon insists that it has to be operated immediately. What is this attitude of the surgeon called?

3(v). Mr. Mathew was brought to the hospital with severe head injury and impending death if not immediately operated. The emergency team in the hospital is deciding to proceed with operation even before his relatives could arrive and give consent. What is the most important

aspect of four topic approach you will chose considering two medical ethical principles are being opposed?

3(vi). Dr. Tanya is an oncologist practicing in Delhi. She is treating a 30 year old woman with advanced breast cancer. Dr. Tanya suggests her to go for surgery followed by radiotherapy, but the patient says she cannot afford it and wants to go home to her parent's house to die peacefully. She does not want to be a burden on others and has peacefully accepted that the end has come. Dr. Tanya is very upset, and tries hard to convince the patient, but ultimately goes along with the patient's wishes.

4. Theme: Community Oriented Primary Care [Questions 4 (i) – 4 (vi)] (Total: 6 Marks)

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

Options:

- | | |
|--------------------------------------|---|
| A. Surveillance | E. Program evaluation |
| B. Intervention strategies | F. Training and Working with
community health workers |
| C. Initiation of intervention | G. Health promotion at individual level |
| D. Defining the community | |

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

4(i). Dr. Sujitha, started a small clinic in a remote village, slowly 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 do. This enabled her to understand the population she is going to work with.

4(ii). In few months' time, Dr. Sujitha found that many children less than two years of age are coming with severe lower respiratory tract infection. She sent the health workers from her clinic to go house to house and study the child rearing practice, breast feeding and hand hygiene practices followed among the village women.

4(iii). From the interaction with the health workers she found lot of wrong practices followed in that area among village women. Dr. Sujitha arranged for a meeting with the health workers and nearby local medical authorities to discuss the ways these problems can be handled.

4(iv). Dr. Sujitha decided to conduct regular health education sessions for village women with the help of the local people and ASHAs. Once a month, ASHA will gather a group of women in the village. Dr. Sujitha with trained health worker goes to the field and conduct health education on infant and young child feeding practices and good hand hygiene practices.

4(v). Dr. Sujitha through her master trainer, trains community health workers from the local villages. These trained community health workers meet with mothers at their houses to educate on causes and prevention of pneumonia, diarrhoea among young children. They were asked to discontinue oil instilling practices to prevent childhood pneumonia.

4(vi). In six months time Dr. Sujitha 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.

5. Theme: National Health Programs [Questions 5 (i) – 5 (vi)]

(Total: 6 Marks)

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

Options:

- | | |
|---|---|
| A. National Vector Borne Diseases Control Program (NVBDCP) | H. National Programme for Health Care of the Elderly (NPHCE) |
| B. Revised National Tuberculosis Control Program (RNTCP) | I. Integrated Child Development Services Scheme (ICDS) |
| C. Universal Immunization Program (UIP) | J. National Nutritional Anaemia Prophylaxis Program |
| D. National Cancer Control Program | K. Reproductive and Child Health Program |
| E. National Mental Health Program | L. Special Nutrition Program (SNP) |
| F. National Program for Control and treatment of Occupational Diseases | M. National Welfare Programs |
| G. National Program for Prevention and Control of Deafness | N. Kishori Shakthi Yojana (KSY) |

Questions: What is the program?

5(i). The program run by Women and Child Welfare department to address the malnutrition among under-five children and takes care of the extra calorie requirement for the pregnant and lactating mother.

5(ii). The program run by Central and State Government, under the Ministry of Health and Family Welfare for the care of the pregnant mother which includes antenatal, delivery and postpartum services and Child survival services for newborns and infants.

5(iii). Recently breast self-examination and pap smear investigation are emphasized for early detection in this program.

5(iv). Directly observed treatment short course is one of the main strategies in this program.

5(v). Currently MR (Measles and Rubella) vaccine has been included in this program.

5(vi). The World Health Day 2017 theme is related to this program?

6. Theme: Levels of Prevention in Primary Care [Questions 6 (i) – 6 (vi)] (Total: 6 Marks)

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

Options:

- | | |
|---------------------------------|---|
| A. Tertiary prevention | F. Mass prevention |
| B. Primordial prevention | G. Primary prevention |
| C. Organized prevention | H. Secondary prevention |
| D. Horde prevention | I. Social catastrophe prevention |
| E. Elementary prevention | |

Question: What is the type of prevention in the following situations?

6(i). Introducing regular classes on Road traffic rules for school children.

6(ii). Doing Pap smear for all women more than 30 years of age.

6(iii). Reducing salt, eating fruits and vegetables and doing physical activity by an over weight person.

- 6(iv). A known diabetic patient comes to your clinic with small non-healing ulcer in the foot.
- 6(v). Giving Vitamin A solution along with Measles vaccine for infants.
- 6(vi). A known hypertensive patient on regular treatment undergoes annual fundus examination.

7. Theme: Health Informatics [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. Incomplete data entry | E. Ensuring backup supply |
| B. Training of staff | F. Data analysis |
| C. Security of Health Information system | G. Data Reporting |
| D. Delayed data entry | H. Correct data collection |

Question: Choose the right words to describe what has happened in the following situations.

- 7(i). Dr. Grace wanted to know the association of health education and the treatment compliance for diabetes and hypertension. She takes the help of the biostatistician to analyse the chronic disease register in her clinic.
- 7(ii). Dr. Prem organises a training program for their staff before he implemented a software in his health information system
- 7(iii). Dr. Krishna Rao has installed an inverter for his clinic to keep the computers and other equipment functioning during a power failure.
- 7(iv). Dr. Hari has instructed his staff to keep double password for the patient details stored in his office system. He has also ensured only the data entry operator access the system and nobody else without his permission.
- 7(v). The health workers are entering the data into a notepad then and there while they were doing the data collection.
- 7(vi). Dr. Lal has employed some paid volunteers to do data collection for a survey in his field practice area. These volunteers didn't carry enough proforma during the survey and they decided to collect information orally and enter the data later into the proforma. In this process they missed out lot of information.

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 questions 8 (i) – 8 (vi):

Options:

- | | |
|--------------------------|-------------------------------|
| A. Antenatal check-up | D. Chronic illness home visit |
| B. Acute care home visit | E. Post-operative home visit |
| C. Bereavement visit | F. Palliative care home visit |

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

- 8(i). Mrs. Martha is 85 year old is suffering from stage four endometrial cancer. She is not willing for any treatment. She wants to die peacefully. However, she needs supportive management for her bleeding PV and pain.

8(ii). Mrs. Malar is known hypertensive under your follow-up care. She has lost her 50 year old husband due to sudden heart attack a month back. You came to know that she is not taking any medicine and have not come for any follow-up visit to your clinic. You would like to visit her.

8(iii). Mr. Sankar has suddenly become unconscious at home. He was a known hypertensive on irregular treatment.

8(iv). Mrs. Karunya is G3L0A2 is diagnosed with Antepartum haemorrhage with placenta praevia. She was advised complete bed rest and restriction of activity. You wanted to assess the growth of the baby by doing a home visit.

8(v). Mrs. Sarathi has undergone chemo-radiotherapy for her breast cancer. She is very weak and not feeling comfortable to go for any health check-up as of now.

8(vi). Mr. Rana has undergone big toe amputation due to an injury. He is a known diabetic. You wanted to see the wound healing.

9. Theme: Consultation Models [Questions 9 (i) – 9(vi)]

(Total: 6 Marks)

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

Options:

A. Balint Model

B. Traditional Medical Model

C. Patient-centred Model

D. Calgary-Cambridge Model

E. Three-stage Assessment Model

F. RCGP tri-axial model

G. Byrne & long

H. Scott & Davis

I. Pendleton et al

Questions: Identify the consultation model

9(i). This consultation model is an approach which encompasses ‘the patient’s total experience of illness’, and it has come to represent the defining philosophy of general practice, emphasizing the importance of taking patient beliefs and characteristics into consideration when making clinical decisions.

9(ii). This consultation model brought prominence to the importance of defining patient and doctor (as well as illness) factors in general practice consultations.

9(iii). This consultation model takes into account clinical assessment, individual assessment and contextual assessment.

9(iv). This consultation model goes through the routine of History taking- Examination-Tests-Diagnosis-Treatment-Follow-up.

9(v). This consultation model has 6 phases of consultation - Establish relationship, reason for coming, verbal and physical examination, sharing about illness/management and termination of consultation.

9(vi). This consultation model highlights the exceptional potential of every primary care consultation to address co-morbidity, offer health promotion and to negotiate help-seeking behaviour with patients.

10. Theme: Referrals in Family Practice [Questions 10 (i) – 10 (vi)] (Total: 6 Marks)

From options 'A to F' given below, choose the best answer for questions 10(i) – 10(vi):

Options:

- | | |
|-------------------------------|----------------------------------|
| A. Collusion referral | D. Collaborative referral |
| B. Interval referral | E. Split referral |
| C. Collateral referral | F. Cross referral |

Questions: Identify the type of referral.

10(i). You have referred Mr. Raman a Diabetic under your care to an ophthalmologist for his cataract surgery.

10(ii). You have diagnosed Mrs. Janaki to have Antepartum Haemorrhage during this pregnancy. You have referred her to a gynaecologist for further management.

10(iii). 68 year old Mr Somu, a known hypertensive and your regular patient is referred for dental surgery. The dentist has asked for your help in managing his blood pressure levels during surgery and post-operative period.

10(iv). You are the Family Physician. One of your patient on antiepileptic drugs. Recently he is not responding to treatment. You would like to get a second opinion from a neurologist.

10(v). You are a family physician, you have to be out of station for a month. You are requesting your regular patients to well-known doctor for that period of your absence. The other doctor also agreed to take care of the cases and refer back once you come back to station.

10(vi). Dr. Rahuman is a casualty medical officer. His work is to assess the condition of the patient arriving at casualty. If that can be managed by himself, he will do the initial management and later he will refer them to respective speciality.

FINAL YEAR THEORY EXAM FEBRUARY 2019
PAPER IV – FAMILY MEDICINE AND PRIMARY CARE

QP CODE: 434024

Time: Three Hours

Maximum Marks: 100

INSTRUCTIONS

- The paper is for a total of **100 Marks**.
- All questions are mandatory. **Answer ALL** the questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** has **Descriptive Type Questions (40 Marks)**.
 - There are **2** questions in this part.
- **Part B** has Objective type **Extended Matching Questions- EMQs (60 Marks)**.
 - There are **10** sets of these questions.
 - Each set has **6** questions.
 - Each question carries 1 mark.
 - The **theme** of each set is mentioned at the beginning.
 - In each set there are **options** 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)] (Total: 6 marks)
From options ‘A to I’ given below, choose the best answer for the questions 3(i) –3(vi):

Options:

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

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

3(i). Mr. P feels sad all the time and he has lost interest in meeting with friends...

3(ii). Mr. A has a fluctuating mood. Sometimes he is very enthusiastic and sometimes he is ...

- Match each question to a **single best option** and write it in your answer paper like this:
- Each option may be used more than once. Some options may not be used at all.

3(i)	B
3(ii)	C
3(iii)	B
3(iv)	D
3(v)	A
3(vi)	G

PART – A

DESCRIPTIVE QUESTIONS

(ANSWER ALL QUESTIONS)

1. A few medical students are visiting your clinic where you provide primary care. Answer the following questions they ask you, as a family physician. (Total: 20 Marks)

- A. What are the two approaches to health care delivery and what are the differences between the two? **(5 Marks)**
- B. Define the four levels of prevention of disease and give an example for each. **(4 Marks)**
- C. Describe the four types of screening with examples. **(4 Marks)**
- D. One of the medical students, describes a clinic in a rural location which is poorly organized and hence does not provide effective preventive services to the community. This student wants to work there after completing her studies. She asks you to suggest possible solutions to improve preventive services there. **(2 Marks)**
- E. As a family physician, when you practice health promotion, you see every individual go through different stages to transform their habits and lifestyles. Name each stage of the ladder of behavioural change and describe what happens in each stage. **(5 Marks)**

2. You are invited to speak at a CME where doctors from various specialties will be present. Please answer the following questions. (Total:20 Marks)

- A. List any four differences between Family Medicine and Community Medicine. **(4 Marks)**
- B. What did Dr. Ian R. McWhinney mean when he said, “The Family Physician views his practice as a population at risk”? **(2 Marks)**
- C. Give five reasons as to how ‘Family Medicine Practice’ is essentially a community-based specialty. **(10 Marks)**
- D. Explain the process of Community Oriented Primary Care (COPC). **(4 Marks)**

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 J’ given below, choose the best answer for questions 1(i) –1(vi):

Options:

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

Questions: Identify the bio-medical ethical principle involved in the following scenarios:

1(i). Mrs. Janaki is 79 years old and had a fall resulting in a fracture of the left femur, for which her doctor has suggested surgical repair. Mrs. Janaki does not want to undergo surgery and desires conservative management.

1(ii). Dr. Abdul was in the middle of a chronic disease follow up consultation when he was called to attend to a patient in the casualty who had been bitten by a snake. He quickly explained the situation to the patient he was with and rushed off to attend to patient in the casualty.

1(iii). Mrs. Bhuvana has come with her husband with an antenatal scan done outside at 13 weeks. The result is not within the normal range and it was suggested that further investigation is required. The couple wants to consider an MTP. Which principle of ethics is challenged here?

1(iv). Mrs. Vijila was diagnosed in the casualty with an ectopic pregnancy which needs surgery immediately, but she has some risks for anaesthesia. What is the most important aspect of the four topic approach you will choose, considering two medical ethical principles are being opposed?

1(v). Mr. Ramesh has a hydrocele for which he was advised surgery. He says his daughter's wedding is in 3 weeks and hence cannot undergo surgery now. But Dr. Kalpana insists that it has to be operated immediately. What is this attitude of the surgeon called?

1(vi). 24 year old Jayram sustained a head injury and a chest injury during a road traffic accident and was brought in unconscious condition. The doctors went ahead with surgical intervention to save his life even before getting consent from his family.

2. THEME: NATIONAL HEALTH 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. National Vector Borne Diseases Control Program | H. Revised National TB Control Program (RNTCP) |
| B. National Cancer control program | I. Reproductive and Child Health Program (RCH) |
| C. National AIDS control program | J. Kishori ShakthiYojana |
| D. Universal Immunisation program | K. Janani Suraksha Yojana |
| E. Special Nutrition Program | L. Rashtriya Swasthya BimaYojana |
| F. Mid-day meal program | |
| G. Integrated Child Development Services Scheme | |

Questions: Identify the national health program described in the following scenarios:

2(i). Dr. Naguib is able to convince the patients who come for ante-natal care to him to opt for Institutional delivery because of this program.

2(ii). In areas endemic for kala-azar, indoor residual spray with DDT is used, up to 6 feet height from the ground twice annually through this program.

2(iii). Dr. Jonathan counsels and tests, all pregnant women, to prevent parent to child transmission of disease through this program, for free.

2(iv). Dr. Sheela diagnosed many children in her PHC with PEM. Through this program she

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.

2(v). Dr. Suprita makes tetanus vaccine available to all pregnant mothers through this program.

2(vi). The government provides Rs.8000/- per camp to NGO's for information-education-communication (IEC) activities as part of the decentralised NGO scheme under this program.

3. THEME: HEALTH INFORMATICS [Questions 3(i) – 3(vi)] (Total: 6 Marks)

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

Options:

- | | |
|----------------------|--|
| A. Data entry | F. Data analysis |
| B. Training of staff | G. Data Reporting |
| C. Data Security | H. Data Collection |
| D. Power back up | I. Appointment booking and management system |
| E. Recall system | |

Questions:

3(i). Dr. Jithin found out that one of his ward boys was gathering information about a patient from the computer, as his friend wanted some information. Which aspect of clinical information storage is weak here?

3(ii). The computer in Dr. Suresh's clinic crashed all of a sudden and the data in it could not be retrieved from it. However, Dr. Suresh has backed up all the data in a remote location and was able to access it easily. Which aspect of clinical information storage is strong here?

3(iii). Dr. Jacintha 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 her clinic are entered into the system. Which aspect of clinical information storage is good here?

3(iv). In Dr. Hari's clinic, reception staff do not have access to the digital clinical records of patients. Which aspect of clinical information storage is strong here?

3(v). Dr. Janani does immunizations on Friday in her family medicine practice. Her clinical patient data management system is programmed to automatically send a SMS text messages, one day earlier to those who need to bring in their children for vaccination. Which aspect of clinical information storage is strong here?

3(vi). Dr. Pawan who works in a remote rural area, has invested Rs.2 lakhs on solar panels for uninterrupted power supply for his 10 bedded hospital. Which aspect of clinical information storage is Dr. Pawan trying to strengthen here?

4. THEME: ROLES OF A FAMILY PHYSICIAN [Questions 4(i) – 4 (vi)] (Total: 6 Marks)

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

Options:

- | | |
|--------------------|-------------------|
| A. Health advocate | C. Communicator |
| B. Role model | D. Medical expert |

- E. Scholar and teacher
- F. Collaborator
- G. Manager

- H. Professional
- I. Friend
- J. Philosopher

Questions:

4(i). Baby Ronald is an 8 month old, brought with a 2 day history of vomiting and loose stools that had some blood in it. Dr. Mahesh took a proper history, examined him and diagnosed him to have some dehydration and started the plan B treatment with ORS. He also started him on syrup cotrimoxazole since he had blood in his stools. What was the role exhibited by Dr. Mahesh?

4(ii). 65 year old Mr. Chetan has been examined by Dr. Senthil in the casualty, after he had lost consciousness at home. Mr. Chetan was found to be hypoglycemic, which Dr. Senthil began correcting. After he started management, he called Mr. Chetan's son and explained the situation and informed him that if Mr. Chetan does not regain consciousness in a short while, he will need further investigation to identify the cause. The role exhibited by Dr. Senthil is-

4(iii). Mr. Chetan's blood pressure was also elevated and 10 minutes later, he was still unconscious. So, Dr. Senthil called a local scan center, communicated his condition and referred Mr. Chetan for a CT. He also told the nurse to call the ambulance driver and shift him at the earliest. What is the foremost role exhibited by Dr. Senthil here?

4(iv). Dr. Jayakumar works in a factory as a medical officer. He noticed that those workers who eat lunch provided by the factory canteen come often with complaints of loose stools; he approached the factory owner and requested him to ensure that hygienic conditions are maintained in the kitchen and canteen. What is the role exhibited by Dr. Jayakumar?

4(v). Dr. Kalaivani takes regular classes for the nurses posted in her unit. What role is Dr. Kalaivani exhibiting?

4(vi). 45 year old Dr. Sangeetha goes for a morning walk every day and keeps herself fit. When asked why, she says that doing so helps her to advise her diabetic and hypertensive patients about healthy lifestyle practices. The role exhibited by Dr. Sangeetha is -

5. THEME: CHRONIC DISEASE FOLLOW UP [Questions 5(i) – 5(vi)] (Total:6 Marks)

From options 'A to F' given below, choose the best answer for questions 5(i) – 5(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: Which aspect of chronic disease follow-up is the focus on, in the following scenarios?

5(i). Dr. Atul uses a paper based register recall system to follow-up his patients who are HIV positive, at the end of each month.

5(ii). Dr. Sampath sends a health worker to visit to all his patients who have had a stroke and are bed-ridden.

5(iii). Dr. Kavya has employed a nurse educator to teach SMBG (Self-Monitoring of Blood Glucose) to her diabetic patients.

5(iv). Dr. Sowmya performs a foot examination for all her diabetic patients every six months.

5(v). Dr. Prabhu has 2 health workers in his OPD to hold focus group discussions with diabetic patients and their relatives.

5(vi). Dr. Pricilla, a Family Physician, has arranged for an appointment for her patient Vimala, with the Ophthalmologist, as she has both diabetes and hypertension.

6. THEME: FAMILY PRACTICE MANAGEMENT [Questions [6(i) – 6 (vi)]

(Total: 6 Marks)

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

Options:

- | | |
|--|---|
| A. Managing the building & physical infrastructure | E. Management of time |
| B. Managing the equipment, stores and facilities | F. Manage health resources available to the community |
| C. Managing the 'patient experience' in the practice | G. Management of money |
| D. Managing the staff | H. Managing medical representatives and vendors |

Questions:

6(i). Dr. Kailash is a young Family Physician who decided to start a Family Practice and he took advance money for 2 rooms in the 7th floor of a building right in the middle of the city. Dr. Kishore, an older Family Physician advised him to choose a place in a sub-urban area, on the ground floor. What was Dr. Kishore teaching Dr. Kailash to do?

6(ii). Dr. Umesh, a young Family Physician picked up a bright boy in the local neighbourhood and he got him trained in Tally, a finance software and made sure that his practice accounts were maintained up-to-date. He also got an auditor to audit it at the end of the year. Which aspect of family practice management was Dr. Umesh addressing?

6(iii). Dr. Bhagath gives appointments to all his diabetic patients and enters their names in the Call-Recall register.

6(iv). Dr. Ketan was given a cheque by a local CT scan centre for Rs. 2000 for the patient he referred for scan that week. Dr. Ketan returned the cheque to the scan centre owner and explained that he considers it unethical and hence will not take it.

6(v). Dr. Rakesh is a Family Physician in Mumbai, he invested in a large LCD screen for his OPD waiting room which he uses to display many short films on various health topics.

6(vi). Dr. Mukesh holds regular meetings with his nurses and teaches them to read one ECG a week.

7. THEME: PRINCIPLES OF FAMILY MEDICINE [Questions [7 (i) –7 (vi)]

(Total: 6 Marks)

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

Options:

- | | |
|----------------------|-------------------------------------|
| A. Screening | C. Unique consultation process |
| B. Personalized care | D. Diagnosis of established disease |

- E. Comprehensive care
- F. Management of complications
- G. Continuity of care
- H. Community orientation

- I. Terminal Care
- J. Family Care
- K. Health Promotion

Questions: Which area of care in family medicine is described in the following scenarios?

7(i). Dr. Eunice is a family physician who has trained health workers to go into the villages they work with, every three weeks, and do role plays, puppet shows and songs about healthy lifestyle practices and common illnesses.

7(ii). The day after doing the street plays, Dr. Eunice's team visits the community again to check BP, weight and BMI; check immunization status; check for HIV positive persons etc. according to the topic of their street play, the previous day.

7(iii). Mr. Gokul is one of the patients under Dr. Eunice's care. He brought his sister who lived in another village because she had lost weight and was having high fever for a 'long time'. On examining her, Dr. Eunice discovered that she has an advanced cervical cancer.

7(iv). About 6 months later, Dr. Eunice was requested by Mr. Gokul to come and see his sister Vimala, who was bedridden and had been brought to live in his home as the treatment she had taken in the city had not helped her. Dr. Eunice taught Mr. Gokul and his wife how to care for Vimala to make her as comfortable as possible.

7(v). Mrs. Gokul came to Dr. Eunice about a month later saying that Vimala was unable to pass urine. Dr. Eunice visited Vimala along with her nurse and after examining her found that she had retention of urine and hence catheterized her. She also instructed the nurse to visit Vimala after 2 weeks to change the catheter.

7(vi). Dr. Eunice spent time with Mrs. Gokul who was looking anxious and tired. She found out that Mrs. Gokul was stressed because she had to care for her husband and children, besides caring for Vimala, she said she felt she was unable to do everything right. Dr. Eunice counseled her and advised Mr. Gokul to request other women from his family to come support his wife in caring for Vimala.

8. THEME: CONSULTATION IN FAMILY MEDICINE[(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. Signposting | F. Summarising |
| B. Shared management | G. Safety net |
| C. Transferring the responsibility | H. Chunking |
| D. Individual assessment | I. Fragmentation |
| E. Social history | J. De-chunking |

Question: Choose the term that describes different aspects of the consultation process narrated below:

8(i). Dr. Nayak said, "Before I move on to the examination, is there anything else you want to tell me about?"

8(ii). Dr. Madhan says “What are the reasons for you coming to see me today? What are your ideas? What are your concerns? What are your expectations?”

8(iii). Dr. Sumita says, “Based on your history and examination, we are dealing with a condition called...”

8(iv). Dr. Suman explains the details of the problem in smaller bits so that the patient will understand the information easily.

8(v). Dr. Rohit says, “I think I understand the problem now...shall we talk about what we can do about it?”

8(vi). Dr. Kamalash tells his patient, “I do not expect you to have any problems but if you develop any problems, please call me on this number.”

9. THEME: TYPES OF MEDICAL RECORDS [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.** Patient-held medical records
- B.** Progress notes
- C.** Source-oriented medical records
- D.** Electronic medical records

- E.** Problem-oriented medical records
- F.** Hospital-maintained medical records

Questions: What is the best type of medical record for each of the following scenarios?

9(i). Dr. Aruna consults every evening in a single room of a building in a village, which is a kindergarten school during the day. She has one dedicated nurse who assists her. Although she is concerned about safety of the records, she is also aware that patients in the locality have become physically violent with other doctors, on the basis of alleged malpractice.

9(ii). Dr. Mohan, is a Family Physician, who works in the casualty department of a district hospital. He and his team attend to more than 50 patients per day, and hence are over-worked. After acute management is done, patients are sent to various specialties for further care. Dr. Mohan’s team need to communicate the most important information quickly and accurately. Therefore, the team records basic information about presenting complaints and examination, laboratory data, and radiological reports, if any.

9(iii). A new medical college is being built in a rural area of India. The college needs to establish a detailed medical records system. Although majority of the staff are not computer-literate, manpower and space are not issues, but funding is limited.

9(iv). In a surgical inpatient unit, the head of the unit needs to know the clinical status of each patient daily. He has different junior doctors and nurses on duty who work different shifts. He suggests a uniform format that includes subjective details including any current complaints, objective details including important examination findings and test results, assessment (including working diagnosis) and plan for the day.

9(v). Dr. Jagan runs a psychiatric clinic. Many of his patients have multiple psychosocial issues and family problems in addition to their primary psychiatric diagnoses, and he needs to remember these issues in order to provide relevant and meaningful therapy. His records need to have details of the diagnosis, and the specific psychological and social problems unique to each

patient. He also needs the provision to document his plan and chart the patient's progress over time.

9(vi). Mrs. Jascinta, the CEO of a large private hospital, has increasingly been getting requests from patients for their health-related information for insurance purposes. Mrs. Jascinta wants to re-organize the medical records system in her hospital.

10. THEME: REFERRALS IN FAMILY PRACTICE [Questions [10 (i) –10 (vi)]

(Total: 6 Marks)

From options 'A to F' given below, choose the best answer for questions 10(i) –10(vi):

Options:

- A.** Collusion referral
- B.** Interval referral
- C.** Collateral referral

- D.** Collaborative referral
- E.** Split referral
- F.** Cross referral

Questions: Identify the type of referral

10(i). You refer Mrs. Mymoon who has been your regular patient for 10 years, for removal of cataract.

10(ii). 35 year old Karthik had a road traffic accident on his way to a neighbouring city, where he lives. He has been brought to your clinic for acute care. After stabilizing him, and immobilizing his arm, you refer him to an orthopedic surgeon in his city.

10(iii). 57 year old Mr. Thomas, a diabetic and your regular patient, is referred for hydrocelectomy. The surgeon has asked for your help in managing his blood sugar levels during the surgery and post-operative period.

10(iv). You are the Family Physician for 70 year old Mr. Das. He has recently been diagnosed with Parkinsonism which is not responding to treatment. You would like to get a second opinion from a neurologist.

10(v). When Mr. Sekar was referred to a corporate hospital for a diabetic foot amputation, he was operated by a surgeon, his high blood pressure was managed by a physician, his asthma was taken care of by a pulmonologist, and his diabetes was taken care of by an endocrinologist.

10(vi). Dr. Muthu works in the emergency department of a multi-specialty hospital. He assesses the patients arriving in the emergency room, stabilizes them and refers them to the respective departments.
