

(LM 0218)

M.MED. FAMILY MEDICINE

(Sub: Code: 4004)

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

QP.CODE: 434004

Time: Three Hours

Maximum Marks: 100

INSTRUCTIONS

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

Example:

3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)

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

Options:

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

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

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

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

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

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

PART – A
DESCRIPTIVE QUESTIONS
(ANSWER ALL QUESTIONS)

1. **Dr. John Murtagh says, “Family Physicians are ideally placed to undertake health promotion and prevention”.** (Total: 20 Marks)
- A. Why does he say so? Give three reasons. (3 Marks)
 - B. What are the levels of prevention? Explain each level briefly with examples. (5 Marks)
 - C. What are the characteristics of family medicine defined by WONCA?
Explain each characteristic briefly. (6 Marks)
 - D. What are the components of health promotion? Explain each term. (2 Marks)
 - E. What are the four types of screening? Explain with examples. (4 Marks)
2. **As a general practitioner, you know that a good consultation is a very important aspect of Family Medicine practice. Discuss the following:** (Total: 20 Marks)
- A. Define consultation. What are the objectives of consultation? (3 Marks)
 - B. What is three stage assessment? Explain with an example. (6 Marks)
 - C. Explain the steps of Calgary Cambridge model of communication. (6 Marks)
 - D. Explain the barriers in delivering promotive care and possible solutions in a consultation. (5 Marks)

PART – B
EXTENDED MATCHING QUESTIONS
(ANSWER ALL QUESTIONS)

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

Options:

- | | |
|------------------------------|---------------------------------|
| A. RCGP tri axial model | E. Balint model |
| B. Byrne and long model | F. Three stage assessment model |
| C. Scott and Davis model | G. Pendleton et al. |
| D. Traditional Medical Model | H. Patient centered model |

Questions:

- 1(i). In this model, during consultation, integration of physical, psychological and social factors are taken into consideration about health and illness.
- 1(ii). In this model, during consultation, both physician and patient factors are taken into consideration.
- 1(iii). This model goes through history taking, examination, tests, diagnosis, treatment and follow-up.
- 1(iv). This model emphasizes on presenting problem, persisting problems, modifying the pattern of health seeking behavior and opportunistic health promotion.
- 1(v). This model consists of reason for attending, other problems/risk factors, shared understanding, appropriate action, relationship; resource of time and involve patient.
- 1(vi). This model involves clinical assessment, individual assessment, and contextual assessment.

2. Theme: Nine Levels of Care [Questions 2(i) – 2(vi)]

(Total: 6 Marks)

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

Options:

- | | |
|-------------------------------------|--------------------------------|
| A. Prevention | F. Management of complications |
| B. Screening | G. Rehabilitation |
| C. Early diagnosis | H. Terminal care |
| D. Diagnosis of established disease | I. Counselling |
| E. Management of disease | |

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

2(i). Mr. R has come with headache to you. You take a good history and do complete clinical examination and diagnose it to be a tension headache. You encourage him to talk to you about his home and work-related problems.

2(ii). Ms. M has come with knee swelling and you on investigations find out that she has osteosarcoma.

2(iii). Mr. J has come to you for the first time. He is a diabetic and takes medicines from different doctors irregularly. You examine him, order relevant investigations, prescribe the necessary medicines and make a follow-up plan for him.

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

2(v). Mrs. S comes to you with cough and fever for 2 days. You find on examination that her radial pulse rate is 90/minute, B.P is 100/70mmHg and respiratory rate is 28/minute. You suspect that she has pneumonia and start her on antibiotics. She becomes well in 2 days.

2(vi). You teach Ms. R how to give subcutaneous morphine injections for her father who has a Pancoast tumour of the lung with severe pain.

3. Theme: Uniqueness Of Family Medicine [Questions 3(i) – 3(vi)]

(Total: 6 Marks)

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

Options:

- | | |
|--------------------------------|-----------------------|
| A. Family Medicine | C. Community Medicine |
| B. General (Internal) Medicine | D. Emergency Medicine |

Questions: Distinguish between the 4 specialties mentioned above:

3(i). Dr. A. tells his patient, "I do not expect anything to go wrong till I see you again next Friday, but in case you develop any breathing difficulty or tightness in the chest, please feel free to call my clinic. The phone number is on your folder." This 'safety-netting' is typical of this specialty.

3(ii). Mrs. P has Rheumatoid Arthritis. After reviewing the results of the basic investigations, Dr. R orders HLA typing. This 'disease depth' is typical of this specialty.

3(iii). Mrs. S comes to you with complaints of fever for 4 days. You examine her thoroughly and find no focus of infection. You explain the 'red flags', treat her symptomatically and provide 'safety-netting'. This 'dealing with uncertainty' is typical of this specialty.

3(iv). Dr. S visits the neighboring village with a team from the hospital and conducts mass health education on HIV. This type of 'health promotion' is typical of this specialty.

3(v). Dr. K did a stomach wash for a patient with organophosphorus poisoning and then transferred the patient to the ICU for further management. This is type of 'initial care' is typical of this specialty.

3(vi). After being informed of a recent outbreak of diarrhea in a village, Dr. R sends a team to bleach all the wells in Karadikulam village. This is type of 'public intervention' is typical of this specialty.

4. Theme: Use Of Medical Records [Questions 4(i) – 4 (vi)] (Total: 6 Marks)

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

Options:

- | | |
|---------------------------------------|-------------------------------|
| A. Promotion of preventive care | D. Continuity of care |
| B. Enhancing the quality of referrals | E. Audits |
| C. Simplification of data collection | F. Chronic disease management |

Questions: Choose the way medical records have been useful in the following scenarios:

4(i). When Mrs. N needed a referral for her illness, Dr. L could give all the old records including drug interactions and allergies within a very short time.

4(ii). Dr. K is able to find out the exact number of viral diarrhea patients last year.

4(iii). Dr. B is able to do under five screening in all the families where patients are on ATT.

4(iv). Dr. S is able to ask for retinopathy screening for all his patients without fail.

4(v). Dr. G found out from his records that in a community of people living around five kilometers away from his place of practice, there are many hypertensives and he sent his health workers to give health education about healthy living and importance of screening.

4(vi). Dr. D and his team are able to discuss the statistics about the patients and the expenditure and income details every month in team meeting.

5. Theme: Referrals in Family Practice [Questions 5 (i) – 5 (vi)] (Total: 6 Marks)

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

Options:

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

Questions: What type of referral is done in the following case scenarios?

5(i). Mr. S has come with clinical features of perforation and acute abdominal pain and you refer him to a surgeon immediately. He is not your regular patient.

5(ii). Mr. P, whom you are treating for diabetes has developed retinopathy. You have referred him to an ophthalmologist for Laser therapy. The ophthalmologist daily calls you for his diabetic management.

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

hervalvotomy she comes back to continue her antenatal care with you. You regularly contact the cardiologist for continuing care.

5(iv). Mr. R comes to you with a compound fracture of his forearm. You refer him to an Orthopedician for an open reduction. He belongs to the nearby state and he has injured himself on the way to his relatives' house.

5(v). Ms. G goes to a doctor with headache for 2 months and the doctor referred her to an ophthalmologist, neurophysician, ENT specialist and a Psychologist for check-up.

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

6. Theme: Consultation [Questions 6(i) – 6 (vi)] (Total: 6 Marks)
From options 'A to I' given below, choose the best answer for the questions 6(i) – 6(vi):

Options:

- | | |
|------------------------------------|------------------|
| A. Signposting | F. Summarizing |
| B. Shared management | G. Safety net |
| C. Transferring the responsibility | H. Chunking |
| D. Individual history | I. Fragmentation |
| E. Social history | |

Questions: Match the following statements made by different Family Physicians during consultation to the correct aspect of consultation listed in the options above:

6(i). “Before I move on to the examination, is there anything you want to tell me about?”

6(ii). “What are the reasons for your consultation? What are your ideas? What are your concerns? What are your expectations?”

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

6(iv). Dr Nitin explains in smaller bits so that the patient will understand the information

6(v). “I think we understand the problem now...shall we discuss about what we shall do about it?”

6(vi). “I do not expect you to have any problems but if you have problems, please call me on this number.”

7. Theme: Characteristics of Family Medicine [Questions 7(i) –7(vi)] (Total: 6 Marks)
From options 'A to I' given below, choose the best answer for questions 7(i) – 7(vi):

Options:

- | | |
|--------------------------------|---------------------------|
| A. Personalized Care | F. The 'Red-flag' Concept |
| B. Comprehensive Care | G. Cost Effective Care |
| C. Continuity of Care | H. Community Orientation |
| D. Coordination of Care | I. Whole-person Care |
| E. Addressing common Illnesses | |

Question: Choose the characteristic that the Family Physician is displaying:

7(i). Dr. G orders investigation for Mrs. N with backache which is radiating to her legs and persisting even during the day time.

7(ii). Dr. T asks for sputum AFB to investigate Mrs. J's cough which is more than two weeks now instead of going for a chest X-ray. He has also noticed that she has lost weight and not able to eat properly.

7(iii). When Dr. T saw that something is worrying Mrs. J, who is on ATT, he had a talk with her along with one of his health workers and cleared her doubts and concerns about her health and expenses for the treatment. He has already screened her 4 year old daughter. Now Mrs. J is on her way to complete healing.

7(iv). Dr. M, a Family Physician treats all age groups and all illnesses with evidence based guidelines.

7(v). Dr. S practices health promotion, prevention, early intervention for those at risk, the management of acute, chronic and complex conditions, rehabilitation, palliation.

7(vi). Dr. M arranges an ophthalmologist every second Thursday of the month for their diabetic patients' retinopathy screening.

8. Theme: Body Language in Communication [Questions 8 (i) – 8 (vi)] (Total: 6 Marks)

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

Options:

- | | |
|------------------------------------------------------------------|---------------------------------------------|
| A. Depressed | D. Resisting the management |
| B. Not confident enough to trust you with the information | E. Resisting the advice |
| C. Angry | F. Desire to terminate communication |
| | G. Aggressive |

Question: What is body language displayed in the scenarios given below?

8(i). Mr. N has come for the first time to your clinic. He sits with legs crossed and is not smiling.

8(ii). During consultation, Mr. R sits head down, slumped, inanimate, looking down the floor. He is on antihypertensives for the past one month.

8(iii). During consultation, while his wife is talking, Mr. J sits with his both hands grasping the side of the chair and leaning forward, but not looking at you.

8(iv). Mr. L sits in front of you with his arms folded across the chest. You were discussing about starting MDI for his 7 year old daughter

8(v). Mr. K is showing the early signs of alcoholic hepatitis. He sits in the consultation with the ankle-lock pose while you counsel him.

8(vi). Mrs. K who has come with backache sits with downcast eyes and tears in the eyes without answering any question.

9. Theme: Patient's Illness Experience [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. Ideas | D. Expectations |
| B. Bias | E. Prejudgement |
| C. Concerns | F. Predispositions |

Questions: Which term describes the following scenario?

Mrs. J has come with complaints of white discharge PV.

- 9(i). Mrs. J's mother recently died of carcinoma of the cervix.
- 9(ii). She wants a pelvic ultra sound.
- 9(iii). She believes that all white discharge per vagina is dangerous.

Mr. R has come with headache.

- 9(iv). He believes that everybody who works with computer develops headache.
- 9(v). The question he has in his mind is, "Will wearing glasses help me?"
- 9(vi). He is afraid that his headache might become severe enough to lose his job.

10. Theme: Mnemonics in Managing Difficult Consultations [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. ABCDEF | D. AFVER |
| B. SPIKES | E. CRIES |
| C. DANCER | F. SOLERT |

Questions: Which order of consultation would you follow in these situations?

10(i). Mr. S has come with his wife who has got inoperable cancer cervix.

10(ii). Mr. P has been waiting in the waiting area from morning but he could not be seen early because you were getting a few really sick patients who needed stabilization and referral. Mr. Peter is very angry and shouting at the top of his voice in the reception.

10(iii). Mr. G with diabetic nephropathy now needs an amputation of right leg because of rapidly spreading cellulitis.

10(iv). Mr. K needs an immediate surgery but there are risks involved in anesthesia.

10(v). Mrs. L wants a MRI for her mechanical backache because the expenses are paid by the company she works for.

10(vi). Mr. D does not want a sterilization for his wife who is posted for caesarean section (indication: transverse lie). They have 2 daughters and one son already. Mrs. Das wants a sterilization.
