

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

QP .CODE: 434014

Time: Three Hours

Maximum Marks: 100

**INSTRUCTIONS**

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

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

**Options:**

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

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

3(i) What is the drug of choice for Acute Psychosis?

3(ii) What is the drug of choice for Bipolar illness?

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

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

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

**PART – A**  
**DESCRIPTIVE QUESTIONS**  
**(ANSWER ALL QUESTIONS)**

1. As primary care physicians, we know we should always work with teams. Discuss the following questions: (Total: 20 Marks)
- A. The team concept is superior to a doctor practicing alone. Give reasons. (3 Marks)
  - B. What is the heart of the ‘team care’ innovation? (3 Marks)
  - C. Discuss the outline of team concept in Indian primary care (4 Marks)
  - D. Briefly discuss Brazilian model of team care in family health program and its impact. (4 Marks)
  - E. What are the responsibilities of Family Physician as a leader? (6 Marks)
2. As a family physician doing chronic disease follow-up, discuss the following questions. (Total: 20 Marks)
- A. What are the components of chronic disease management in primary care? Discuss briefly. (8 Marks)
  - B. In a chronic disease follow-up, what should happen at each appointment? (6 Marks)
  - C. How to ensure compliance in patient with chronic disease? (4 Marks)
  - D. How will you promote the individual’s capacity to manage the disease as a general practitioner? (2 Marks)

**PART – B**  
**EXTENDED MATCHING QUESTIONS**  
**(ANSWER ALL QUESTIONS)**

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

**Options:**

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

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

- 1(i). Mr. R, who has developed a stroke, is being taken care of by his wife and children, after being taught by the family physician when Mr. R was admitted in the hospital.
- 1(ii). Dr. A visits one of the 19 villages in her target area every 2 weeks. She does home visits and health education for the community with her team.
- 1(iii). Dr. B was called to see Mr. G at home, who was breathless. On examination, the doctor diagnoses Mr. G to be in acute exacerbation of asthma.
- 1(iv). Dr. R visits the house of Ms. H, a teenager, who has depression and had expressed ideas of self-harm to talk to his parents.

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

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

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

**Options:**

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

**Questions: Identify the Government Program:**

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

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

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

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

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

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

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

**Options:**

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

**Questions:**

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

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

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

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

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

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

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

**Options:**

- |                                  |                                       |
|----------------------------------|---------------------------------------|
| A. Screening and Early detection | 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 doctor focusing on?**

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

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

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

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

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

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

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

**(Total: 6 Marks)**

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

**Options:**

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

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

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

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

**(Total: 6 Marks)**

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

**Options:**

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

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

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

**7. Theme: Control of Dengue in India [Questions 7 (i) –7 (vi)] (Total: 6 Marks)**

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

**Options:**

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

**Questions:**

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

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

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

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

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

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

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

**(Total: 6 Marks)**

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

**Options:**

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

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

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

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

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

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

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

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

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

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

**Options:**

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

**Questions:**

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

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

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

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

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

**9(v).** What is the principle of bio ethics which is not followed in Mrs. V's case?

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

**10. Theme: Community Oriented Primary Care [Questions 10 (i) –10 (vi)] (Total: 6 Marks)**

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

**Options:**

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| <b>A.</b> Surveillance            | <b>C.</b> Initiation of intervention |
| <b>B.</b> Intervention strategies | <b>D.</b> Definition of population   |

- E. Program evaluation
- F. Training and Working with community health workers

- G. Health promotion at individual level

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

**10(i).** Dr. S, when started a small clinic in a remote village, she began to get the complete picture of the whole village, by studying their total population, age, gender distribution, kind of work the village people did. This enabled her to understand the population she is going to work with.

**10(ii).** In few months of Dr. S's practice she found many children less than two years are coming with severe lower respiratory infection. She visited the community and went from house to house to study the child rearing practices among the village women. She also studied the breastfeeding practice and hand hygiene practices followed in that village.

**10(iii).** From interacting with the village women Dr. S found lot of wrong practices followed in that area. She arranged for a meeting with the health workers and nearby local medical authorities to discuss the ways these problems can be handled.

**10(iv).** Dr. S and her team decide to conduct regular health education sessions for village women with the help of the villagers and ASHAs. Once a month, an ASHA gathers a group of women in the village. Dr. S with trained health workers go to the field and conduct health education on infant and young child feeding practices and good hand hygiene practices.

**10(v).** Mothers were met at their homes to educate on causes and prevention of pneumonia and diarrhoea among young children.

**10(vi).** In six months time Dr. S set out a survey to find out the current child rearing practices among women of the same village and correlated with the number of pneumonia cases coming from that village.

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