

ASSESSMENT OF 30 MCQs**FPSC No : 50****MCQS ON LIFESTYLE ADVICE FOR BETTER PATIENT OUTCOMES****Submission DEADLINE: 4 December 2012, 12 noon****INSTRUCTIONS**

- To submit answers to the following multiple choice questions, you are required to log on to the College On-line Portal (www.cfps2online.org).
- Attempt **ALL** the following multiple choice questions.
- There is only **ONE** correct answer for each question.
- The answers should be submitted to the College of Family Physicians Singapore via the College On-line Portal before the submission deadline stated above.

- About the Health Choices – Lifestyle Advice Resource for Healthcare Professionals, which of the following is a topic in the toolkit?**
 - Let's practice safer sex.
 - Let's practice aerobics.
 - Let's manage our cholesterol levels.
 - Let's manage our blood pressure levels.
 - Let's manage our depressed feelings.
- About ischaemic heart disease as a chronic diseases causing death, in the 2010 Principal Causes of Death in Singapore, ischaemic heart disease contributed to X percent of the total deaths. What is X?**
 - 24.7.
 - 22.7.
 - 20.7.
 - 18.7.
 - 16.7.
- Together as a group, chronic diseases contributed to X percent of the total deaths in Singapore in 2010. What is X?**
 - 60.8
 - 65.8
 - 67.8.
 - 70.8
 - 73.8.
- There is good evidence that intensive lifestyle change in impaired fasting hyperglycemia/impaired glucose tolerance is able to reduce the progression to diabetes in X percent of such patients. What is X?**
 - 38.
 - 48.
 - 58.
 - 68.
 - 78.
- Chronic diseases have been defined as medical conditions lasting for longer than X months? What is X?**
 - 1.
 - 3.
 - 6.
 - 9.
 - 12.
- About Chronic Obstructive Pulmonary Disease, which of the following is CORRECT?**
 - It is not associated with smoking diseases
 - It is not a serious disease among smokers.
 - It is not a leading cause of death in developing countries.
 - It is a deadlier disease than lung cancer among smokers.
 - It is the only lung disease among smokers.

7. About cigarette smoking, which of the following is CORRECT?

- A. It is different from and is not related to tobacco addiction.
- B. It is the major cause of chronic obstructive pulmonary disease.
- C. It is the most common cause of death from COPD.
- D. It instantly and immediately causes lung damage.
- E. It does not affect lung spirometry.

8. About the loss of lung function or FEV₁, which of the following is CORRECT?

- A. It only occurs in smokers.
- B. It is NOT expected to worsen with age.
- C. The rate of decline in smokers who have COPD can be 4-6 times that of non-smokers.
- D. It is usually quite dramatic and can be picked up early.
- E. It is not useful as an early assessment in smokers.

9. About smoking cessation in chronic obstructive lung disease (COPD), which of the following is CORRECT?

- A. It is NOT useful in people already diagnosed with COPD.
- B. It does NOT help in preventing progression of COPD in smokers.
- C. It does NOT help prevent lung cancer in smokers with COPD.
- D. It is MOST effective in reducing the risk of developing COPD.
- E. All of the above statements are true.

10. About the problem of tobacco dependence as a chronic disease, which of the following is CORRECT?

- A. Nicotine is NOT as potent as heroin or cocaine.
- B. About 90% of smokers are physiologically nicotine addicted.
- C. Stopping smoking needs one to make a choice and depends on will power.
- D. The severity of nicotine withdrawal is NOT dependent on the severity of the nicotine addiction.
- E. ALL of the above statements are true.

11. Motivational interview was initially developed by Rollnick and Miller as a strategy for X. What is X?

- A. Increasing physical activity.
- B. Weight reduction.
- C. Addictive behaviour change.
- D. Reducing insomnia.
- E. Stress reduction.

12. About the definition of motivational interview as a behaviour change method, which of the following is a characteristic feature?

- A. It is a doctor-oriented method of behavior change.
- B. It is an indirect method of behavior change.
- C. It is a method that enhances extrinsic motivation to change.
- D. It is a method of behavior change that the autonomy to change is decided by both the patient and doctor.
- E. It is a method that explores and resolves ambivalence towards change.

13. In motivational interview what is the stance that the practitioner adopts?

- A. The stance of controlling the pace of change.
- B. The stance of collaboration and guiding.
- C. The stance of the practitioner is an expert.
- D. The stance of the practitioner wholly submitting to the patient's wishes.
- E. The stance of overcoming patient's resistance through arguing for change.

- 14. Motivational interview is said to have four counselling principles. Which of the following is NOT one of the counselling principles?**
- Develop discrepancy.
 - Express empathy.
 - Roll with resistance.
 - Support self-efficacy.
 - Argue for change.
- 15. In motivational interview, facilitating the patient to process and speak more about why and how to change is one of the strategies to motivate change is called X. What is X?**
- Self-talk.
 - Cross talk.
 - Confidence talk.
 - Change talk.
 - Importance talk.
- 16. The ability to make informed health decisions is a X process. What is X?**
- Continuing.
 - Complex.
 - Collaborative.
 - Slow.
 - Guiding.
- 17. In the United States, literacy levels are above 90%, yet the National Assessment of Adult Literacy in 2003 showed that approximately X of the population have basic or below basic skills to manage their health. What is X?**
- Three quarters.
 - One-third.
 - One-quarter.
 - One-fifth.
 - One-sixth.
- 18. About health literate systems, what should it provide?**
- Ready access to health information in a supportive environment.
 - Information of different complexities to serve different segments of the people.
 - Information that is complete with visual aids.
 - Pamphlets written in plain language.
 - Internet access that is freely available in the environment.
- 19. One of the 5 strategies for effective patient-provider communication that promotes health literacy is the use of open questions. Which of the following is NOT an open question?**
- 'What are you doing at home?'
 - 'What's your daily routine with your medicines?'
 - 'So you're still taking medication x and y, right?'
 - 'Just so I get it right, what are you taking and how much?'
 - 'What questions do you have for me?'
- 20. To help patients to have a better recall health information, it has been suggested that they are given X teaching points at each appointment. What is X?**
- 7.
 - 6.
 - 5.
 - 4.
 - 3.
- 21. Comparing the trend of the smoking prevalence among Singapore residents aged 18 to 69 years based on the OECD figures for 2010 and 2004 there has been X. What is X?**
- A doubling of the rates.
 - A decrease in the rates.
 - An increase in the rates.
 - No change in the rates.
 - Halving of the rates.
- 22. With regards to the smoking prevalence among Singapore residents aged 18 to 69 years based on the OECD figures for 2010, which age group has the highest prevalence rate?**
- 18-29 years.
 - 30-39 years.
 - 40-49 years.
 - 50-59 years.
 - 60-69 years.

- 23. With regards to the smoking prevalence among female Singapore residents aged 18 and 69 years based on the OECD figures for 2010 and 2004 there has been X. What is X?**
- An increase in the rates.
 - A tripling of the rates.
 - A decrease in the rates.
 - No change in the rates.
 - Halving of the rates.
- 24. The National Health Survey Singapore 2010 findings showed that more than X of the smokers expressed an intention to quit, regardless of their background, age, or ethnic group. What is X?**
- Quarter.
 - Half.
 - Two-thirds.
 - Three-quarters.
 - Nine-tenths.
- 25. The WHO-FCTC guides Singapore's National Framework for Tobacco Control, which is a multi-pronged, multi-sectoral framework. The framework that includes the following except X. What is X?**
- Legislation & taxation.
 - Public education & empowerment.
 - Partnerships & capacity building.
 - Smoking cessation services.
 - Negotiation with tobacco companies on tobacco advertising.
- 26. About the recognition of a patient who has low literacy, which of the following is LEAST likely to be a clue?**
- Inadequately filling out forms.
 - Poorly compliant to medications.
 - Bringing a family member to the clinic visit.
 - Bringing Internet printouts to discuss with the doctor.
 - Incompletely or inadequately filling out forms.
- 27. If a patient is recognised to have low literacy, which of the following will be MOST helpful to the patient?**
- Give the patient a book to read.
 - Send the patient to attend a health literacy course.
 - Use the "teach-back" method.
 - Ask "Do you understand?"
 - Administer a health literacy questionnaire.
- 28. You intend to introduce an information brochure on an existing service. Which of the following will be the FIRST thing that you will do?**
- Pre-test your information brochure to get feedback.
 - Talk to users before you design your information brochure.
 - Hire a communication company to design the information brochure.
 - Design your information brochure based on your gut feel.
 - Do a feedback survey after launch of your information brochure.
- 29. It is said that information appropriate to the users need to be relevant to the intended users' social and cultural contexts. Which of the following factors would be LEAST relevant?**
- Personality traits.
 - Sexual orientation.
 - Income level.
 - Occupation.
 - Religion.
- 30. About improving the usability of health forms and instructions e.g. insurance forms, informed consent forms and directions to the laboratory or pharmacy, which of the following would be the LEAST useful tip?**
- Test forms with intended users and revise as needed.
 - Provide a free health literacy course for your clinic users.
 - Train staff to give assistance with completing forms and scheduling follow-up care.
 - Provide plain language forms in multiple languages.
 - Provide clear information about eligibility for public assistance.

FPSC No. 47 “Obesity: Prevention and Management” Answers to 30 MCQ Assessment		
1. C	11. D	21. A
2. A	12. B	22. E
3. E	13. D	23. A
4. A	14. C	24. D
5. D	15. A	25. C
6. E	16. A	26. B
7. B	17. E	27. B
8. E	18. B	28. E
9. A	19. D	29. C
10. D	20. C	30. E

FPSC No. 48 “Management Update on Functional Decline in Older Adults 2012” Answers to 30 MCQ Assessment		
1. C	11. E	21. A
2. D	12. B	22. A
3. E	13. E	23. B
4. C	14. D	24. E
5. B	15. B	25. D
6. A	16. B	26. C
7. D	17. A	27. B
8. C	18. C	28. E
9. B	19. E	29. D
10. E	20. D	30. E

FPSC No. 49 “Update on Function & Disability in Primary Care” Answers to 30 MCQ Assessment		
1. C	11. D	21. C
2. D	12. A	22. A
3. E	13. B	23. A
4. C	14. E	24. B
5. B	15. D	25. E
6. A	16. B	26. D
7. D	17. B	27. C
8. C	18. A	28. D
9. C	19. C	29. C
10. C	20. E	30. D