ASSESSMENT OF 30 MCQs

FPSC No : 67
MCQS ON COMPLEX CARE
Submission DEADLINE: : 13 DECEMBER 2016, 12 NOON

INSTRUCTIONS

- **To submit answers to the following multiple choice questions, you are required to log on to the College Online 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 Online Portal before the submission deadline stated above.**

1. The elderly homebound person has a chest infection. Which of the following will we not stop as he/she can render therapy to the elderly currently?

A. Speech therapist.
B. Physiotherapist.
C. Occupational therapist.
D. Podiatrist.
E. Social worker.

2 Comprehensive Needs Assessment covers:

A. Past medical conditions.
B. Caregiver competence.
C. Financial resources.
D. Risk of elder abuse.
E. All of the above.

3. A 56-year-old was recently admitted for a stroke to the National University Hospital and later to St. Luke's for rehabilitation. After rehabilitation he still has residual left hemiplegia and needs 1 person's assistance to ambulate. He will need a motorised wheelchair to help him move around in the community. Where can you apply to help him get some subsidies for his purchase of the wheel chair?

A. SMF funding.
B. SG Enable.
C. CDC.
D. Member of Parliament.
E. Social Services Office.

4. Which of the following is an essential feature of a Patient-centred Medical Home?

A. The clinic offers minor surgery.
B. The clinic is a group practice.
C. The clinic offers 24-hour access to member of the care team
D. The clinic is a CHAS/PGP Clinic.
E. The clinic is run by a charity.

5. Which of the following services only takes in subsidised patient?

A. Home palliative services.
B. Aged Psychiatry Community Assessment and Treat ment Service (APCATS).
C. Community Rehabilitation Programme (CRP).
D. NTUC Home Personal Care Services.
E. Transition care services.

6. In the acronym SBAR, "S" represents which aspect of the communication?

A. Solving the problem that is most important.
B. Moving the patient to the right site of care.
C. Explaining the reason why the patient is encountered in the care process.
D. Listing all problems in a systematic manner.
E. Listing all the treatment options that are suitable for the patient.

7. Referrals for most of the services in the ILTC have to be placed in the AIC IRMS system. When the service provider receives the application, they assess the patient's eligibility by using some form of assessment. What is the assessment that they use?

A. Resident Assessment Form.
B. Braden's score.
C. ADL score.
D. IADL score.
E. CAM score.

8. Which of the following term is most useful for the purpose of creating a roadmap for the clinical management of patients with many diseases?

A. Multi-morbidity.
B. Co-morbidity.
C. Frailty.
D. Disease burden.
E. Mortality.

9. A 70-year-old patient sees you in the ambulatory clinic with worsening Parkinsonism. He was admitted 1 week ago for gastroenteritis and hypotension. Potential causes for his presenting complaint include the following except:

A. Oral metoclopromide that was prescribed for his nausea on discharge.
B. Drug-drug interaction with loperamide.
C. Dose reduction of his madopar because of hypoten sion.
D. Medication non-compliance.
E. Disease progression.

10. In a 56-year-old patient who has recurrent hospital admissions for congestive heart failure due to medication and fluid non-compliance, which is the least effective way to reduce the risk of recurrence of fluid overload?

A. Home visit to assess patient's coping skills at home.
B. Assess and address patient's knowledge, attitudes, and practices.
C. Lecturing patient to be compliant to fluid restriction and medications during clinic visits.
D. Educate patient on how to monitor his weight, measure his fluid intake and assess his knowledge using the "teach-back" method.
E. Nurse clinician to follow up with regular telephone surveillance.

11. Which of the following therapists does home therapy and is not available in the community volunteer welfare services?

A. Speech therapist.
B. Respiratory therapist.
C. Occupational therapist.
D. Physiotherapist.
E. Chest therapist.

12. Which of the following is not a home service that is applied for via the Agency for Integrated Care?

A. TOUCH Home Care.
B. Home Ventilation Respiratory Support Service.
C. Home Nursing Foundation.
D. Sunlove Home Services.
E. NTUC Home Personal Care Services.

13. Motivational Interviewing uses which one of the following four principles in the correct sequence?

A. Multitasking, Engaging, Reminiscing, and Planning.
B. Engaging, Focusing, Evoking, and Planning.
C. Reminiscing, Planning, Engaging, and Multitasking.
D. Planning, Multitasking, Focusing, and Evoking.
E. Evolving, Engaging, Focusing, and Planning.

14. Which of the following statement is not correct?

A. Person-centred care is based on the respect for an individual's need to control his or her own experience and destiny.
B. Based on the principle of person-centred care, we should always give the patient what he or she explicitly requests.
C. Person-centred care is founded on communication, connection, and relationship.
D. We need to skillfully elicit the values and goals of the patient in order to plan our care around them, especially for seniors with complex needs.
E. Person-centred care is a philosophy of care

15. Which of the following statements is true about home-based primary care?

A. It is a service of convenience.
B. A nurse visiting patients at home is providing home-based primary care.
C. A GP doing house call is providing home-based primary care.
D. Home-based primary care is likely to be cost-effective for the health system for a select group of patients with complex needs and who are homebound.
E. Home-based primary care is only for acute emergencies.

16. Which of the following is not one of the risk factors for hospital readmission as identified by project BOOST?

A. Polypharmacy.
B. Patient support.
C. Polymyalgia.
D. Psychological issues.
E. Problem diagnoses.

17. Which of the following is least effective for the execution of good transitional care for complex patients?

A. Communication between the inpatient nurse and home nursing foundation.
B. Reviewing the patient 1 month after discharge from the acute hospital.
C. Assessing patient's knowledge of their medication dosages.
D. Reviewing and consolidating post-discharge follow-up.
E. Understanding patient's preferences, values, and goals with regard to his health.

18. Which one following statements on transitional care is true:

A. There is no need for transitional care for patients discharged to a nursing home as there are healthcare professionals on site.
B. Transitional care starts when a patient is at the next

destination of care.
C. There is no time limit for the duration of transitional care.
D. Transitional care is most impactful in high-risk patients with complex medical issues.
E. One of the goals of transitional care is to prevent hospital admission at all cost.

19. The elements of SBAR model of communication include the following:
A. S for Situation.
B. S for Summary.
C. S for Solution.
D. S for Surveillance.
E. S for Scenario.

20. The proposed SBAR4 model is:
A. A new model for inter-professional communication.
B. A new model in the theory of consultation.
C. A framework for understanding and managing patients with co-morbidities.
D. A novel method of developing treatment options for patients with multi-morbidities.
E. A system of understanding patient's ideas, concerns, and expectations.

21. Which following statements with regards to the multidisciplinary healthcare team is correct?
A. They comprise of diverse group of healthcare professionals who communicate on an as per need basis.
B. They comprise of healthcare professionals of similar disciplines who communicate a regular basis on a defined group of patients.
C. Everyone in the team understands one another's scope of practice and each individual's strengths and experiences.
D. The FP is not ultimately responsible for the overall care of the patient in a multidisciplinary team and the other members of the multidisciplinary team are healthcare professionals too.
E. The FP need not be the one to device a care plan, as the other allied healthcare professionals can do so for the patient.

22. What are the services that are available at the Community Health Centre in Singapore?
A. Subsidised health screening by nurses and doctors.
B. Subsidised laboratory services for chronic disease.
C. Subsidised Computer Tomography (CT) scans for Singaporeans.
D. Diabetic Retinal Photography and Diabetic Foot Screening.
E. Dietician service by a dietician and occupational therapy services.

23. Which is the person/service that can successfully care for a bedbound dependent person at home?
A. Home medical team.
B. ICS (interim caregiver service).
C. Caregiver.
D. Home nursing team.
E. Home help services.

24. Ms. Tan is a 69-year-old Singaporean lady who is ADL independent. She is currently unemployed and living on her own on her very limited savings. Which of the following health financial schemes are available to help her in her healthcare?
A. Pioneer Development and CHAS (Community Health Assist Scheme) orange cards to help in her healthcare needs.
B. Pioneer Generation and CHAS (Community Health Assist Scheme) orange cards to health in her health care needs.
C. IDAPE (Interim Disability Assistance Scheme for the Elderly) and Pioneer Card to help in her healthcare needs.
D. Pioneer Development and CHAS (Community Health Assist Scheme) blue cards to help in her healthcare needs.
E. Pioneer Generation and CHAS (Community Health Assist Scheme) blue cards to help in her healthcare needs.

25. The EASE (Enhancement for Active Seniors) programme introduced by HDB (Housing Develop ment Board) is applicable to which one of the following individuals?
A. A Singapore Permanent resident who is 62 years old, ADL dependent and lives in a Terrace House in Singapore.
B. A 45-year-old Singaporean who is ADL dependent staying in a condominium in Singapore.
C. A 66-year-old Singaporean who is ADL and IADL independent, and stays in an owner-occupied HDB flat.
D. A 69-year-old Singaporean who is unable to do one ADL and stays in an HDB rental flat.
E. A 32-year-old Singaporean male who is ADL dependent and stays in an owner-occupied HDB flat.

26. Singapore's population is rapidly ageing, it has been estimated that by the year 2030, the population above 65 will reach one million. Many are also living alone because of changing family structures, result ing from personal preferences or unfortunate circumstances or others. From the year 2000 to the year 2014 the elderly population living alone has:
A. Doubled.
B. Remained stable.
C. Decreased by half.

D. Tripled.

E. Quadrupled.

27. Multi-morbidity can be defined as:

A. The co-occurrence of inter-related illnesses in an individual.
B. The prevalence of different types of chronic diseases in a community.
C. The total disease burden in a community.
D. The presence of multiple risk factors that predispose to ill health.
E. The co-existence of 2 or more chronic diseases in an individual.

28. A 70-year-old male was brought to your clinic by his wife. For the past 1 year his care needs have increased to the point that his wife who is the main caregiver is no longer able to cope. They live in a 3-room fully paid HDB flat and have no children. They get by with vouchers given by the CDC and public assistance handouts. His wife is requesting Voluntary Nursing Home placement. He is assessed to have an RAF of Category 3. Based on this category he is likely to be:

A. Wheelchair-bound/bedbound.
B. Incontinent in both bowels and urine.
C. Requires total assistance in all his ADLs.
D. Independent in ADLs.
E. Able to ambulate with quad stick.

29. A 64-year-old single who lives alone in a 1-room rental flat is referred to the family medicine depar tment for transitional homecare. He has no regular income and relies on his savings for subsistence. What percentage subsidies is he likely to be entitled to if he is means tested?

A. 50%.

B. 75%.

C. 30%.

D. 60%.

E. 80%.

30. The Care Plan is not:

A. A communication tool between team members.

B. A checklist of interventions and tasks.

C. A Medical Record Summary.

D. A plan of action.

E. A medical document.