

## ASSESSMENT OF 30 MCQs

## INSTRUCTIONS

- κ Attempt the following multiple choice questions.
- κ There is only one correct option for each question. Choose the most appropriate answer for each question and shade your choice on the given answer sheet using a 2B pencil.
- κ The answer sheet should be sent to the College of Family Physicians (Singapore) for marking.

## QUESTIONS

1. **Examples of health care services that can be provided in a patient's home include the following EXCEPT**
  - a. home assessment by a physician for a patient with recurrent falls
  - b. wound dressing by a nurse for a pressure ulcer
  - c. performing a chest X-ray for a patient with suspected pneumonia
  - d. loan of an oxygen concentrator to a patient with chronic obstructive pulmonary disease
  - e. physical therapy for a patient with stroke disease.
2. **The main reason for providing a home health care service is to**
  - a. prolong the life of terminally ill home-bound patients
  - b. prevent unnecessary admission to hospital
  - c. facilitate transfer to a nursing home
  - d. give convenient access to medical care for all disabled people
  - e. reduce the patient load at primary health care clinics.
3. **Home health care has developed**
  - a. as a recent innovation to carve out a profitable share in an increasingly competitive health care industry
  - b. because most older people find it inconvenient to use public transportation
  - c. because institutional care for older people is becoming increasingly expensive
  - d. in response to increased patient mortality with unsupervised home care by informal caregivers
  - e. because most older people are reluctant to go to hospital.
4. **The following patients are likely to benefit from regular visits by home health care professionals EXCEPT**
  - a. A 50-year-old man with motor neurone disease who is dependent on his wife for all his activities of daily living
  - b. A forgetful 90-year-old widow whose behaviour has become increasingly odd but refuses to be brought to the clinic
  - c. A 70-year-old man who is bed-bound from advanced Parkinson's disease and is being cared for by his daughter
  - d. An 85-year-old lady who has difficulty ambulating due to a recent stroke and lives in a flat that does not have a lift-landing
  - e. A 68-year-old man undergoing radiotherapy for lung cancer, who lives alone but is able to go to a nearby coffee-shop for his meals.
5. **In caring for a homebound patient,**
  - a. setting the goals of care is the prerogative of the attending physician
  - b. the patient and caregivers are usually not involved in the decision making process
  - c. the tasks of total management must be handled by the attending physician
  - d. a multidimensional approach is usually necessary to yield optimum outcomes
  - e. hospital admission is avoided under all circumstances except in the most dire medical emergency.

6. **Long term maintenance home care differs from the episodic house call because in the former,**
  - a. the focus is on addressing the acute medical problem.
  - b. home visits are usually made to replenish medications
  - c. it allows problems to be picked up early before they progress into crises
  - d. the health care professional sees the patient only upon request by the patient/care-giver
  - e. activities are more task-oriented, with bed-side procedures taking precedence over assessment and analysis.
7. **A home assessment is sometimes preferable to a clinic assessment**
  - a. because it offers the physician better remuneration
  - b. because the patient and care giver are more forthcoming in providing information when they are at home
  - c. in a patient who needs a walking frame for ambulation
  - d. in a patient who has had recurrent falls
  - e. in a patient who has been recently discharged from hospital.
8. **A home visit is indicated in the following instances EXCEPT**
  - a. a patient with advanced Parkinson's disease who develops fever and cough
  - b. a lady with early Alzheimer's disease who needs to have her blood pressure checked and anti-hypertensive medication replenished
  - c. an 80-year-old man who lives alone and has shut himself in his house for several days
  - d. a bed bound patient with vascular dementia who has a trochanteric pressure ulcer that does not seem to be healing
  - e. a 60-year-old patient, immobile from previous stroke, who requires a change of his percutaneous enterogastrostomy (feeding) tube.
9. **Prior to making a home visit, the physician should**
  - a. ask the patient's family to come to the clinic for an interview so that all relevant information can be gathered first
  - b. ascertain the purpose of the visit and discuss this with the patient and/or the family
  - c. pack all portable diagnostic and therapeutic equipment from the clinic in his/her bag in case they are needed during the visit
  - d. refrain from communicating with the health care professional who referred the patient so as not to bias the physician's evaluation
  - e. advise family members who are *not* living in the same household against being present as this will interfere with observations of the interpersonal dynamics within the home.
10. **Caring for an older patient at home is different from hospital care because**
  - a. the patient generally is more orientated and functions better in the familiar home environment
  - b. the health care professional has direct control of the tasks of care provision in the patient's home
  - c. the patient/care-giver are always willing to accept suggestions made by the health care professional in the home
  - d. in home care, care planning and delivery is logistically more efficient
  - e. the home environment allows for a wider range of therapeutic options for the patient.
11. **In which of the following instances would home care be *difficult* to implement?**
  - a. 75-year-old man with a recent stroke resulting in dense right hemiplegia and is on nasogastric tube feeding, who was discharged from hospital after a period of care giver training
  - b. 65-year-old alcoholic with Korsakoff's psychosis and ataxic gait, living with an unmarried son who works long hours as a taxi driver and barely communicates with his father because of a long estranged relationship

- c. 80-year-old lady with chronic obstructive pulmonary disease and type II respiratory failure requiring long term oxygen therapy.
  - d. 81-year-old lady with advanced dementia whose son-in-law recently retired from his job to care for her full-time
  - e. 68-year-old diabetic with a recent left below knee amputation who lives alone, ambulates independently on a wheel chair and is able to manage basic self-care on his own.
- 12. Disease presentation in an 88-year-old lady**
- a. is not expected to be different from that in a 28-year-old lady
  - b. is easily detected because older people tend to complain more about their symptoms
  - c. may be manifested as a difficulty in performing daily tasks that she used to be capable of doing
  - d. is typically characterised by the signs and symptoms of a single, most dominant pathology
  - e. indicates that an irreversible level of damage has already occurred in the organ systems involved.
- 13. The reasons for performing assessments on older people include all of the following EXCEPT:**
- a. Screening for medical and psychosocial problems
  - b. Determining the needs of the patient and the care giver
  - c. Determining eligibility for health and community services
  - d. Allowing an older person to be assessed by a multi-disciplinary team
  - e. Evaluating the effectiveness of a health care programme or service.
- 14. A physician should be alerted to the presence of significant pathology in an older person who**
- a. is physically active because he/she is more prone to injury
  - b. feels that he/she is in good health because he/she is more likely to under-report symptoms
  - c. seems to show a keen interest in health matters and makes specific enquiries about diseases
  - d. has recently not been able to get out of the house as much
  - e. is worried that he/she may become 'senile'.
- 15. In assessing a patient with recurrent falls, the physician should pay particular attention to the**
- a. ventilation in the house
  - b. height of the kitchen stove
  - c. type of flooring
  - d. security on the front door
  - e. contents of the refrigerator.
- 16. A sign that probably indicates failure of the care giver in coping is**
- a. poor personal hygiene of the patient
  - b. the patient gaining weight
  - c. less frequent unscheduled admissions to hospital
  - d. an unusually neat kitchen
  - e. the care giver having to run errands and leaving the patient alone at home.
- 17. An assessment tool that can be used on the care giver to identify care giver stress is the**
- a. Frailty index
  - b. Katz index
  - c. Barthel index
  - d. Short-Form 36 Health Survey
  - e. Mini Mental State Examination.
- 18. In analysing problems for home bound older patients,**
- a. patients with long problem lists are always more difficult to manage
  - b. the physician should examine how the different problems interact
  - c. all the medical problems must be attended to first
  - d. the problems should be classified so that each can be assigned separately to a different health professional
  - e. chronic problems are preferentially managed over acute ones.

**19. The physician could overcome challenges in home care by**

- a. increasing the frequency of home visits for a given patient
- b. using as many assessment tools as possible so that the evaluation is comprehensive
- c. adopting a variety of roles (nurse, social worker, therapist etc) in a patient with complex problems
- d. allowing the patient/care-giver to take on more care responsibilities
- e. referring the patient to hospital as soon as a new problem is discovered.

**20. The physician's main responsibilities in home care include the following EXCEPT**

- a. applying for financial assistance for patients who cannot afford home care
- b. selecting appropriate patients for home care
- c. finding out if patients are taking the medications as prescribed
- d. discussing the care plan with the home care nurse
- e. monitoring care-giver stress.

**21. The following services are all step-down care services EXCEPT**

- a. day rehabilitation centres
- b. hospices
- c. acute hospitals
- d. home medical services
- e. nursing homes.

**22. The community care manager**

- a. is responsible for the outcome of disease management in the homecare patient
- b. is able to deliver meals for the homecare patient
- c. provides counselling for lonely elderly alone at home
- d. assesses the patient's needs, and refers him to appropriate community services
- e. provides the range of home help services.

**23. Rehabilitation involves a multi-disciplinary team. The following statements are true EXCEPT**

- a. The occupational therapist prescribes wheelchairs for patients
- b. The occupational therapist advises on creative use of leisure time with hobbies and activities
- c. The physiotherapist teaches gait re-training
- d. The physiotherapist prescribes artificial legs for amputees
- e. The speech therapist instructs patients on swallowing techniques.

**24. The following are all valid reasons for stay-in respite care in nursing homes or community hospitals EXCEPT**

- a. to let the caregiver test out institution care before deciding on long term placement
- b. to allow the caregiver to go on a holiday
- c. when there are flat or house upgrading and renovation work
- d. to allow time for families to make arrangements for employment of maid as caregiver
- e. when there are family crises even though patient's condition remains the same.

**25. The following statements are all true EXCEPT the community hospital**

- a. accepts patients with chronic illnesses and care needs for respite care
- b. provides continued slow-stream rehabilitation for stroke patients
- c. is able to assess, investigate and treat patients with uncomplicated medical and surgical conditions
- d. does not allow for direct referrals from the community doctors and only receives patients from acute hospitals
- e. accepts patients who are convalescing after surgery.

**26. Discharge planning for the older adult with care issues**

- a. should be done only after the patient is medically fit to avoid distressing family members
- b. may bring up unnecessary social problems and prolong hospitalisation stay
- c. involves conferencing and liaising among the hospital personnel, patient and family members only
- d. is primarily the responsibility of the social worker
- e. involves exploring with family members options of care and community resources available.

**27. In preparing for homecare,**

- a. the hospital staff does not need the family's agreement to refer for homecare services
- b. the main consideration is that patient is medically fit for discharge
- c. the environment is not an important factor determining timing of discharge
- d. the patient and caregiver need to be psychologically prepared for homecare routines e.g. visits from the homecare team
- e. the homecare physician should refrain from communicating with family members until patient is back home to avoid confusing them with management plans.

**28. One main consideration in preparing the home environment for homecare before discharge is**

- a. safety reasons
- b. so that the patient can feel reassured that the hospital environment is duplicated at home
- c. to bring in as much aids and appliances for stand-by
- d. to eliminate all kerbs in the house
- e. the convenience of the homecare team.

**29. The following are valid reasons for a multi-disciplinary homecare team case conference EXCEPT**

- a. when there is a poor healing diabetic ulcer
- b. when there is change in functional status after acute hospitalisation
- c. when the care-giver asks for patient to be sent to nursing home
- d. when the stable patient becomes increasingly demented and is not managing at home
- e. after accepting the patient as a homecare patient.

**30. The following are desired outcomes of a homecare programme EXCEPT**

- a. better control of hypertension as a result of packing of medications resulting in improved medication compliance.
- b. reduced re-admissions to hospitals
- c. reduction in falls
- d. increased referrals to specialist for specialist care
- e. termination of home care service because of improved function.