



# FAMILY MEDICINE FINAL PAST PAPERS



COLLECTED BY:  
Lejan 021

# SPECIAL THANKS ☺

## 020 Final:

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### **Notes before we start.**

1. This file contains all the available P.Ps regarding Family medicine rotation all up to 020 Batch sectioned by topics.
2. Some Answers has “?” next it, means not sure or the answer actually differs on the new guidelines

الدعاء بالرحمة للزميل عمر عطية المرابي

اللَّهُمَّ، اغْفِرْ لَهُ وَارْحَمْهُ، وَاعْفُ عَنْهُ وَعَافِهِ، وَأَكْرِمْ نُزُلَهُ، وَوَسِّعْ مُدْخَلَهُ، وَاغْسِلْهُ بِمَاءٍ وَثَلَجٍ وَبَرْدٍ، وَنَقِّهِ مِنَ  
الْخَطَايَا كَمَا يُنَقَّى الثَّوْبُ الْأَبْيَضُ مِنَ الدَّنَسِ

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إن أصبنا فمن الله وإن أخطأنا فمن أنفسنا  
بالتوفيق جميعاً، لا تنسونا من صالح دعائكم

دعاء قبل المذاكرة

اللَّهُمَّ إِنِّي أَسْأَلُكَ فَهَمَ النَّبِيِّينَ، وَحِفْظَ الْمُرْسَلِينَ وَالْمَلَائِكَةِ الْمُقَرَّبِينَ،  
اللَّهُمَّ اجْعَلْ أَلْسِنَتَنَا عَامِرَةً بِذِكْرِكَ، وَقُلُوبَنَا بِخَشْيَتِكَ، وَأَسْرَارَنَا بِطَاعَتِكَ،  
.. إِنَّكَ عَلَى كُلِّ شَيْءٍ قَدِيرٌ، وَحَسْبُنَا اللَّهُ وَنِعْمَ الْوَكِيلُ

# **Introduction to Family Medicine**

## **1. Wrong about family medicine:**

- A. More personal
- B. Uses sophisticated tools
- C. More consultation time
- D. Wide knowledge about medicine
- E. More comprehensive

**Answer: B**

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## **2. Patient primarily finishes his complaint in:**

- A. 23 seconds
- B. 45 seconds
- C. 2 minutes
- D. 3 minutes
- E. 4 minutes

**Answer: A**

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## **3. A female whose husband has been trying to convince her to see her doctor at the clinic might refuse due to all of the followings except:**

- A. She is busy
- B. Financial reasons
- C. The clinic is far away
- D. The receptionist in the office is rude
- E. She only gets reassurance and advice with no medications

**Answer: E**

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## **4. Cause of seeking medical help:**

- A. Sore throat interfering with social life
- B. Gradual onset of symptoms
- C. Invisible signs
- D. Single lonely male
- E. Doctor is insensitive and does not listen

**Answer: A**

**5. Wrong statement:**

- A. Acute major cases about 15%
- B. M.I and ruptured aneurysm are life threatening
- C. Minor self-limiting 40%
- D. Chronic problems 25%

**Answer: C**

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**6. Aims of family medicine...wrong:**

**Answer:**

Turn community-based medicine into hospital-based medicine

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**7. Not a function of primary care according to AAFP:**

**Answer:**

Direct to the point care

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**8. False about family medicine:**

**Answer:**

Uncertainty and problem solving in narrow time frame is not an essential in family medicine

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**9. Who will seek doctor consultation more?**

**Answer:**

Child with chronic cough that annoy him in classroom

# **Consultation**

**1. According to Stott and Davis, the consultation includes all of the following tasks EXCEPT:**

- A. To identify the presenting problem
- B. To promote health
- C. To manage continuing problems
- D. To identify the hidden patient's agenda
- E. To modify help-seeking behavior

**Answer: D**

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**2. While interviewing/history taking the following must be considered by the physician except:**

- A. Uses the instruments commonly used in family practice in a competent and sensitive manner
- B. Uses silence appropriately
- C. Recognizes patients' verbal and non-verbal cues
- D. Exhibits well-organized approach to information gathering
- E. Seeks clarification of words used by patients as appropriate

**Answer: A**

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**3. Regarding questioning during the consultation, one of the following statements is false:**

- A. Summarizing the patient's message in your own words is called: facilitation
- B. Closed-ended questions control the communication and limit verbal communication
- C. "When did you first start to experience these symptoms?" is a recall question
- D. "You said you were feeling miserable, could you tell me more?" is a leading question
- E. Starting with open questions and ending with closed questions is an example of funneling

**Answer: A**

**4. Doctor doesn't use which type of questions?**

- A. Open-ended
- B. Open to closed
- C. Checking
- D. Problem survey

**Answer: D**

---

**5. Which of the following is false?**

- A. Use open-ended questions to let the patient feel free and tell all he wants
- B. At the beginning of consultation don't allow the patient to tell his list of interests, start by asking about symptoms instead

**Answer: B**

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**6. Mother that was too exhausted, question indicates open information gathering:**

**Answer:**

How's your sleep?

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**7. Open-ended question:**

**Answer:**

How can I help u?

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**8. All cause failure interview except:**

**Answer:**

Systemic approach

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**9. True about communication:**

**Answer:**

Pacing is a way to establish rapport

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**10. Wrong about establishing rapport:**

**Answer:**

(Not: talking about a book they have/pacing language/copying body language, forgot the other options)

**11. True in interview:**

**Answer:**

You should watch not only patient gestures, but yourself and reactions

---

**12. Not essential in interview:**

**Answer:**

Therapeutic procedures

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**13. Wrong question combination:**

**Answer:**

Leading question – do you complain of something besides your pain?

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**14. A case of an old patient who has a lot of diseases who recently relocated to the area, she used to see 6 different doctors for different reasons but hasn't seen a doctor in 8 months. Which of the following s wrong?**

**Answer:**

No labs are required for now & review previous records

# Approach to Geriatric Patients

**1. Who to give herpes zoster vaccine?**

- A. HIV
- B. Sickle cell anemia
- C. Post GI surgery
- D. Patient had VZV as a child
- E. Patient had shingles + above 60

**Answer: E**

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**2. We give pneumovax in a healthy nonsmoker 50-year-old male:**

- A. Yearly
- B. Each 5 year
- C. Once
- D. Each 20 years
- E. To immunocompromised patient

**Answer: E**

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**3. A 65-year-old female came to the clinic with her son. She requests to allow her son to stay, complains of non-throbbing headache for several months but has become worse recently. Her English is fluent but she looks to her son to continue the rest of the answers. He said that his mother is sensitive to pain-killers. What to do?**

- A. Ask the son to allow her answer alone
- B. Maintain direct eye contact with the patient
- C. Tell the son to leave and assess her for elderly abuse
- D. Screen her for depression
- E. Continue as normal

**Answer: C?**

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**4. Geriatric patient assessment should involve all the following except:**

- A. Questionnaire expedites
- B. Full systemic assessment of mental, social, physical health
- C. Drug review

**Answer: A**

**5. Polypharmacy number of drugs:**

- A. 3
- B. 5
- C. 7
- D. 10

**Answer: B**

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**6. All of the following need flu vaccine except:**

- A. Food controlled diabetic
- B. Chronic disease patient
- C. Immunocompromised
- D. Ill patient and his cancer

**Answer: D?**

---

**7. What is a normal physiological finding in the elderly that doesn't need further evaluation?**

- A. S4 heart sound
- B. S3 heart sound
- C. Ejection click
- D. Midsystolic murmur heard best at the right 2nd parasternal space

**Answer: A**

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**8. Which of the following is a normal finding in an 80-year-old patient?**

- A. Stress heart rate of 90 BPM
- B. Blood pressure of 150/80
- C. Decreased CR clearance

**Answer: C**

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**9. Patient is 70 years old, he took pneumococcal vaccine for the first time before 7 years. He came to ask if he should take another shot. What is true?**

- A. Don't give any more shots
- B. Give another shot and never give shots again

**Answer: B**

**10. A 74-year-old female, recently having problems with language, she forgot how to reach home after shopping. Which of the following is the best indicator of dementia in this patient?**

- A. Impaired daily function
- B. Loss of memory, especially short-term memory
- C. Old age, especially more than 80 years

**Answer: A**

---

**11. About 87 years old male and driving, had episodes of confusion, not to do:**

- A. CBC
- B. Referral to neurologist for dementia

**Answer: B**

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**12. Wrong about theories of aging:**

**Answer:**

Dysfunction of the immune system is not related to life expectancy

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**13. A finding that needs further investigation in a geriatric patient:**

**Answer:**

S3 on heart auscultation

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**14. True about people with multiple diseases:**

**Answer:**

Multimorbidity is increased risk factor to polypharmacy

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**15. 70-year-old with decreased interest, husband died three years ago, lives alone, management:**

**Answer:**

Do Geriatric Depression Scale Assessment or PHQ 9

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**16. Wrong about functional assessment in geriatrics:**

**Answer:**

Executive function and judgement are needed to perform ADL

**17. An 80-year-old with insomnia, wrong:**

**Answer:**

Severe heart failure and stroke are common geriatrics syndrome

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**18. Dementia:**

**Answer:**

Impaired memory

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**19. Not a physiological change in geriatrics:**

**Answer:**

Homeostenosis is equivalent to hemostasis in adults

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**20. Pneumococcal vaccines:**

**Answer:**

13 stronger antibody reaction and 23 cover more pathogens

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**21. Which of the following is wrong about geriatrics?**

**Answer:**

A patient-filled questionnaire will help expedite the process

---

**22. Wrong:**

**Answer:**

Bacteriuria is treated even if asymptomatic in elderly to prevent delirium

# **Communication Skills & in Children**

## **1. True about good communication:**

- A. Increase need of investigation
- B. Decrease time of consult
- C. Decrease litigation
- D. Consult time remains constant
- E. Decrease need for investigation

**Answer: C**

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## **2. False about active listening:**

- A. Negotiating priorities
- B. Asking open questions
- C. Summarizing
- D. Asking to repeat appropriately to make things clear
- E. Attending to verbal and non-verbal cues

**Answer: A**

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## **3. In communicating with adolescents, all of the following points are essential parts of the consultation EXCEPT:**

- A. Treat the young person as responsible and capable of contributing to decision making
- B. Confidentiality is a major issue when seeing adolescents, and should not be infringed
- C. Use metaphor and humor (where appropriate) to build rapport
- D. HEEADSSS acronym is a guide that is helpful when conducting a psychosocial assessment of adolescent
- E. Take a curious, non-intrusive and respectful stance

**Answer: B**

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## **4. The patient wants all of those from his physician except:**

- A. Being judgmental
- B. Highly skilled
- C. Rule out serious diseases

**Answer: A**

**5. In communicating with elderly patients, one is less accurate:**

- A. You should talk loudly and at slow speed to elderly patients with presbycusis
- B. One of the best ways to generate a good relationship with elderly patients is through home visits
- C. Always keep in mind the possibility of elder abuse
- D. A clinically significant feature in some elderly patients is the raising of the pain threshold which affects disease presentation
- E. They usually have several things “wrong with them” and use a different priority list from their doctor’s

**Answer: A**

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**6. One of the following is NOT part of the chaperone roles:**

- A. Offer emotional support at an embarrassing or uncomfortable time
- B. Protect the patient’s dignity and confidentiality at all times
- C. Reassure the patient if they experience distress
- D. Facilitate communication, especially if there is a language barrier
- E. Record everything happens during the examination

**Answer: E**

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**7. Patient with cancer, he asked you not to tell his wife, what should you do?**

- A. Don’t tell her and try to convince him to do so
- B. Tell her that it is benign
- C. Tell her anyway
- D. Meet them at your office and tell her

**Answer: A**

---

**8. Tasks could be made at every consultation except:**

- A. Management of continuing problem
- B. Presenting problem
- C. Help seeing behavior modifications
- D. Lab results interpretation

**Answer: D**

**9. Elderly patient came for a diabetes follow up, found to have elevated HbA1c, when asked about it he was frustrated and said no one cares, no doctor ever listens to me, how do you initiate the conversation?**

- A. This must be frustrating, tell me what are your concerns
- B. Sad to hear, let's talk about what you can do to lower your A1c
- C. That can be disappointing, but if you don't take your medications you will get worse

**Answer: A**

---

**10. Shy 17-year-old boy, hesitates while talking, can't get information from him, how to make sure you get a full history?**

- A. Use active listening and ask reflective questions to keep it going
- B. Move on with consultations
- C. Involve the parents immediately

**Answer: A**

---

**11. Which of the following is most likely to be misunderstood by the patient?**

- A. "Now we have to think of withdrawal of care"
- B. "We'd like to offer you all help to control your symptoms"
- C. "If you became terminally ill would you like to be put on artificial ventilator"

**Answer: A**

---

**12. Not true about adolescence:**

- A. Extra care, as long as possible communication
- B. No approach

**Answer: B**

---

**13. You were treating this patient's headache for 2 years, now he is concerned that he might have brain cancer and asked you to refer him to a neurologist:**

- A. Tell him that you have done all the assessments and the patient doesn't need referral
- B. Emphasize on the patient's signs, symptoms, and physical exam then try to convince him that at this point there is no need for referral

**Answer: B**

**14. Patient and her husband say that they are excited that the lady got pregnant but she is staring at her hands and sighing loudly, the lady most likely is?**

- A. Happy to get pregnant but afraid from labor
- B. Her verbal and nonverbal behavior is not congruent

**Answer: B**

---

**15. Communication wrong?**

**Answer:**

To be in untidy dressing ..

---

**16. Strong evidence for physical activity?**

**Answer:**

Adult and adolescent

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**17. What situation needs a chaperone with a female doctor?**

**Answer:**

A chaperone is needed whether the person examining is male or female

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**18. About using toys in clinic, wrong?**

**Answer:**

Can accurately diagnose autism

---

**19. Which of the following is a form of nonverbal communication?**

**Answer:**

Tone

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**20. Wrong about doing a pap smear to a patient?**

**Answer:**

Tell her that she can stop you when she feels pain only

---

**21. Child decrease appetite, father died?**

**Answer:**

Psychologist

**22. How to deal with a child as a doctor?**

**Answer:**

Play with him and talk to him in a language he understands

---

**23. Not considered as non-verbal communication?**

**Answer:**

Reflection on the patient's question

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**24. About using toys in clinic, wrong?**

**Answer:**

Need to have toys of above and below 3 years

# **Breaking Bad News (BBD)**

**1. Before letting your patient leave after breaking bad news one of the following is mandatory?**

- A. You should not provide contact information so that the patient can contact you whenever he wants
- B. You should make your best to explain the next step to the patient
- C. Try to arrange for follow-up whenever the patient needs
- D. You should not emphasize if the patient understands the diagnosis well this time
- E. You should explain all the details related to the diagnosis

**Answer: B**

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**2. You receive the results of a breast mass biopsy which show adenocarcinoma. The 35-year-old patient returns to your office today to see the results. What is the next step in the process of informing her that she has cancer?**

- A. Explain that she needs imaging of the liver and bone to get more information
- B. Ask her what she knows and understands up to this point
- C. At this stage, no need to tell her about the results and the diagnosis
- D. Tell her the diagnosis straightforward
- E. Ask her what she wants to know about the surgery

**Answer: B**

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**3. During a breaking bad news session your patient becomes angry. The best way to deal with him is?**

- A. Call the security
- B. Stop the consultation
- C. Talk in a loud voice louder than his
- D. Keep calm and do not treat anger with anger
- E. Ignore him and leave the room

**Answer: D**

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**4. The one who loss his mother and come complain and talk in details.. questions?**

- A. Interrupt, refocus ....
- B. Ask how it affected him..

**Answer: B**

**5. Pt crying to you because she was divorced the best to do?**

- A. Silence
- B. "Sadly, that it's common to happen ..etc."
- C. "I can feel exactly like you"
- D. Tell her that she can be sad as this occurred
- E. All are true

**Answer: D**

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**6. A mother had abortion, best way to show empathy?**

- A. Silence
- B. "I understand how you feel like"
- C. "Sorry, this actually happens but doesn't mean that it will happen in further pregnancies"
- D. "It must be a horrible thing to go through"
- E. All of the above

**Answer: D**

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**7. A male patient referred to you due to inability to conceive after 2 years of marriage, you done him a semen analysis test which came to be azoospermia... which of the following you do?**

- A. Call the patient and tell him that you need to talk to him about the result, and he may bring anybody with him
- B. Tell him at the phone to grieve at home
- C. Tell him to bring his wife as she should know
- D. Tell him to come alone

**Answer: A**

---

**8. True in breaking bad news?**

- A. ABCDE is the standard of care protocol
- B. SPIKES protocol has shown to be superior to all others
- C. 95% pts wish frank precise diagnosis

**Answer: C**

**9. An old lady came with low back pain , after investigation it turned out to be metastases. What is the best way to approach breaking the bad news to her ?**

- A. What do you know about your back pain?
- B. Whether she wants to know the results or not if it will no affect treatment
- C. Unfortunately, you have metastasis

**Answer: A**

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**10. Patient turned out to have adenocarcinoma of colon, what to do next?**

- A. Ask patient what she wants to know
- B. Ask patient what she knows so far and understands

**Answer: B**

---

**11. Patient with cancer and her family don't want to tell her, what is the management plan?**

- A. According to patient knowledge
- B. Doctor with the patient in the best way

**Answer: A**

---

**12. Deliver bad news to favorite patient?**

**Answer:**

Assess patient feeling .... (SPIKES)

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**13. Wrong about the preparation for breaking bad news?**

**Answer:**

Choose the appointment during your busy working hours

---

**14. Not a coping mechanism in breaking bad news?**

**Answer:**

Disengagement

---

**15. About breaking bad news?**

**Answer:**

Be aware that the patient may not understand essential ideas, use diagrams and repetition

**16. Wrong about summarizing in breaking bad news?**

**Answer:**

Ask them to read about their disease on the internet

---

**17. Wrong in ABCDE approach to breaking bad news?**

**Answer:**

B stands for Being the patient's support

---

**18. Patient in bad situation coming to the hospital needing surgery, what will the patient ask?**

**Answer:**

What's wrong with me

# **Difficult Patients**

## **1. One of the following is NOT part of management of difficult patient:**

- A. Structure a program for them, for example visit every 2 weeks for 15 min
- B. During the consultation, demonstrate your genuine interest in the person's life, garden, work and so on; show less interest, even boredom, for the litany of complaints
- C. Accept their symptoms as expressions of their neurosis
- D. Stop seeing them and advise them no to come to the clinic
- E. Give up trying to cure them

**Answer: D**

---

## **2. For patients who present with multiple complains, ONE STATEMENT IS WRONG:**

- A. Are not annoying
- B. Mostly they are hypochondriacs
- C. Are not demanding
- D. They should not be labeled as attention-seeking patients
- E. Are mostly depressed

**Answer: B**

---

## **3. Definition of "Entitled Demander":**

- A. Require constant reassurance, and have an unquenchable need for explanation, affection and attention.
- B. Attempt to control the doctor through intimidation and by inducing guilt or fear in the doctor
- C. A self-destructive path but refuse to take important medical advice.
- D. Want to damage themselves, their motivation driven by self-loathing.

**Answer: B**

---

## **4. What is true about somatizing patient?**

- A. Hallucinations and delusions
- B. Drug seeking
- C. Multiple vague unrelated symptoms

**Answer: C**

**5. Patient calling in the middle of the night, different times in the week, and all for minor complaints, and demands urgent appointments, Dr is frustrated, How to deal with patients?**

- A. Set boundaries and schedule regular follow ups
- B. Confront patient and tell him that he shouldn't call
- C. Explain to the patient his symptoms and give tx

**Answer: A**

---

**6. Wrong in difficult patient management:**

- A. You should ask adolescent about their activities
- B. HEADSSS acronym is used for elderly
- C. Take a curious, non-intrusive, & respectful stance

**Answer: B**

---

**7. True about dealing with a patient angry of your colleague:**

**Answer:**

Ask about what's causing them this concern

---

**8. In case patient is seductive:**

**Answer:**

Call the nurse

# **Anticipatory Care & Preventive Services**

**1. Regarding screening interval for high blood pressure, one is true:**

- A. Every 2 years for patient aged 18 and more
- B. No need to repeat blood pressure measure if the initial reading is less than 120/80
- C. Annually for patients aged 40 and more
- D. Every 7 years for patient aged 35 and more
- E. Every other year for patient aged 50 and more

**Answer: C**

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**2. Regarding screening interval for high blood pressure, one is true:**

- A. Every 3 years for patient aged 18 and more
- B. No need to repeat blood pressure measure if the initial reading is less than 110/70
- C. Yearly for a 40-year-old man aged
- D. Every 5 years for patient aged 35 and more
- E. Every other year for patient aged 55 and more

**Answer: C**

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**3. Which of the following screening tests is NOT indicated?**

- A. Mammography for 75-year-old women
- B. Pap smear for any woman 40-year-old and older
- C. Blood pressure measurement for 30-year-old man
- D. Screen a young woman for postpartum depression in her postnatal visit
- E. CT scan for 55-year-old male with a 40-year pack smoking history

**Answer: B**

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**4. Not part of anticipatory care for a 45-year-old smoker:**

- A. Talking about stopping smoking
- B. Do routine chest X-ray yearly for lung cancer
- C. Pap smear
- D. Measure blood pressure
- E. Mammogram

**Answer: B**

**5. According to ..... we give aspirin to present ischemic strokes to:**

- A. Male 45-75 yo
- B. Male 55-80 yo
- C. Female 45-75 yo
- D. Female 55-75
- E. None regardless of sex and age

Though According to the current 2022 USPSTF Guidelines, the answer is E

**Answer: D**

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**6. Which must be in a screening tool?**

- A. High sensitivity
- B. High specificity
- C. High positive predictive value
- D. High negative predictive value
- E. All of the above

**Answer: A?**

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**7. You are seeing a 72-year-old woman because of constipation that started last year and has worsened ever since. She has a history of well controlled diabetes and cognitive impairment. While managing this patient, you take into account all of the following EXCEPT:**

- A. Colonoscopy should not be done if her life expectancy was less than 5 years
- B. If she has a score of 3/6 in Katz index, then she will likely benefit from colonoscopy
- C. If the patient's cognitive impairment was advanced then she shouldn't undergo
- D. Colonoscopy benefit to risk ratio always should always be considered in similar scenarios
- E. Colonoscopy is only indicated if she is fit and independent

**Answer: B**

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**8. PHQ-9 is?**

- A. A screening tool for depression
- B. Used in treatment of depression
- C. Score above 20 means severe depression
- D. Maximum score is 27
- E. All of the above

**Answer: E**

**9. A case about a 45-year-old lady who's a smoker & had a previous appendectomy. You should do all the following screening tests for this patient except:**

- A. Mammogram
- B. DEXA scan
- C. Blood pressure measurements
- D. Pap smear
- E. Colonoscopy

**Answer: B**

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**10. Most likely to benefit from colonoscopy:**

- A. 78 yo with alzheimer
- B. 77 yo healthy no previous colonoscopy
- C. 80 yo who had colonoscopy done 10 years ago
- D. 75 yo female with HF
- E. 51 yo female with metastatic breast CA and on chemo

**Answer: B**

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**11. 70 year old female, medically free, non smoker, drinks alcohol occasionally, comes for follow up, she had done lipid profile mammogram and pap smear 3 years ago, and a colonoscopy 7 years ago, that was normal. What is the most appropriate screening test to do on the next visit?**

- A. lipid profile
- B. pap smear
- C. colonoscopy
- D. Mammography
- E. Chest X ray

**Answer: D**

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**12. Primary prevention:**

- A. Decrease prevalence
- B. Decrease incidence
- C. Increase prevalence
- D. Increase incidence

**Answer: B**

**13. Patient is 35, her sister who is 47 just got diagnosed with breast cancer, no family history of ovarian, colon cancers, clinical exam revealed no abnormality, appropriate next step:**

- A. Observe and rtc after 6 weeks
- B. Monthly self breast test
- C. Mammogram
- D. Ultrasound
- E. Genetic counseling

**Answer: C**

---

**14. A case about a young, healthy 35-year-old planning for sinus surgery. What investigations do you need to do?**

- A. ECG
- B. Liver function test
- C. Cr
- D. Chest X-ray
- E. Nothing

**Answer: E**

---

**15. Tertiary prevention, What of the following conditions?**

- A. Acute hospital setting
- B. Rehab after stroke
- C. Giving vaccines
- D. Screening

**Answer: B**

---

**16. All are part of screening for 63 y/o lady except:**

- A. Occult blood
- B. Tumor marker
- C. Mammogram
- D. Pap smear

**Answer: B**

**17. Screening question for depression, patient is diabetic and hypertensive:**

- A. 2 weeks ago, he wanted to hurt himself
- B. 2 weeks duration of change in appetite
- C. 1 month of feeling down
- D. 1 month of disturbed sleep

**Answer: C?**

---

**18. Percentage of people who have positive test for the disease in question:**

- A. Sensitivity
- B. Specificity
- C. Positive predictive value
- D. Negative predictive value

**Answer: C**

---

**19. Patient diagnosed with schizophrenia since 15 years, takes his medication daily, this is:**

- A. Acute hospital setting
- B. Rehab after stroke
- C. Giving vaccines
- D. Screening

**Answer: B**

---

**20. Full medical history for 67 old woman, screening, all except:**

- A. DEXA
- B. Mammogram
- C. Flexible sygmoidoscopy
- D. PFT

**Answer: D**

---

**21. Pneumococcal vaccine is considered:**

- A. Primary prevention
- B. Secondary prevention
- C. Secondary prevention

**Answer: A**

**22. Which of the following is an average risk patient that will have the maximum benefit of colonoscopy?**

- A. 51 year old female with metastatic breast CA
- B. 77 year old patient who is medically free and never done endoscopy before
- C. 75 year old Female patient who has done colonoscopy 7 years ago
- D. 54 year old with class IV heart failure

**Answer: B**

---

**23. Which of the following is true regarding exercise?**

- A. intense exercise hasn't been found to be beneficial over moderate/ mild exercise.
- B. To be beneficial, exercise must be everyday
- C. Counseling on exercise has not shown to increase exercise
- D. There is no benefit from exercising without weight loss

**Answer: A**

---

**24. Haya is a 60 yo female diabetic, all of the following screening are indicated according to USPSTF except:**

- A. Mammography every 1-2 year
- B. Colonoscopy
- C. Bone densitometry

**Answer: C**

---

**25. Which of the following is true concerning USPSTF guidelines?**

- A. Screening for breast ca by mammography every 1-2 years after age 40
- B. Screening for diabetes in all obese age 30-70
- C. Screening for GDM after 28 wk gestation

**Answer: A**

---

**26. DM patient going for TKR WHAT TO DO?**

- A. HBA1C
- B. DO NOTHING
- C. X ray

**Answer: A**

27. 31 y/o married lady with 3 children, her Pap smear result was negative, next pap smear done after:

- A. 3 years
- B. 5 years

Answer: A

---

28. We give aspirin to prevent CAD to:

- A. Men 45-79
- B. Women 55-79

Answer: A

---

29. Which of the following statements is wrong?

- A. Vitamin D is indicated for all elderly with high fall risk
- B. There's no screening test for falling

Answer: A

---

30. Tertiary Prevention:

- A. Smoking cessation counselling for a patient with COPD
- B. Erythromycin eye drops for a neonate

Answer: A

---

31. 27 lady preparing to pregnancy (BMI= overweight, hba1c 5.6 .....):

Answer:

Lifestyle modification before conceiving

---

32. Question about mammogram done 18 years ago next step:

Answer:

Do a screening mammogram now. If normal, resume routine screening every 2 years (per latest USPSTF).

**If the current mammogram is Probably Benign (BI-RADS 3):** This is the **only** time a **6-month follow-up** is indicated. This is done to ensure the finding is stable.

"18 years ago" is a distractor used to show that the previous test is irrelevant now. The patient should be treated as if they are starting the screening cycle fresh or continuing their age-appropriate routine.

**33. 46, did PAP 6 years ago (free) and took HPV vaccine 6 years ago. Correct screening according to USPTSF:**

**Answer:**

Do pap smear and HPV test every 5 years

---

**34. Screening for AAA:**

**Answer:**

67 years smoker hypertensive

---

**35. 60, smoker for 30 years, quit three ago, did colonoscopy 6 years ago (free). Correct screening according to USPTFS:**

**Answer:**

Do yearly low dose CT scan

---

**36. Patient health questioner-9 (PHQ-9) assess symptoms from:**

**Answer:**

2 weeks

---

**37. Girl with abdominal pain and constipation since a week, concerned since her father had colon cancer, management:**

**Answer:**

Reassure and advice lifestyle modification

# **Evidence Based Medicine “EBM”**

**1. In an Alzheimer’s disease drug study, the exclusion criteria include previous stroke, a history of vascular dementia, and renal disease. From this we can conclude:**

- A. The patients in this study are so finely selected that the results cannot be applied to the general Alzheimer’s disease population and this is an example of “selection bias”
- B. The patients in this study are so finely selected that the results cannot be applied to the general Alzheimer’s disease population and the results should be generalizable if the medication works so well in this study
- C. This is an example of “selection bias”
- D. This is an example of “selection bias”
- E. The patients in this study are so finely selected that the results cannot be applied to the general Alzheimer’s disease population

**Answer: A**

---

**2. In a diabetes drug study, the exclusion criteria include renal disease, a history of heart failure, coronary artery disease, and peripheral vascular disease. From this we can conclude:**

- A. The results should be generalizable to our general clinic population given the fact that the medication worked so well in this study and this is an example of “selection bias”
- B. This is an example of “selection bias”
- C. The patients in this study are so finely selected that the results cannot be applied to our general clinic population
- D. The results should be generalizable to our general clinic population given the fact that the medication worked so well in this study
- E. The patients in this study are so finely selected that the results cannot be applied to our general clinic population and this is an example of “selection bias”

**Answer: E**

---

**3. 2 volleyball teams were studied, one given sunblock SPF35 and the other not given anything, then following up and comparing effect on skin, what is the study type?**

- A. Cohort
- B. Randomized controlled
- C. Meta-analysis
- D. Case-control

**Answer: B**

**4. You plan to study two groups of patients (A and B) to see if variable XYZ makes any difference in death or recurrent stroke. There is no randomization and there are no interventions. You are just reviewing records to see how each group did. Subjects in group A had a stroke and then had another stroke or died a year later. Subjects in group B had a stroke but were alive with no recurrent stroke at the time of the study. You assess the presence of XYZ in each group. This type of study is called a:**

- A. Prospective study
- B. Meta-analysis study
- C. Case-control study
- D. Cohort study
- E. Randomized control study

**Answer: C**

---

**5. Which of the following regarding the USPSTF recommendations mismatched?**

- A. Means that: the USPSTF recommends the service for all patients and for all age groups. There is high certainty that the net benefit is substantial
- B. Means that: the USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined
- C. Means that: the USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits
- D. Means that: the USPSTF recommends the service. There is high certainty that the net benefits is moderate or there is moderate certainty that the net benefit is moderate to substantial
- E. Means that: the USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.

**Answer: A**

---

**6. A MEDLINE database search was conducted using keywords melanoma, sunblock, skin..etc. and yielded 8 articles describing effects of sun on melanoma, all figures were merged in one big statistical study showed results, what is the type of the study?**

- A. Cohort
- B. Randomized controlled
- C. Meta-analysis
- D. Case-control

**Answer: C**

**7. A question asking about the differences between case-control & cohort designs. Which of the following is correct?**

- A. Case-control studies are better suited for rare outcomes, while cohort studies are better for common outcomes
- B. Case-control studies are retrospective, while cohort studies are prospective
- C. Case-control studies typically have longer follow-up periods compared to cohort studies
- D. Case-control is cheaper than cohort study
- E. Case-control studies provide better identification of risk factors

**Answer: D**

---

**8. Regarding five steps model of evidence-based medicine ALL ARE TRUE EXCEPT:**

- A. Track down with maximum efficiency the best evidence with which to answer them
- B. Critically appraise that evidence for its accountability
- C. Evaluate your performance
- D. Convert information needs into answerable questions
- E. Apply the result of this appraisal in your practice

**Answer: B**

---

**9. What is the best clinical research study that can determine causality between intervention and outcome?**

- A. Case series
- B. Case study
- C. Cross sectional
- D. Randomised clinical trial

**Answer: D**

---

**10. A long question describing a researcher reading a certain study, which of the following should the researcher NOT focus on in this study? (apologies, I don't remember the exact question or what it asked for exactly)**

- A. Type of the study
- B. P value <0.01

**Answer: A**

**11. A patient has chest, back, abdominal pain, has non-specific symptoms, has been having these symptoms for long, seen a lot of drs, does not have an answer:**

- A. Order extensive workup and take detailed history and physical
- B. Don't order many tests blindly and we will follow your symptoms closely and then order investigations accordingly
- C. None of the above

**Answer: B**

---

**12. The p value that indicates the lowest probability the results were from chance:**

**Answer:**

P<0.01

---

**13. Not an observational study:**

**Answer:**

Systemic review

---

**14. Advantage of case control over cohort:**

**Answer:**

Cheaper & faster

---

**15. Wrong:**

**Answer:**

Novelty is Common , memorable conditions

# **Management Plan**

**1. Regarding the principles of patient management ALL ARE TRUE except:**

- A. The doctor must fully understand the patient and how their problem affects them
- B. Give the patient the responsibility for the problem
- C. Reaching a shared understanding of the problem with the patient
- D. Investigation to monitor a patient's progress only
- E. Negotiate the management plan

**Answer: D**

---

**2. Referral. Which is wrong?**

- A. Doesn't include referral to books
- B. Doctors have to be proficient
- C. Could be to another colleague
- D. When you know that you can't solve the problem
- E. Could be to senior doctor

**Answer: A**

---

**3. Which is false about low back pain?**

- A. If bilateral indicate for imaging
- B. If presented with cauda equina need urgent surgical referral
- C. Must be less than 6 weeks to be acute
- D. We use short period opioid as third line treatment
- E. We can use acetaminophen up to 2g instead of NSAIDs

**Answer: E**

---

**4. Patient with recent HTN, Tx of choice:**

- A. B-blocker
- B. ACEI
- C. Thiazide
- D. Ca channel blocker
- E. Combination

**Answer: B**

**5. A case about a patient who's noncompliant with his medications. The best way to know about his compliance is:**

- A. Ask about doses, timing, & names of his medications
- B. Do blood tests for the drugs
- C. Ask him directly if he's taking his medications
- D. Ask him to bring the medication bag & count the pills

**Answer: A**

---

**6. A case of a 14-year-old boy with DM type 1 who's noncompliant to his medications, what should you do?**

- A. Reassurance
- B. Assess his understanding of his disease
- C. Get the father to be involved
- D. Advise him about the importance of taking the medications

**Answer: B**

---

**7. A drug that doesn't cause bleeding:**

- A. NSAIDs
- B. Warfarin
- C. ASA
- D. OCP

**Answer: D**

---

**8. Patient with pneumonia, you would admit him if:**

- A. WBCs above  $7000 \times 10^6$
- B. Urea = 18
- C. Diabetic with random blood sugar above 80
- D. He has good family support

CURB-65 score

**Answer: B**

---

**9. 24-year-old male with acute low back pain, what to do?**

- A. Resume exercise as tolerated
- B. Back muscles strengthening

**Answer: B**

**10. Woman 54 with microcytic anemia:**

- A. Refer to hematologist
- B. Observe 3 months
- C. Give ferrous sulphate
- D. Upper and lower endoscopy

**Answer: D?**

---

**11. A drug that doesn't cause bleeding:**

- A. NSAIDs
- B. Warfarin
- C. ASA
- D. OCP

**Answer: D**

---

**12. Lady with waist circumference 103cm, bp 135/90, FBS 120, HDL 25, cholesterol 170, what is the most appropriate management?**

- A. Serious lifestyle changes
- B. Start on antihypertensive drugs
- C. Give thyroxine

**Answer: A**

---

**13. Which of the following is not part of management in the 40-year-old female with a painless breast mass?**

- A. Ultrasound & aspiration
- B. Physical examination can differentiate between benign & malignant masses

**Answer: B**

---

**14. All the followings influence the outcome of the management plan except:**

**Answer:**

The patient's attitude towards the doctor

**15. The most imp factor to make the pt more compliant with drugs:**

**Answer:**

Knowing about the disease

---

**16. The most important for patient to take drugs correctly:**

**Answer:**

Patient understanding of the illness

---

**17. Kid with type 1 DM not adherent:**

**Answer:**

Tell him about his illness...

---

**18. 25-year-old, hyperlipidemic, overweight, started her on statin, came back with increased weight, she stopped the statin, what to do?**

**Answer:**

Understand her ideas, concerns and expectations and share in understanding the management

---

**19. Wrong - management plan:**

**Answer:**

Made by the doctor alone because he knows more about condition of his pt

---

**20. After carpel tunnel surgery:**

**Answer:**

NSAIDs

# **Diagnostic Process + Pt. Centered Medicine**

**1. Which of the following statements is FALSE regarding patient centered medicine?**

- A. Patient centered medicine accentuates doctor patient relationship
- B. Care of the family life cycle
- C. It includes the patient's beliefs, ideas, concerns and expectations
- D. Patient centered medicine activates patient's involvement in treatment which does not have a negative impact on the treatment outcome
- E. Patient centered medicine does not affect the compliance of the patients

**Answer: E**

---

**2. Patient-centered clinicians use the following behavior(s):**

- A. Calm listening with an absence of distracting movements such as fidgeting
- B. Frequent interruptions of the patient to seek clarification indicate concern and commitment to clarity
- C. Lean back in the chair with arms and legs crossed to indicate that the clinician has all the time in the world
- D. Avoid repeatedly asking the patient to provide feedback
- E. Avoid eye contact because it threatens the patient

**Answer: A**

---

**3. Wrong about medicine in the past:**

- A. Patients could express feelings and expectations
- B. Doctor had authority
- C. Paternalistic
- D. Domineering
- E. Treating somatic/physical signs only

**Answer: A**

---

**4. New medicine compared to past, false:**

- A. Doctor only puts management plan
- B. Turn hospital-based medicine to community-based
- C. Decrease follow up
- D. Diagnosis is a state of probability rather than certainty

**Answer: A**

**5. Which of the following statements is FALSE regarding patient centered medicine?**

- A. Patient centered medicine accentuates doctor patient relationship
- B. Care of the family life cycle
- C. It includes the patient's beliefs, ideas, concerns & expectations
- D. Patient centered medicine activates patient's involvement in treatment which does not have a negative impact on the treatment outcome
- E. Patient centered medicine does not affect the compliance of the patients

**Answer: E**

---

**6. Regarding hypotheticodeductive method of problem solving one of these statements is TRUE:**

- A. A comprehensive history including systemic enquiry has to be taken from every patient irrespective of his complaint
- B. Rule-in syndrome is usually a consequence of poorly focused history taking
- C. A diagnosis is usually a statement of certainty rather than probability
- D. Errors in diagnosis result from lack of factual knowledge rather than errors in the diagnostic process
- E. Using time as diagnostic tool does not always avoid unnecessary painful and costly investigations

**Answer: E**

---

**7. Regarding hypotheticodeductive method of problem solving one of these statements is TRUE:**

- A. A comprehensive history including systemic enquiry has to be taken from every patient irrespective of his complaint
- B. Rule-in syndrome is usually a consequence of poorly focused history taking
- C. A diagnosis is usually a statement of certainty rather than probability
- D. Errors in diagnosis result from lack of factual knowledge rather than errors in the diagnostic process
- E. Deductive is more time consuming & not everyone does it

**Answer: E**

**8. A 65-year-old male patient complaining of neck pain for several weeks, he denies injury or illness. The pain is aggravated by movement, worse after activities and there is a dull ache in the interscapular region. His examination reveals limited range of motion, tenderness, radiation to his arm, no neurological signs, which one of the following is true?**

- A. The patient will benefit from prednisolone treatment
- B. The patient most likely has cervical intervertebral disc, mechanical pain, tension headache, metastasis
- C. The patient most likely has mechanical pain, osteoarthritis, whiplash, and metastasis
- D. Applying pressure on the head will result in peripheral numbness
- E. During the exam you expect to see erythematous change on skin

**Answer: B**

---

**9. 30-year-old, nurse, newly married, ill father, complaining of tiredness for the past month, which is wrong?**

- A. May not be due to exhaustion
- B. May be due to anemia
- C. Sometimes you may need to ask about lifestyle
- D. Ask about symptoms of hyperthyroid
- E. Maybe hypertensive or diabetic

**Answer: D**

---

**10. A 32-year-old teacher, a mother of five children presented complaining of tiredness for the last 4 months. All of these statements are correct except one:**

- A. During history taking, we have to know more about the financial difficulties and if her children had behavioral problems
- B. In female patients in her age group we have to ask more questions about pregnancy and menstruation
- C. We have to depend on (whole person medicine) while ranking the diagnostic probabilities
- D. If she gave a history of weight loss, the diagnostic probabilities are as follow; pulmonary TB, anemia, thyrotoxicosis and malignancy
- E. We have to ask about exhaustion following any form of exertion and lasting for a long period

**Answer: D**

**11. Wrong about a breast mass:**

- A. 1/4 of patients between 30 and 50
- B. Cystic / solid masses can be differentiated by exam
- C. Do US and aspiration
- D. Risk factors
- E. Mostly fibrocystic changes

**Answer: B**

---

**12. Which of the following is a feature of metabolic syndrome?**

- A. Hypertriglyceridemia
- B. Hypomagnesemia
- C. Peripheral obesity
- D. High LDL-C
- E. Hypophosphatemia

**Answer: A**

---

**13. An old lady with chronic low back pain has taken NSAIDs without improvement, declined physiotherapy, and asked for stronger analgesics. What to do next?**

- A. Prescribe opioids for her
- B. Tell her that opioids are not indicated and not suitable for long-term treatment
- C. Tell her that even if opioids are prescribed, they will not be enough alone and she will need physiotherapy
- D. Ask her why she refused physiotherapy
- E. Tell her that many patients think physiotherapy is useless at first but improve when they try

**Answer: D**

---

**14. Red flag in headache:**

- A. New onset after age 45
- B. Immunocompromised patient
- C. Neck pain
- D. Worst at the end of the day
- E. Eye itching

**Answer: B**

**15. Metabolic syndrome, which is right?**

- A. Increased abdominal girth, men >88 cm
- B. Women > 88
- C. Triglyceride = < 170
- D. BP > 139/89
- E. Glucose > 125

**Answer: B**

---

**16. Which of the following tests isn't needed for early onset hypertension?**

- A. Renal function tests
- B. Lipid profile
- C. ECG
- D. Calcium
- E. Serum catecholamines

**Answer: E**

---

**17. A patient with multiple masses in the posterior triangle of the neck & B symptoms, the order of differential diagnoses:**

- A. Lipoma – TB – lymphoma
- B. Lymphoma – TB – gastric cancer
- C. TB – gastric cancer – lymphoma
- D. Sarcoid – lymphoma – lipoma
- E. Gastric cancer – TB – sarcoid

**Answer: A**

---

**18. Pt centered medicine except:**

- A. Social
- B. Concerns
- C. Environment
- D. Expectations

**Answer: C**

**19. Principles of diagnosis, except:**

- A. Probability
- B. Certainty
- C. Treatability
- D. Rarity

**Answer: B**

---

**20. 30-year-old male patient, a businessman, usually comes to the family medicine department for checkup (the past 3 years). you have seen him only once 6 months ago during a regular checkup and he was perfectly fine. he is a nonsmoker. He comes to your clinic terrified wanting to see you ASAP because in the morning while he was driving he had a chest pain that was referred to his neck and arm, then he started feeling numbness in his hand up until now. your diagnosis:**

- A. MI – Anxiety – Musclo
- B. Anxiety – MI - Musclo
- C. MSS – Anxiety – MI
- D. Cardiovascular

**Answer: B (most probable--most dangerous--treatable--rarity)**

---

**21. A 50 year old female patient complaining of 1 year duration of headache after she has been widowed a year ago left with 7 children...wrong:**

- A. You think of migraine...tension.. spondylosis...
- B. If you are sure it is tension you give her antidepressants and advise her to try simple relaxation techniques
- C. If you think of tension you inquire about the prodromal phase of migraine
- D. Ask about symptoms of menopause

**Answer: D**

---

**22. 12 y/o boy with history of headache for 3 days, his father died 1 month ago, your ddx is:**

- A. Sore throat, meningitis, brain tumor
- B. URTI, teeth pain, eye problem, but meningitis and brain tumor are far
- C. Psychological
- D. Tooth pain

**Answer: B**

**23. A case about a patient teenager who presented with a picture of acute abdomen (appendicitis). Which of the following is the best for diagnosis?**

- A. CT
- B. History & physical exam
- C. Ultrasound
- D. MRI

**Answer: A or B?**

---

**24. Which is wrong about female patient, 60y/o presented with vertigo?**

- A. It's present in 10% of population
- B. Most common cause is transit ischemia
- C. BPPV occurs for seconds and neuritis for several hours
- D. Nystagmus indicates labyrinthitis

**Answer: B**

---

**25. Idiosyncrasy:**

- A. Type of hyperreactivity reaction
- B. Acquired
- C. Genetic
- D. Dose independent

**Answer: C+D**

---

**26. A hypothyroid patient has all of the following except:**

- A. Pretibial myxedema
- B. Brittle hair
- C. Bradycardia
- D. Goiter

**Answer: A**

---

**27. Dx of nasopharynx angiofibroma by:**

- A. MRI
- B. CT
- C. Angiography

**Answer: B**

**28. A young lady comes to the ER with palpitations, dizziness, and fear of dying. What is the most relevant question to ask?**

- A. Why do you think you are going to die?
- B. Ask if she ever had a similar episode before
- C. Do you have a heart disease?
- D. Are you anxious?

**Answer: B**

---

**29. A patient that is hard to get information from, how can you make him give true information?**

- A. Open ended questions
- B. Redirecting the conversation every time he diverts from the topic
- C. Engage him in his treatment plan
- D. Ask him directive questions

**Answer: C**

---

**30. Patient presents after injury holding his hand in adduction with internal rotation. What is the best imaging to do?**

- A. True AP X-Ray
- B. Lateral axillary X-Ray
- C. Interscapular X-Ray
- D. Scapular Y view

**Answer: D**

---

**31. H... diagram:**

- A. What has happened to me
- B. Why me?
- C. Why now?
- D. All of the above

**Answer: D**

---

**32. Wrong:**

**Answer:**

Anxiety increases pain tolerance

**33. Wrong about Vertigo:**

- A. Meniere's disease is the most common
- B. Presence of nystagmus suggest labyrinthine cause which responds to .....
- C. Labyrinthitis usually lasts hours, while BPV is seconds

**Answer: A**

---

**34. About differential diagnosis one wrong statement:**

- A. 40-year-old male with 3 weeks cough (chronic bronchitis, bronchiolitis, whooping, pneumonia)
- B. 20-year-old girl of 3 days cough (URTI, asthma, ...)
- C. Use the 3 phase diagnosis

**Answer: A**

---

**35. Man recently divorced exercises, came worried and having neck pain, your Dx:**

- A. 1-anxiety 2- MS pain 3-angina
- B. 1- MS pain 2- anxiety 3- MI
- C. 1- MI 2- pericarditis

**Answer: A**

---

**36. Patient has seven children presents with symptoms of tension headache, false:**

- A. Your list (tension, migraine, cervical spondylosis, >>>, tumor)
- B. Since you expect tension headache you shouldn't ask about symptoms of migraine
- C. You can tell her about relaxation techniques for tension headache

**Answer: B**

---

**37. Patient with HBsAg -ve, HBsAb +ve, what does he have?**

- A. Chronic carrier
- B. Acute infection
- C. He is immune

**Answer: C**

**38. 52 yo male with one out of three positive hemocult blood stool, he has had hemorrhoids but now stable, you order another hemocult and it is negative, what is the most appropriate next step?**

- A. Flexible sigmoidoscopy
- B. CBC
- C. Admission for further investigation

**Answer: A**

---

**39. Wrong about calcium pyrophosphate deposition disease:**

- A. Affects the knee most commonly
- B. Deposition of crystals in synovium and adjacent tissue
- C. Classically affects 4th and 5th MCP joints

**Answer: C**

---

**40. All true about acute bronchiolitis except:**

- A. Mostly caused by virus
- B. Diagnosed by chest x ray
- C. Clear within 2-3 weeks

**Answer: B**

---

**41. Osteoporosis associated with:**

- A. Prolactinoma
- B. Hypogonadism
- C. Prostate cancer

**Answer: B**

---

**42. Which of the following is the most common cause of sudden death in young athletes after trauma?**

- A. Hypertrophic cardiomyopathy
- B. Aortic dissection
- C. Acute coronary syndrome

**Answer: A**

**43. A 40-year-old male came with fever, low back pain, and peritoneal discomfort. Which of the following is true?**

- A. If physical exam is normal, acute bacterial prostatitis is less probable
- B. If acute bacterial prostatitis is diagnosed, IV penicillin must be given
- C. If acute prostatitis is suspected, chronic prostatitis and chronic pelvic pain syndrome should not be considered

**Answer: A**

---

**44. A 69-year-old patient has upper abdominal discomfort, nausea, unintentional weight loss for the past 2 months, and early satiety. Using the hypothetico-deductive method, how do you rank the diagnosis?**

- A. Gastric cancer, pancreatic pathology, diverticulosis
- B. Functional dyspepsia, iron deficiency anemia, breast cancer
- C. Gallbladder disease, UTI, diverticulitis

**Answer: A**

---

**45. A patient with peripheral vascular disease, what is the best confirmatory test?**

- A. Digital subtraction angiography
- B. ABPI more than 1.1
- C. ABPI less than 0.9

**Answer: A**

---

**46. Test related to rotator cuff tear:**

- A. Drop arm test
- B. Popeye's muscle

**Answer: A**

---

**47. Wrong about vertigo:**

- A. BPV lasts from minutes to hours
- B. You should ask about family history of vertigo and deafness when you suspect Meniere

**Answer: A**

**48. Old patient with abdominal pain for 1 month, anorexia, and weight loss.**

**DDx:**

A. Anxiety, volvulus, malignancy

B. Popeye's muscle

**Answer: B**

---

**49. Not error during dx:**

**Answer:**

Medical students including all diff based on probability and seriousness

---

**50. None is right except:**

**Answer:**

Diagnosis is a state of probability rather than certainty

---

**51. Wrong about hypoductive method:**

**Answer:**

Take comprehensive history from every patient

---

**52. Woman with back pain, wrong question:**

**Answer:**

You think your pain increases by movement?

---

**53. 40-year-old female, lost her husband 6 months ago came with fatigue, headache, ... correct:**

**Answer:**

Depression\anxiety -> anemia -> thyrotoxicosis -> malignancy -> TB

---

**54. Woman with knee pain since a month, increased with movement, no tenderness:**

**Answer:**

Most likely differential is osteoarthritis, patella femoral syndrome..

**55. 70 year old with diarrhea of 3 months, no bleeding or mucus, some vomiting, wrong about the prediagnostic interpretation:**

**Answer:**

Malignancy is the most common cause

---

**56. Which of the following statements is wrong?**

**Answer:**

Anterior anal fissures are the most serious & are related to IBD

---

**57. Stable angina:**

**Answer:**

>85% the cause is cardiovascular

---

**58. Wrong:**

**Answer:**

CT for most cases of headache

---

**59. Medical student with anxiety, anemia, and thyroid-related symptoms — most likely explanation:**

**Answer:**

Anxiety

---

**60. Wrong about asthma:**

**Answer:**

Less common in people with history of eczema or atopy

---

**61. A friend asked for antidepressants without documentation. Best response:**

**Answer:**

Explain that it is not appropriate for a friend to prescribe or give antidepressants

---

**62. Bulimia nervosa is NOT characteristic of which of the following?**

**Answer:**

Metabolic acidosis

**63. Patient having headache then searched google and came to you to look for temporal arteritis – what not to do as a doctor?**

**Answer:**

Tell him not to search google for symptoms.

# **Counseling**

## **1. Counselling is best described as:**

- A. Giving advice
- B. Help patient explore his own situation
- C. Giving directions to the patient

**Answer: B**

---

## **2. A patient with insomnia and anxiety, what is the best first step for a GP to do:**

- A. CBT and life modifications
- B. Prescribe SSRI and follow up
- C. Immediate psychiatry referral

**Answer: B**

---

## **3. Counselling is best described as:**

- A. Empathy and compassion
- B. Helping patients help them selves by increasing their self awareness

**Answer: B**

---

## **4. Not benefit of going to GP:**

**Answer:**

Excellent at working alone

---

## **5. Wrong in counselling:**

**Answer:**

Apologizing to patient about not being able to diagnose quickly is evidence of liability

---

## **6. Not in counselling:**

**Answer:**

Negotiation to change patient values

---

## **7. All the following are aims of the interview except:**

**Answer:**

Ask closed ended questions

## **Doctor-Patient Relationship**

**1. An adult patient in a medical ward started to insist to be examined by one particular doctor and that the same doctor comes to his bed first and wants to spend longer time in the company of the same doctor. The doctor, on account of his physical appearance, mannerism, or personality qualities, reminds the patient of his or her father. This is can be explained by the phenomenon of:**

- A. Informed consent**
- B. Counter transference**
- C. Transference**
- D. Confidentiality**
- E. Resistance**

**Answer: C**

---

**2. After you listen to her worries your approach will be:**

- A. You will give her another drug without discussion because you are worry about her health and your priority is to protect her from the complications, so this is not the proper time to listen to your patient**
- B. Ask more about her worries, feeling, ideas and concerns then share with her the options of the management**
- C. Ask more about her worries, feeling, ideas and concerns but you will not do anything for her because she has the right to refuse any medication and you respect her choice**
- D. Ask more about her worries, feeling, ideas and concerns then give her the plan of the management without sharing her in the decision**
- E. You should not ask about her worries, feelings, ideas and concerns anymore to not waste your time in the discussion**

**Answer: B**

---

**3. What does the patient needs from Patient-Dr relationship?**

- A. Listening**
- B. Competence**
- C. Sympathy vs empathy**
- D. Telling truth**
- E. All the above**

**Answer: E**

**4. What do patients need the most from doctors ?**

- A. Competence
- B. Listening
- C. Empathy
- D. Compassion
- E. Telling the truth

**Answer: B**

---

**5. Dr-Pt. relationship should be:**

- A. Human relationship
- B. Show empathy
- C. Warm nonverbal communication
- D. All of the above

**Answer: D**

---

**6. 27. A doctor was told by his assistant that the next patient is a drug abuser, then the doctor got angry and started shouting and saying that all drug abusers are the same and they never want to get better, what is the doctor doing?**

- A. Transference
- B. Counter transference
- C. Projection

**Answer: B**

---

**7. you are in a group, your friend pediatrician asks about one of your patients who is her neighbor and wants to know the diagnosis, this patient was recently diagnosed with HIV what do you tell your friend?**

- A. It is inappropriate to discuss pt information with you
- B. It is better for the patient to tell you his diagnosis
- C. Tell her the diagnosis

**Answer: A**

---

**8. A question about a case of transference asking about the wrong action:**

**Answer:**

Confront the patient about his feelings

**9. Patients usually seek which of the following in any patient-doctor relationship:**

- A. Being calm without interrupting
- B. Addressing their expectations

**Answer: D**

---

**10. Pt-dr communication wrong?**

- A. Always keep eye contact with pt
- B. You should always put pt at ease and comfort

**Answer: B?**

---

**11. Woman with crampy abdominal pain, increase with stress and relieved with defecation?**

- A. Therapeutic doctor patient relationship
- B. Biliary disease, other causes, malignancy

**Answer: A**

---

**12. Dependence?**

**Answer:**

Is a consequence of dr/pt long-term relationship

---

**13. Good doctor pt relation, what's not benefit for the dr?**

**Answer:**

More follow up visits

---

**14. Wrong about dr-pt relationship?**

**Answer:**

Patients have the same attitude

---

**15. A friend wanted antidepressants without documentation:**

**Answer:**

"I know it's hard on you but I dont think its best for a friend to do that"

تم بحمد الله