



The University of Fiji

Umanand Prasad School of Medicine & Health Sciences

Department of Clinical Sciences

Semester 2 Year 2018

FINAL COURSE EXAMINATION PAPER

CMED605: COMMUNITY MEDICINE

Important Instructions to Students:

1. Read the questions, instructions carefully and answer the questions.
2. You are allowed an **extra 10 minutes reading time** (during this time, you are not allowed to write with pen) and **180 minutes (3 Hours) to complete this paper.**
3. Silent, non-programmable calculators are allowed, but not supplied.
4. Write all your answers in the answer booklet provided. If you need extra sheets, please ask from the supervisor. Write your name, course code and student identification number in the answer booklet and in the attendance sheet.
5. **This Final Course Examination Paper is worth 200 marks contributes 40% of the total course assessments.** Students must **at least score 40%** in this final exam to pass the course.

This paper contains two (2) Section I - 50 MCQs [50 Marks] A, B, C and D. Section II – long answer questions [150 Marks] All questions are compulsory to answer.

6. Write all your answers legibly. The marker has the right to award zero for answers that are not legible.
7. This is a **Closed Book Examination**. The University views plagiarism, cheating and dishonest practice as serious offences and if found, offenders are penalized.

Examination Paper Content:

<u>Section</u>	<u>Question</u>	<u>Content</u>	<u>Marks</u>	<u>Suggested Time</u>
I	1-50	Multiple Choice	50	60 minutes
II	51 - 56	Long Answer Questions	150	120 minutes
		TOTAL	200	180 Minutes



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CMED 605 – Examination 2018

Number of questions: 50 MCQs + 150 Long Essays

Department of Community Medicine

Section I - 50 MCQs [50 Marks]

1. The prevalence of disease depends upon: (*Select the right answer*)

- A. The incidence rate
- B. The duration of the illness
- C. Both the incidence rate and the duration of the illness
- D. Neither the incidence rate nor the duration of the illness

2. Uses of Prevalence: (*Select the right answer*)

- A. Helps to estimate the magnitude of the health/disease problems in the community
- B. Identify potential High-Risk populations
- C. Prevalence rates are especially useful for administrative and planning purposes – eg. Hospital beds, manpower needs, rehabilitation facilities, etc
- D. All of the above

3. Descriptive Epidemiology: (*Indicate the incorrect answer*)

- A. Emphasizes the importance of making the best use of observations on the individuals or populations exposed to suspected factors of disease
- B. Usually the first approach to the testing of a hypothesis, but also useful for exploratory studies
- C. Descriptive Studies are usually the first phase of an epidemiological investigation
- D. Basically asks the time, place & person distribution i.e When/Where and Who gets the disease

4. Procedures in descriptive Studies involves: Defining the population to be studied / Defining the disease under study / Describing the disease by *TIME *PLACE *PERSON / Measurement of disease / Comparing with known indices / Formulation of an aetiological hypothesis : (*Select the right answer*)

- A. The population base is to be defined not only by total number, but also its composition in terms of age, sex, occupation, cultural characteristics

- B. The defined population can be the whole population in a geographic area, or more often a representative sample taken from it
- C. Defined population is essential, needs to be large for meaningful representation for population at RISK as it provides the Denominator for calculating rates which are essential to measure the frequency of disease and study its distribution and determinants
- D. All of the above

5. Defining the disease under study: *(Select the right answer)*

- A. An operational definition spells out clearly the criteria by which the disease can be measured.
- B. When the definition is not valid, it would be a powerful source of error in the presentation and comparability of measurements from different sources
- C. Both the statements a & b are correct, and once established, the case definition must be adhered to throughout the study.
- D. None of the above are related

6. Cyclic trend is when some Diseases occur in Cycles. MEASLES in pre - vaccination era appeared in Cycles with major peaks every 2 - 3 years and RUBELLA every 6 - 9 years. This phenomenon is due to: *(Select the right answer)*

- A. Naturally occurring variations in HERD IMMUNITY
- B. A build up of SUSCEPTIBLES is again required in the HERD before there can be another attack
- C. A knowledge of cyclical trends of disease is useful to enable communities to defend themselves
- D. All of the above

7. The main features of a “point source” epidemic are: *(Choose only one answer)*

- A. The epidemics curve rises and falls rapidly, with no secondary waves
- B. The epidemic tends to be explosive, there is clustering of cases within a narrow interval of time
- C. Choices a, b and d are all correct
- D. All cases develop within one incubation period of the disease

8. Environmental Control of diseases can be done through: *(Indicate the incorrect answer)*

- A. Isolation of heavy industries away from cities with proper trade wastes management that is under industrial regulations/ Shielding of the dangerous process e.g. radioactive substances, chemical & biological hazards.
- B. Abating vector sites and reservoirs; Appropriate Laboratory, pathological, health provider and community based sentinel site surveillance.
- C. Planting trees.
- D. None of the above.

9. A 5 year old child comes to the immunization centre without BCG scar on his arm. It is advisable to give: *(Select the right answer)*

- A. BCG vaccine

- B. BCG if Montoux test is positive
- C. No BCG vaccine
- D. BCG if Montoux test is negative

10. Patient – Doctor Encounter & Management of services. Which are the essential characteristics in this relationship: *(Select the right answer)*

- A. Action Plan including Patient's whole health & socioeconomic conditions
- B. How is the patient going to be managed to be considered / Particularly Patient Safety, welfare & wellness; National Health Ministry – functions & Data gathering, analysis & Information Management
- C. Doctor's Responsibilities for Public Relations other Public Health concerns for Patient's Community
- D. All of the above

11. Infection control and maintenance of hygiene and sanitation of clinic and hospitals provide patient & Staff safety & Protection: *(Indicate the incorrect answer)*

- A. Leads to Patient's family and community protection
- B. Vaccinations have no role
- C. Control Nosocomial infection, disposal of infected material, Bio-hazards - appropriate preventative measures / sharps disposal
- D. Staff self - protection (involves barrier protection via masks, jackets, gloves and hand washing)

12. Family and community diagnosis-community extension and investigation of problem / search for RISK, EXPOSURE & DISEASE: *(Indicate the incorrect answer)*

- A. Does not apply to NCD such as diabetes or Hypertension as these are not passed to others in the community
- B. Important for Communicable or infectious diseases
- C. Would be a start to resolve many of the issues for vulnerable populations
- D. Incidence and Prevalence would decrease

13. Deciding on level of patient's care /repeat clinics /reviews/ investigations/ follow-up & support: *(Select the item that does not fit in the equation of care)*

- A. Medical records and data consolidation are not related to the statement on level of care
- B. Notifiable diseases, Contact tracing and family members health status
- C. History of past medical, Gynae and surgical conditions
- D. Information for future decisions, Data subset / Achieve / Retrieval / Database plays a significant role in treating disease conditions to contain spread & reduce mortality and morbidity / Epidemic – Outbreaks & Risk Reduction.

14. For the Outpatients Clinic: *(Select the statement you believe is not right)*

- A. Quick attendance to patients needs as they come in is part of Best Practice.
- B. Register entry is not required
- C. ON SPOT DECISIONS for a tentative diagnosis is a good lead to appropriate treatment- best suited to the case, age, gender, occupation and considered condition and other co-morbidities.

D. Treatment & supervision of care are assisted by Dietitian, Nurse, Lab test staff and others.

15. The major uses of epidemiology are over 9 or so: (Select *the answer you don't agree with*)

- A. Inability to identify syndromes.
- B. To assess the magnitude or burden of disease in a community. It, therefore, helps in studying the occurrence of disease in a population.
- C. To assess the health status of communities. It, therefore, helps in establishing a community diagnosis and to search for determinants of disease
- D. To complete the natural history of disease. In a hospital setting only the terminal cases are seen and how disease starts and presents in its initial stages is only possible by studying disease in the community and necessary to forecast future disease trends

16. Vaccine Trial is an important part of Public health: (Select the right answer)

- A. Vaccine trial is done to reduce cost to manufacturers by avoiding Research & Development
- B. Introducing a Vaccine in a Population to see adverse reactions
- C. When a randomized control trial {RCT} is done to test the efficacy of a vaccine in preventing disease, it is called a vaccine trial
- D. Vaccine business is largely only a profit motive

17. What is an epidemic to your understanding and how would you classify: (Select *the one you think is not the right answer*)

- A. The numbers of cases don't have to be diagnosed before declaring an epidemic status; depends on the number of cases routinely seen in that area.
- B. The occurrence of a disease clearly in excess of normal expectations is called an epidemic.
- C. In an area where a disease has not been seen for many years, even the occurrence of a single case may be sufficient to call it an epidemic.
- D. Some people look at the mean (or average) number of cases and if the cases are beyond two standard deviations they call it an epidemic.

18. An epidemic which breaks out across many continents is called a pandemic – i.e. occurring across the world: (Indicate the incorrect answer)

- A. HIV/AIDS/ Obesity and Smoking can be called as modern day pandemics as they have affected millions of people across the world.
- B. Cholera was one of the most common diseases, which assumed pandemic proportions.
- C. Drug resistant tuberculosis is Not a pandemic.
- D. Plague was pandemic in historical times.

19. In your Peripheral Rotation dealing with Prevalence Rate that is disease distribution or Frequency distribution was heard so often (Select only one answer)

- A. The point in time can be one day or one year or more depending upon how much time it takes to examine the population residing in an area.
- B. The persons suffering, Forms the Numerator while the population from which they hail is called the Denominator.
- C. It should be seen that the numerator is part of the denominator. For example, if female genital discharge is being studied, the denominator should only include the population who are at risk of suffering from that disease i.e. women
- D. All of the above

20. What does incidence rate mean in your calculations for Leptospirosis or Dengue during your hospital medical data analysis: *(Select the right answer)*

- A. Incidence rate refers to the number of new cases occurring in a population over a specified period of time. Incidence rate is generally depicted as per 1000 or 100,000.
- B. The numerator should be part of the denominator as in prevalence rate but unlike as in prevalence rate only new cases are considered.
- C. If a case started before the reference period but is continuing to the present, it is not considered in the numerator. E.g. if the reference period is from 1st Jan – 31st Jan 2002, cases, which started before 1st Jan 2002 but are still suffering will not be included in the numerator.
- D. All above are my understanding

21. In Kidney disease which of the following choice would indicate some causal relationship to Diabetes first and foremost in Fiji: *(Select only one answer)*

- A. Acute Kidney Diseases& Chronic Kidney Diseases
- B. Renovascular Diseases
- C. Renal Tumours& Kidney Stones
- D. Traumatic Kidney Diseases

22. For Chronic Kidney Disease or Chronic Renal failure you as the Primary care provider would be concerned with Clinical Monitoring: *(Select the right answer)*

- A. Symptoms
- B. BP 125/ 75- 130/80; Fluid status mainly overload and electrolyte balance; test for urinary protein
- C. Diet and nutrition, other Risk Factors like (Smoking, Cholesterol & Heart Disease)
- D. All of the above

23. As a practitioner your role in Community Kidney evaluation would be: *(Select the right answer)*

- A. Raise Awareness
- B. Ability to screen
- C. Taking charge of the Patient's Need & Team Player
- D. All of the above

24. Chronic Kidney Disease Management in Primary Care or General practice teaches us that: (Select the right answer)

- A. An early stage of the kidney disease condition is asymptomatic and must be actively sought to be recognized. The main aim is to identify its presence in all High Risk individuals and to manage it appropriately.
- B. Refer to the Hospital always
- C. Most screening and identification should be best performed at Primary care facility and Managed without referral to a Specialist
- D. I would choose a, & c as being correct to do

25. Criteria for Chronic Kidney Disease using decreased glomerular filtration rate (GFR) $<60 \text{ ml/min/1.73m}^2$: (Select the right answer)

- A. I believe b, c, d below are all correct
- B. GFR is the best overall index of kidney function in health and disease
- C. The normal GFR in young adults is approximately $125 \text{ ml/min.1.73m}^2$
- D. $\text{GFR} < 15 \text{ ml/min/1.73m}^2$ is defined as kidney failure

26. For the incidence reduction of influenza through vaccine trial among 460 children 6 months to 3 years in a village: (Select only one answer)

- A. The Denominator is 460
- B. Using randomization for Random allocation of vaccine to each of studied group is necessary to control confounders.
- C. Understanding "double blind"? Neither the subject nor the data collectors would know who receive the intervention (vaccine)
- D. All of the above

27. For Meningococcal Vaccine use Recommendation 1 & 2 below: (Select the right answer)

1. Routine Vaccination Programme

Routine Meningococcal C vaccine programme has been very successful since introduced in late 1990s. Group B vaccine has been licenced in UK and some other countries but no announcement yet about a routine programme in Fiji.

2. The risk to travelers planning to have prolonged contact with populations in countries with epidemic meningococcal A or C diseases will be reduced by immunization.

- A. Above Vaccination rules are not clear
- B. These statements about vaccination are not correct
- C. Health measures are logistically not feasible
- D. I agree the recommendations 1 & 2 above are correct

28. Which of the following show seasonal variation? (*Select only one answer*)

- A. Viral conjunctivitis & Acute Viral Glomerulonephritis
- B. Gastroenteritis or Diarrhea
- C. Meningococcal meningitis
- D. All of the above

29. Communicable disease can be transmitted in a number of ways: (*Select the right answer*)

- A. Direct transmission: Contact transmission
- B. Indirect transmission: Vehicle (fomite) borne, vector-borne, air-borne (droplet nuclei and infected dust)
- C. Transplacental
- D. All three routes above

30. Zoonoses refers to infectious disease transmissible under natural conditions from vertebrate animals to man is called a zoonosis. There are over 150 disease common to man and animals.

These include anthrax, psittacosis, liver fluke, T. solium, T.saginata, bovine TB, salmonellosis, brucellosis, scabies, plague, typhus, yellow fever and Kyasanur Forest Disease (tick - borne viral haemorrhagic fever): (*Select the ones that are native to Fiji or are almost extinct*)

- A. All above plus yellow fever
- B. All above plus plaque**
- C. anthrax, psittacosis, liver fluke, T. solium, T.saginata, bovine TB, salmonellosis, brucellosis, scabies, plague, typhus, yellow fever and Kyasanur Forest Disease are not in Fiji
- D. All except Anthrax, Plaque, kyasanur Forest disease, typhus, psittacosis, liver fluke, T. solium, T. saginata and yellow fever

31. Causes of Fiji Maternal Mortality are categorized as follows:

- A. Obstetric causes: These account for more than 50% of deaths – Puerperal sepsis – PET – Hemorrhage – Rupture of uterus – Accidents during labor
- B. Non-obstetric causes – Anemia – Heart Disease – Kidney disease – Malignancies – Hypertension – Diabetes – Jaundice – TB – Accidents ,etc.
- C. Social causes – Early marriage – Early childbirth – Large no. of pregnancies – Frequent pregnancies – Malnutrition – Poverty – Illiteracy, single mother etc.

(*Select the right answer*)

- A. All three categories contribute as reasons for Fiji Maternal Deaths

- B. There are no Malnutrition, Anaemia related Maternal mortalities in the Fijian Communities
- C. Alimentary tract Parasitic infestations are not seen in Fiji mothers
- D. Infectious Diseases and Mental Health issues & Depression do not contribute to Maternal Mortality

32. The international Vaccination Certificate: *(Select the incorrect answer)*

- A. This is essential for international travel
- B. The WHO has modified the international vaccination requirements recently where in only vaccination against yellow fever is mandatory for any-body traveling from a yellow fever-endemic-zone-to non-endemic, zones
- C. Diseases like cholera etc. do not need any certificate now
- D. Infectious Diseases requirements for Fijians travelling overseas mandates to have Yellow Fever Vaccination Certificate

33. Quarantine services against disease transmission across international borders or inter –country states follow strict regulations: If you are not vaccinated and are coming back from West Africa what will the Airport Health authorities do: *(Select the right answer)*

- A. Since you are a local Fijian they let you go without checking
- B. Because you don't harbour any infectious disease it is not a problem so you are exempted from the procedures
- C. Quarantine is the restriction of activities of well persons or animals who have been exposed to a communicable disease or are traveling from a disease-endemic-zone to a non-diseased-area for a period of time equivalent to the longest known incubation period of that specific communicable disease.
- D. You are unlucky to have gone to West Africa and Authorities would be unhappy with you

34. How does Vital Statistics affect the Health Providers Services and work plans (Vital statistics are defined as the collection, compilation, analysis and interpretation of data on vital events like births, deaths, marriages and divorces that occur in a community or country): *(Select the right- answer)*

- A. They help in providing answers to: – Leading causes of morbidity and mortality – Trends in vital events over time (Age, gender, residential, occupational, socioeconomic status)
- B. Geographic distribution – Composition of population assists in Health Programme Policy determination
- C. Provides basis for future predictions and Prioritization of Health Needs of Communities
- D. All above were useful Statistical Data necessary in all Community Projects

35. Give some examples of how agent factors cause disease. An agent is described as an organism, substance or force, the presence or lack of which may initiate a disease process or may cause it to continue: *(Select the right answer)*

- A. Mycobacterium tuberculosis,

- B. Deficiency of iron, smoking, and radiation are agent factors causing TB, anaemia, coronary artery disease and cancers respectively
- C. Stagnant water
- D. I would choose all of the above

36. Given below are some examples of how external environmental and physical living conditions cause disease as the quality of the environment we are placed - in plays an important role in disease causation: *(Select the right answer)*

- A. An infectious agent is always needed as part of the environmental cause
- B. Poor air quality causes disease like asthma and bronchitis
- C. Poor environmental sanitation and unsafe water cause diseases like cholera, typhoid and diarrhoeal outbreaks
- D. My choice is b & c that describe and support the question under consideration

37. What are determinants of health: *(Select your answer)*

- A. These refer to the etiological or risk factors for a disease. In simple terms these refer to factors, which determine why disease afflicts some individuals and why some individuals remain disease-free.
- B. Health is entirely determined by Health professionals
- C. One of the prime functions of epidemiology is to search for determinants of disease.
- D. My choice is a & c that describe and support the question under consideration

38. After completing health practice in the community I understood the difference between Monitoring and Evaluation: *(Select your answer)*

- A. Monitoring is the process which is undertaken to assess whether a program is progressing on the charted course while a program is being implemented (Concurrent)
- B. Monitoring and Evaluation are not necessary in the Community to manage Health and to preplan activities over and over again
- C. Evaluation refers to assessment of gains and benefits of specific interventions after completion of an activity or intervention (Terminal).
- D. My choice is a & c that describe and support the question under consideration

39. When does one get Pneumoconiosis - These are a group of lung diseases caused by inhalation of insoluble dust particles. Particles of 5 – 10 microns in size are sucked into the respiratory tract while those measuring 3-5microns are arrested in the mid respiratory passages. It is only particles of 0.5 – 3 microns that reach the smaller passages of the respiratory system that cause pneumoconiosis: *(Select your answer)*

- A. There are no Ministry of Health or Labour Ministry programs that Monitor Pneumoconiosis in Fiji.
- B. Monitoring is the responsibility of the Industries causing these problem are strictly adhered by all Businesses
- C. Most people in Fiji would die from other causes without a diagnosis of pneumoconiosis
- D. None of the above

40. The ways that environmental health and public health professionals can use consolidated health data: *(Select the one that does not apply)*

- A. To better understand the relationship between health and the environment. To make decisions about policies or regulations e.g. Essential Public Health Functions
- B. Cannot be used to evaluate effectiveness of interventions or policies /to make decisions about budget.
- C. Can improve prognosis in patient care.
- D. It can be utilised in evidence based researches.

41. If you are concerned about cardiovascular disease, here's what should be drawing your attention to: *(Select your answer)*

- A. Achieving a normal body fat percentage; Engage in aerobic exercise and strength training
- B. Achieving a favorable cholesterol level without medication; Achieving a normal blood pressure without the use of medication
- C. Achieving a normal blood glucose, without needing medication
- D. The most dramatic protection from heart disease involves maintaining a normal weight, cholesterol and blood pressure with your diet, so you do not require medications. Medications cannot compare; so all above are my choice for Best Public health Practice.

42. Although vast majority of our vitamins and minerals should come from foods, even a healthy, well-planned diet could be lacking in certain essential nutrients. There are many nutrients the aging population might not be getting from healthful diet Particularly Vitamin B12: *(Select the right answer)*

- A. Made by microorganisms and not present in plant foods
- B. Deficiency is more common in vegans and those ages 60 and older; Maintaining sufficient B12 levels may help to protect against Alzheimer's disease
- C. Important in red blood cell production, nervous system function, DNA synthesis, fuels Liver detox process and B12 deficiency causes anemia, depression, confusion, fatigue, digestive issues, nerve damage.
- D. All above are correct understanding of the use, stated pathophysiological consequences and helpful in treating Patients and keeping community free of most diseases.

43. What are the salient features of the National Population Policy- ANSWER? The salient features of the National Population Policy are: MCH and Family Planning services stand merged with health: *(Select answer which describes tangible Fiji Target)*

- A. No targets for specific contraceptive methods. The only target will be achievement of national average of Total Fertility Rate
- B. NGO involvement in the programme promoted and access to quality contraceptive services.
- C. Reduction in the incidence of girls below 18 getting married to zero.
- D. Increase in percentage of deliveries conducted by trained personnel so that there is Reduction of maternal mortality rate, Universal immunization, Reduction of Infant Mortality Rate and a sharp decline in Child Mortality Rate & Containment of HIV/AIDS and STDs.

44. In Health Care Administration - What is a policy and how does it differ from a plan or programme. (Policy refers to the statement of intent i.e. what does the government intend to do or what is the general direction in which the country should move. A program refers to the sequence of activities designed to implement a plan. A plan is the composite total of all objectives, strategies and monitoring tools that is meant to produce a desirable result): *(Select your answer)*

- A. During the Community rotation – Written Policy definitions were very clearly found at the hospitals
- B. There were no Ministry of Health Programmes to relate to in provision of Service
- C. A single document was available about Fiji's Health Policy at the sub-divisional Hospital of attachment
- D. Fiji Needs to upgrade Health Care administration on the topic

45. Clinical reasoning and patient management: *(Select your answer)*

- A. Should demonstrates comprehensive awareness of ethical issues
- B. Makes one competent with ability to identify all the relevant issues in a case
- C. Must lend one to have exemplary ability to formulate a comprehensive case-specific differential diagnosis, comprehensive knowledge of different conditions, treatment modalities and can prioritize their application
- D. All above should become part of one's Personal and Professional development.

46. What are the biological water quality standards set out by WHO: *(Select the right answer)*

- A. No sample should have E. coli in 100 ml.
- B. No sample should have more than 3 Coliforms per 100 ml.
- C. All stream water in Fiji are safe to drink
- D. None of the above

47. What is high-risk screening: *(Select the right answer)*

- A. Risking your life in dangerous situations
- B. High risk or selective screening refers to the situation where tests are offered only to those individuals who are at high risk of developing a specific disease. This makes the screening process more focused and reduces the overall costs as a large number of people who have extremely remote chances of developing a disease are not screened
- C. High Risk is only to the people and does not affect the service providers
- D. Screening is provided to everyone in the population

48. Some 7 important steps in disease investigation are listed below:

The 7 important steps in disease investigation

- *Perform an initial observation to confirm the outbreak*
- *Define the disease (case definition)*
- *Describe the disease by time, place, and person*
- *Create a hypothesis as to the possible etiologic factors (Hypothesis development)*
- *Conduct analytic studies*
- *Summarize the findings*
- *Recommend and communicate the interventions or preventative programs (immediate, short term & long term intervention)*

(Select the right answer).

- A. Only qualified epidemiologist can perform this investigation
- B. I agree these steps are correct to be used for disease investigations
- C. Before investigating Permission from the Permanent Secretary for Health is Necessary
- D. I am not decided, these are not effective recommendations

49. What would be the best practice to manage waste in a rural village community to maintain high levels of Sanitation: *(Select the right answer)*

- A. Segregate organic waste from inorganic waste
- B. Practice composting to recycle organic waste
- C. Bury inorganic waste in a properly covered pit owned by individual household or communal pit.
- D. Practice 3R, recycle, reduce and reuse.

50. How would you resolve complains coming from a rural community about Mosquito breeding: *(Select the right answer)*

- A. Inspections of site, Community education and follow up, in village use traditional and village protocols.
 - B. Request Health Inspectors to serve notice for abatement
 - C. litigation by respective Rural Local Authority if not complied
 - D. *Report to the Minister of Health*
-

SECTION II - LONG ANSWER QUESTIONS 150 Marks

Questions Have part A & B together (25 MARKS) Answer all 6 questions.

Question 51. (25 MARKS)

Please answer Q51 - A. (12.5 MARKS) Explore Health & Medical Concepts and your country's Health Response & Activities by explaining the difference between Indicators, a Measure & Surveillance (*Write your answers for the following*):

1. Indicators (4 marks)
 2. Measure (4 marks)
 3. Measurement of disease through surveillance (4.5 marks)
-

Please answer Q51 - B. (12.5 MARKS) One of the prime functions of epidemiology is to search for determinants of disease - "WHO also defines Health as a state of complete physical, mental, social and spiritual health and not the mere absence of disease or infirmity" - Describe and Explain the Situations that relate to this WHO statement that you Have Made Observations within your year coursework within the communities on. (*Write your answers for the following*):

1. Determinants of health of your Community (4 marks)
 2. Magnitude or Burden of Disease (4 marks)
 3. Explain how and why disease is caused using epidemiological principles (4.5 marks)
-

Question 52. (25 MARKS)

Please answer Q52 - A. (12.5 MARKS) There are many challenges in your Patient-Doctor Communication regarding environmental medicine, epidemiology and medical statistics, and clinical decision-making, as applied in a practical/clinical setting while seeing Patients.

Example: what are the doctor's concerns about Common causes of Infant Mortality {infant mortality rate} and {Low Birth Weight} and child wellbeing as marked through GOBIFFF {Growth monitoring/Oral rehydration Salt/Breast

feeding/Immunization/Female education/Food Supplementation & Family Planning} through primary health care / *(write your answers for the following):*

1. Infant Care and Case Issues (4 marks)
 2. Mothers' Health and Case Issues (4 marks)
 3. Patient Health care management plans, referrals and policy issues (4.5 marks)
-

Please answer Q52 - B. (12.5 MARKS) As a doctor what EXTRA or DIFFERENT would your PREVENTIVE or other Interventions be; and how will you implement Elderly or geriatrics community care to improve the levels of Health Services. *(Write your answers for the following):*

1. Elderly care and Case Issues (4 marks)
 2. Elderly National Health Services & Quality of Life issues (4 marks)
 3. Elderly Wellbeing & Wellness Policy Issues (4.5 marks)
-

Question 53. (25 MARKS)

Please answer Q53 - A. (12.5 MARKS) Describe how you would improve Health Service by tackling Health crisis in the Country, controlling problematic situations through better techniques, effectiveness, prevention, detection and treatment through comprehensive understanding of health service administration and Health economy [funding versus health programme needs], social inequality in health and poverty as an unacceptable excuse.

1. What can be achieved through health research & population studies (4 marks)
 2. What are the aims of advancement of knowledge about the Communities and how they interact with the outsiders (4 marks)
 3. What are the benefits of application of Epidemiological knowledge at the community setting (4.5 marks)
-

Please answer Q53 - B. (12.5 MARKS) Your work should enable the Ministry of Health to improve the provision, organization and delivery of health care services targeted to meet the health needs of the people of the country, region and the Global World. The key areas of research and health development information include and are designed to play a major role in National Health System Functions, Essential Public Health Functions and centred around Personal Care Services. How

Please answer Q55 - A. (12.5 MARKS) Write your views Regarding diarrhoeal disease and different agents & Outbreaks resulting in high burden of disease, cause for morbidity and mortality below:

1. What are the presentations and different cause of diarrhoea by infecting agents(4marks)
 2. Why Cases of diarrhoea above normal occurrence must be treated immediately and not left alone(4marks)
 3. What are the Risks posed by Sewer (4.5marks)
-

Please answer Q55 - B. (12.5 MARKS)

1. Give a list of all diseases that are Endemic to Fiji & the Pacific(4Marks)
 2. With Legal protection of Patient rights explain why these diseases no longer carry social stigma – Leprosy, syphilis, AIDS, Addiction and mental health(4Marks)
 3. List all Water Tests Indices and explain the usefulness of the tests for village water(4.5Marks)
-

Question56. (25 MARKS)

Please answer Q 56 – A (12.5 MARKS). Preventing and protecting people and community: for Measures against Disease Transmission and Spread, discuss Methods of disease transmission controls, numbers affected, cost, feasibility and when which of these (or a combination thereof) is a better approach. Answer using the topics below:

1. Sanitation(3Marks)
 2. Education and behaviour change(3Marks)
 3. Vaccination(3Marks)
 4. Treatment and quarantine(3.5Marks)
-

Please answer Q 56 – B (12.5 MARKS). Discuss methods of primary prevention, numbers affected, cost, feasibility and when which of these (or a combination thereof) is a better approach. Answer using the topics below:

1. Less women breast feed: Eexplore what would be the health consequences (4Marks)

2. Maternal Health Programme in your community aims to reduce maternal morbidity and mortality by raising awareness and highlight the way to get help. Given your own estimate of higher than 60% of mothers living under poverty and social disadvantage - a huge number of estimated mothers suffering some form of medical problem, mental health issues and social neglect are expected in your community (how does this translate into disease state or Clinical services demand)(4Marks)
3. One of your responsibilities as the director of public health for the district is to review maternal and child health (MCH) data for the area Network. During your recent review, you identified a steady increase in preterm births over time.

Provide you explanations to investigate further and examine what information you would gather from data for trends by race/ethnicity, trends for other MCH indicators including very preterm birth, and rates by census tract for child bearing age women, adolescent girls & children under 5years(4.5Marks)

E. N. D - CMED 605 FINAL EXAMS 2018



Umanand Prasad School of Medicine & Health Sciences

Department of Clinical Sciences

Semester 2 Year 2018

CMED 605 MCQ Answer Sheet

Student Name: _____

Student ID: _____

(Circle the correct answer. Only one choice is valid for each question.)

1	A	B	C	D
2	A	B	C	D
3	A	B	C	D
4	A	B	C	D
5	A	B	C	D
6	A	B	C	D
7	A	B	C	D
8	A	B	C	D
9	A	B	C	D
10	A	B	C	D
11	A	B	C	D
12	A	B	C	D
13	A	B	C	D
14	A	B	C	D
15	A	B	C	D
16	A	B	C	D
17	A	B	C	D
18	A	B	C	D
19	A	B	C	D
20	A	B	C	D
21	A	B	C	D
22	A	B	C	D
23	A	B	C	D
24	A	B	C	D
25	A	B	C	D

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27	A	B	C	D
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30	A	B	C	D
31	A	B	C	D
32	A	B	C	D
33	A	B	C	D
34	A	B	C	D
35	A	B	C	D
36	A	B	C	D
37	A	B	C	D
38	A	B	C	D
39	A	B	C	D
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42	A	B	C	D
43	A	B	C	D
44	A	B	C	D
45	A	B	C	D
46	A	B	C	D
47	A	B	C	D
48	A	B	C	D
49	A	B	C	D
50	A	B	C	D