

**MINISTRY OF HEALTH**

**CLINICAL OFFICERS COUNCIL**

**DIPLOMA IN CLINICAL MEDICINE AND SURGERY**

**REGISTRATION EXAMINATION**

**SEPTEMBER 2014**

**PAPER II: (MCQ T/F)**

**DATE: THURSDAY 25TH SEPTEMBER 2014**

**TIME: 3 HOURS (02:00PM- 05:00PM)**

**INSTRUCTIONS**

1. Write your **COC** registration number on the **ANSWER SHEET** provided
2. Marks will be lost for every answer sheet that has no **COC** registration number
3. Attempt **all** questions
4. **DO NOT USE A PENCIL** unless instructed otherwise
5. For **SECTION A (MCQ)** there is only **one correct** **response**. Mark **X** in the appropriate response. There is no negative marking in this section
6. In **SECTION B (TRUE/FALSE),** mark **X** in the appropriate response. One mark will be deducted for every wrong answer.
7. No marks will be rewarded for responding to more than one option
8. All cancellations must be clear

**Example**

Section A:

The 4th president of the republic of Kenya is?

|  |  |
| --- | --- |
| 1. Mwai Kibaki |  |
| 1. Daniel Arap Moi |  |
| 1. Uhuru Kenyatta | X |
| 1. William Rutto |  |

Section B:

The following have been presidents in Kenya

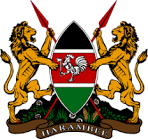
|  |  |  |
| --- | --- | --- |
| 1. Mwai Kibaki | X |  |
| 1. Oginga Odinga |  | X |
| 1. Uhuru Kenyatta | X |  |
| 1. William Rutto |  | X |
| 1. Daniel Toroitich | X |  |

**SECTION ONE- MCQ QUESTIONS**

1. Mella has been found to have Chronic Hepatitis. Which antiviral below is useful in his treatment?
2. Amantadine
3. Rimantadine
4. Lamivudine
5. Forscarnet
6. Mulabu was hit on the head with a metal bar yesterday during a brawl. He presents with low fluency of speech and is unable to respond to questions promptly. Mulabu:
7. Has Dysathria
8. May need a brain CT scan
9. Can go home to be reviewed at SOPC next month
10. Needs a course of broad spectrum antibiotics only
11. Nduku aged 67 years has right sided chest pain and dyspnea. On examination she is found to have faint breath sounds on the right side as well as stony dull percussion note. Which statement below is false about Nduku?
12. A Chest X-ray is indicated
13. Chest drainage may relieve the dyspnea
14. Extra-Pulmonary TB likely
15. Strong analgesia is all that is needed
16. Regarding type 1 diabetes mellitus:
17. Insulin is given one hour after meals
18. Oral hypoglycaemic drugs are given twice daily
19. Ketoacidosis is rare
20. Destruction of pancreatic beta cells is pathognomic
21. A 46 year old obese woman is admitted with two days history of lower limb swelling. The limb is warm and tender
22. Cellulitis is likely
23. Filariasis is the most likely diagnosis
24. Deep venous thrombosis is likely
25. Elevation of the limb is not indicated in treatment
26. The following is consistent with normal cerebrospinal fluid
27. Slightly turbid
28. Sugar levels approximately two thirds of concentration in blood
29. At least 10 polymorphs per high power field
30. Formation of a wet clot after centrifuge
31. In regard to tetanus infection:
32. Resus sardonicus is uncommon
33. Clostridium welchi is true causative organism
34. Symptoms are due to an exotoxin with affinity for nervous system
35. Noise and light do not affect symptomatology
36. A nine month old infant presents with a twelve hours history of paroxysmal abdominal pain, vomiting and rectal passage of blood and mucus. He has an epigastric mass. The most likely diagnosis is :
37. Enterocolitis
38. Amoebiasis
39. Appendicitis
40. Intussusception
41. The following are associated with kwashiorkor:
42. Edema does not occur
43. Hypoglycaemia is common complication
44. CCF is an early complication
45. Septicaemia does not occur in most cases
46. The following are true in asphyxia neonatorum:
47. May result in haematuria
48. APGAR score is a reliable indicator of the problem
49. Fluid therapy should be restricted to 50ml/kg/day in a full term infant
50. There is usually evidence of metabolic acidosis in established cases
51. In rheumatic fever:
52. May follow tonsillitis
53. Fever is a major criterion in diagnosis
54. Erythema nodosum is diagnostic
55. Steroids are routinely useful in the acute stages of management
56. A one year old patient presented with a generalized seizure. This was the third episode in the year.
57. This is severe neonatal seizures
58. IM diazepam should be given immediately to stop the seizure
59. Maintenance phenobarbitone is essential
60. EEG is not necessary as the diagnosis is obvious
61. A one year old child presented with multiple fractures seen in various stages of healing. The most probable diagnosis in this case is?
62. Scurvy
63. Rickets
64. Battered baby syndrome
65. Osteogenesis imperfecta
66. Which one of the following tests is part of primary survey in a trauma patient?
67. Ensuring adequate ventilatory support
68. Measurement of blood pressure and pulse
69. Neurologic examination with GCS
70. Examination of the cervical spine
71. A 70 year old male presents with a urinary retention and back pain. Which of the following investigations ids needed?
72. Serum acid phosphate
73. Serum alkaline phosphate
74. Serum electrophoresis
75. Serum calcium
76. A 22 year old lady presents with a pain on the right iliac fossa. On examination there was tenderness and guarding. Which of the following should **NOT** be done in this case?
77. Put patient Nil orally
78. Intravenous glucose
79. Injection pethidine intramuscularly
80. Plain X-ray abdomen
81. Carbamizole
82. Is an antithyroid drug
83. Is a proton pump inhibitor
84. Is an antibiotic
85. Is a calcium channel blocker
86. When examining an abdominal X-ray, the important features to look for are?
87. Dilated bowel
88. Free gas in the peritoneum
89. Calcification in areas prone to stone formation
90. Rarefaction
91. Maternal cardiovascular and haematological changes:
92. The red cell mass decreases
93. The haemoglobin concentration and white cell count decreases
94. The erythrocyte sedimentation rate decreases
95. The peripheral resistance and mean arterial pressure decreases
96. A symptomatic bacteriuria:
97. The pregnant woman complains of painful micturition
98. Screening using urinalysis is of no value
99. Is associated with premature delivery
100. Is treated with antibiotics for 5 days
101. About Bartholin’s gland:
102. Is a sweat gland
103. Is a lubricating gland
104. Is homologous to the testicles
105. Is one in number
106. As regards syntocinon use of management of labour
107. It should be used with intact membranes
108. Too much of syntocinon may cause fetal hypoxia
109. Maybe used in cephalopelvic disproportion
110. Is indicated in trial of labour
111. The following tests/procedures are done to determine if the patient has premature rapture of membranes:
112. Gramstain of vaginal discharge
113. Urinalysis for culture and sensitivity
114. Vaginal examination
115. Nitrazine test
116. A 16 year old girl presented with history of recurrent abdominal pains at intervals of 4 weeks, with acute urinary retention. She had not attained menarche and has no history of fever and urinary symptoms. On examination, distention of lower abdomen is noted. What is the most likely diagnosis?
117. Urinary retention
118. Delayed puberty
119. Cryptomenorrohea
120. Amenorrohea
121. The community strategy is key in delivering care. Identify the service that is not given by the community health workers.
122. Distribution of oral contraceptives
123. Defaulter tracing
124. Giving treatment
125. Health education
126. Concerning school health choose the activity that is not carried out
127. Health education
128. Screening
129. Inspection of premises
130. Investigation
131. Match correctly diseases with the mode of transmission
132. Polio ………………..oral fecal
133. Tuberculosis……..blood products
134. Hepatitis A ……….contact
135. Hepatitis B ……….oral fecal
136. While doing internship at a county referral hospital, the officer in charge is accused of not motivating his staff. Which one of the following describes him?
137. Regularly monitors their work
138. He does not share an interest in whatever they hold important
139. Creates an atmosphere of approval and cooperation
140. Ensuring subordinates understands the importance of their contribution to the team’s objectives
141. Time management is essential for providing quality care in health care. Choose the item that does not help in time management
142. Delegation
143. Keeping a to do list
144. Multitasking
145. Scheduling tasks
146. Identify the function of management from the list below
147. Chain of command
148. Organizing
149. Unity of direction
150. Division of work

***SECTION TWO- TRUE/FALSE QUESTIONS***

1. A 31 year old Asian man, homosexual presents complaining of pain when defecating. He has no history of diarrhea, abdominal pain or fevers. Six months earlier he developed traveller’s diarrhea while vacationing Mombasa. On physical exam he is afebrile and abdominal exam is normal. On examination of perianal area, there is a group of five clustered ulcers adjacent to the anal orifice and extending into the anal canal. A sigmoidoscopy reveals normal rectosigmoid mucosa. Which of the following is the most likely diagnosis:
2. Cytomegalovirus infection
3. Herpes infection
4. Neisseria gonorrhea
5. Shigella dysenteriae
6. Ulcerative colitis
7. A 40 year old man is brought to an emergency room by his friends. Apparently he has ingested some unknown medication in a suicide attempt. The patient is disoriented to time. His temperature is 39.3°C, blood pressure 120/85mmHg, pulse 100 beats/min, irregular and respiratory rate of 22 breaths/min. The skin is flushed and dry. Dilated pupils and muscle twitching are also noted on physical examination. ECG reveals prolonged QRS complexes. Hepatic transaminases are normal and blood gas analysis shows a normal pH. These findings are most likely due to intoxication by which of the following substances?
8. Acetaminophen
9. Alcohol
10. Benzodiazepines
11. Clonidine
12. Tricyclic antidepressants (amitriptyline)
13. A patient comes to you in coma in a health center where you are the in-charge. You decide on some measures to treat the patient. The correct steps to be taken are:
14. Refer the patient to the district hospital immediately
15. Thorough physical exam after obtaining relevant history
16. Give an injection of corticosteroids
17. Order for blood smear for malaria parasite
18. Do a lumber puncture
19. A 65 year old woman admitted at the hospital with constant, severe abdominal pain that has worsened over the prior week. She has no other associated symptoms such as nausea and vomiting but has noticed that her daily urine output has sharply decreased. She has a constant desire to urinate but, when she tries only a small amount of bloody urine is discharged. The patient is a long time smoker having smoked three packs per day for more than 45 years, although she reports to have quit 2 days ago. The following are the impressions you want to rule out:
20. Bilateral hydronephrosis
21. Bladder cancer
22. Urinary schistosomiasis
23. Renal failure
24. Rheumatic heart disease
25. An elderly woman consults a physician in Samburu district hospital because “she is feeling so tired all the time”. Peripheral blood smear shows many macrocytic red cells. On questioning the woman, whose finances are limited, she admits to have been living on a “tea and toast” type diet. The physician tells her that a nutritional deficiency of some sort is the cause of her illness.
26. Most likely to be anaemia of chronic illness
27. Iron deficiency anaemia is the cause
28. Vitamin B12 is likely
29. Protein deficiency
30. Vitamin K deficiency is the cause
31. Debra has retrosternal pain coming on/off for the last one week. What would you consider as differentials in this patient?
32. Oesophagitis
33. Peptic ulcer disease
34. Gastroesophageal reflux disorder
35. Angina pectoris
36. Intercostal myalgia
37. A one week old male baby presents with breast engorgement which when pressed yields whitish fluid. He is otherwise normal. Which of these statements are true?
38. The fluid is likely to be pus
39. Should be squeezed daily until dry
40. Baby should be started on antibiotics after swab
41. Could be witches milk and should be left undisturbed
42. Referral to the pediatric surgeon is essential
43. Mantoux test gives false negative in the following situations:
44. Protein calorie malnutrition
45. Military tuberculosis
46. AIDS
47. Patient on steroid therapy
48. Mentally retarded patient
49. Otieno presented with fever and swollen cheeks for five days. When he was brought to the hospital the clinician documented a fever of 37.8°C and palpated swollen, tender parotid glands. He then made a diagnosis of Mumps.
50. Parotid enlargement may complicate to malignancy
51. A vaccine is available for immunization
52. Viraemia leads to multiple organ affection
53. Antibiotic treatment prevents complication
54. Parotid swelling is non-tender.
55. The following is true in Fallot’s tetralogy.
56. Overriding aorta is a component
57. Keeping the patient in a knee chest position is useful in management
58. An ASD is a common finding
59. Polycythemia occurs
60. Digoxin is useful in management
61. Sarah’s mother says that her daughter who is 4 years old has been experiencing episodes of shortness of breath, coughs and produces musical sound when breathing out. The clinician counts 38 breaths/min and notices that she has a wheeze.
62. Oral salbutamol is preferred treatment than the use of an inhaler
63. Steroids have a role early in treatment
64. Bronchiolitis is a differential
65. Antibiotics should be given in all cases
66. Adrenaline must always be used at first line treatment
67. In a child with suspected rickets the following investigations are important
68. Urinalysis
69. Full blood count
70. Blood smear for malaria parasites
71. X-ray for the wrist
72. Serum calcium phosphate
73. At the casualty department you examine patient with severe pain of the shoulder. He fell while playing football and cannot use his arm. You notice a prominence in the infrascapular fossa. The tip of the acromion is very prominent laterally
74. This is anterior dislocation of the shoulder
75. This is sub-coracoid dislocation of the shoulder
76. Light bulb appearance will be seen on radiographs of the shoulder
77. This problem simply requires an arm sling and analgesics
78. This problem can be recurrent
79. Prolapsed intervertebral disc is common diagnosis in the orthopedic clinic. Concerning this condition the following are true:
80. It is common cause of combined back pain and sciatica
81. Diagnosed through plain X-ray of the vertebral column
82. Presents with numbness as a result of pressure from the disc
83. Pain is relieved by coughing and sneezing
84. Bilateral leg transaction often useful
85. You have admitted a child with severe acute onset pain and swelling of the hip. He is febrile and aspiration of the hip produces pus. The following line of management is correct:
86. Physiotherapy is recommended immediately
87. Immobilize the joint with plaster
88. Skin traction is useful
89. Culture and sensitivity of the aspirated pus is mandatory
90. Arthrotomy is indicated
91. As an intern in a referral hospital, you are taking care of post-operative patient who has had an abdominal surgery. On 5th post-operative day you notice that there is disruption of the layers of the operative wound with a serosanguinous fluid discharge. Respond to the following concerning your patient’s condition:
92. He has developed an incisional hernia
93. This is wound dehiscence
94. His wound was probably inadequately closed
95. The patient may develop evisceration
96. The wound should be managed conservatively by dressing
97. About haemorrhoids
98. First degree do not prolapse
99. Per rectal bleeding is rare
100. Constipation and straining at stool should be avoided
101. Complication of rectal prolapse include gangrene
102. Haemorhoidectomy is mandatory in all types
103. Clean, fresh lacerations are best treated by
104. Debridement of the wound only
105. Antibiotics only
106. Immediate approximation
107. Delayed suture
108. Immobilization of the extremity
109. Janet Nasimiyu a 38 year old Para 5+0, Gravida 6came to your office with an obstetric ultrasound showing breech presentation. The following are possibilities:
110. Multiple sexual partners she has been having
111. Other possible masses e.g. fibroids
112. Polyhydromnious
113. Cervical incompetence
114. Oligo hydromnious
115. Kagwanja a clinical officer at Chwele health center at the patient support center encounters a HIV positive mother who has just delivered and requires some advice about infant’s feeding options. Which of the following is reliable?
116. During breastfeeding phase , a condom should be used to avoid chances of re-infection to the mother
117. Exclusive breastfeeding reduces gut and other infections e.g. thrush that could increase the risk of HIV infection
118. The baby is breastfed on demand
119. Exclusive breastfeeding does not provide the best infant nutrition since the milk could be infected
120. The baby should only use water for 24 hours
121. Regarding pregnancy dating:
122. The last menstrual period is used in preference to ultrasound
123. The LMP is reliable even when the cycles are irregular
124. The LMP can be used if pregnancy was due to Depo-Provera failure
125. The fundal height denotes an accurate date
126. The EDD is calculated as LMP + 12 months – 3 months +7 days
127. Diagnosis of hydatidiform mole can be made on basis of the following:
128. Elevated β-HCG
129. Pelvic ultrasound
130. Pelvic exam
131. Chest radiograph
132. Absence of fetal heart tones in a 16 week size uterus
133. Regarding uterine fibroids :
134. They are estrogen dependent
135. Is a cause of obstructed labour
136. Red degeneration occurs in pregnancy
137. May present with infertility
138. Malignant transformation does not occur
139. Control of cancer of the cervix can be controlled by:
140. Education
141. Cytological screening
142. Colposcopy
143. Radiotherapy
144. EUA
145. Peer pressure has become a problem to the youth. Choose from the list below the advantages of the peer pressure
146. Use of alcohol
147. Premarital sex
148. Crime
149. Peer pressure counseling groups
150. Use of substances of abuse
151. As a Clinical Officer of Isinya health center, NASCOP conducted a survey on condom use among the youth. Identify from below what will entail the process
152. Identification of study population
153. Consent
154. Pretesting of questionnaire
155. Training of the interviewers
156. Report writing
157. Choose the screening methods of cancer of the cervix
158. Via villi
159. Self-examination
160. Blood examination
161. Pap smear
162. Urine exam
163. A good report is one that is read and action taken because of it (not just filed and ignored). What are the characteristics of such report
164. Concise
165. Organized
166. Exhaustive
167. Redundant
168. Relevant
169. It is expected that as an in-charge, you are supposed to ensure that officers working under you develop. What are some of the consideration you will do?
170. Staff readiness
171. Staff motivation
172. Knowledge of results
173. Training method
174. Implied charge
175. Integrity is key in delivering health services. In your own opinion what does integrity entails
176. Obligation
177. Choice
178. Principles
179. Doing what is right
180. Code of regulation



**MINISTRY OF HEALTH**

**CLINICAL OFFICERS COUNCIL**

**BACHELOR OF CLINICAL MEDICINE**

**REGISTRATION EXAMINATION**

**SEPTEMBER 2014**

**PAPER I: ESSAY**

**DATE: THURSDAY 25TH SEPTEMBER 2014**

**TIME: 2 ½ HOURS (09:00AM- 11:30AM)**

**INSTRUCTIONS**

1. Write your **COC index number** on the cover page and each page of the answer booklet used
2. Marks will be lost for answer booklets without **COC index number**
3. Answer **ALL** the six questions
4. Do not use a **PENCIL**, use either a **BLUE** or **BLACK** pen
5. Read the instructions provided in the answer booklet
6. All cancellation must be **clean** and **clear**
7. Use the blank pages at the back of the answer sheet for your rough work and cancel before submitting the answer sheet
8. Ensure that you sign the attendance register before doing the examination and when you are handing over the answer booklet
9. Martha a 14 year old girl from Nakuru travelled to Kisumu with her parents for one week holiday. Two weeks later the girl developed headache, vomiting and general malaise. The mother took her to Nakuru county hospital where on examination she was found to have a temperature of 38°C, mild jaundice and hepatosplenomegally. She was clinically pale.
10. What is the most likely diagnosis **(1 mark)**
11. Indicate and interpret four key investigations that you would carry out for Martha **(2 marks)**
12. Indicate the supportive management **(2 marks)**
13. Prescribe the definitive management of this patient **(3 marks)**
14. You are the officer in charge of Makueni hospital pediatric ward. One day as you are performing your ward rounds there is a tyre burst of a passing matatu which almost shakes the building. Behind you is mama Kimeu who starts screaming for help as Kimeu suddenly starts exhibiting generalized tonic-clonic jerky movements.

You stop what you are doing and rush to review 6 year old Kimeu; the sister in charge is already administering diazepam 6mg IM. Previous records show that Kimeu was admitted one day ago with what was thought to be convulsive disorder. This is the first time Kimeu is suffering from such a condition. There is no history of family epilepsy, no history of head trauma. Fever is mild (37.5°C). No loss of consciousness even at the time of the contractions.

On examination of the boy you discover that he has extensive tungiasis associated with some infections. In addition there were areas of rigidity and mild contractions of various muscle groups. Central nervous system examinations reveal some neck stiffness. Kerning’s sign is equivocal. Other systems are essentially normal. The following investigations have already been done:

1. BS for MPS – Negative
2. Cerebrospinal fluid examination- protein (nil) , sugar(nil) , culture (no growth)

Treatment sheet;

1. Paracetamol 500mg TDS × 3/7
2. IV/IM Diazepam 6 mg. PRN/ 8 Hourly
3. Fansidar ii stat
4. IV Chloramphenicol 150mg QID × 2/52
5. IV X-pen 2 MU QID× 2/52

Study the case scenario narrated above, analyze the investigation results and treatment sheet then answer the following questions.

1. What is the most likely diagnosis? **( 1mark)**
2. What are the differential diagnoses in order of importance? **(3 marks)**
3. Describe the pathogenesis and pathophysiology of the condition **(3 marks)**
4. Evaluate Kimeu’s treatment sheet **(3 marks)**
5. You are an intern in surgical ward in a county hospital. You are informed that an infant is being brought to your ward for admission.
6. Identify 6 common surgical conditions that could lead to admission of the baby**(3 marks)**

The infant arrives and you obtain a short history of screaming attacks, associated drawing up of knees. The baby passes red mucoid stool. You notice that the abdomen is distended.

1. What is your diagnosis now? **(1mark)**
2. Prescribe the treatment for this baby **(3marks)**
3. Outline 2 complications of this condition **(2marks)**
4. a) List any 3 indications for Manual Vacuum Aspiration **(1 ½ marks)**

b) Outline the procedure of Manual Vacuum Aspiration **(7marks)**

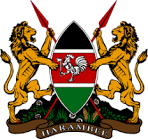
c) State any 3 complications associated with Manual Vacuum Aspiration **(1 ½ marks)**

1. Use the information on the table below to answer questions (a) and (b)

Incidence of mortality of malaria in the under-fives in Migori County

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Population under fives** | **Malaria cases** | **Deaths** |
| **2002** | **55,000** | **10,241** | **270** |
| **2003** | **60,500** | **10,353** | **187** |
| **2004** | **62,700** | **10,616** | **148** |
| **2005** | **65,070** | **10,966** | **132** |

1. What was the mean case fatality rate for malaria for under-fives in Migori over the four year period? (5 marks)
2. present the above data in:
3. Bar graphs for cases **(2 ½ marks)**
4. Pie chart for deaths **(2 ½ marks)**
5. define health system **(1 mark)**
6. explain 6 approaches that are essential in strengthening health care system **(6 marks)**
7. outline 3 principles of health care system **(3marks)**



**MINISTRY OF HEALTH**

**CLINICAL OFFICERS COUNCIL**

**BACHELOR OF CLINICAL MEDICINE**

**REGISTRATION EXAMINATION**

**SEPTEMBER 2014**

**PAPER II: (MCQ: TRUE/FALSE)**

**DATE: THURSDAY 25TH SEPTEMBER 2014**

**TIME: 3 HOURS (02:00PM- 05:00PM)**

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3. Attempt **all** questions
4. **DO NOT USE A PENCIL** unless instructed otherwise
5. For **SECTION A (MCQ)** there is only **one correct** **response**. Mark **X** against **ONLY ONE** appropriate response. There is no negative marking in this section
6. In **SECTION B (TRUE/FALSE),** mark **X** in the appropriate response. One mark will be deducted for every wrong answer.
7. No marks will be rewarded for responding to more than one option
8. All cancellations must be clear

**Example**

Section A:

The 4th president of the republic of Kenya is?

|  |  |
| --- | --- |
| 1. Mwai Kibaki |  |
| 1. Daniel Arap Moi |  |
| 1. Uhuru Kenyatta | X |
| 1. William Rutto |  |

Section B:

The following have been presidents in Kenya

|  |  |  |
| --- | --- | --- |
| 1. Mwai Kibaki | X |  |
| 1. Oginga Odinga |  | X |
| 1. Uhuru Kenyatta | X |  |
| 1. William Rutto |  | X |
| 1. Daniel Toroitich | X |  |

***SECTION A- MCQ QUESTIONS***

1. Which one of the following drugs has no activity against erythrocytic stages of plasmodium species?
2. Proguanil
3. Quinine
4. Primaquine
5. Chloroquine
6. Osaki an expatriate working with NGO presents to the outpatient with 2day history of mouth deviation to the left, inability to close the right eye and dribbling of saliva from right corner of the mouth. Osaki:
7. Requires full physical examination
8. Urgently needs admission
9. Should not be given steroids
10. Has an upper motor neuron lesion
11. A 28 year old woman presents with fever, dysuria, frequent and flank tenderness. The urine contained numerous neutrophils and urine culture revealed bacteriuria. The most likely causative organism is
12. Pseudomonas aeroginosa
13. Proteus vulgaris
14. Escherichia coli
15. Neisseria gonorrhea
16. A 40 year old woman died after a long illness characterized by dyspnea, orthopnea, hepatomegaly, distended neck veins and peripheral edema. Which one of the following disorders is the most likely cause of these features?
17. Chronic alcoholism
18. Right heart failure
19. Viral hepatitis
20. Diabetes mellitus
21. A 60 year old male, known as bronchial asthma was admitted with abdominal distension, cyanosis and distended neck veins:
22. Cor pulmonale is a likely diagnosis
23. A left parasternal heave suggests right ventricular enlargement
24. History of smoking for the past 25 years is relevant
25. Enlarged pulsatile live could be a related finding
26. A 20 year old boy comes to you with a history of headache, photophobia and slight confusion. He is febrile, Kerning’s sign is positive and he has stiffness of the neck
27. This is cerebral vascular accident
28. Urgent blood slide for malaria parasites should be done
29. Urgent lumber puncture should be done despite bulging (edema) of optic disc
30. He should be put on oral antibiotics, Paracetamol, antimalarial and sent home
31. Njau was giving an health talk to a mother who had just delivered her first child. He was supposed to check for correct positioning as the mother breastfed her child. A sign of correct positioning in breast feeding include:
32. Infant’s body straight and whole body facing the mother
33. Mouth wide open
34. More areola above and below
35. Lower lip turned outwards
36. In a well set up facility, there has to be a site for emergency triaging of sick children. An emergency sign in triaging include;
37. History of convulsion
38. Severe dehydration
39. Severe malnutrition
40. Referral from another health center.
41. Of the airway conditions listed below, which one does not present with stridor
42. Retropharyngeal abscess
43. Pneumonia
44. Diphtheria
45. Foreign body inhalation
46. One of the leading causes of disabilities in children who do not receive immunizations as per schedule is poliomyelitis. Which one of the following is not true about poliomyelitis
47. Flaccid paralysis occur
48. Sensation is lost in affected limbs
49. Paralysis is asymmetrical in majority of cases
50. Prevention is by live attenuated vaccine
51. Which one of the following is not a reason for blood transfusion in child with sickle cell diseases?
52. Hyper haemolytic crisis
53. Priapism
54. Thrombotic crisis
55. Acute splenic sequestration
56. On examination of six year old child you notice that he keeps touching his scalp. On closer inspection you notice that there is patch with circumscribed hair loss, scaling and itching on the scalp. This child:
57. Has worm infestation and deworming is necessary
58. Is a common childhood phenomenon requiring no attention
59. Will benefit from griesofulvin for several weeks
60. Has taenia corporis
61. The earliest radiographic feature in acute pyogenic osteomyelitis is
62. Soft tissue swelling
63. Involucrum formation
64. Sequestrum formation
65. Sun ray appearance
66. Post-operative fluid management of a surgical patient should
67. Include administration of 40-60 mmol of potassium in the next 24 hours
68. Account for insensible losses of up to 1500 ml if the patient is septic
69. Include packed red blood cells if the haematocrit fall below 5%
70. Aim to provide at least 1000 calories for the first three postoperative days
71. In the early assessment and resuscitation of a trauma patient
72. Application of a tourniquet to control obvious external blood loss from a limb is essential to minimize hypovolemic shock
73. Airway patency ensures adequate ventilation
74. A urinary catheter is not mandatory if the patient is unconscious
75. A normal lateral cervical spine X-ray includes cervical a spine injury
76. A 55 year old man suddenly develops left sided chest pain 18 hours after an inguinal hernia repair. He has a non-productive cough, dyspnea, and a fever of 38°C, PILSE RATE OF 110 beats / minute and tachypnea. The ECG shows nonspecific ST changes

Provisional diagnosis:

1. Atelectasis
2. Pneumothorax
3. Pulmonary embolism
4. Myocardial infarction
5. When breast is treated by partial mastectomy and lumpectomy, further therapy should include:
6. Chemotherapy
7. Adrenalectomy
8. Oophorectomy
9. Radiation
10. The following are indication of underwater seal drainage:
11. Hypostatic pneumonia
12. Empyema thoracis
13. Myocarditis
14. Pleurisy
15. In treatment of gestational trophoblastic disease the most commonest investigation done to monitor the progress of disease is:
16. Uterine ultrasound
17. Blood for urea and electrolytes
18. Blood for beta human chorionic gonadotropin level
19. Blood for full haemogram
20. In management of postpartum haemorrhage one of the following is not helpful
21. Uterine massage
22. Emptying of the bladder
23. Delivery of the placenta
24. Admisni8stratuion of antibiotics
25. The following anticoagulant is not used in the first trimester
26. Warfarin sulphate
27. Heparin
28. Clexane
29. Fondaparinux
30. A patient who presents with per vaginal bleeding , the following procedure must be done
31. Manual vacuum aspiration
32. Speculum examination
33. Abdominal ultrasound
34. Per rectal exam
35. The following diagnostic procedures is used in diagnosis of cervical inter-epithelial neoplasia
36. Smear hysterotomy
37. Colposcopy
38. Mammography
39. Papanocolaou smear
40. A 33 year old woman at 37 weeks of gestation with an obstetric ultrasound done at 16 weeks confirmed placenta previa. She presents to you with moderate vaginal bleeding. Which one of the following is the best management for her?
41. Induction of labour
42. Tocolysis of labour
43. Examination under anesthesia
44. Emergency caesarean section
45. Ebola is one of the topical health issue in Africa and has killed many people. Identify the preventive measure that can be used to curb the spread of the disease
46. Mass vaccination
47. Greeting of people
48. Hand washing
49. Staying in crowded rooms
50. The community strategy is key in delivering health care. Identify the services that are not given by community health workers
51. Distribution of oral contraceptives
52. Defaulter tracing
53. Giving treatment
54. Heath education
55. Choose the response that is true about occupational prick by health worker in the OPD
56. The health worker must be careless
57. The HIV status of the worker does not determine the care to be given
58. Post exposure prophylaxis should be given immediately
59. Emergency contraceptives should be given
60. The current system of government has devolved health services to the counties. Which one of the following concepts does not describe decentralization?
61. Delegation
62. De-concentration
63. Organization
64. Privatization
65. Procrastination in management is the major cause of inability to complete assignments. This could be associate with one of the following
66. Proper delegation
67. Effective communication
68. Poor planning
69. Preparing of priority list of tasks
70. Which one of the following statements is true about responsiveness to health care service delivery
71. Confidentiality of personal information
72. Lack of communication to patients and family members
73. The inability to receive care in a respectful and non-discriminatory setting
74. Lack of patients participation in making informed choice

***SECTION B: TRUE/ FALSE QUESTIONS***

1. A patient is referred by a cardiologist with a note “patient is known to have mitral stenosis, please manage”. On examination the patient is pale, has edema and raised JVP
2. Blood cultures are indicated
3. Arthralgia suggest rheumatoid arthritis
4. Digoxin is indicated
5. High doses of crystalline penicillin and gentamycin maybe useful
6. It could be significant that he had tooth extraction three weeks before
7. A patient is referred to you with a biopsy report. “These features are consistent with TB adenitis”. What action is appropriate?
8. Give ethambutol, INH and thiazetazon only
9. Start on 18th month’s course of anti-TB drugs
10. Start on four drugs but omit Rifampicin and Pyrazinamide
11. Same treatment as for a patient as adenoids
12. Repeat biopsy
13. A 20 year old student complains of feeling very cold, forgets easily and has increase in weight. Thyroid stimulating hormone is extremely high with low T4 levels.
14. Carbimazole is useful
15. Diagnosis is thyrotoxicosis
16. Pituitary tumor most likely cause
17. T3 levels is most likely to be low too
18. Iodized salt maybe useful
19. 60 year old woman presented to Thika county hospital with pain in her left thigh muscle. Duplex ultrasonography showed deep venous thrombosis in that limb. The patient was started on heparin. The best laboratory marker for mo
20. Bleeding time
21. International normalized ratio
22. Thrombin time
23. Clotting time
24. Activated partial thromboplasin time
25. About HIV/AIDS
26. Zidovidine is a drug of choice in preventing the transmission of HIV in breastfeeding mother.
27. Avoidance of unnecessary blood transfusion reduces HIV transmission
28. Recurrent upper respiratory infections is stage III according to WHO classification in adults
29. About 80% of young adults who develop herpes zoster are HIV positive
30. Use of combination of therapy of 3 drugs is usually not necessary in HIV management
31. Chronic renal disease will present with
32. Normocytic, Normochromic anaemia
33. Progressively deteriorating course
34. Reduced bone density
35. Urine retention
36. Polyphagia
37. Baby Nyambura was born at Nyandarua District Hospital. Within the first minute it was realized that she required resuscitation. Which one of the following statements concerning resuscitation are applicable
38. At an APGAR score of 5-6, initiate resuscitation with bad and mask
39. Drying the baby is the last step in resuscitation
40. APGAR score of 0-4 give oxygen alone
41. If the mother was given Pethidine, give Naloxone 0.01mg/kg IV stat
42. Convulsions are a complication
43. Breastfeeding is considered an important element in growth and development of a child. Which one of the following statements relate to breastfeeding
44. Breastfeeding is contraindicated in HIV infection
45. A mother with sputum positive tuberculosis should not breastfeed her baby
46. Breastfeeding reduces the risk of maternal breast cancer
47. Increases intelligent quotient (IQ)
48. Reduces GI and respiratory infections
49. A 5 year old girl was brought from a picnic with history of vomiting, salivation, difficulty in breathing after ingesting unknown substance 2 hour prior. On examination she had frothy oral secretions, coarse crepitation and pin point pupils.
50. Organophosphate poisoning is possibility
51. The first step in treatment is by giving atropine
52. Pralidoxime has no role in treatment
53. Gastric lavage can be done
54. Activated charcoal has a role in treatment
55. Omondi is a three year old child; he is apathetic, edematous with serum protein of 1.4g% with no proteinuria
56. Failure of disappearance of edema maybe due to congestive cardiac failure
57. This child has normal temperature control
58. If this child has PTP the Mantoux test will most probably be positive
59. Crystapen adequately covers the organism that may cause infections in this patient
60. Lactose intolerance is common
61. A 2 months old male baby presents at Moi Teaching and Referral hospital paedriatric outpatient clinic with a 3 days history of projectile vomiting immediately after a feed and worried appearance. On examination he is moderately dehydrated, visible peristalsis is noted and non-tender mass is felt over right hypochondrium
62. This is most likely to be hypertrophic pyloric stenosis
63. An abdominal ultrasound is necessary
64. Nephroblastoma is a differential
65. Treatment is purely conservative
66. Electrolyte imbalance can occur
67. During routine examination of a boy who had come to the child wellness clinic, the clinical officer palpated a mass in the abdomen. The following are probable causes of abdominal mass:
68. Nephroblastoma
69. Neuroblastoma
70. Rhabdomyosarcoma
71. Ovarian terratoma
72. Leukemia
73. Otieno is a 65 year old male who has been smoking pipes since early adulthood notes a small patch of white on the later anterior portion of the tongue. The patch is not painful for the first month but gradually becomes more painful as it begins to ulcerate. The most likely diagnosis is:
74. Benign non-specific ulceration
75. Leukoplakia
76. Epulis
77. Carcinoma of the tongue
78. Ranula of the tongue
79. Juma a street boy came to hospital with pain in the scrotum, fever, severe toxicity with extensive sloughing leaving the normal testis exposed. What is the diagnosis:
80. Fournier’s gangrene
81. Varicocoele
82. Haematocoele
83. Hydrocele
84. Spermatocoele
85. Two hours after application of the plaster cast for supracondylar fracture, the patient comes back to the emergency room with a complain of severe pain in the hand. Examination reveals swelling of the fingers and cyanosis. The best course of action would be:
86. Observe the patient
87. Administer vasodilators
88. Administer analgesics
89. Cut open the plaster cast near the fingers
90. Cut open the entire plaster cast immediately.
91. ( use to answer questions 46-48) A first born male (3 weeks old) presents with projectile vomiting following feeding since the age of 2 weeks. He is hungry but has shown a recent loss of weight. The most probable diagnosis is:
92. Peptic ulcer of the newborn
93. Tracheoesophageal fistula
94. Hypertrophic pyloric stenosis
95. Leukemia
96. Esophageal atresia
97. A common physical finding in the above condition is:
98. Scaphoid abdomen
99. Visible peristaltic wave in the lower abdomen
100. An olive sized “tumor” felt through the abdomen wall
101. Rales in the lungs
102. Distended abdomen
103. A useful information is confirming the diagnosis is
104. Presence of bile in the vomitus
105. Dilated stomach on X-ray
106. Farber test on meconium
107. Alkalosis
108. Full thickness gastric biopsy
109. The following information is mandatory in a patient presenting with contact bleeding
110. Sharp curettage
111. Manual vacuum aspiration
112. Hysterectomy
113. Dilation and curettage
114. Pap smear
115. Regarding pregnancy induced hypertension
116. Young primigravidas have the lowest incidence
117. Eclampsia if diagnosed prior to 20 weeks necessitates conservative management
118. Incidence of pregnancy induced hypertension varies widely among the world
119. Pre-Eclampsia and Eclampsia is at least common in extreme ages
120. A familial history is a major presentation
121. The management of cord prolapsed
122. Examination under anaesthesia
123. Complete bed rest
124. Knee chest position while awaiting theatre
125. Caesarean section once blood has been grouped or cross matched
126. Caesarean section once the cord stops pulsating
127. Concerning Bartholin’s abscess
128. Incision and drainage is done
129. Incidence of recurrence is possible
130. Is a gynaecological emergency
131. In pregnancy is an indication of caesarean section
132. The Bartholin’s gland is palpable
133. Concerning imperforated hymen
134. Common in multiparas
135. Causes secondary Amenorrohea
136. Cyclic periodical abdominal pains are suggestive
137. On vaginal examination vulva appears bluish in color
138. Is managed by making a cruciate incision on the hymen
139. Focused antenatal care (FANC) approaches have been embraced as a viable concept in the promotion of safe and child survival. It aims at:
140. Promoting health of antenatal mothers
141. Detecting complications in pregnancy early
142. Identifying preexisting conditions
143. Preparing antenatal mothers for childbirth
144. Preventing diseases in antenatal period
145. You have been called to investigate what the nurses think is diarrhea outbreak. Which one of the following will you do?
146. Case definition
147. Development of hypothesis
148. Data collection
149. Confirmation of epidemic
150. Treatment of the affected
151. Concerning immunization the following is true about vaccine vial monitor (VVM)
152. It is a measure of potency of a vaccine
153. Sunlight does not interfere with the VVM
154. The vaccine should not follow cold chain
155. Use VVM stage 2
156. Use VVM stage 3
157. A standard 8 girl from a nearby school comes to your clinic. She wants advice on the family planning method that she can use. Which advice will you give:
158. Bilateral tubal ligation
159. Condom
160. None coz she is a minor unless accompanied by a parent/guardian
161. Oral contraceptives
162. Depo Provera
163. Respond to the statements below on the growing focus on health systems
164. The disease specific have greatly contributed to health improvement
165. Restoration of primary health care system is time barred
166. Problems in health system performance are considered major delays in achieving MDGs
167. The health sector is faced with uncoordinated disease control programs
168. The opportunity cost of servicing disease specific programs have been recognized as reducing the effectiveness of health ministry
169. The Kenyan health policy envisions an efficient health delivery system that involves:
170. Organization of service delivery
171. Emergency preparedness and response systems
172. Linkages across service delivery units
173. Integrated systems for clinical placement
174. Demand creation for service delivery
175. As an in charge in Haki Yetu health center, you are expected to appraise the officers working under you. Identify the step that you will not take
176. An agreement between the employee and the supervisor
177. Discussion in the development goals
178. Signing of forms bay the supervisor and the appraise
179. Assessment of performance is done by the appraise only
180. Discussing the performance with the immediate supervisor before appraising