

MINISTRY OF HEALTH

CLINICAL OFFICERS’ COUNCIL

DIPLOMA IN CLINICAL MEDICINE AND SURGERY

ORE-REGISTRATION EXAMINATION

PAPER II: (MCQ/ MULTIPLE TRUE/ FALSE Qs)

DATE: WEDNESDAY 30TH SEPTEMBER 2015

TIME: 2 ½ HOURS (02:00 PM- 04:30PM)

INSTRUCTIONS

1. Write your COC INDEX NUMBER on the cover page and on each page of the cover booklet used
2. Answer booklets WITHOUT COC INDEX NUMBER or WITH incorrect index number shall NOT be marked and the examination shall be nullified
3. marks will be lost for every answer sheet that has no COC INDEX NUMBER
4. Attempt ALL questions
5. Do not use a PENCIL, use either BLUE or BLACK pen
6. 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.
7. No marks will be awarded for responding to more than one response in SECTION A
8. In SECTION B (MULTIPLE TRUE/ FALSE Qs), mark X in the appropriate response. One mark will be DEDUCTED for every wrong answer.
9. All cancellations must be clear
10. Ensure that you sign the attendance register before doing the examination and when you are handing over the answer sheet

**EXAMPLE OF HOW TO RESPOND TO A QUESTION IN SECTION A**

The 4th president of the republic of Kenya is?

|  |  |
| --- | --- |
| A |  |
| B |  |
| C | X |
| D |  |

1. Mwai Kibaki
2. Daniel Arap Moi
3. Uhuru Kenyatta
4. William Ruto

**EXAMPLE OF HOW TO RESPOND TO A QUESTION IN SECTION B**

The following have become presidents in Kenya

|  |  |  |
| --- | --- | --- |
|  | TRUE | FALSE |
| A | X |  |
| B |  | X |
| C | X |  |
| D |  | X |
| E | X |  |

1. Uhuru Kenyatta
2. OGINGA o DINGA
3. MWAI Kibaki
4. William Ruto
5. Daniel Arap Moi

SECTION ONE –MCQ QUESTIONS

1. A patient with bloody diarrhea has been diagnosed with dysentery. A stool culture result may reveal
2. Shigella
3. A coma shaped bacteria
4. Yersinia enterocolitica
5. Rota virus
6. Regardless of the type of fluid replacement therapy used, there are three elements to the calculation of appropriate volume. Which one is NOT one of them?
7. Replacement of established losses
8. Replacement of ongoing loses
9. Replacement of normal daily requirement
10. Replacement of the volume of blood loss
11. Which one is NOT a differential diagnosis of HIV related skin disease?
12. Herpes simplex
13. Varicella zoster
14. Kaposis sarcoma
15. Pemphigous
16. The hall mark of opioids analgesics poisoning include the following EXCEPT
17. Depressed respiration
18. Pinpoint pupils
19. Depressed conscious levels
20. Hypertension
21. A patient has vomited a large amount of blood. His blood pressure is 110/80 mmHg; pulse is 86beats per minute and has epigastric tenderness. The following should be done
22. Transfuse 500 ml of blood immediately
23. Immediate surgical intervention is required
24. Infuse normal saline 2 liters immediately
25. Fix cannula, group and cross match blood and keep the blood ready for any action
26. Fatal blood reaction during transfusion can occur if:
27. Group A red cells are infused to a group O recipient
28. Blood group O Rh-ve is infused to AB recipient
29. Blood group B infused to to AB recipient
30. Blood group A is infused to A recipient
31. The following are true about congenital heart disease EXCEPT
32. Ventricular septal defect is the commonest
33. A cyanotic disease are the commonest
34. They are associated with chromosomal abnormalities
35. Cyanosis is always present by the age of 5 years
36. The causes of bloody diarrhea in children include the following EXCEPT
37. Giardia lambia
38. Entamoeba hystolytica
39. Salmonella
40. Shigella infection
41. Which of the following is NOT true about a child with failure to thrive?
42. Chest x ray is indicated in diagnosis
43. Blood serology is necessary
44. Cyanosis is a useful finding
45. Abdominal ultrasound is not useful in diagnosis
46. Which of the following is NOT a cause of acute renal failure in children
47. Acute tubular necrosis
48. Renal vein thrombosis
49. Nephritis
50. Cystitis
51. The following statement is TRUE about a newborn
52. Vitamin K is routinely administered
53. Opthalmica neonatorum is self-limiting
54. A Hb of 8gm% is severe anemia
55. Jaundice in a newborn is a self-limiting
56. Lorna a 5 year old girl has fever of acute onset. She later develops convulsions which are tonic clonic in nature. Temperature is 39 degrees. Which statement is true?
57. Meningitis is a differential
58. Blood slide for malarial parasites is unnecessary
59. Empirical treatment include arthemether/lumfatrin, gentamycin and bencyl penicillin
60. Lumbar puncture is contraindicated
61. Death 3 days after pelvic fracture is most LIKELY to be due to
62. Hemorrhage
63. Fat embolism
64. Respiratory distress
65. Infection
66. Internal fixation of a fracture is contraindicated in which situation:
67. Active infection
68. When bone gap is present
69. In compound fracture
70. In pathological fracture
71. A sinus may be caused by
72. Adequately drained abscess
73. Trauma
74. Infection
75. Malignancy
76. The modalities of managing cancer of the breast include the following EXCEPT
77. Mastectomy
78. Radiotherapy
79. Tamoxifen
80. Physiotherapy
81. The typical pathology of Tuberculosis spine is
82. Canon ball appearance
83. Wedge collapse of the adjacent vertebrae
84. Inflammation
85. Fluid accumulation
86. Which of the following is not a cause of dysphagia
87. Cancer of the oesophagus
88. A chalasia of the cartdia
89. Pyloric stenosis
90. Foreign body
91. Which of the following is NOT true about management of severe malaria in pregnancy?
92. Give IV quinine 1200mg loading dose
93. Arthemether lumfantrin tablets are given in acute phase
94. 1st line treatment is artesunate injection according national malaria guidelines
95. Anemia is looked for and treated/ prevented.
96. A post-menopausal woman aged 67 years presents with a progressive swelling of the abdomen, vaginal bleeding and loss of weight. Which one of the following is the MOST probable diagnosis?
97. Choriocarcinoma
98. Endometrial carcinoma
99. Incomplete abortion
100. Uterine fibroids
101. In a rhesus negative mother, cord blood is taken for?
102. Direct coomb’s test
103. Indirect coomb’s test
104. Maternal HB
105. Maternal blood group
106. A patient who has undergone repeated pregnancy losses with slight per vaginal bleeding, amenorrhea of 10 weeks and acute abdominal pain. The MOST probable diagnosis is:
107. Ruptured ectopic pregnancy
108. Asherman’s syndrome
109. Polycystic ovarian disease
110. Cervical incompetence
111. Which of the following is NOT an indication of labor induction?
112. Term PROM
113. IUFD
114. CPD
115. Post maturity
116. A patient presents with amenorrhea of 14 weeks and per vaginal bleeding. On examination, the fundal height is not palpable, cervix is open, products of conception are felt on the vaginal introitus and pregnancy test is positive. What is the MOST likely diagnosiS?
117. Missed abortion
118. Incomplete abortion
119. Ectopic pregnancy
120. Threatened abortion
121. Measurement of central tendency include:
122. Standard deviation
123. Variance
124. Arithmetic mean
125. Mean deviation
126. The following is the measurement of diastolic blood pressure obtained at a family planning clinic, 90,88,64,86,66,84,80,86,82,68. What is the mean, mode and the median respectively?
127. 86.4,66 and 82
128. 79.4, 86 and 83
129. 86,83 and 82
130. 78, 85 and 80
131. Measurement of morbidity includes:
132. Annual mortality rate
133. Infant mortality rate
134. Prevalence
135. Vaccination
136. Ethics mean:
137. Standards
138. Truth
139. Moral principles that control or influence behavior
140. Right and responsibilities
141. The Clinical officers’ Cap 260 is about?
142. Internship
143. Code of conduct
144. Employment
145. Training, registration and licensing
146. Standing imprest is the money used for:
147. Paying travelling
148. Paying accommodation
149. Paying casuals
150. Day to day expenses of the facility

SECTION TWO MULTIPLE TRUE FALSE QUESTIONS

1. Causes of coma includes the following:
2. Metabolic disturbance
3. Head injury
4. Severe infections
5. Cerebral vascular disease
6. Thiamine deficiency
7. The cardinal features of portal hypertension include:
8. Splenomegaly
9. Hepatomegaly
10. High blood pressure
11. Confusion
12. Hypertension
13. A negative RDT in malaria:
14. Confirms that the patient has no malaria
15. May be due to the recent use of anti malarials
16. May be due to the clogging of blood vessels in severe malaria
17. May be due to laboratory errors
18. Reassessment of the patient is indicated
19. The following causes of ascites are well matched with the appearance of the fluid.
20. Cirrhosis -heavy bile staining
21. Infections - chylous
22. Malignancies - cloudy
23. Billary communication - bloody
24. Lymphatic - milky white
25. The MOST important investigation in suspected PTB is:
26. Chest x ray
27. Full haemogram and ESR
28. Tuberculin test
29. Sputum for AFB
30. Electrocardiography
31. Items in column A are correctly matched with items in column B

|  |  |  |
| --- | --- | --- |
|  | A | B |
| A | Red blood cells cast in urine | Acute pancreatitis |
| B | Increased serum amylase | Acute glomerulonephritis |
| C | Elevated serum levels in indirect bilirubin | Carcinoma of the stomach |
| D | Positive occult stools | Nephritic syndrome |
| E | Massive proteinuria | Acute gastritis |

1. The following are the features of WHO stage 2 HIV infection in children
2. Parotid enlargement
3. Angular cheilitis
4. Oral candidiasis
5. Popular pruritic eruptions
6. Unexpected persisted diarrhea more than 14 days
7. Which of the following are indications of blood transfusion:
8. Hb less than 5 g/dl
9. Acute blood loss
10. Haemophillia
11. Hyperbillirubinaemia
12. Severe dehydration
13. The following signs in sick children require emergency treatment
14. Foreign body in airway
15. Shock
16. Oedema of feet
17. Severe respiratory distress
18. Convulsing child
19. Prevention of mother to child transmission of HIV includes:
20. Exclusive breastfeeding for 6 months
21. Mixed feeding
22. Niverapine administration at birth
23. Early complementary feeding
24. Exclusive breastfeeding for 2 years
25. Items in column Aare correctly matched with items in column B

A B

1. Pruritus ani entarobiusvermicularis
2. Taxoplasmosis TORCHES
3. Rota virus amoebiasis
4. Respiratory distress syndrome surfactant
5. Hypochromic iron deficiency
6. The following factors are frequently associated with impaired speech development
7. Tongue lie
8. Cleft lip
9. Prematurity
10. Mental retardation
11. Congenital rubella syndrome
12. Mr. Bruce a 65 year old patient presents with progressive dysphagia first to solids then to liquids. He is noted to be wasted and dehydrated. Regarding this patient,
13. His clinical presentation is typical of cancer of the oesophagus
14. Carcinoma of the stomach can also present in this manner
15. The investigation of choice in this patient is a barium meal
16. Intubation with prosthesis is an option of treatment in this patient
17. A history of previous non-malignant oesophageal stricture should be sought
18. Complications associated with inguinal hernia repair include:
19. Recurrence
20. Hematoma formation
21. Sterility in females
22. Infection
23. Testicular atrophy
24. A child of 10 years presenting to casualty with pain in the hip is likely to suffer from:
25. Perthe’ disease
26. Pyogenic arthritis
27. Stipped upper femoral epiphysis
28. Spina bifida occulta
29. Gullaine barre syndrome
30. Mrs. Ngatwe was diagnosed with acute cholecystitis. What are the clinical features of this condition?
31. Sudden onset of pain in the left hypochondrium
32. Fever
33. Jaundice
34. Nausea
35. Palpable non-tender mass in the gall bladder region
36. Juma, a street boy came to hospital with pain in the scrotum, severe toxicity with extensive sloughing leaving the normal testis exposed. What is the diagnosis?
37. Fournier’s gangrene
38. Varicocoele
39. hematoatocoele
40. Hydrocele
41. Spermatocoele
42. A patient with acute intestinal obstruction is likely to present with the following:
43. Abdominal pain
44. Vomiting
45. Diarrhea
46. Abdominal distention
47. Flatulence
48. The following conditions increase the risk of puerperal sepsis
49. Anaemia
50. Early ambulation
51. Prolonged catheterization
52. Prolonged premature rupture of membranes
53. Poor obstetric sepsis
54. A review of para 1+1 who was admitted with history of syncope and slight per vaginal bleeding at 9 weeks gestation revealed free non clotting blood in the peritoneum. ( paracentesis was positive)
55. Intravenous line should be secured with a large cannula
56. Ruptured ectopic pregnancy is a probable cause
57. Manual vacuum aspiration(MVA) should be done urgently
58. Urgent pelvic ultrasound is mandatory before intervention
59. The patient is urgently transfused before being wheeled to the theatre
60. In relation to PMTCT the following are TRUE
61. Intervention should start during labour
62. PMTCTC does not occur during breast feeding
63. Mixed feeding is better than replacing breastfeeding with replacement feeds
64. All prime gravidas are given episiotomies to prevent prolonged labour
65. Nasogastric sunction is routinely dine in exposed children at birth because their immunity is low
66. Secondary amenorrhea is caused by:
67. Bilateral tubal ligation
68. Infertility
69. Total hysterectomy
70. Hormonal contraceptives
71. IUCD
72. Cancer of the cervix
73. Is commonly a problem in the developing countries
74. Is caused by human papilloma virus (HPV)
75. Is detected early by screening the healthy population
76. Cure is possible if detected and managed during the pre-symptomatic stage
77. Is commonly metastasized to the urinary bladder
78. Danger signs in pregnancy include:
79. Per vaginal bleeding
80. Severe persistent headache
81. Epigastric pain
82. Mild bilateral leg edema
83. Palpitations
84. Passive immunity:
85. Is immunity in an individual after introduction of antigen(s) into the body
86. Means inactive and the body is receiving antibodies from another source
87. Antitetanus serum is a good example of antibody preparation that produce passive immunity
88. Is acquired during vaccination
89. Is the same as hard immunity
90. The following parasites have obligatory lung migration;
91. Enterobius vermicularis
92. Ascaris lumbricoides
93. Ancylostoma duodenale
94. Trichuris trichiuria
95. Strongyloides stercoralis
96. About cross section studies
97. They are conducted over a long period of time e.g. one year
98. They are conducted over a short period of time e.g. one week
99. They tend to be relatively cheaper compared to longitudinal studies
100. They are more expensive compared to clinical trials
101. In order to be valid, the must have controls
102. Types of professional misconduct include:
103. Termination of pregnancy
104. False medical reports
105. Breach of confidentiality
106. Abuse of financial opportunities
107. Gross professional negligence
108. Causes of corruption include:
109. Political patronage
110. Weak civil society and social empowerment
111. Lack of professional integrity
112. Inefficient public sector
113. Failure to implement report and recommendation from watch dog committees
114. Government revenue is classified into:
115. Budget
116. Recurrent
117. Grants
118. Development
119. Donations