

017 MINIOSCES

FAMILY MEDICINE

COLLECTED BY: RUAA HDEIB

In the name of Allah, the most compassionate the most merciful

1. Scott and Davis: mention the 4 points

- A) management of presenting problems
- B) modification of help seeking behaviors
- C) management of continuing problems
- D) opportunistic health promotion

2. Mention 3 screening tests and frequency in a 66 year old female

- A) Mammogram biennial
- B) HbA1C annually
- C) Osteoporosis DEXA every 2 years

3. Mention 2 DDX for:

- weight loss in a 21 year old female for 2 weeks

- A) Anxiety
- B) Eating disorders

- weight loss in a 78 year old male for 3 months

- A) Malignancy
- B) DM

4.



- What is your diagnosis?

Graves' disease

- Mention 3 lab investigations to support it

- A) Thyroid function test
- B) Radioactive iodine uptake
- C) Anti-TSH (thyrotropin)receptor antibodies

- Mention 3 treatments

- A) B- blockers
- B) Anti thyroid drugs (thionamides, methimazole, propylthiouracil)
- C) Radioactive iodine ablation

5. Write 2 physiological changes in elderly regarding the cardiovascular system

- A) Impaired left ventricular filling
- B) Left atrial hypertrophy

6. Write 2 DDx for chest pain in:

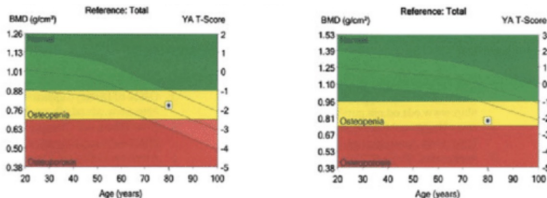
- A 23 years old male with chest pain for 1 day duration

- A) Pneumonia
- B) pneumothorax

- A 56 year old male with chest pain for 2 months duration

- A) Angina
- B) Heart failure

7.



- What's the name of this test?

Dexa scan

- What it's used for and how often a person should do it?

Screening for osteoporosis. Should be done every 2 years.

- What's the age when a female & a male starts screening?

For men evidence can't be assessed.

Every 2 years if women > 65 or in white women <65 with risk of fracture.

8. Breaking bad news: mention SPIKES approach

S: setting

P: perception

I: invitation

K: knowledge

E: emotion

S: summarize

9.



- Describe this lesion

Diabetic plantar foot ulcer

- What causes this lesion?

Diabetes: through lack of feeling in the foot, poor circulation, foot deformities and traumas as well as duration of diabetes.

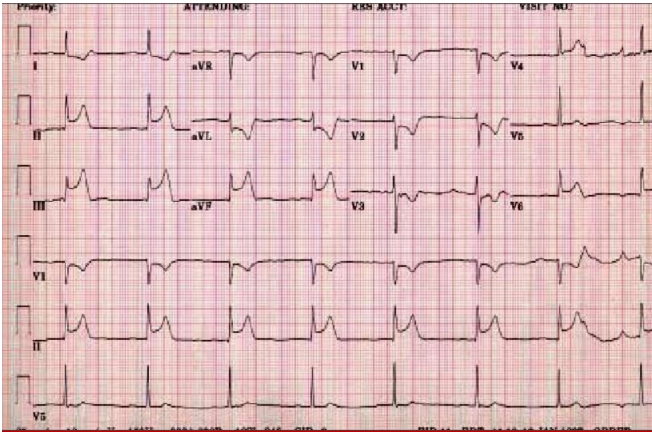
10. Mention 3 indications for counseling

- A) Making a major decision or coming to terms with a major life event
- B) Chronic pain
- C) sexual dysfunction, marital problem

11. Mention 2 diseases decrease immunity in adults

- A) diabetes
- B) Cushing syndrome

12.



• What's your diagnosis?

Acute inferior ST-elevation myocardial infarction

• Mention the steps in management

13. A hypertension patient:

• Mention 2 advices

- A) eat DASH diet (low fat, low sodium)
- B) exercise (walk for 30-60 minutes, 5-7 days per week)

• Mention 3 labs you would order for such a patient

- A) renal function tests: serum creatinine and eGFR
- B) fasting blood glucose
- C) lipid profile

14. An angry patient:

• State how you'll deal with him

I will remain calm, establish eye contact and step back trying to analyse what is happening then I'll ask the patient to sit down and try to adopt a similar position (the mirroring strategy), address the patient by the appropriate name, listen intently allowing patients to ventilate their feelings and help to relieve their burdens, then giving appropriate reassurance, allow time (at least 20 minutes).

If a threatening aggressive patient, I'll set the closest to the door to allow escape.

15.



• **What's your diagnosis?**

Thyroid goiter

• **Mention 3 differentials**

- A) Graves' disease
- B) Hashimoto thyroiditis
- C) Papillary carcinoma

• **Top differential in an elderly women?**

Multinodular goiter

• **Mention 4 steps in management**

- A) physical examination
- B) test TSH
- C) ultrasound
- D) fine needle aspiration

16. **Gluteal injection:**

• **Mention 2 contraindications you need to ask the patient about**

- A) muscular atrophy: delay drug absorption
- B) thrombocytopenia or allergy to certain medications

17.



• **What is this?**

A pacemaker

• **Mention it's indication**

Sinus node dysfunction and high grade AV block

18. **Differentiate between multimorbidity & comorbidity**

Comorbidity: a group of morbidities in a single patient with one morbidity being the dominant.

Multimorbidity: a group of morbidities in a single patient without a dominant morbidity.

19.



• **Mention the reasons behind the failure of the consultation?**

The position of the doctor, there is a barrier between him and the patient, the doctor also seems to be busy with writing notes.

20. **A DM patient not compliant to her medications:**

• **Mention causes of non compliance**

The patient does not trust the doctor, not a good patient-doctor relationship

• **Advice her**

Make a commitment to managing your diabetes because otherwise you will face DM complications: nephropathy, retinopathy, neuropathy and diabetic foot.

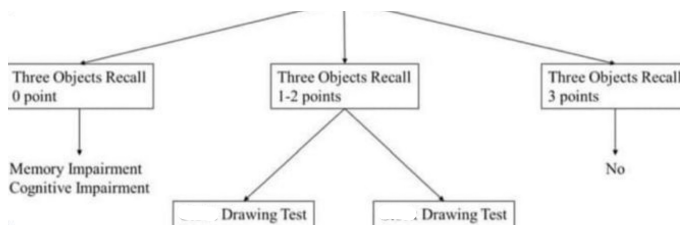
• **Mention 3 specific tests you would order for this patient**

A) HbA1C

B) renal function

C) lipid profile

21.



• **What is the name of this test?**

Mini cog test

• **What it's used for?**

Rapid assessment of cognitive status

• **What does the drawing refer to?**

Drawing a clock

22. **You are taking history from a patient:**

• **Write a leading question**

You didn't finish the course of antibiotics I prescribed, did you?

• **Write a reflective question**

How often do you exercise?

23. What is the geriatric syndrome definition?

Is the term used to describe a group of common health conditions in older people that do not fit into discrete disease categories. These conditions include frailty, functional limitations, falls, depression, polypharmacy, malnutrition and cognitive impairment.

24. Mention 2 examples of geriatric syndromes that interact with each other and explain how

A) constipation → malnutrition → delirium → fall → pain

B) decreased sleep → immobility → depression → malnutrition → delirium

25. Doorknob definition

the raising of a patient concern that happens as the doctor puts his or her hand on the doorknob to allow the patient to leave the room

26.



• What is the finding?

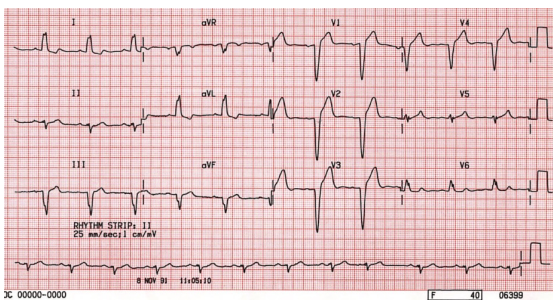
Petechiae

• Mention a possible cause and a specific test to do

Endocarditis, thrombocytopenia

Blood tests, microbiological cultures

27.



• Your diagnosis?

Left bundle branch block

• Mention the abnormal findings

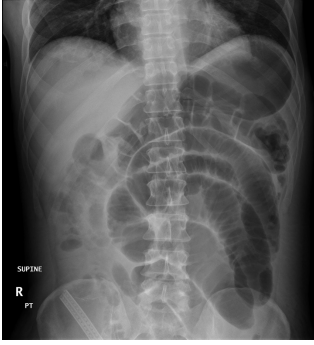
No R wave in lead V1

Deep S waves

Wide, notched R waves in leads 1, aVL, V5, V6

Loss of Q waves in leads 1, aVL, V5, V6

28.



• **Your diagnosis?**
Intestinal obstruction

• **Mention 2 findings**

- A) **Dilation of the bowel loops**
- B) **Multiple air fluid levels**

• **Management?**

ABCDE approach, NPO status, IV fluid resuscitation

29. 6 years old patient with fatigue and weight loss, blood glucose reading is 425:

• **How will you approach the parents?**

• **How would you manage the patient?**

IV insulin, electrolytes and fluid replacement

30. Write 4 screening tests for a 32 years old male

- A) **Blood pressure screening**
- B) **lipid profile**
- C) **PHQ9 for depression**
- D) **HbA1C if there is any risk factors**

31. Mention 2 most likely differential diagnosis for each of the following:

• **24 years old female with low back pain for 2 days duration**

- A) **kidney stone**
- B) **UTI**

• **78 years old male with low back pain for 3 months duration**

- A) **osteoarthritis in the spine**
- B) **injury to discs**

32. A 35 year old female with obesity BMI 36 has the following finding:

• **What's the name of this skin lesion?**

Nigricans acanthosis

• **What test would you order for her?**

Fasting plasma glucose



33. A 35 year old male patient with common cold that presented to the clinic and was found to have high blood pressure 160/100 and when repeated 155/93:

- **How to approach the patient?**

34. A female patient with frequent headaches with negative CT scan, CBC and ESR, she keeps visiting the clinic every other week and frequently calls the doctor and also asked for the doctor's personal phone number:

- **Describe this type of patient**

The dependent clinger

- **How do you approach this patient**

Empathic approach that needs to be delivered within clearly defined and enforced boundaries.

35.



- **Mention the RAPRIOP according to this finding**

Reassurance: the patient has shingles which is a viral infection

Advice: avoid antibiotics

Prescription: Acyclovir, pain killers (NSAID, tramadol)

Referral: no need

Investigation: no need if the presentation is typical

Observation: follow up after 3 weeks

Prevention: vaccination

36.



You have this finding which is painless:

- **What questions you would ask?**

If there is any similar presentation in his/her family?

- **Give 2 differential diagnosis**

A) lipoma

B) sebaceous cyst

37. A young patient who works as a farmer presented to clinic with history of cough and shortness of breath of 1 month durations in the early spring he had similar previous attacks on physical examination he has bilateral wheezes and this is his chest X-ray:



• Your most likely differential diagnosis
Hypersensitivity pneumonitis

• Mention 2 other differential diagnosis

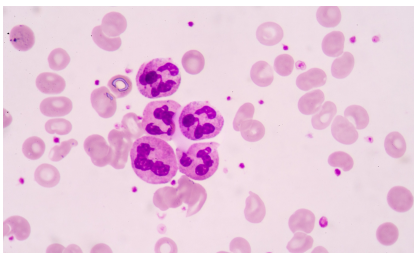
- A) asthma
- B) bronchiectasis

• Mention 2 questions you would ask for this patient

- A) ask more about his work
- B) if he has birds in his house

• Management plan, which will you choose from RAPRIOP and what will you say?

38.



• Mention 2 causes of this finding

- A) vitamin B12 deficiency anemia
- B) folic acid deficiency

39. Write down 4 causes to order bone density exam

- A) women 65 and older and men over age 70
- B) a fracture over age 50
- C) history of hormone treatment for prostate or breast cancer
- D) family history of osteoporosis

40. A patient felt a lump in her breast on self examination. Write down 6 steps in your management plan

Reassurance: don't panic it's extremely common for women of all ages to find bumps in their breasts. The majority will turn out to be benign.

Advice: watch and wait

Prescription: -

Referral: referred for radiology

Investigations: based on physical examination, age and risk of breast cancer, we will determine if breast imaging may be appropriate (mammogram/US/MRI)

Observation: re-checking the lump after 1-2 menstrual periods to see if it goes away

Prevention: avoid smoking, avoid alcohol, stay active, healthy diet, manage stress

41. Write 3 physiologic changes in elderly regarding the musculoskeletal system and the renal system

MSS: Marked decrease in muscle mass (sarcopenia)

Decrease myosin heavy chain synthesis

Increased fatiguability

Renal: Decreased sodium excretion and conservation

Decreased concentrating and diluting capacity

Impaired secretion of acid load

42.



A 28 year old female, sexually active, smoker, this finding appears with menstruation:

• **Mention the most likely diagnosis**

Aphthous stomatitis

• **Mention 2 important question to ask**

If there is fever, fatigue or any GI symptoms (nausea, weight loss)?

Use of NSAIDs like ibuprofen?

• **Advise the patient**

Eat a well balanced diet and drink enough fluids

43. A 35 year old female teacher with suspected PE:

• **Ask her about 3 risk factors**

Do you had any recent surgeries? Cesarean delivery?

Are you pregnant or do you use any oral contraceptive pills?

Do you have a personal or family history of DVT or PE?

• **Which sign increases the likelihood of PE:**

A) fever of 38

B) orthopnea

C) chest pain

Answer: C

44.



• **What medications cause this condition?**

Calcium channel blockers (amlodipine), beta blockers, hydralazine

• **Mention other causes of this condition**

Heart failure

Renal failure

Liver cirrhosis

45. Mohammad is 25 year old gentleman who presented to the clinic with sore throat, runny nose and congestion, no fever. On examination no tonsillar exudate was noticed and no swollen cervical lymph nodes, he denied cough and other symptoms.

According to Centor criteria:

• **Mention 2 differential diagnosis**

Influenza

Viral tonsillitis

• **What is his Centor score?**

Zero

• **Does this patient need antibiotics? And why**

No he doesn't need antibiotics because according to his Centor score (0) no antibiotics are indicated, only symptomatic treatment

• **What is the next step in management?**

Viral PCR

46. LOWER abdominal pain, mention 2 differential diagnosis in case of:

• **21 female patient for 2 days duration**

Menstrual cramps

Appendicitis

• **21 female patient for 2 months duration**

Pelvic inflammatory disease

Inflammatory bowel syndrome

47. Mention 2 physiologic renal changes in elderly

Decreased vitamin D activation

Decreased serum renin and aldosterone

Appendix

Centor criteria is used to assist with risk stratification for GAS pharyngitis and clinical decision making.

Modified Centor Criteria (Mclsaac)	Score
Fever	1
Tonsillar Exudate	1
Absent Cough	1
Anterior Cervical LAD	1
Age 3-14 years	1
Age 15-44 years	0
Age >44 years	-1

Modified Centor Criteria Score	GAS Infection Risk (%)	AAP/IDSA	CDC/ACP/AAFP
0	1-2.5	No test/treatment	No test/treatment
1	5-10	No test/treatment	No test/treatment
2	11-17	Rapid antigen test	Rapid antigen test
3	28-35	Rapid antigen test	Test or treat empirically
≥4	51-53	Rapid antigen test	Test or treat empirically