UNIVERSITY OF JAFFNA, SRILANKA
SECOND EXAMINATION FOR MEDICAL DEGREES PART II(1st) – AUGUST 2015
COMMUNITY & FAMILY MEDICINE

Date: 04.08.2015   Time: 3 hours
ANSWER ALL THE **SIX** QUESTIONS
Answer each question in separate answer book

1. Family Health Center, at Kondavil provides health services to the people in the Nallur
    MOH area. The center maintains person oriented medical records. A survey with
    secondary data reveals that more than 30% of the encounters were due to psychosocial
    problem.

    1.1. What does the phrase "survey with secondary data" mean?   (10 marks)

    1.2. List five (05) other benefits of maintaining a person oriented medical records in a
         health institution.   (20 marks)

    1.3. List five common psychosocial problems in the above MOH area.   (20 marks)

    1.4. What are the available resources in the Nallur MOH area that will help to manage
         the psychosocial problems listed in 1.3.   (20 marks)

    1.5. Consider you are the Family Physician of the center and briefly describe how you
         can effectively utilize the above resources to manage the psychosocial problems of
         the patients.   (30 marks)

2. Please read the article abstract and answer the questions given below

    Journal of Occupation and Environmental Medicine. 2014 May;56(5):535-9.
    Prevalence of undiagnosed cardiovascular risk factors and 10-year CVD risk in male steel
    industry workers
    Gray BJ[1], Bracken RM, Turner D, Morgan K, Mellalieu SD, Thomas M, Williams SP,
    Williams M, Rice S, Stephens JW.

    Objective: To assess the **prevalence** of undiagnosed cardiovascular disease (CVD) in a
    cohort of male steelworkers in South Wales, UK.

Methods: Male steel industry workers (n = 221) with no prior diagnosis of CVD or diabetes accepted a CVD risk assessment within the work environment. Demographic, anthropometric, family, and medical histories were all recorded and capillary blood samples obtained. The **10-year CVD risk** was predicted using the QRISK2-2012 algorithm.

Results: Up to 81.5% of workers were either **overweight or obese**. More than 20% of workers were found to have diastolic hypertension, high total cholesterol, and/or a total cholesterol/high-density lipoprotein ratio of six or more. Over one quarter of workers assessed had an increased 10-year CVD risk.

Conclusions: Despite a physically demanding occupation, risk assessment in the workplace uncovered significant occult factors in CVD risk in a sample of male heavy industry workers.

2.1. Define the terms in **bold.** (20 marks)

2.2. Briefly describe the importance of total risk assessment in Cardio Vascular Diseases. (20 marks)

2.3. Briefly comment on the findings of the study abstract. (20 marks)

2.4. Correlate the study outcomes with the present NCD screening programme by Ministry of Health Sri Lanka. (20 marks)

2.5 Consider you are a Family Physician and briefly describe how you can effectively conduct Cardio Vascular Diseases assessment in your clinic. (20 marks)

3. You are a MOH in a rural area with low socio-economic conditions. It has been brought to your notice through a newspaper article report, that the prevalence of **UNDERWEIGHT**, **WASTING** and **STUNTING** is high among the under five children in your MOH area.

3.1.

3.1.1. Define the terms in bold capital. (15 marks)

3.1.2. As the MOH of the area, plan a programme to address these problems in your area. (30 marks)

3.2. Describe the role of the other stakeholders in improving the nutrition status of under five children in your area (25 marks)

3.3.

3.3.1. Describe ways in which you could get the community to be actively involved in promoting good nutrition and related practices among themselves. (15 marks)

3.3.2. Suggest ways in which you could improve the sustainability of these practices?

(15 marks)

4. Please read the article abstract and answer the questions given below

Factors influencing preventive behaviors for dengue infection among housewives in Colombo, Sri Lanka. Asia -Pacific Journal of Public Health. 2015 Jan;27(1):96-104 ;Chanyasanha C, Guruge GR, Sujirarat D

Dengue is an infectious disease prevalent in Sri Lanka. Some factors may influence preventive behaviors. This **cross-sectional study** aimed to determine the knowledge, attitude, and preventive behaviors associated with dengue and analyzed the factors influencing preventive behaviors among housewives in Colombo, Sri Lanka. The **analytical study** was designed, and data were collected using a structured questionnaire. The $\chi(2)$ **test** and **binary logistic regression** were used to analyze data. The mean age of housewives was 39.41 years, 91% were married, 52% were Buddhist, and 46.5% had a family monthly income of 15 000 to 25 000 rupees. The knowledge of dengue preventive behaviors was 69.2%. The majority (91.5%) had a positive attitude toward dengue prevention. Only 39.3% used a mosquito net, and 89.3% had water storage container covers. Overall, 58.5% were knowledgeable about preventive measures. Age, religion, family income, education, knowledge, and attitude were associated with preventive behaviors. These findings are useful for dengue control in Colombo.

4.1. Describe the terms in **bold letters** (20 marks)

4.2. List down five the dengue preventive behaviors other than mentioned in the abstract.

(20 marks)

4.3. Describe five (5) more factors which are associated with the preventive behaviors of the community. (30 marks)

4.5. As a health manager of a primary health care institution, how will you utilize these findings for prevention of dengue in the area? (30 marks)

5. Mrs. Jayanthy 30 years old from a village 15 kilometers away was admitted to the General hospital with high fever and purulent vaginal discharge of one week duration. Within two hours of admission she died.

Past history revealed that she had delivered a baby ten days ago at the same General hospital and was sent home the next day. Three days later she developed fever and took treatment from a local physician. The mother had visited the antenatal clinic twice and local midwife was unaware of the delivery.

The house officer gave the cause of death as "cardio respiratory failure, following septicaemia" and the body was released.

5.1. Discuss where the Antenatal, natal and postnatal care and hospital procedures failed. (40 marks)

5.2. Comment on the cause of death given by the house officer. (15 marks)

5.3. If you are the house officer in the ward, what further action you would take? (15 marks)

5.4. What action should be taken at primary health care level to prevent such incidents? (30 marks)

6. Write shorts notes on
   6.1. Palliative care. (25 marks)
   6.2. Ethics in medical research. (25 marks)
   6.3. Good clinical governance. (25 marks)
   6.4. Elimination of Malaria. (25 marks)