**KENYA METHODIST UNIVERSITY**



**SCHOOL OF MEDICINE AND HEALTH SCIENCES**

**Department of Clinical Medicine, Surgery & Community Health**

**FINAL QUALIFYING EXAMINATION**

For the Award of

**DIPLOMA IN CLINICAL MEDICINE, SURGERY & COMMINITY HEALTH**

**UNIT** : **HSM PAPER TWO**

**DATE : TUESDAY, DECEMBER 13TH, 2011**

**INSTRUCTIONS**

READ THESE INSTRUCTIONS CAREFULLY.

1. Write your **University Number** (Not Name)
2. **Number** ALL questions CORECTLY.
3. **Attempt all the questions**
4. **Multiple choice questions:**

* **M**ark T for True of F for False
* You score a mark for every correct response
* You do not score or lose any mark for not responding
* You will be penalized 1 mark (minus) for every wrong response

1. Time allowed is 3 hours. (2.30 P.M. - 5.3O P.M)
2. **DO NOT** USE A **PENCIL**

**MCQ’s**

1. Purpose of sound public health legislation.
2. Provide agencies with a clear and modern mission to create the conditions in which people can be healthy.
3. Enable agencies to exercise a full range of necessary functions, service and powers.
4. Does not provide funding and other structures necessary to carry out the agencies mission.
5. Does not protect individual rights to privacy autonomy, liberty and non-discrimination.
6. Theory X and theory Y was proposed by

A. William Ouchi

B. Frederick Taylor

C. Mary Follett

D. Douglas McGregor

1. Hygiene factors and motivational factors are key concepts in

A. Maslow’s hierarchy of needs

B. Expectancy Theory

C. Goal Setting Theory

D. Herzberg’s two factor theory

4. The basis of ABC analysis in inventory control of drug is

A. Annual consumption value

B. Criticality of items

C. Unit cost of item

D. Procurement difficulty, market availability

5. WHO

1. WHO constitution was made in in 1947
2. It has 10 regional offices
3. Negotiate and sustains national and global partnerships.
4. Sets validity monitoring and pursuing the proper implementation of norms and standards.

6. The following are not objectives of management

1. Policy making
2. Earning profits
3. Growth of the org.
4. Providing employment

7. An efficient Hospital control system helps to  
 A. Accomplish organizational objectives  
 B. Boost employee morale  
 C. Judges accuracy of standards

D. All the above

8. Management audit in hospital keep a check on

A. Doctors, nurses and other health workers

B. Management of Hospital

C. Share holders

D. Customers

9. To help combat selective perception, a hospital manager should:

1. Give more performance feedback to subordinates
2. Spend more time helping subordinates learn job skills
3. Gather additional opinions about a situation from others
4. Increase feedback to subordinates and train them personally

10. **The human resource function can influence hospital performance by…**  
 A.   Hiring the best people  
 B.   Creating appropriate polices and systems  
 C.   Coaching managers  
 D.    Staying current in the field

11. **When medical officers of health consider their human capital they would define them as: -**   
A. Rare  
B.    Scarce  
C.    Not easily imitated  
D.    Not easily substituted

12. **When creating a staffing plan, hospital should……**  
A.    Assess current staff and figure out who will probably leave  
B.    Consider the historical turnover rate  
C.    Fully understand the competitive environment  
D.    Attempt to shift resources where they will be best utilized

13. AIM OF COMMODITY MANAGEMENT

1. The Right quality
2. Right quantity of supplies
3. At the Right time
4. At the Right place

14. Four basic needs of commodity management

1. To have adequate materials on hand when needed
2. To pay the highest possible prices, consistent with quality and value requirement for purchases materials
3. To maximize the inventory investment
4. To operate efficiently
5. Keiretsu Networks
6. A middle ground between few suppliers and Horizontal integration
7. Supplier becomes part of the company coalition
8. Often provide financial support for suppliers through ownership or loans
9. Members expect short -term relationships and provide technical expertise and stable deliveries

16. Central Board of Health, according to Public Health act

1. Director of Medical Services is the secretary.
2. a sanitary engineer,
3. A chairman appointed by Minister
4. At least three members must be medical practitioners

17. Health public policy

1. Is a concept promoted by WHO,
2. Its meant to highlight the potential impact that all private sector policies can have on health
3. Is undertaken to achieve general health care goals within a society.
4. The three major aspects of health care policy involve: Services provided, Organization and delivery of those services, and the financing of services.

18. Paradigms of Global Health include

1. Health as a human right
2. Public health as a public good
3. Public health as economic development
4. Public health as political tool

19. Access to health care can be measured in several ways, including

1. Routine statistics,
2. Specialized survey
3. Stratified sampling of a common basket of procedures.
4. Random sampling of population

20 The money that is spent on Health Care comes from

1. Employer’s taxation (through direct or indirect taxes).
2. Social Insurance contributions (compulsory levies on wages),
3. Private health insurance premium,
4. Direct charges to patient
5. Charitable donations.

21. The Millennium Development Goals (MDGs)

1. There are eight goals and 24 indicators
2. Halve the proportion of people living on less than $1 a day
3. Target 3 Reduce by three-quarters the under-five mortality rate
4. Target 5 Reduce by two- thirds, between 1990 and 2015, the maternal mortality ratio

22. The optimal health stock can be impacted by

1. Age,
2. Wages
3. Education.
4. Government intervention

23. In Economic evaluation of health

1. In cost-benefit analysis (CBA), costs and benefits are both valued in cash terms.
2. Cost effectiveness analysis (CEA) measures outcomes in 'natural units',
3. Average cost-effectiveness ratio (ACER) is not used in Cost-effectiveness Analysis
4. cost-utility analysis (CUA) measures outcomes in a composite metric of both length and quality of life, the Quality-adjusted life year (QALY)

24. Health care

1. Refers to those resources society uses in an attempt to cure them or to care for people in ill health.
2. Care is concerned with improvement of health, qualitative purpose not justified by outcomes
3. Cure Provide dignity for sick people.
4. intervention to reduce risk is called cure

25. NHIF

1. Is regulated by NHIF Act No 9 of 1998.
2. The Fund's core mandate is to provide medical insurance cover to all its members.
3. The NHIF membership is open to all Kenyans who have attained the age of 18 years and years and have a monthly income of more than Ksh 5000.
4. NHIF has 47 fully autonomous branches across the country.

26. In Medical practice

1. Any treatment to which a patient has not consented is a battery.
2. P3 form is used to determine the nature and extent of bodily injury sustained by a complainant(s) in assault cases.
3. Section B of P3 is completed in cases alleged sexual offences only.
4. Autopsy is carried out only when the cause of death may be a criminal matter

27. Euthanasia

1. is "the intentional termination of a life by another at the explicit request of the person who dies,"
2. Passive euthanasia is where the patient is put to death by a direct action of the physician.
3. In active euthanasia, something is done to end the patient's life
4. Passive euthanasia, something is not done to keep the patient alive.

28. The best and most productive Health care employees likely to be

1. The least costly in terms of recruitment and employment costs
2. A matter of 'pot luck' in terms of recruitment decision
3. The most costly to employ
4. Have no bearing on recruitment and selection costs

29. What is the meaning of the term 'gross misconduct' in the context of Hospital disciplinary procedures?

1. Breaches of standards and rules that are serious and unacceptable in any circumstances
2. Stealing Hospital property
3. Being repeatedly late for work
4. Absence without leave

30. 360% feedback involves appraisals by:

1. Line manager's
2. Subordinates'
3. Superiors'
4. Anyone who is directly in contact with the appraise

31. Informed consent refers to:

1. Principle of autonomy
2. Voluntary but uninformed decision-making
3. A voluntary decision to participate in research, by a competent individual who has received and understood the necessary information
4. Permission to participate in research

32. Health Centres

1. Health Centres are staffed by midwives or nurses, clinical officers, and occasionally by doctors.
2. They provide reproductive health services; they also provide minor surgical services such as incision and drainage.
3. Is level 2 facility
4. Clinical officer is the chairman of Health Centre management committee

33. Teaching and referral hospitals:

1. provide preventive care and participate in public health programmes
2. Provide leadership in setting high clinical standards and treatment protocols
3. Patients may only have access to tertiary care through a well-developed referral system.
4. They provide extra-mural treatment alternatives to hospitalization, such as day surgery, home care, home hospitalization and outreach services.

34. Composition of National l health facilities service fund committee

1. Chairman, a public officer, appointed by the minister
2. PS of ministry health
3. PS finance
4. Director of medical services – Secretary

35. A job description for a Clinical officer

1. Job title
2. Key difficulties in job
3. Special aptitudes
4. Physical makeup

36. Circumstances in which rewards normally impact on behaviour are:

1. When given a pay increase
2. b)When the wage or salary is seriously out of line with expectations
3. Will not occur as pay is a 'hygiene factor
4. In all cases

37. Leadership is defined as:

1. Making order out of complexity
2. Bringing about change
3. Allocating roles and responsibilities
4. Decision making

38. Which of the following activities is most likely to be a leadership activity?

1. Coping with organizational complexity
2. Formulating strategy
3. Problem solving to ensure strategy is implemented
4. Planning and budgeting

39. A Health Team

1. is a formal group
2. It has a leader
3. Has descriptive culture
4. Geared towards a final result

40. Tuckman identifies what needs to be done to hold a team together

1. The Forming stage is the Conflict stage
2. The performing establishes the norms under which the group will operate
3. The storming stage establishes how group will take decisions, behavior patterns, level of trust and openness, individual’s roles.
4. In the dorming stage, Team operates to full potential

41. Options for paying health – care providers

1. Capitation : a flexible per head over defined period of time
2. Salary: a fixed a set amount of time related to activity used in hospitals and for non-physicians staff, increasingly combined with performance- related pay.
3. Per Diem: a fixed amount per week.
4. Per case or episode payments: a fixed amount for each admitted patient or spell of activity.

42. Integration is an important dimension of Health care delivery

1. Horizontal integration is where groups of providers at the same level form a single organization
2. Vertical integration is where a single organization provides care at different levels
3. Virtual integrations describes providers that work together without being part of a single organization,
4. Virtual integrations describes providers that work together being part of a single organization,

43. Causes of unequal access and quality of health include

1. Unequal distributions of money and service and
2. Discriminatory treatment of groups with the same health needs.
3. Equal insurance coverage
4. Unequal central planning

44. Areas of interest to evaluate quality in health care include

1. Measures of access e.g. by time, for example how long people wait.
2. Measures of equity e.g. by race by social economic group, by grade, by age
3. Measures of patient experience
4. Measures of public opinion

45 Members of DHMT

1. District health Admn Officer
2. District Public Health Nurse
3. District Nutritionist
4. District Clinical Officer

46. Health social indicators

A) Convert raw data into useful information

B) Are unobservable markers of progress towards defined target

C) Can measure changes overtime

D) Allow managers to compare actual programme implementation and results to

Work plans and predictions

47. Types of health indicators

A) Count indicators - Number of malaria cases

B) Proportion indicators - facility infant mortality rate

C) Rate indicators - % of women receiving FP commodities

D) Ratio indicators – Doctor patient ratio

48. An alert threshold

A) Suggests to health staff that no further investigation is needed

B) Is reached when there is one suspected case for a disease targeted for

elimination

C) Is reached is reached when there is unexplained increase seen over a period of

Time

D) Health staff respond to an alert threshold by reporting the suspected to the

next level

49. Health tools

A) MOH 301 is impatient register

B) MOH 268 is Health facility service workload

C) MOH 333 is Laboratory register

D) MOH 710 is immunization tally sheet

50. Monitoring and evaluation for Kenya Health sectors

A) Avoids overburdening service providers

B) An indicator should be monitored for at least a period of six months

C) Developed following 1978 declaration of Alma Ata

D) Balances between the 6 levels of KEPH delivery

**!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! GOOD LUCK !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!**