

## ASSESSMENT OF 30 MCQs

**FPSC No : 72**  
**MCQS ON THE EXTENDED CONSULTATION**  
**Submission DEADLINE: : 13 MARCH 2018, 12 NOON**

**INSTRUCTIONS**

- To submit answers to the following multiple choice questions, you are required to log on to the College Online Portal ([www.cfps2online.org](http://www.cfps2online.org))
- Attempt ALL the following multiple choice questions.
- There is only ONE correct answer for each question.
- The answers should be submitted to the College of Family Physicians Singapore via the College Online Portal before the submission deadline stated above.
- There will be NO further extension of the submission deadline

1. **One of the interventions in the extended consultation is presence work. Which group of patients will benefit?**
  - A. Patients who are not grounded in the here and now.
  - B. Patients who have no religious beliefs.
  - C. Patients who are experiencing a panic attack.
  - D. Patients who are psychological minded.
  - E. Patients who have schizophrenic tendencies.
2. **About presence work, which ONE of the following statements is CORRECT?**
  - A. The aim is to help the patient find God to fill the void in his life.
  - B. Extended Inquiry is most useful in understanding the patient.
  - C. The path to mindfulness in the “now in time” is spiritual meditation.
  - D. Redintegration work seeks to re-integrate missing component parts of the mind.
  - E. Focus on the present moment and state of the patient’s mind.
3. **In cognitive therapy, we can trace a negative automatic thought (NAT) that is triggered by a situation. Which of the following is the action that you will take?**
  - A. Ask the patient about all his thoughts during the situation and narrow down to the NAT in a logical manner.
  - B. Identify the shifts in emotions or behaviour and explore the possible NAT behind the shifts by extended inquiry.
  - C. Ask the patient directly why he is so provoked by the situation.
  - D. Identify the troublesome consequence and bring it to patient’s awareness.
  - E. Identify the pattern of negative events in his life and link them to the situation by reflective communication.
4. **One feature of the usual consultation is that it proceeds from history, examination, investigation, diagnosis, to management in a certain way. What is it?**
  - A. Linear way.
  - B. Non-sequential way.
  - C. Recursive way.
  - D. Iterative way.
  - E. Random way.
5. **In doing pattern work based on a patient’s preferred future, we need to take action. What is the next action that you will take?**
  - A. Work from the past salient events to see how they may play out in future.
  - B. Find big future goals that the patient can work towards.
  - C. Prescribe the patient a future story to live by.
  - D. Start small and amplify slowly the positive preferred situations.
  - E. Revisit the past to find positive elements in the problematic stories.
6. **Metaphors are used in language for a purpose. What is the purpose?**
  - A. To add details by using imagery.
  - B. To use things to represent reality.
  - C. To create inflexion points of interest.
  - D. To use multiple modes of communication.
  - E. To communicate using the logical channel.
7. **About the Johari Windows, which of the following statements is CORRECT?**
  - A. The Open Window is enlarged by bringing to awareness information in the Unknown Window.
  - B. The information in the Blind Window is purposefully hidden by the patient from the doctor.

- C. The information in the Hidden Window is revealed only when it is accessed by epiphany or insight.
- D. The Open Window is where the information is shared by both doctor and patient.
- E. The information in the Unknown Window is known by doctor but not patient.
- 8. Reflective communication is also called active listening. What does it involve?**
- A. It involves talking clearly so that the listener gets the message.
- B. It involves careful discernment of the nuances of responses to questions asked.
- C. It involves perceiving with both eyes and ears the response to communication cues sent out.
- D. It involves talking in an unusual way to confuse the listener.
- E. It involves actively watching the body language of the listener.
- 9. Reflective communication is useful in the extended consultation. What is the BEST reason for using it?**
- A. To examine the mind of the patient.
- B. To get more information of dysfunction of the body.
- C. To reflect good rapport between doctor and patient.
- D. To navigate the therapeutic roles in a consultation.
- E. To find out more about specific psychosocial issues.
- 10. It is important to understand the concept of the rational and intuitive channels of communication. Which ONE of the following is the BEST answer?**
- A. So that the patient can better grasp details of information given.
- B. So that the patient can react faster to recommendations.
- C. So that the doctor can confuse the patient into accepting the recommended treatment.
- D. So that the patient is not distracted from the facts of his illness.
- E. So that doctor can choose more effective and receptive communication.
- 11. The “CAR-ACE” inquiry is used in the extended consultation. In which of the following situations is it often used?**
- A. Problem & positive work.
- B. Pattern work & presence work.
- C. Positive & presence work.
- D. Problem & pattern work.
- E. Pattern & positive work.
- 12. About the extended consultation, which of the following is the BEST description of it?**
- A. It is a psychotherapy framework.
- B. It is a consultation framework.
- C. It is a behaviour therapy framework.
- D. It is a framework to study the mind.
- E. It is a framework to investigate the patient’s feelings.
- 13. Osman, a 32-year-old man, presents with chest pain of a day’s duration and expresses fear that it may be a heart attack. A 64-year-old colleague had been hospitalised the previous week for chest pain. Clinical examination reveals obesity BMI 34, BP 142/84 mm hg, and a normal ECG. Which ONE of the following actions would you take?**
- A. You refer him immediately to A & E because non-STEMI acute myocardial infarct may not have ECG changes in the ST segments.
- B. You tell him that acute myocardial infarct is not possible because he is young and has no risk factors of hypertension or diabetes.
- C. You explore with him the reasons for his assumption and the alternatives that could have caused the chest pain.
- D. You send him for a chest X-ray because pleurisy is a differential diagnosis.
- E. You observe if the chest pain persists after giving a stat dose of GTN sublingual.
- 14. The “experiencing” in the patient’s mind in the extended “CAR-ACE” inquiry is elucidated by ONE of the following actions. Which one is the BEST answer?**
- A. Asking the patient what may be his reaction to the thinking or feeling of another person, in another time or in another place in relation to the issues at hand.
- B. Asking the patient what he may feel if the situation is changed to a more positive and preferred one based on hopes and dreams.
- C. Asking the patient to imagine his experience so that it can be reframed.
- D. Asking the patient what he is presently feeling or thinking about the issues at hand.
- E. Asking the patient to think of alternate ways of experiencing the issues.
- 15. The Socratic inquiry method is used in the extended consultation. Which of the following statements BEST describes it?**
- A. A disciplined way based on Socrates’ principles to bring out psychiatric signs and symptoms of the mind.
- B. A disciplined way of enlarging the shared therapeutic space of the doctor and patient.
- C. A disciplined way of knowing what the patient is presently thinking about the issues at hand.
- D. A disciplined way of knowing what the patient is presently feeling about the issues at hand.
- E. A disciplined way used by Hippocrates to understand

diseases based on the principles of questioning developed by Socrates.

**16. The extended CAR-ACE inquiry tool is useful in the extended consultation. When can it be used?**

- A. Only after the extended history (interactive roles) and extended examination (reflective communication) have been completed.
- B. Only before formulation of the issues affecting the patient.
- C. To investigate the mind regarding past issues affecting the present.
- D. To gather information about what the patient thinks about the biomedical diagnosis.
- E. By itself, to both investigate the mind regarding specific issues at hand and as psychosocial intervention.

**17. With regards to positive psychological hygiene, which ONE of the following statements is CORRECT?**

- A. It must be used before problem, pattern and presence work to first disinfect the mind.
- B. It includes avoiding addictive behaviour, good nutrition, and maintaining good relationships.
- C. It involves participation in engaging and meaningful activities.
- D. It is used only for those without psychiatric problems.
- E. Best practice of daily mental rituals is akin to hygiene rituals of bathing.

**18. Eddy Long, just released after serving a one-year prison sentence for cheating and now unemployed, consults you in the clinic. On release from prison, he found out that his cousin had cheated him of his karaoke lounge. The previous night, when his wife returned home long past the usual closing time of the beer garden where she is working, he suspected infidelity. He has begun to harbour ideas of reference that others are laughing at him for being a cuckold. In the formulation of the reason for encounter, what is the precipitating issue that must first be explored?**

- A. Past activities that led to imprisonment.
- B. Experience in prison and lessons learnt.
- C. Legal recourse of recovering ownership of his karaoke lounge.
- D. Situation that led to his suspicion of wife's infidelity.
- E. Ideas of reference of being laughed at for being a cuckold.

**19. Mary has two children, aged 1 and 3 years old. She has been diagnosed with diabetes mellitus in her 3rd month of the current pregnancy and has been put on insulin. She missed her appointment as she had to visit her husband who had been jailed for possessing and using heroin. Her mother, who had been helping to look after her children was recently**

**hospitalised with a stroke. Which of the following is the first step in your management strategy?**

- A. ROADS assessment for this complex case.
- B. 4P formulation for this complex case.
- C. 4P formulation for this chaotic case.
- D. SBAR formulation for this complex case.
- E. SBAR formulation for this chaotic case.

**20. You made a diagnosis of chronic obstructive airway disease in a patient who has been smoking 2 packs of cigarettes a day for the past 20 years. You have counselled him before to stop smoking. He agreed many times but continued smoking. At this consultation, he realised that he must finally stop but says that he would do it a month later after finishing a very stressful work project. In the Stages of Change model, which stage is he in?**

- A. Precontemplation stage.
- B. Contemplation stage.
- C. Preparation stage.
- D. Action stage.
- E. Maintenance stage.

**21. In the extended consultation model, which ONE of the following statements is CORRECT with regards to diagnosis and formulation?**

- A. We can often make a formulation even if unable to come to a diagnosis.
- B. We must always make a formulation in every consultation.
- C. Formulation can be made only after a diagnosis is confirmed.
- D. Formulation is made based on psychosocial issues only.
- E. Formulation can be summarised as a label like a diagnosis.

**22. Of the doctor's therapeutic roles in the consultation, which of the following is a traditional therapeutic role?**

- A. Challenging.
- B. Engaged.
- C. Expert.
- D. Comforting.
- E. Management.

**23. The value of doing a formulation in an extended consultation is ONE of the following. Which is the BEST answer?**

- A. To identify the psychosocial issues for referral to a social worker or psychologist.
- B. To know how to advise on the lifestyle changes of the patient.
- C. To be holistic in assessment and biopsychosocial interventions.
- D. To know how to do psychosocial interventions.
- E. To ensure compliance with medications.

**24. Ann, 3-year-old girl with poorly controlled atopic eczema, scratches herself incessantly whenever her mum works late. Her maid would then telephone her mum. Mum would immediately return home to attend to Ann and she would stop scratching. What is the action that you will now take?**

- A. Behavioural work on Ann.
- B. Cognitive work on the thoughts of Ann.
- C. Cognitive work on the thoughts of Ann and maid.
- D. Pattern work on Ann and maid.
- E. Behavioural work on Ann and Mum.

**25. In cognitive therapy, we can trace a negative automatic thought (NAT) that is triggered by a situation. Which of the following is the action that you will take?**

- A. Ask the patient about all his thoughts during the situation and narrow down to the NAT in a logical manner.
- B. Identify the shifts in emotions or behaviour and explore the possible NAT behind the shifts by extended inquiry.
- C. Ask the patient directly why he is so provoked by the situation.
- D. Identify the troublesome consequence and bring it to the patient's awareness.
- E. Identify the pattern of negative events in his life and link them to the situation by reflective communication.

**26. In the extended consultation, we broaden the examination beyond the physical body to address the patient's X. What is X?**

- A. Fears.
- B. Anxiety.
- C. Existentialism crisis.
- D. Depressed state.
- E. Mind.

**27. Tom, who suffers from insomnia, was advised by his doctor to only use his bed to sleep in and to lie down in bed only if he feels sleepy. He was also advised to get out of bed within 15 minutes to do something else if still unable to sleep. What intervention principles is the doctor using on this patient?**

- A. Behavioural work on stimulus control.
- B. Cognitive work on ideas of reference.
- C. Cognitive work on catastrophisation.
- D. Behavioural work on contingency management.
- E. Pattern work on circadian cycle.

**28. Mr Tay, a 70-year-old man, is the boss of a thriving hardware trading company he set up 30 years earlier. He developed episodes of panic attack in the previous 3 months and symptoms suggestive of depression for 1 month. He has 1 child, a 26-year-old son, Tom, who left after working in the company for 2 years to become a teacher. This happened 3 months prior to the consultation. Which**

**ONE of the following interventions is LEAST APPROPRIATE?**

- A. Presence work — Mindfulness (deep breathing & muscle relaxation exercises).
- B. Presence work — Humanistic & existential work.
- C. Problem work — Disputing negative automatic thoughts.
- D. Pattern work — Reframing problem-saturated story.
- E. Positive work — Nurturing positive hygiene and positive life work.

**29. About positive work, which ONE of the following statements is CORRECT?**

- A. Flow is the psychological state that accompanies mentally relaxing activities.
- B. Personal effectiveness is the belief that our ability to accomplish a task is a function of our personal effort.
- C. Having meaning in life is to know what pleasant things we need to be happy.
- D. Positive pattern work is to find out and forget the problem-saturated life patterns.
- E. Positive hygiene work is only for those patients contaminated with psychological issues.

**30. A teenage boy was brought by her mother to consult the doctor. The boy refused to sit down despite being invited to. The doctor stood up and conducted the rest of the consultation standing. The doctor's posture illustrates a way of communication. Which of the following is the BEST answer?**

- A. The use of multiple modes of communication.
- B. The use of multiple phases of communication.
- C. The use of multiple channels of communication.
- D. The use of modelling in consultation.
- E. The use of metaphors in consultation.

**FPSC No. 71  
"Laboratory Medicine"  
Answers to 15 MCQ Assessment**

1. A	11. E
2. A	12. D
3. C	13. E
4. B	14. C
5. D	15. E
6. E	
7. C	
8. D	
9. D	
10. C	