



MCQ Sample Questions

Question 1

Mitchell, a 28 year old man, presents with a 2 week history of increasingly severe cough, left sided pleuritic chest pain, rigors and sweats. He has had a dry cough for several months. He works in a factory which is dusty and keeps birds as pets. He has several recent tattoos which were done locally.

On examination he is cyanosed with decreased air entry and dullness to percussion at the left lung base.

Which one of the following is the most likely to confirm the diagnosis?

- Serology for *Chlamydia psittaci*
- Serology for *Coxiella burnetti*
- Fungal stain for pneumocystis carinii
- Sputum gram stain and culture
- Zeil-Neilsen stain for *mycobacterium bovis*

Question 2

A 37 year old Aboriginal woman who is gravida 4, para 3, spontaneous abortion 1, presents to you with a four day history of severe right iliac fossa pain. Her last menstrual period, which was a little heavier than normal, was three weeks ago. Her health record documents prescription of an oral contraceptive pill.

Her temperature is 38°C, pulse 90 per minute, and blood pressure 120/70. Abdominal examination reveals tenderness to deep palpation in the right iliac fossa. There is no flank percussion tenderness.

Which of the following is the most important FIRST diagnostic test in this woman?

- Abdominal ultrasound
- Pregnancy test
- Plain abdominal X-Ray
- CT – abdomen and pelvis
- Cervical swab

Question 3

Vera is a 65 year old pensioner who has been on low dose oral corticosteroids for 5 years for polymyalgia rheumatica. She comes in with back pain and X-Rays show a 40% crush fracture at T10. You arrange for her to have a bone densitometry when the mobile van visits your local town. The T score for her lower lumbar spine is -2.6 (normal >-1). Her pain is reasonable well controlled with ibuprofen.

In addition to recommending calcium and vitamin D supplementation if needed, which of the following is most appropriate at this time?

- Ethynyl oestradiol
- Calcipotriol
- Alendronate sodium
- Calcitonin
- Raloxifene

Question 4

17 year old Nathan has been brought into your surgery by his mother, who is concerned because having previously been very pleasant-natured; he has recently become irritable at home and is performing poorly as an apprentice mechanic. When you interview him without his mother present you discover he has been smoking 'Ice' (crystal methamphetamine) on the weekends, and occasionally during the week.

Which one of the following is the most effective intervention plan?

- Educational visit to drug offenders in prison
- Motivational interviewing and encouragement of peer group change
- Replacement pharmacotherapy with methadone
- In-patient detoxification and compulsory Narcotics Anonymous meetings
- Take away Nathan's care and driving privileges until he stops using Ice

Question 5

Millie is 77 years old and has been in the long-term care ward in your local hospital. She has been bed-bound because of end-stage Parkinson's disease, for 2 years. You are asked to review her because she is being disturbed by hallucinations. Her medications are levodopa/benserazide 100mg/25mg three times daily and pramipexole 1mg three times daily.

She has not been febrile and blood tests a month ago did not indicate any metabolic abnormality.

Which of the following is the most appropriate action to take?

- Decrease her pramipexole
- Commence lorazepam
- Commence quetiapine
- Commence rivastigmine
- Decrease her levodopa/benserazide

Question 6

Sylvia, a 72 year old active sculptor and long-term smoker, presents complaining of weakness and progressive tiredness.

Her history and examination is unremarkable.

Her haemoglobin is 10.6 g/100ml (normal range 11.5-16.5 g/100ml), white cell count 5.8×10^9 cells/litre (normal range 4-10 $\times 10^9$ cells/litre), platelet count 357×10^9 /litre (normal range 150-450 $\times 10^9$ /litre), erythrocyte sedimentation rate is 106 mm/hour (normal range 0-20 mm/hour), total serum protein 93 g/litre (normal range 60-80 g/litre), serum globulin 54 g/litre (normal range 20-35 g/litre), serum bilirubin 8 micromol/litre (normal range 1-20 micromol/litre), serum alkaline phosphatase 47 iu/litre (normal range 10-95 iu/litre), serum aspartate amino transferase 47 iu/litre (normal range 8-40 iu/litre) and alanine amino transferase 43 iu/litre (normal range 3-60iu/litre).

Which one of the following tests would you do next?

- Colonoscopy
- Serum protein electrophoresis
- Rheumatoid factor
- Chest X-ray
- Bone scan

Question 7

Jennifer is a three year old girl, who is the only daughter of a 22 year old single mother. Her mother has brought her to see you because she was concerned that her daughter was disobedient and ignoring her. The mother is anxious, trying to manage parenting, a part-time job and a financial crisis.

Despite being disciplined Jennifer refuses to eat her meals, plays loudly and insists on turning the television volume up.

Which one of the following people would you refer Jennifer to in the first instance?

- Psychiatrist
- Psychologist
- Child and adolescent mental health team
- Audiologist
- Occupational therapist

Question 8

You are a member of the only practice in a small rural town with x-ray facilities. The nearest specialists and full laboratory facilities are all about 250km away.

Rosie, a nineteen year old student who is 32 weeks pregnant presents to your rural hospital in established premature labour and with intact membranes.

In addition to administering I.M. corticosteroid, which one of the following is the most important immediate intervention?

- Oral administration of nifedipine
- Foetal fibrinectin test
- Amnicator test
- Sterile speculum examination
- Intravenous fluid administration

Question 9

A previously well 16 year old girl whose blood group is A Rh positive presents to the Emergency Department in early pregnancy following a motor vehicle accident earlier today. Her last menstrual period was 5 weeks ago. On examination she is haemodynamically stable. Bruising is noted across the lower abdomen consistent with a seatbelt injury.

Ultrasound confirms an intrauterine gestational sack of 5 weeks gestation.

You are concerned about minimising the risk of iso-immunisation.

Which one of the following is the best approach?

- Perform Kleinhauer test
- Check rhesus antibody status
- Reassure patient that her risk is negligible
- Give intramuscular anti-D, 625 international units
- Give intramuscular anti-D 250 international units

Question 10

Lucy is breast feeding her 5 month old son and presents with a fever and a sore, red area on her right breast. This is her third similar episode since delivery. You prescribe oral antibiotics.

Which one of the following is the best additional management?

- Continue feeding, treat nipple cracks for candida
- Wean baby quickly, bromocriptine to dry milk supply
- Cease feeding for 7 days and express both breasts
- Continue feeding from L breast only, express right breast
- Wean baby slowly within next month

Answers

Question 1

- Serology for *Chlamydia psittaci*

Question 2

- Pregnancy test

Question 3

- Alendronate sodium

Question 4

- Motivational interviewing and encouragement of peer group change

Question 5

- Decrease her pramipexole

Question 6

- Serum protein electrophoresis

Question 7

- Audiologist

Question 8

- Oral administration of nifedipine

Question 9

- Reassure patient that her risk is negligible

Question 10

- Continue feeding, treat nipple cracks for candida