

FAMILY MEDICINE AS A SPECIALTY

1. CS. The emancipation movement of Family Medicine began in:

- a) Europe
- b) Central Asia
- c) Australia
- d) North America (USA, Canada)
- e) Latin America

2. CM. Family medicine, following the official definition of the American Family Medicine Council, integrates:

- a) All biological sciences
- b) All clinical sciences
- c) All Behavioral Sciences
- d) All social sciences
- e) All economic sciences

3. CS. In which country was founded the first Department of Family Medicine in the world:

- a) Netherlands
- b) Scotland
- c) USA
- d) Germany
- e) France

4. CM. Sustainable values of Family Medicine are:

- a) Continuing healthcare
- b) Specialized medical assistance
- c) The relationship based on healthcare
- d) Coordinated medical assistance
- e) Family-centered approach

5. CS. In which year was founded the first Department of Family Medicine in the world:

- a) 1956
- b) 1966
- c) 1974
- d) 1969
- e) 1989

6. CS. In what year was established the Department of Family Medicine in the Republic of Moldova:

- a) 1956
- b) 1966
- c) 1974
- d) 1969
- e) 1998

7. CS. The family doctor in his / her work accomplishes:

- a) Balance between modern centrifuge and conservative centripetal tendency
- b) Balance between specialization and overspecialization

- c) Balance between traditional and technological medicine
- d) Balance between the progress of science and overspecialization
- e) Balance between real needs and identified needs of the population

8. CM. The purpose of Family Medicine, following the official definition of the American Family Medicine Council, is to include:

- a) All ages
- b) Both genders
- c) Each disease entity
- d) Each organ system
- e) Each patient individually

9. CM. The causes of the appearance of family medicine in modern society were:

- a) Economic crisis
- b) Isolation of the individual from society
- c) Time becomes more precious
- d) Over-specialization of medicine
- e) Political Reforms

10. CM. In the current context, family medicine is:

- a) More accessible in comparison to other specialties
- b) More efficient compared other specialties
- c) Save other specialties compared
- d) Better compared other specialties
- e) More modern compared to other specialties

11. CM. The obstacles to collaboration between public health and PHC are:

- a) Lack of mutual understanding of roles and objectives
- b) Rivalry between professions
- c) Lack of understanding between need-based care and demand-based care
- d) Unrealistic expectations
- e) Lack of communication

12. CM. Medical factors in promoting family medicine are based on:

- a) Non-specific manifestations at onset of disease
- b) Passive medical problems
- c) Coexistence of several diseases
- d) Inaccessibility of specialists
- e) Discontinuity of specialized health care

13. CM. Family medicine as a specialty is:

- a) Predominantly clinical
- b) Predominantly communicable
- c) Predominantly synthetic
- d) Predominantly economic
- e) Predominantly analytical

14. CM. The key points of modern family medicine are:

- a) Promoting a family doctor
- b) Promote its leadership role in the community

- c) Quality medicine
- d) Payment per capita
- e) Payment per service

15. CM. The new model of family medicine practice is characterized by:

- a) Continuing physician-patient relationship
- b) Individual and community orientation
- c) Practice based on experience
- d) Integrated care
- e) Limited access of patients

16. CM. The new model in family medicine is characterized by:

- a) The database is on paper
- b) The database is electronic
- c) Practice based on experience
- d) Practice based on evidence and research
- e) The focus is on preventing illness and educating patients

17. CM. The future aspects of family medicine are:

- a) Attractive career
- b) Established public identity
- c) Continuing medical education
- d) Fragmented care
- e) Limited access of patients

18. CS. The concept "Health for All" was introduced by the WHO to:

- a) The Alma-Ata Conference
- b) The Copenhagen Conference
- c) The Ljubljana Conference
- d) The Geneva Conference
- e) The New York Conference

19. Obligations of Primary Health Care in the health system are:

- a) Professional ethics and deontology obligations
- b) Public health obligations
- c) Obligations towards patients
- d) Economic Obligations
- e) Legal Obligations

20. CM. The functions of Family Medicine are:

- a) Surveillance of the health of the population
- b) Continuous Medical Surveillance
- c) Coordination of medical services
- d) Family care
- e) Sporadic health care

21. CM. PHC is healthcare that has the following features:

- a) accessible
- b) comprehensive
- c) coordinated

- d) continuous
- e) comfortable

22. CM. The satisfaction of the practice of family medicine by family doctors consists of:

- a) the pleasure of meeting old friends in the examination room
- b) variety of existing problems
- c) permanent stimulation and perpetuation
- d) work experience
- e) the number of patients examined

23. CM. Characteristics and features of Family Physician are:

- a) continuous responsibility
- b) diagnostic abilities
- c) coordination skills
- d) investigatory skills
- e) maintaining of quality

24. Ljubljana Charter stipulates that: CS

- a) health care reform success depends on the team family doctor;
- b) success of the reform depends on the maximum involvement of all political actors;
- c) success depends on the level of funding of the health system;
- d) success of any reform must be determined in relation to long-term improvement of population health;
- e) success depends on managerial competence.

25. The European Academy of Teachers of Family Medicine (EURACT) was launched in: CS

- a) 1972 y.
- b) 1978 y.
- c) 1988 y.
- d) 1992 y.
- e) 1996 y.

26. The synonyms of the term "family doctor" are: CM

- a) therapist doctor,
- b) district doctor,
- c) general practitioner (GP) ,
- d) doctor of general practice,
- e) specialist doctor.

27. Family Medicine is the specialty which ensures: CM

- a) primary care;
- b) specialist care;
- c) sporadic assistance;
- d) permanent care;
- e) continuous care;

28. The Alma-Ata Declaration nuanced the Primary Health Care as: CM

- a) the core of each health system;
- b) the strong component of social and economic development of society;

- c) the factor of development of the health system;
- d) branch of the health system
- e) synonym of family medicine

29. The abilities included in Management of Primary Health Care are: CM

- a) the induction of first contact with patients,
- b) covering a wide spectrum of health states;
- c) professional medical care and inside other specialties;
- d) ensuring of patient access to adequate services of the health system;
- e) to act as an advocate for solving the patient health issues.

30. The professional standard of family doctor include: CM

- a) Management of primary health care,
- b) Patient centeredness care,
- c) The comprehensive approach (complex),
- d) Orientation towards health system,
- e) Professional Assistance.

31. The abilities included in the specific skills of solving the health problems are: CM

- a) specific decisions, taking into account the prevalence and incidence of diseases in the community;
- b) the thorough and separate collection of information about medical history, physical examination, further investigations and the correct interpretation of it and using it to plan of individualized conduct, in collaboration with the patient;
- c) urgently intervention in case of necessity;
- d) conduct of health state in terminal stages;
- e) opportune use of diagnostic and therapeutic interventions.

32. The necessary aspects of application of the basic knowledge in Family medicine are: CM

- a) the intellectual aspect,
- b) the context aspect,
- c) the attitudinal aspect,
- d) the relational aspect,
- e) the scientific aspect

33. The objectives of activity of the specialty Family medicine are: CM

- a) the sick person with all its problems,
- b) the person in all its integrity,
- c) the medical problems of the healthy man,
- d) primary, secondary and tertiary prevention,
- e) psychosocial pathology.

34. Methodological peculiarities of family medicine is based on: CM

- a) sporadic care;
- b) continuous care;
- c) the predominance of analysis;
- d) the predominance of synthesis;
- e) reduced communication.

35. The definition of Family Medicine (WONCA Europe) is: CM

- a) specialty which provides primary and continues care;
- b) an academic and scientific discipline;
- c) contribute to the promotion of the individual, family and community state of health;
- d) which has its own educational, research, evidence-based medicine content;
- e) and clinic activity oriented to primary health care.

36. The basic characteristics of the Family Medicine specialty are: CM

- a) the efficient use of health system resources coordinating health care;
- b) the family doctor is the patient's representative and advisor in relations with other specialists,
- c) is oriented to individual, his family and community,
- d) is based on multidimensional diagnosis with the extensive use of technology,
- e) to ensure continuity of the medical act and care determined by patient needs.

37. The abilities included in patient centeredness care are: CM

- a) patient-centered approach, with evaluation of its circumstances;
- b) ensuring of patient access to adequate services of the health system;
- c) to act as an advocate for solving the patient health issues,
- d) communication, setting priorities and work in partnership;
- e) to ensure of continuity of medical care based on patient needs and realizing a lifelong (continuous) care.

38. According to WHO definition family medicine is: CM

- a) A branch of health care system
- b) A specialty that assures continuous primary health care
- c) Contributes to health promotion of an individual, family and community
- d) Constituted from therapeutic, preventive, educational and rehabilitation actions
- e) A definition of primary health care

39. According to WHO definition Primary Health Care is: CM

- a) The primary contact level of the individual, family and community with health care system
- b) *The first element of continuous process of health promotion and preservation*
- c) Brings health services closer to people of place of residence and work
- d) An academic and scientific discipline
- e) A clinical activity

40. Basic Characteristics of Family Medicine specialty are: CM

- a) Family Medicine is the first contact level of individual, family and community with health care system.
- b) Facilitates entrance and orientation of the patient in the health care system
- c) Efficient use of health care system resources
- d) Does not promote long term relationship building
- e) Does not collaborate with specialists

41. Select the basic characteristics of Family Medicine: CM

- a) Family Medicine is oriented toward the individual, family and community
- b) Contributes to long-term relationship building
- c) Solves patients acute and chronic health problems
- d) Relies on direct patient physician communication

e) Family physician is NOT counselor and represented of the patient

42. Professional standard for family physician according EURACT include: CM

- a) Primary contact care management
- b) Patient centered care
- c) Abilities in all medical domains
- d) Community orientated care
- e) Serious attitude

43. Select the right statements in regard to family physician activity: CM

- a) Family physicians are specialized in family medicine physicians
- b) Family physicians are responsible for health of the community where they practice
- c) Family physicians improve the knowledge through Continuous Medical Education
- d) Family physicians are not responsible for any mistake they make during practice
- e) Family physicians use patients trust

44. Family medicine objective of activity are: CM

- a) The human individual as a whole
- b) Medical problems of a healthy individual
- c) Sick individual with specific health problems
- d) Associated pathology
- e) Preventive medicine

45. The differences between Primary Health Care and Specialized Health Care consist of: CM

- a) Orientation toward prevention
- b) Focus on sick person
- c) Assurance of continuous medical care
- d) Assurance of episodic medical care
- e) It is more cost effective

46. The following are models of family practice organization: CM

- a) In nest/ cluster
- b) In a group
- c) Individual
- d) In sample
- e) Mix

47. The weight of Primary Health Care services in the structure of health care system is: CS

- a) 25 %
- b) 13 %
- c) 85%
- d) 2 %
- e) 50 %

48. The structure of Primary Health Care services consist of : CM

- a) Territorial Medical Associations
- b) Republican and territorial hospitals
- c) Public Health Centers

- d) Centers of Family Medicine
- e) Health Centers

49. Which of the following statements represents functions of family physician? CM

- a) Family physician cannot hold the membership of any professional or public organizations
- b) Delegates physicians activities to subordinate personnel
- c) Family physician organizes anti-epidemic actions
- d) Performs preventive annual physical examinations
- e) Refers patients for rehabilitation to resorts

50. Family physician has the following rights: CM

- a) To benefit from appropriate work conditions
- b) To defend, including legal way, his rights for labor and other professional rights
- c) To know his/her rights and obligations on the job
- d) To maintain level of professional preparation through Continuous Medical Education
- e) To not associate with trade unions, professional organizations

PRIMARY CONTACT MANAGEMENT

1. CM.The tasks of primary contact management consist of:

- a) Ensuring the first contact of the patient with the health services
- b) Ensuring the right and quality services in the PHC (Primary Health Care)
- c) Ensuring the effective use of the resources of the health system by coordinating the care with other specialists
- d) Ensuring access to specialized medical services
- e) Ensuring access to pre-hospital emergency medical services

2. CM.In primary contact management, the family doctor needs:

- a) Clinical skills
- b) Skills of organizing the family doctor's practice
- c) Specific professional communication skills
- d) Complex psycho-analytical skills
- e) Behavioral skills

3. CM.The leadership qualities of the family doctor are manifested through:

- a) Ability to determine priorities
- b) Ability to set tasks
- c) Ability to control the performance of tasks
- d) Ability to organize personally
- e) Ability to obey team members

4. CM.The "Interpersonal" role of the family medicine manager is achieved through:

- a) Representation of the organization
- b) Leading activity
- c) Monitoring of information
- d) Dissemination of information
- e) Negotiation activity

5. CM.The "Informational" role of the family physician manager is achieved through:

- a) Representation of the organization

- b) Leading activity
- c) Monitoring of information
- d) Dissemination of information
- e) Negotiation activity

6. CM. The "decision-making" role of the family physician manager is achieved through:

- a) Solving problems that have arisen
- b) Divide resources
- c) Monitoring of information
- d) Dissemination of information
- e) Representation of the organization

7. CM. The specific conditions of primary contact management are:

- a) Uncertainty
- b) Limited time
- c) Different problems of the patient
- d) Limited resources
- e) Preselected problems of the patient

8. CM. The types of accessibility to the medical services of the Primary Health Care are:

- a) Financial
- b) Geographical,
- c) Time,
- d) Quantitative
- e) Qualitative

9. CM. The advantages of teamwork are manifested through:

- a) Qualitative results
- b) The results are obtained faster
- c) Multiple results
- d) Quantitative results
- e) Complex results

10. CM. The advantages of teamwork are manifested through:

- a) Possibility to solve joint problems
- b) Possibility to divide the responsibility,
- c) Possibility of motivation and improvement
- d) Possibility of creativity
- e) Possibility of manifesting in the group

11. Continuity of primary health care means the following (select the correct affirmations): CM

- a) Experience of coordinated care and smooth transition of the patient from family physician to specialist care and vice versa.
- b) Excellent transfer of medical record information (laboratory and investigation results, previous diseases and treatments) to where a patient goes for care.
- c) The lowest possible number of health professionals involved in patients care with respect to patient changing needs, to allow development of therapeutic relationship.
- d) Health care supervision of a person and his family by the same family physician during long period of time.
- e) To come to family medicine office without an appointment and receive medical services

for an urgent health problem within reasonable amount of time.

12. The aim of family doctor team within PHC is: CS

- a) achievement of performance indicators;
- b) effective prescription of compensated drugs;
- c) the application of new methods of diagnosis and treatment;
- d) healthy community;
- e) the application of methods of prevention.

13. The tasks of midwife within PHC team are, with the exception: CS

- a) detect and take out pregnant women;
- b) performs supervision of pregnant women with FD;
- c) home visits to chronic patients;
- d) fill in the register of pregnant women;
- e) Supervises hygienic-dietary regime, the drug administration of pregnant women.

14. Select the corresponding statement of Theory X within the motivational theories: CS

- a) People like to work;
- b) People working for money and are motivated by stability and personal safety;
- c) People are creative and inventive;
- d) People tend to responsibility and accept it;
- e) People manage themselves and establish their the purpose .

15. Select the corresponding statement of Theory Y within the motivational theories: CS

- a) People do not like to work, strives to avoid work if they can;
- b) People should be forced to work in some direction;
- c) People tend to responsibility and accept it;
- d) People like to be led and avoids responsibility;
- e) People are not creative.

16. The basic functions of the health system are, with the exception: CS

- a) Leadership / manage;
- b) Staff motivation;
- c) Generation of resources;
- d) Funding;
- e) Provision of services.

17. The fundamental values within the health systems are, with the exception: CS

- a) Deliberative authority;
- b) Equitable for health;
- c) Securing medical community;
- d) Medical services that give priority to man;
- e) Participation in care.

18. The patient satisfaction is achieved through, with the exception: CS

- a) Increasing the access to PHC (time for reception and time for consultation);
- b) Increasing the timeout (time of waiting) in HS;

- c) Focusing on preventive services / health education;
- d) Improving communication with patients;
- e) Triage and orientation of patient medical consultation.

19. The tasks of family medical assistance (nurse) within the PHC team are: CS

- a) delegate the health education activities;
- b) motivate subordinate medical staff;
- c) performs treatments indicated by FD in office and at home;
- d) consult the patients at home;
- e) Coordinate the activity of the family doctor.

20. The family doctor uses resources efficiently of the health system through, with the exception: CS

- a) the delegation of responsibilities of team members and coordinate care in PHC;
- b) referring the patient to other specialists in PHC;
- c) ignoring the principles of defensive medicine;
- d) coordinate the patient's care after returning from specialized medical services;
- e) supporting the interests of patient in himself interaction with specialists / promote the interests of the patient in the health system.

21. The clinical management and medical practice in PHC is performed under specific conditions: CS

- a) certainty;
- b) unlimited time;
- c) various issues of patient;
- d) advanced technologies;
- e) periodicity of services.

22. The family doctor provides: CM

- a) the first contact of patient with health services;
- b) access to health services for people with wide spectrum of issues;
- c) suitable and quality services of specialized care;
- d) the coordination of care with other specialists in order to effectively use of health system resources;
- e) defense of interests of the patient in the health system.

23. The functions of the family doctor are: CM

- a) the function of ensuring accessibility to medical care (healthcare);
- b) supervision and promotion of health state;
- c) giving the current medical care;
- d) permanent medical surveillance;
- e) family and community healthcare.

24. The visits to patient's home served by GP are: CM

- a) medical-surgical emergencies;
- b) children in age 0-18 years are under treatment;
- c) insured persons with lower limb motor impairment;
- d) unregistered persons in the family doctor's list;
- e) the medical surveillance and preventive treatment of contacts.

25. The continuity of medical care in family medicine is: CM

- a) experiential continuity;
- b) information continuity;
- c) community continuity;
- d) personal continuity;
- e) longitudinal continuity.

26. Stages of management include: CM

- a) assessment of resource;
- b) analysis of the outcome (result);
- c) solutions coordination ;
- d) plan developing;
- e) problems synthesis.

27. The management process in family doctor practice include: CM

- a) formulating objectives;
- b) define the served population in FD practice / health center;
- c) needs assessment, requirements evaluation, resource assessment;
- d) determination / allocation priorities;
- e) formulating of results.

28. The most frequent mistakes in management practice of family doctor are: CM

- a) for doctor is difficult to make a medical decision;
- b) many phone calls simultaneously, when patients with urgent problems may have difficulty of accessing;
- c) inadequate responses to phone calls due to the lack of competence of the responsible person, but communication impairments;
- d) long standby time (2-3 days) for an appointment for acute cases such as acute infections or respiratory tract;
- e) patients unable to talk on the phone with the nurse or doctor because of barrier imposed by the receptionist for protect the working time of a doctor with other patients.

29. Mandatory health insurance works according to the following principles in the health care system in Moldova: CM

- a) the exclusion of health system financing from public funds, including fees and taxes, as well as from voluntary and compulsory contributions of employers and the working population;
- b) concern for primary health care including disease prevention, provided by the family doctor;
- c) centralization of economic and financial health of the system and ensuring a low degree of autonomy to the provision of medical services;
- d) guarantee the quality of health care and the lack of accreditation of medical institutions and granting of licenses for medical activities;
- e) insured persons are represented by make employees, persons insured by the State and the people who buy independent insurance policy.

30. The Unique Programme, adopted in accordance with the annual budget of the NHIC, specifies: CM

- a) the volume of medical services of primary care, specialized health care, hospital services, pharmaceutical services (free and compensated drugs);

- b) type of medical services of primary care, specialized health care, hospital services, pharmaceutical services (free and compensated drugs);
- c) the number of medical services of primary care, specialized health care, hospital services, pharmaceutical services (free and compensated drugs);
- d) quality health services primary care specialized medical assistance, hospital services, pharmaceutical services (free and compensated drugs);
- e) institutions that provide medical services from primary care, specialized health care, hospital services, pharmaceutical services (distributed free and compensated drugs).

31. The types of medical services of PHC, included in the Unique Programme, are: CM

- a) prophylactic medical service;
- b) emergency medical services;
- c) therapeutic medical services;
- d) special services;
- e) psychological support services.

32. Preventive services within Primary Health Care include: CM

- a) promoting a healthy lifestyle;
- b) palliative and terminal care;
- c) supervision of physical and psychomotor development of children through examinations balance;
- d) family planning;
- e) annual medical examination of persons below 18 years.

33. Curative services in Primary Health Care include: CM

- a) stationary treatment;
- b) injectable treatment;
- c) maneuvers of small surgery;
- d) monitoring of treatment and the evolution of the health status of chronically and disabled patients etc.
- e) patient-centered care.

34. The role of health insurance in promoting Family medicine: CM

- a) family medicine provide the best accessibility to healthcare;
- b) family medicine can solve the least costly over 80% of the current population health issues;
- c) family medicine does not provide the best accessibility to healthcare;
- d) mandatory medical insurance have rediscovered the FM's role in the context of modern medicine;
- e) family medicine can solve the least costly over 90% of the current population health issues.

35. The resource within management process are: CM

- a) human;
- b) financial;
- c) material;
- d) time;
- e) collective.

36. The manager roles are: CM

- a) interinstitutional;

- b) informational;
- c) interpersonal;
- d) decision-making;
- e) motivational.

37. Accessibility to medical services include: CM

- a) continues addressability;
- b) financial accessibility;
- c) time accessibility (7/24);
- d) geographical accessibility;
- e) individual accessibility.

38. The forms of organization of Family Medicine practice are: CM

- a) public practice;
- b) private practice;
- c) group practice;
- d) individual practice;
- e) general practice.

39. The advantages of working in the family doctor's team are: CM

- a) qualitative results;
- b) possibility to solve problems in common;
- c) is obtained agreement, high risk of failure;
- d) division of responsibility, more understanding what is the role and responsibility of others;
- e) lack of motivation and improvement.

40. The family doctor uses resources efficiently of the health system through: CM

- a) the delegation of responsibilities of team members and coordinate care in PHC;
- b) referring the patient to other specialists in PHC;
- c) ignoring the principles of defensive medicine;
- d) coordinate the patient's care after returning from specialized medical service's
- e) supporting the interests of patient in himself interaction with specialists / promote the interests of the patient in the health system.

41. Choose from the sentences below the tasks of the management of primary care contact? (CM)

- a) Family physicians assure the first contact of the patient with health care system.
- b) Family physicians assure primary care for patients presenting with a full range of conditions.
- c) Family physicians make available to the patient the appropriate and quality services within the health care system
- d) Family physicians make efficient use of health care resources through coordinating care with other health professionals in the health care system and advocating for patients who need specialized care the most.
- e) Family physicians provide with primary care services only sick people.

42. Primary health care makes efficient use of health care resources in the health care system through the following: CM

- a) Coordination of care with other health professionals in health care system
- b) Assurance of access to the appropriate specialized health care services to the patients who really have health problems and are need for these services

- c) Monitoring and evaluation of health state of registered with family physician population and providing with health promotion and disease prevention measures.
- d) Prescribe treatment to the patients that can not be done in conditions of their residence (at home).
- e) Hinder seriously ill patients from hospitalization.

43. Family Physicians Center organizes services in such a way that patients registered with family physician would have access to primary care services and would be able to (choose the right answers): CM

- a) To make a phone call or come to the family medicine office to make an appointment for a consultation for any health problem they might have.
- b) To come to family medicine office without an appointment and receive medical services for an urgent health problem within reasonable amount of time.
- c) To require family physician consultation or home visit (house call) in case of acute, contagious illness or other conditions according to local regulations for office and home visits in family medicine.
- d) In urban places, persons registered on the lists of family physician can require consultation of family physician at any time of any day of the week contacting personally the physician.
- e) In rural places, persons can require emergency services from specialized institutions outside of office hours of family medicine center if they have an acute or emergency problem.

44. The following persons contact directly with patient are part of the primary care team in family medicine: CM

- a) Family physician
- b) Family medicine nurses
- c) Midwife
- d) Receptionist
- e) The office security

45. Which of the following affirmations represent tasks of primary care team in family medicine: CM

- a) The primary care team in Family Medicine Center (FMC) assures accessibility for population to primary health care services through organizations of permanent access to services in the office and home visits for patients.
- b) Help family physician for supervision of health state of population, supervision of pregnant women, new-born babies, infants and children.
- c) Provide health education to patients, work with population to elicit risk factors, and organize preventive activities, including specific prevention and vaccinations.
- d) Provide medical care in FMC and at home only for patients with chronic illnesses.
- e) Provide medical care in FMC and at home only for patients with acute illnesses.

46. Mandatory health insurance in Moldova functions based on following principles: CM

- a) Solidarity
- b) Universal access of the population to primary health care services, when the person is outside Moldova territories.
- c) Equity
- d) Finance of the health care system from public funds, formed by taxes and dues, and mandatory contributions of employers and employees and voluntary contributions of other

categories of population.

e) Focus on primary health care services provided by family physicians, including health promotion and disease prevention.

HEALTHY PERSON IN THE PRACTICE OF FAMILY DOCTOR

1. Health as defined by WHO:

- A. Health is a state of complete physical and mental prosperity
- B. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity
- C. Health is absence of disease or infirmity
- D. Health is a balance between the body, mind, and environment
- E. Health is a state of complete physical prosperity

2. Concept of health defined by WHO consists of:

- A. Reflecting the ideology and culture of society
- B. Improving community health
- C. Establish the goals of health systems in different countries
- D. Reflecting the tendency to be applied in any health system
- E. Including all aspects of physical, mental and social health of the individual

3. Which model defines health according to WHO:

- A. Environmental model
- B. Holistic model
- C. Medical model
- D. Eclectic model
- E. Social model

4. Which approach model does not correspond to the definition of health:

- A. Medical model
- B. Behavioral model
- C. Holistic model
- D. Well-being model
- E. Environmental model

5. Holistic model in definition of health is based on:

- A. Disease perspective
- B. Full approach of the person, including physical, mental and social health
- C. Well-being condition based on health subjective sensations
- D. Subjective health sensations
- E. Optimal interactions of the individual with the environment

6. Identify dominant approaches in defining health:

- A. Medical, holistic, well-being model
- B. Environmental, eclectic model
- C. Social status and patient workplace
- D. Unemployment and migration
- E. Social isolation and stress

7. Choose the right answer on medical model in the definition of health:

- A. It is based on perspective of disease and proper functioning
- B. Approach the person in his/her totality and integrity
- C. Considers the states better than normal, as well as subjective health sensations
- D. It is based on the best interactions of the individual with environment
- E. Includes unusual definitions of health

8. Environmental model in the definition of health is based on:

- A. Proper functioning of organs and systems
- B. Physical, mental and social health
- C. Condition better than normal
- D. Optimal interaction of the individual with environment
- E. Includes unusual definitions of health.

9. Holistic model in the definition of health is based on:

- A. Proper functioning of organs and systems
- B. Physical, mental and social health
- C. Condition better than normal
- D. Optimal interaction of the individual with environment
- E. Includes unusual definitions of health.

10 Well-being model in the definition of health is based on?

- A. Proper functioning of organs and systems
- B. Physical, mental and social health
- C. Condition better than normal
- D. Optimal interaction of the individual with environment
- E. Includes unusual definitions of health.

11. Which determinants of health can be influenced by family doctor:

- A. Unemployment
- B. Human biology
- C. Environment
- D. Lifestyle
- E. Health policies

12. Choose the determinants of health:

- A. Human biology
- B. Environment
- C. Lifestyle
- D. Economic factor
- E. Organizing healthcare

13. Choose the correct affirmations on human biology:

- A. Complexity of processes in human body that condition the phenotype
- B. External influences on the human body
- C. Behaviour that influences the health
- D. Level of healthcare provision
- E. Determines 30% of the human health potential.

14. Choose the affirmations on the influence of environment over the health:

- A. Influences the phenotype

- B. Determines the phenotype
- C. Can be influenced in a limited way by individual
- D. Can affect the health
- E. Determines 30% of the human health potential.

15. Choose the correct affirmations on environment field:

- A. Includes the complexity of processes in the human body that condition the phenotype
- B. Includes the external influences of the human body on which the individual has limited control
- C. Determines the result of individual decisions, transformed into routine behaviours
- D. Summarizes the quality and volume of provided medical services
- E. Estimates about 30% of the human health potential.

16. Choose the correct affirmations on lifestyle:

- A. Includes the complexity of processes in the human body that condition the phenotype
- B. Includes the external influences of the human body on which the individual has limited control
- C. Determines the result of individual decisions, transformed into routine behaviours
- D. Summarizes the quality and volume of provided medical services
- E. Estimates about 30% of the human health potential.

17. When a person makes effort to reduce fat foods and salt in food, and her friend decides not to eat fat and salty food in his presence, it presents:

- A. Fortification element
- B. Contribution to the initiation of contemplation stage
- C. Awareness of the benefit from friend
- D. Contributes to maintaining unhealthy lifestyle
- E. Financial support.

18. When a person strives to reduce fats and salt from food, and her friend decides not to eat fats and salt in his presence, it presents:

- A. Fortification element
- B. Contribution to the initiation of contemplation stage
- C. Awareness of the benefit from friend
- D. Contributes to maintaining unhealthy lifestyle
- E. Financial support.

19. Indicate the determinant social factors of health:

- A. Affiliation to a certain social gradient
- B. Intensity of occupational stress and
- C. Unhealthy lifestyle
- D. Social support and degree of social isolation
- E. Human phenotype and aging processes

20. Indicate the determinant social factors of health:

- A. Affiliation to a certain social gradient
- B. Intensity of occupational stress and
- C. Unhealthy lifestyle
- D. Social support and degree of social isolation
- E. Human phenotype and aging processes

21. Indicate the social factors that determine the health

- A. Affiliation to a certain status / social class
- B. Intensity and frequency of stress in the course of lifetime
- C. Development conditions in childhood
- D. Social support and degree of social isolation
- E. Level of professional training

22. Choose the diagnostic criteria for the compromised health:

- A. Presence of risk factors
- B. Characteristic clinical and paraclinical changes
- C. Normal clinical and paraclinical data
- D. Good adaptability
- E. Presence of complications

23. Select the criteria for compromised health:

- A. Presence of characteristic signs of disease
- B. Modified paraclinic parameters
- C. Presence of risk factors
- D. Low resistance of organism
- E. Absence of risk factors

24. Choose the diagnostic criteria for ideal health:

- A. Absence of risk factors
- B. Absence of signs of disease
- C. Strength and low resistance
- D. Presence of vague signs of disease
- E. Adaptation disorders

25. Choose the criteria for complete health:

- A. Absence of signs of disease
- B. Absence of risk factors
- C. Presence of signs of disease
- D. Strength and good resistance
- E. Presence of risk factors

26. Choose the criteria for satisfactory health:

- A. Absence of signs of disease
- B. Presence of risk factors
- C. Strength and satisfactory resistance
- D. Paraclinical parameters within the limits of norm
- E. Presence of vague signs of disease

27. Choose the criteria for uncertain health:

- A. Vague signs of disease
- B. Paraclinical parameters within the maximum limits of norm
- C. Presence of risk factors
- D. Low organism resistance
- E. Absence of risk factors

28. Choose the diagnostic criterion characteristic for uncertain health:

- A. Absence of signs of disease
- B. Normal paraclinical data
- C. Absence of risk factors
- D. Presence of vague signs of disease
- E. Strength and good resistance

29. Choose the diagnostic criterion for undermined health:

- A. Absence of signs of disease
- B. Presence of signs of disease onset
- C. Absence of risk factors
- D. Normal paraclinic data
- E. Presence of irreversible lesions

30. Choose the criteria for undermined health:

- A. Presence of signs of disease onset
- B. Paraclinic parameters exceed the limits of norm
- C. Presence of risk factors
- D. Low organism resistance
- E. Absence of risk factors

31. Choose the diagnostic criterion for lost health:

- A. Good adaptability
- B. Paraclinic data at the maximum limit of norm
- C. Decompensated stage with irreversible lesions
- D. Absence of risk factors
- E. Absence of signs of disease

32. Choose the criteria for lost health:

- A. Presence of manifested signs of disease
- B. Modified paraclinic parameters
- C. Presence of irreversible lesions
- D. Lost resistance of organism
- E. Good adaptability

33. The correct diagnosis of the health status in healthy individual is necessary for:

- A. Planning the prevention activities in healthy individual
- B. Assessing the risk factors in healthy individual
- C. Identification of disability signs in registered person
- D. Prophylaxis of diseases at individual, family and community level
- E. Assign the patient to a social class

34. The correct diagnosis of the health status in ill individual is necessary for:

- A. Determining of functional state of organs and systems
- B. Identifying of disability signs
- C. Rational use of community resources
- D. Assign the patient to a social class
- E. Rational use of health system resources

35. What is the role of the family doctor in the field of health at community level?

- A. Leader
- B. Businessman
- C. Person of influence
- D. Communicator
- E. Administrator

36. The purpose of strengthening health is:

- A. Knowledge of morbid states in community
- B. Maintaining the health and prosperity in community
- C. Identifying of outbreaks of communicable diseases
- D. Analysis of health indicators in community
- E. Knowledge of health insurance forms of the population served

37. Health promotion is defined as:

- A. Activity aimed at early treatment of diseases
- B. Process of creating opportunities for improving the health of population
- C. Science and art of raising living standard
- D. Monitoring process of public health
- E. Disability assessment activity in population

38. The aim of health promotion is:

- A. Prohibition of smoking in adolescents
- B. Raising the level of general culture
- C. Maintaining the health and prosperity of population
- D. Fighting stress at place of work
- E. Decreasing population migration

39. Choose the goals of health promotion

- A. Improving health status
- B. Reduction of risk factors
- C. Reduction of morbidity
- D. Reduction of mortality
- E. Birth reduction

40. Choose from which type of promotion the education for health makes part of:

- A. Secondary prevention
- B. Tertiary prevention
- C. Primary prevention
- D. Antiepidemic measures
- E. Measures to intervene in calamities

41. To which type of prophylaxis is attributed the treatment of contacts from tuberculosis outbreak:

- A. Primary prophylaxis
- B. Secondary prophylaxis
- C. Tertiary prophylaxis
- D. Quaternary prophylaxis
- E. Screening

42. To which type of prophylaxis is attributed the isolation of the pregnant woman from tuberculosis outbreak:

- A. Secondary prophylaxis
- B. Tertiary prophylaxis
- C. Quaternary prophylaxis
- D. Primary prophylaxis
- E. Screening

43. To which type of prophylaxis is attributed the vaccination against tuberculosis

- A. Nonspecific primary prophylaxis
- B. Specific primary prophylaxis
- C. Secondary prophylaxis
- D. Tertiary prophylaxis
- E. Screening

44. Which of the following actions can be attributed to specific primary prophylaxis

- A. Vaccination against pneumococcal infection
- B. Vaccination against poliomyelitis
- C. Vaccination against human papillomavirus
- D. Administration of antimalarial in healthy person
- E. Administration of antibacterial therapy

45. Choose the actions which are attributed to non-specific primary prophylaxis:

- A. Washing hands
- B. Ventilation of room
- C. Isolation of patient
- D. Immunoprophylaxis
- E. Measurement of blood pressure

46. Choose the elements of activities cycle in health promotion:

- A. Evaluation of process and results
- B. Analysis of community
- C. Specific evaluation of problems
- D. Planning of activities on health promotion
- E. Elaboration of policies.

47. Choose the measures of education for health:

- A. Education for rational nutrition
- B. Screening for dependence on substances
- C. Motivational interview
- D. Education for family planning
- E. Education for symptomatic treatment

48. The prophylactic services provided by the family doctor are:

- A. Promoting healthy lifestyle
- B. Immunization according to vaccination
- C. Family planning
- D. Supervision of child development
- E. Monitoring of treatment

49. Family planning refers to:

- A. Primary prophylaxis
- B. Secondary prophylaxis
- C. Tertiary prophylaxis
- D. Screening
- E. Specific prevention

50. Choose the primary prevention activities:

- A. Provision of emergency medical services
- B. Fortification of salt with iodine
- C. Fortification of bakery products with iron
- D. Detection and isolation of infectious patients
- E. Episodic immunoprophylaxis

51. Choose the prophylactic activity:

- A. Emergency medical care
- B. Consultation and determining the diagnosis
- C. Undergo annual medical check-ups
- D. Prescribing treatment
- E. Filling in medical documentation

52. Choose the prophylactic services provided by family doctor:

- A. Annual medical check-up
- B. Education for health
- C. Family planning
- D. Physical development monitoring
- E. Treatment of chronic patients

53. Choose the activity attributed to primary prevention:

- A. Family planning
- B. Issuing the referral to specialist
- C. Registration of TB persons
- D. Examination of incapacity for work
- E. Monitoring of glycemia in a type 2 Diabetes Mellitus patient

54. Which of the listed services is included in the primary prevention:

- A. Medical services for emergency situations
- B. Small surgery services
- C. Family planning services
- D. Registration of TB persons
- E. Undergo annual heart echography

55. Periodic medical check-up of patients with chronic diseases is attributed to:

- A. Primary prevention
- B. Secondary prevention
- C. Screening
- D. Specific prevention
- E. Tertiary prevention

56. Which of those listed is attributed to secondary prevention

- A. Examination of contacts from infectious disease outbreak

- B. Treating the patient with infectious disease
- C. Vaccination of the person injured by an unknown dog
- D. Use of individual protection means
- E. Immunization against influenza

57. Choose the activities of tertiary prevention:

- A. Use of anti-measles immunoglobulin in measles outbreak
- B. Palliative care of the patient at home
- C. Monitoring of treatment in patients with chronic diseases
- D. Recovery of patients with myocardial infarction
- E. Education for rational and balanced nutrition

58. What are the basic criteria for choosing screening method:

- A. Accessibility
- B. Acceptability
- C. Efficiency
- D. Effectiveness
- E. Contemporary

59. Choose the principles of health promotion:

- A. Individual authorization
- B. Active involvement of population
- C. Facilitation of cross-sectoral collaboration
- D. Reducing the social and legal inequality
- E. Poverty reduction

60. Choose the principles necessary for the activities of health promotion:

- A. Involvement of the entire population
- B. Direct action on risk factors
- C. Identifying community health issues
- D. Knowing the financing for health
- E. Ensuring population access to specialized health services

61. Choose the patterns used in defining the health:

- A. Medical
- B. Holistic
- C. Welfare
- D. Social
- E. Economic

62. Choose the behavioural change models:

- A. Health belief model
- B. Transtheoretical model
- C. Social learning model
- D. Rational behaviour model
- E. Economic model

63. The “health belief” model includes:

- A. Awareness of problem severity
- B. Awareness of danger for health

- C. Awareness of benefits for health
- D. Awareness of obstacles for behavioural change
- E. Awareness of the impact of health policies

64. The transtheoretical model includes the following stages of change:

- A. Action
- B. Indifference
- C. Precontemplation
- D. Contemplation
- E. Maintenance

65. According to the transtheoretical model, in the stage of decision making it is important:

- A. to plan resources
- B. to change behavior
- C. to analyse only the disadvantages
- D. to pass immediately to action
- E. To return to contemplation

66. The transtheoretical model provides the following:

- A. The individual will go through all the stages of change consecutively
- B. The individual will go through some stages repeatedly
- C. The individual will repeat the stages of action and maintenance
- D. Relapses must be treated as a normal phenomenon
- E. In case of failure the probability of change is close to zero.

67. Choose the stages of behavioral change according to transtheoretical model:

- A. Absence of thoughts about behavioral change
- B. Initiating thinking about behavioral change
- C. Learning from behaviors
- D. Elaboration of a concrete measures plan
- E. Behavioral change

68. Giving priority to community health issues is based on:

- A. Increased incidence rate
- B. Increased prevalence rate
- C. Increased mortality rate
- D. Increased morbidity rate
- E. Increased birth rate

69. The evaluation of health status in community includes:

- A. Analysis of health statistics and indicators
- B. Applying methods to maintain and strengthen health
- C. Identification of environmental factors that influence health
- D. Evaluation of cultural / ethnic factors of community
- E. Knowledge of existing health systems

MEDICAL ETHICS

- 1. What is the definition of "informed consent" (according to the Cecil textbook of Medicine, 2008)? Select the correct statements**
 - A. Informed consent is a person's autonomous authorization of a physician to undertake diagnostic or therapeutic interventions for himself or herself.
 - B. Informed consent is a person's authorization of a physician to undertake diagnostic or therapeutic interventions for himself or herself.
 - C. In this view, the patient understands that he or she is taking responsibility for the decision while empowering someone else, the physician, to implement it.
 - D. Not any agreement to a course of medical treatment qualifies as informed consent.
 - E. Any agreement with a physician to a course of medical treatment qualifies as informed consent.

- 2. What are the four fundamental requirements for valid informed consent of the patient? (according to the Cecil textbook of Medicine, 2008)? Select the correct statements**
 - A. Mental capacity/competent patient
 - B. Disclosure of the nature of patient disease
 - C. Understanding the information offered
 - D. Voluntariness in decision making
 - E. Good interrelation between patient and physician

- 3. Select, please, the correct statements in terms of patient capacity to make decisions (according to the Cecil textbook of Medicine, 2008)**
 - A. Informed consent assumes that people have the mental capacity to make decisions
 - B. Disease or medications can compromise patients' mental capacity to provide a valid informed consent
 - C. Adults are presumed to have the legal competence to make medical decisions
 - D. Whether an adult is incompetent to make medical decisions is a legal determination
 - E. Whether an adult is incompetent or incompetent to make medical decisions is a patient decision

- 4. Select, please, the correct statements in terms of physician role in decision of patient capacity to make decisions (according to the Cecil textbook of Medicine, 2008)** Practically, physicians usually decide whether patients are competent on the basis of:
 - A. Whether patients can understand the information disclosed
 - B. Whether patients can appreciate its significance for their own situation
 - C. Whether patients can use logical and consistent thought processes in decision making
 - D. There are clinical signs that patients is not in coma
 - E. There are signs of patient's communications abilities

5. Select, please, the correct statements in terms of patient incompetence and the physician role in patient decision making (according to the Cecil textbook)

- A. Incompetence in medical decision making does not mean a person is incompetent in all types of decision making.
- B. Incompetence in medical decision making means that a person is incompetent in all types of decision making
- C. Crucial information relevant to the decision must be disclosed, usually by the physician, to the patient.
- D. The patient should understand the information and its implications for his or her interests and life goals.
- E. Finally, the patient must make a voluntary decision (i.e., one without coercion or manipulation by the physician or other medical personnel).

6. Select, please, the correct statements in terms of patient informed consent and patient autonomy (according to the Cecil textbook of Medicine, 2008)

- A. It is a mistake to view informed consent as an event, such as the signing of a form
- B. It is not a mistake to view informed consent as an event, such as the signing of a form
- C. Informed consent is viewed more as a process that evolves during the course of diagnosis and treatment
- D. Typically, the patient's autonomy is the value invoked to justify informed consent.
- E. More recently, other values, such as bodily integrity and beneficence, have the value to justify informed consent.

7. Select, please, the correct statements in terms of the bio-ethical dilemmas that confront physicians in the 21st century and about the origins of bioethical issues (according to the Cecil textbook)

- A. There is a general consensus that modern advances in medical technology, antibiotics, dialysis, transplantation, and intensive care units have created the bioethical dilemmas that confront physicians in the 21st century
- B. Many bioethical issues are not created by technology but are inherent in medical practice. Technology may make these issues more common and may change the context in which they arise, but there are underlying bioethical issues that seem timeless, inherent in the practice of medicine.
- C. Concerns about ethical issues are as old as the practice of medicine itself.
- D. The Hippocratic Oath, composed sometime around 400 bc, attests to the need of ancient Greek physicians for advice on how to address the many bioethical dilemmas that they confronted.
- E. The Hippocratic Oath addresses issues of confidentiality, abortion, euthanasia, sexual relations between physician and patient, divided loyalties, and, at least implicitly, charity care and executions.

8. Select, please, the correct statements in terms of the bio-ethical principles and Hippocratic Oath (according to the Cecil textbook of Medicine, 2008)

- A. Many physicians have been educated that four main principles can be invoked to address bioethical dilemmas: autonomy, nonmaleficence, beneficence, and justice.
- B. Autonomy is the idea that people should have the right and freedom to choose, pursue, and revise their own life plans.
- C. Nonmaleficence is the idea that people should not be harmed or injured knowingly; this principle is encapsulated in the frequently repeated phrase that a physician, according Hippocratic Oath, has an obligation to “first do no harm”—*primum non nocere*.
- D. The phrase *primum non nocere* is not found either in the Hippocratic Oath or in other Hippocratic writing; the only related, but not identical, Hippocratic phrase is “at least, do not harm.”
- E. The phrase *primum non nocere* is found in the Hippocratic Oath and in other Hippocratic writing.

9. Select, please, the correct statements in terms of essence and practical usefulness of the fundamental bioethical principles (according to the Cecil textbook of Medicine, 2008)

- A. Autonomy is the idea that people should have the right and freedom to choose, pursue, and revise their own life plans
- B. Nonmaleficence is about avoiding harm, and beneficence is about the positive actions that the physician should undertake to promote the well-being of his or her patients.
- C. The principle of justice as the fair distribution of benefits and burdens.
- D. These principles are of limited value because they are vague and open to various and conflicting interpretations.
- E. These principles have fundamental value because they are broad and open to solve all conflicting interpretations.

10. Select, please, the correct statements in terms of essence and practical usefulness of the bioethical principles (according to the Cecil textbook of Medicine, 2008)

- A. Conflicting ethical principles are precisely the most important in existing bioethical dilemmas.
- B. The principles themselves do not offer guidance on how they should be balanced or specified to resolve the dilemma.
- C. The principles themselves usually offer a comprehensive guidance on how they should be balanced or specified to resolve the dilemma.
- D. These principles, which are focused on the individual physician-patient context, are not particularly helpful when the bioethical issues are institutional and systemic
- E. These four principles are not comprehensive. Other fundamental ethical principles and values are important in bioethics but not encapsulated except by deformation in these four principles.

11. Select the 4 basic principles of medical ethics, in the opinion of most authors, including Beauchamp and Childress CM:

- A. Respect for patient autonomy
- B. Do not harm
- C. Beneficence
- D. Justice
- E. Principiism

12. What criteria correspond for "competent" patient and for the person with capacity of discernment (in juridical terminology)? Select the correct statements: CM

- A. The "competent" patient is considered to be able to perceive the necessary information, to memorize it, to evaluate it and to use it in making a decision
- B. "Competent" patient is the person who is deeply aware of the nature of his illness
- C. The "competent" patient is synonymous with the term patient with discernment
- D. Discernment - the mental capacity of a person to realize the significance of his actions and the consequences produced by them.
- E. A minor between 14 and 16 years of age is criminally responsible only if it proves to have committed the act with discernment.

13. What "legal capacity" in juridical terminology mean? Select the correct statements: CM

- A. The ability of the individual to exercise his / her rights on his / her own and to assume obligations by performing his own legal acts
- B. Legal capacity can be full or limited
- C. The full legal capacity begins when the person becomes mature, namely at the age of 14.
- D. A married minor usually acquires full legal capacity.
- E. A married minor usually acquires a limited legal capacity.

14. What does the concept of patient autonomy and it respect mean? Select the correct CM statements

- A. Autonomy is the right of a person to self-determination, independence and freedom.
- B. Smith (1985) stated that autonomy is "an individual's ability to analyze, understand, and make a decision about his person and execute that decision"
- C. This ethical principle implies respecting the right of every person to make decisions about himself.
- D. But the respect for autonomy does not imply recognition of the patient as a unique personality; thus respecting the patient's autonomy has no correlation with the notion of "human dignity."
- E. Autonomy means not only the right to self-determination of the body and its treatment; it also implies the right to benefit from any information about his or her person, his or her style of life, and health.

Respect for autonomy also **involves recognizing** the patient as a unique personality. The human being formulates his goals and beliefs, the motives and makes the choice based on them, he plans his future. Thus, respect for patient autonomy goes hand in hand with human dignity.

15. Which of the following forms of informed consent is achieved by signing a consent form? CM

- A. Explicit from patient
- B. Explicit substitute decision from parents
- C. Tacit
- D. Implicit
- E. Presumptive

16. What is the informed consent and what are the right ways to get it? Select the correct statements CM

- A. Informed consent is the agreement in the knowledge of the cause of the patient in connection with the medical interventions that may have unpredictable consequences
- B. Obtaining consent is made after the patient is informed according to his / her ability to understand and with direct reference to the medical act to be performed communicating any useful information to make an informed decision.
- C. Obtaining informed consent has implications and consequences of an ethical, legal and, last but not least, practical aspects that should be known by both physicians and patients for their good application
- D. Informed consent involves several components to be valid: mental capacity of the patient, informing the patient, revealing the nature of the state of health, independent decision, free of constraints
- E. Informing the patient about the disease, prior to obtaining the consent, is offered strictly in accordance with established standards for each clinical situation

17. Choose the correct legal assertions about the principle of confidentiality CM

- A. Disclosure (without the consent of the patient) of any data (health, illness, person, etc.) by the person to whom they were entrusted (physician, nurse, etc.) who has become aware by virtue of his profession or function if the deed is likely to cause damage (material or moral) lead to penal responsibility
- B. All patient status information, research results, diagnosis, prognosis, treatment, personal data no longer remain confidential after patient death
- C. Confidential information may be provided only if the patient gives his explicit consent or if the law expressly requests it.
- D. The patient is not entitled to full access to personal medical data.

- E. Disclosure of personal information may occur as an exception in cases where the patient poses a danger to himself or to public health.

18. Choose the claims regarding the protection of the right to confidentiality according to the legislation of the Republic of Moldova CM

- A. The State respects and protects intimate, family and private life.
- B. The notion of personal right includes data about a natural person that allow it to be identified directly or indirectly.
- C. Owners of personal data and third parties who have access to personal data must ensure the confidentiality of such data.
- D. Infringement of privacy is also provided in the Criminal procedure code and in Criminal code, but no penalties are provided
- E. The violation of the privacy of personal life is also provided in the Code of criminal procedure and in the Criminal code, provided penalties

Several types of punishments are provided, for example: Illegal gathering or knowingly spreading information protected by law about personal life that constitutes the personal or family secret of another person without her consent. It is punished by a fine in the amount of up to 300 conventional units or community service 180 to 240 hours.

19. Choose the correct claims about confidentiality under legislation of Moldova (CM)

- A. Keeping confidentiality implies more than just abstention from disclosure of information in writing or verbal.
- B. Are violations of the right to privacy only those situations where the physician has actively provided information to third parties.
- C. A physician cannot be accused of confidentiality negligence about information about a patient's health status if they were accessed and obtained from a doctor's computer by a third person.
- D. Legislation of the Republic of Moldova guarantees individuals the right to privacy, which means that the medical staff and other persons, by virtue of their duty of service, are obliged to keep the confidentiality of this information
- E. Physicians, health care workers and pharmacists are required to keep secret information about illness, intimate, family life that they have become aware of in the exercise of their profession, except in the case of the danger of the spread of infectious/ communicable diseases, at the motivated request of the prosecution, or the courts

Behavior violations are considered not only those situations where the physician actively provided information to third parties.

A physician may be accused of confidentiality negligence regarding information about a patient's health status if they were easily accessible and obtained from a doctor's computer by a third person.

20. Which of the following activities and features include respect for the autonomy of the competent patient? (CM)

- A. Honesty
- B. Respect of intimacy
- C. Confidentiality
- D. Obtaining informed consent
- E. Realization of patient autonomy is similar for both the patient with exercise capacity and the patient without this capacity.

21. Select the correct statements regarding "facts/realities" about the respect for confidentiality (CM)

- A. Confidentiality is, to some extent, an outdated concept, because neither the doctor nor the patient no longer take into account the traditional meaning of the word
- B. Confidentiality is systematically compromised in the everyday routine activities
- C. Electronic sheet guarantees respect for privacy
- D. Failure to privacy, for example, informing the spouse of the patient infected with HIV /AIDS is an act of charity because it can protect other people from getting sick
- E. Compliance with privacy (non informing relatives) about the discovery of a genetic disease in the family can be treated as damaging , because informing them is giving chances to take measures to prevent illness in other family members.

22. Select the correct statements regarding confidentiality (CM)

- A. According to many medical guidelines not only has permission, but even is obliged to disclose the patient's condition, the argument being "the doctor is obliged to take measures to reduce the risk of illness and death", both - third parties and other people from community
- B. Disclosure of the patient's condition, if necessary, is preferably to be achieved through cooperation with the patient
- C. There is a huge difference between the theoretical approach to the rule of "privacy" and its implementation in practice
- D. The doctor is obliged to respect the confidentiality in all cases where it is respected not have negative consequences on the patient or on third parties.
- E. The doctor cannot disclose confidential information even upon official request from the legal/judiciary institutions.

23. Select the correct statements regarding the principle on nonmaleficence (CM)

- A. Nonmaleficence impose an obligation do not harm someone
- B. Nonmaleficence requires "at least do not harm"
- C. Nonmaleficence supposed "first do not harm"
- D. The Oath of Hippocrates makes clear obligation do not harm and beneficence
- E. The principle "do not harm" assume beneficence, these terms are synonymous

24. What is the distinction between the principles of "do no harm" and "beneficence"? Select the correct statements (CM)

- A. Some authors combine these two principles
- B. Some authors combine these two principles, but explains the differences between "do not harm" and "beneficence"
- C. Beneficence mean: one ought to prevent evil or harm, to remove evil or harm, to do good or promote good
- D. However, the obligation to "do not harm" and "beneficence" have not distinct features
- E. The obligation do not to harm is a more stringent compared with the obligation of "beneficence".

25. What does the statement attributed to Aristotle "treating equals equally and treat differently on different" in the principles of equity / justice? (CM)

- A. It is a principle of "formal equality" because there are no clear criteria for assessing the equality of different people
- B. Every citizen has equal political rights, equal access to public services, equal treatment under the law - this is the principle of justice that must be respected absolutely compulsory
- C. It is assumed that every citizen has equal political rights, equal access to public services, equal treatment under the law, but these rights cannot be extended indefinitely
- D. It is an example of inequality / injustice attitude different from a medical insured and uninsured medical person
- E. It is an example of free access to justice services for all individuals of the same "class": for example, people with disabilities, the elderly.

26. What does the rule 'therapeutic privilege ' mean? Select the correct affirmations (CM)

(Principles of biomedical ethics, Beauchamps, 2009, p. 124)

- A. Legal exceptions to the rule of informed consent allow the health personnel to proceed without consent in cases of emergency, incompetence, and waiver
- B. The precise formulation of this therapeutic privilege varies across legal jurisdictions
- C. The narrowest formulation appeals to a circumstance of competence
- D. A physician may only invoke the therapeutic privilege if he or she has sufficient reason to believe that disclosure would render the patient incompetent to consent to or refuse the treatment
- E. To invoke the therapeutic privilege under this condition does not in principle conflict with respect of autonomy, because the patient would not be capable of an autonomous decision at the point consent would be needed

27. Who is not the person who retract (deny) from the informed consent? Select the correct statements (CS)

- A. The person who voluntarily gives up to be informed of planned interventions and not seek to be involved in decisions
- B. The person without the right of taking decision
- C. The person lacks legal capacity
- D. Minors, with exception of "emancipated" and "matures"
- E. A person who delegates / transmit the right for decision to the doctor or authorities

28. What is the difference between confidentiality and intimacy/privacy? Select the correct statements (CM)

- A. Confidentiality and privacy are not part of the same "coin"
- B. The right to privacy assumed to be not defiled privacy
- C. The right to privacy is intended to avoid intrusion into private life
- D. The right to privacy is not supposed to be presented in false colors to the public
- E. The right to protect t some private events of your life from the public

29. What is the basis of confidentiality doctrine? Select the correct statements (CM).

- A. The argument of inutility
- B. The respect for autonomy
- C. Confidentiality is protected by the law
- D. Respecting confidentiality in most countries is treated as lack of professionalism
- E. The penalty for breaches of confidentiality is different in different countries

30. Please highlight the correct statements about the basic principles of medical ethics: CM

- A. Most experts consider that the basic principles of biomedical ethics are: the principle of autonomy, do not harm, beneficence and justice
- B. The basic principles of biomedical ethics are: the principle of paternalism, physician's duty, deontology and integrity
- C. The principle of autonomy involves respect for self-determination (freedom) of the individual
- D. Informed Consent is the primary tool for implementing the principle of patient autonomy.
- E. The basic principles of biomedical ethics are: the principle of confidentiality, veracity, benefit and justice

31. Please highlight the incorrect assertions about the basic definitions of ethics, bioethics and biomedical ethics: CS

- A. Ethics is the discipline of morality
- B. Ethics - professional ethics, which includes reflection on the ethical issues of medical practice

- C. Bioethics is the science of ethical attitudes towards all life, it is a systematic analysis of human actions in biology and medicine, in the light of moral values and principles.
- D. Biomedical ethics is a discipline that studies the moral attitude toward a person, life, health and death, in order to give them a priority right to each person.
- E. The terms "bioethics" and "physician deontology" are synonymous.

32. Please highlight the right statements about making a decision for an adult patient without exercise capacity, for example, a patient with mental disorders: CM

- A. If there is a legal decision on patient incapacity, the replacement decision is legally taken by an authorized person (close relative, guardian)
- B. The opinion of the doctor and of the legal representative may often be different
- C. When making a decision, the doctor focuses on treating the patient, and the lawyer focuses on protecting the patient's rights.
- D. It is difficult to make a decision when the abilities and cognitive judgment of the patient are partially affected or are affected periodically.
- E. A surrogate decision for an adult patient without exercise capacity can be taken by a close friend of the patient.

33. Who takes the decision for a minor? Please highlight their correct statements: CS

- A. The doctor agrees with the decision (consent) of the parents if it is not contrary to the best interests of the child
- B. The child participates in the decision-making process and, if he is a member of the "emancipated minors" group, has the right to give "informed consent" by itself
- C. Even if parents are divorced or living separately, both parents have equal decision-making rights.
- D. If divorced parents express contradictory opinions, it should be clarified which one has tutorial rights, because his opinion has legally more power.
- E. In some cases, it is necessary to seek the assistance of a representative of the guardianship authorities.

34. Please highlight the incorrect assertions about the decision for a minor patient: CS

- A. A minor (with some exceptions, like a minor from the "emancipated" group) is not considered "competent" and cannot give informed consent
- B. It is useful to involve the child in the decision-making process, the degree of involvement in accordance with his / her level of development and understanding, to obtain his "permission".
- C. The doctor usually requires the consent of the parents or guardian.
- D. If parents are divorced or living separately, the parent with guardianship rights may have an advantage over the other parent in expressing consent
- E. At the same time, respect for the principle of confidentiality in the case of a minor is not mandatory.

35. What is the least appropriate statement when talking about the "do not harm" principle? Choose the correct answer: CS

- A. At least, do not harm
- B. First, do not harm
- C. Do not make evil
- D. Prevent evil, harm
- E. Eliminate, reduce the risk of harm, damage

36. What does the "beneficence" principle mean? Choose the correct answers: CM

- A. Prevention of damage, prejudice
- B. Removing, reducing the risk of harm, injury
- C. Promoting good and doing good
- D. The "do not harm" principle and the "beneficence" principle have much in common, but the latter mainly involves active actions to help and prevent evil and harm.
- E. The "do not harm" principle and the "beneficence" principle have the same meanings and terms, these being synonymous.

37. What moral rules include the principle of "do not harm"? Select the correct statements (CM)

- A. Do not be greedy
- B. Do not cause pain and suffering
- C. Do not inflict or contribute in causing impairment
- D. Do not cause offense
- E. Do not deprive anyone of goods of life.

38. What qualities should individuals have to offer "surrogate consent" (instead of an incompetent patient)? Choose the correct answers: CM

- A. Being a "competent" person (to have the full decision-making capacity)
- B. Be informed and have relevant knowledge
- C. Be balanced emotionally
- D. To have the duty to protect the rights of an incompetent patient, not to have a conflict of interest with the patient, to have no influences that might be against the patient's interest.
- E. Being a close friend of the patient.

39. What are the principles of decision-making for minors? Select the correct statements

- A. The principle of maximum involvement of the child in decision-making is not currently promoted
- B. Informed consent for a minor will be provided by parents or a person legally empowered
- C. There are groups of minors ("emancipated" minors) who can provide their informed consent
- D. If the opinion of the parents is contrary to "the major interest of the child", the doctors have preferential decision making for the child.

- E. If the opinion of the parents is contrary to "the major interest of the child", doctors have preferential decision-making for the child, sometimes with the involvement of a person legally empowered

40. Who are the "emancipated" minors? Select the correct statements

- A. They live independently, do not live in the parent family
- B. They are married
- C. They are parents or pregnant
- D. They're military
- E. They are not declared to be emancipated by the justice institutions.

PATIENT-CENTERED CONSULTATION. COMMUNICATION - AN IMPORTANT TOOL IN THE FAMILY PHYSICIAN'S WORK.

1. The medical interview has the following functions: CM

- a. Performing clinical examination
- b. Data collection to improve understanding of patient problems
- c. Prescription of laboratory investigations
- d. Formation of effective relationship between patient and physician, response to patient's emotions
- e. Patient education on disease and implementation of treatment plan, motivation for behavior change

2. The quality of information got during the consultation influences on: CM

- a. Clinical process and treatment decision
- b. Way of information transmission for patient
- c. Patient's ability to participate to decision making
- d. Formation and maintaining of positive relation
- e. The authority of the doctor

3. Which of the following affirmations are the tasks of doctor during the consultation according to D. Pendleton? CS

- a) To establish the reason of visit and to discuss other possible health problems
- b) To select appropriate options for solving the problem and to establish by agreement of patient the best way of problem solving
- c) Understanding of biological, pathophysiological, structural and functional abnormalities
- d) Proper use of time and other resources
- e) To support close cooperation and good relations with the patient in the future

4. Biomedical model (centered on disease) is justified for: CS

- a. Patients consultation at family doctor room
- b. Up to date hospital conditions
- c. Domiciliary patients consultation
- d. Patient advice
- e. Room triage

5. Bio-psychosocial model supposes the approach of: CS

- a. Disease
- b. Patient

- c. Disease itself as well as the patient that has the disease
- d. Symptom
- e. Lot of symptoms

6. Which of the following affirmations are the basic elements of the interview centered on patient? CS

- a. Initiating the session
- b. Gathering information
- c. Building relationship
- d. Explanation and planning
- e. Patient monitoring

7. Which are the most frequent reasons of a unsuccessful consultation: CM

- a. Medical inability to find out the main reason for addressing patient to doctor
- b. Patient's involvement in solving problems
- c. Domination doctor during the consultation
- d. Doctor improves continuously his communication capabilities
- e. Identification of the appropriate alternatives to problems solving

8. The success of consultation depends on the following factors: CS

- a. Insufficient time
- b. Continuous improvement of communication capabilities of doctor
- c. Defining the reason of addressing to doctor
- d. Consultation is accomplished in the evening
- e. Efficient use of time and other resources

9. The comprehensive consultation includes: CS

- a. Solving of presented problem
- b. Attitude change related to personal health and health protection
- c. Solving of additional problems
- d. Opportune improvement of health
- e. Filling in the medical documentation

10. Information collection requires the following communication abilities. Choose the correct answer: CM

- a. Only closed (yes/no) questions
- b. Active listening
- c. Patient's interrogation
- d. Encouraging
- e. Adequate silence

11. Select the objectives for data collection and patient's problem comprehension: CM

- a. Real data collection
- b. Patient's problem identification
- c. Documentation filling
- d. Diagnosis identification
- e. Give answer to patient under disease

12. Select the communication skills necessary for data collection and comprehension of patient's problem : CM

- a. Open/closed questions
- b. patient's interrogation
- c. Simplification and clarity
- d. Verification and generalization
- e. Identification of new or hidden problems

13. Select the communication skills necessary for giving the answer to patient's emotions: CS

- a. Open/closed questions
- b. Reflection
- c. Legitimization
- d. Support and partnership
- e. Respect expression

14. Select the factor that could influence negatively the communication except for: CS

- a. Communication subject
- b. Lack of knowledge of language
- c. Provided confidence
- d. Complicate medical topics
- e. Unwanted topics

PECULIARITIES OF THE DIAGNOSIS IN FAMILY MEDICINE

1. Mark the correct statements in case of diagnosis making by the family doctor. CM

- A. Will take into account all pathologies of the person
- B. Will make an inventory of somatic diseases
- C. Will obligatorily consult a subspecialist
- D. Will hierarchize the problems
- E. Will monitor the evolution of the disease

2. Indicate the characteristics of the first contact in establishing the diagnosis. CM

- A. Variety of patients with different health problems
- B. Monitoring of chronic patients
- C. The need to know all forms of diseases' onset, including atypical ones
- D. Obligation to know all medical-surgical emergencies
- E. The need to assess the economic level

3. Select the skills needed for GP in order to establish the diagnosis. CM

- A. To show compassion
- B. To understand patient complaints and fears
- C. To systematize problems
- D. To organize the complaints in a certain way
- E. To guide the patient to making a decision

4. Check the characteristics of the typical symptom that brings the patient to the family doctor. CM

- A. It is strictly individual
- B. It's repetitive in all patients with the same diagnosis
- C. It is the basic element
- D. It's the primordial sign

- E. Presents small deviations from the classical form
- 5. Choose the relevant syndromes to uncomplicated community pneumonia. CM**
- A. Pulmonary condensation
 - B. Ichteric
 - C. Infectious impregnation
 - D. Dyspeptic
 - E. Anemic
- 6. Specify the characteristics of the family physician's inductive reasoning for making-up a diagnosis. CS**
- A. It is applied when there are enough clinical signs
 - B. When there are significant symptoms for a disease
 - C. Several hypotheses are formulated
 - D. It is applied when there are not enough signs and symptoms
 - E. Just one hypothesis is formulated.
7. The following statement regarding the formulation of the diagnosis **is not** correct. CS
- A. Diagnosis of the clinical form reflects the lesion of the affected organ
 - B. Etiological diagnosis shows the cause of the disease
 - C. Evolutionary diagnosis reflects the morbid process with chronic evolution
 - D. Functional diagnosis reflects the functional status of the injured organ
 - E. Anatomoclinic diagnosis reflects the lesional condition of the diseased organ.
- 8. Select the factors that determine the particularities of the diagnosis in Family Medicine. CM**
- A. Continuity of care
 - B. Modest technical endowment
 - C. Family involvement
 - D. Person's assistance
 - E. The need to collaborate with other specialists
- 9. Select the statement that does not presume the patient care in all his/her integrity. CS**
- A. Need to consider all the biological changes
 - B. Need to diagnose all the diseases
 - C. The need to ignore professional factors
 - D. The need to make a diagnostic synthesis
 - E. The need to establish an integral diagnosis
- 10. Select the necessary elements to be evaluated in family-centered care to establish the diagnosis. CM**
- A. Working conditions
 - B. Habits in the family
 - C. Relations with neighbors
 - D. Family risk factors
 - E. Diseases with hereditary predisposition
- 11. Choose the diseases' features that can cause diagnostic errors. CM**
- A. Diseases with faint clinical manifestations
 - B. Diseases in non-communicating patients

- C. Asymptomatic evolution of diseases
- D. Simulating/dissimulating patients with diseases
- E. Serious illnesses with fulminant evolution

12. Select the physician-dependent causes of diagnostic mistakes. CM

- A. Because of the haste
- B. Because of superficiality (incompetence)
- C. Wrong assessment of signs and symptoms
- D. Due to its thoroughness
- E. Because of ignorance

13. Select the main mistakes in formulating a positive diagnosis. CM

- A. Diagnostics consisting of signs and symptoms
- B. Psychological errors
- C. Diagnostics that include synonyms
- D. Statistical errors
- E. Combined positive and infirmative diagnosis

14. Choose the causes of mistakes in making-up the differential diagnosis. CM

- A. Errors in reasoning
- B. Incomplete objective exam
- C. Insufficient patients' culture level
- D. Patients with mental health problems
- E. Examiner's ignorance

15. Select the statements presuming mistakes in reasoning for performing the differential diagnosis. CM

- A. Preconceived ideas
- B. Insufficient induction
- C. Faulty examination techniques
- D. Individual prejudice
- E. Gaps in theoretical knowledge

16. Tick the main activities in the therapeutic plan compiled by family doctor. CM

- A. Medication
- B. Surgical procedures
- C. Endoscopic procedures
- D. Hygiene-dietetic regime recommendations
- E. Professional re-orientation measures

17. Choose the important features of a right diagnosis. CM

- A. Reflects the prognosis
- B. Provides support for the development of the surveillance plan
- C. Records epidemiological cases
- D. Solves the problem
- E. Causes stress to the patient

18. Surveillance of patients with chronic diseases depends on: CM

- A. The gravity of the disease
- B. Reaction of health professionals

- C. Progression of the disease
- D. Family reaction
- E. Patient's reaction

19. Select the notion that defines the diagnosis. CS

- A. A collection of pathognomonic signs
- B. A clinical picture with a certain etiopathogenesis, evolution and treatment
- C. An association of symptoms
- D. Name accepted by doctors
- E. Scientifically grounded nosology

20. Select the disease classification that is accepted by the medical community in the Republic of Moldova. CS

- A. International Classification of Diseases (WHO)
- B. International Classification of Primary Health Care (ICPC)
- C. Classification of Diseases under the Diagnostic and Statistical Manual of Mental Disorders (DSM V)
- D. International Classification of Functionality, Disability and Health (ICF)
- E. Classification of Diseases under the Diagnostic and Statistical Manual of Mental Disorders (DSM IV)

21. Check the factors that determine peculiarities diagnosis in Family Medicine. CM

- A. Technical endowment
- B. Continuous care
- C. Palliative care
- D. Collaboration with specialists
- E. The first contact

22. Select FDr's obligations to provide first contact care. CM

- A. Obligation to know all forms of onset of diseases, including atypical
- B. Obligation to make an incomplete differential diagnosis
- C. Obligation to intervene in all emergencies
- D. Obligation to establish laboratory diagnostics
- E. Obligation to establish the final clinical diagnosis

23. Select the statement that does not refer to continuous medical care that determines the particularities of family medicine diagnosis. CS

- A. The need to monitor chronic patients
- B. Predominance of clinical examination methods
- C. Staging diagnosis
- D. Detection of the occurrence of concomitant diseases
- E. Diagnosis of complications

24. Specify correct statements about the particularities of clinical diagnosis in family medicine. CM

- A. It can be established with accessible means
- B. Clinical diagnosis should be confirmed
- C. Does not require special amenities
- D. Suggests the necessary paraclinical investigations
- E. It requires collaboration with subspecialists

- 25. Choose the correct answers for clinical diagnosis: CM**
- A. Observation, anamnestic, physical exam are very important
 - B. There are accessible clinical means in family medicine
 - C. Knowledge and skills in human fields
 - D. Clinical diagnosis should not be confirmed
 - E. Requires special amenities
- 26. Select the correct assertions about the types of diagnosis that family doctor encounters more often in practice versus narrow specialists: CM**
- A. More often clinical, than etiological diagnoses
 - B. More frequent radiological diagnosis than evolutionary
 - C. More often early, than laboratory diagnosis
 - D. More often diagnoses of illness than health
 - E. More often differential diagnostics than morphopathological
- 27. Which factors influence the particularities of the diagnosis in family medicine? CM**
- A. First contact
 - B. Continuous care
 - C. Personal and family assistance
 - D. High performance technical equipment
 - E. The need to collaborate with other specialists
- 28. Select correct assertions for diagnostic synthesis: CM**
- A. The family doctor must perform a bio-medical approach to the patient
 - B. Diagnostic synthesis has a temporary value
 - C. The family doctor must take into account all internal or external risk factors that may influence the patient's state of health
 - D. Presumes the work-out of a bio-psycho-social diagnosis
 - E. The family doctor should perform an integrated approach to patient
- 29. Which of the following factors do not cause the difficulty of establishing the diagnosis: CS**
- A. Insufficient technical endowment
 - B. Typical debuts and evolutions of the disease
 - C. Individual peculiarities of the patient
 - D. Atypical debuts of the disease
 - E. Asymptomatic evolution
- 30. Select the particularity of the diagnosis that is not determined by the need to care for the patient in all its integrity. CS**
- A. Taking into account the professional factors
 - B. Considering social factors
 - C. Considering financial factors
 - D. Establishing an integral diagnosis
 - E. Considering family factors
- 31. Choose correct assertions about diagnostic synthesis. CM**
- A. Diagnosing of acute diseases
 - B. Establishing pathophysiological links between chronic diseases

- C. Establishing individual peculiarities
- D. Making-up the hierarchy of all diseases
- E. Establishing links between the disease and living conditions

32. Which of the following criteria are nota part of the criteria list for ordering paraclinical investigations? CS

- A. Among the useful investigations to choose the easier to perform
- B. Clinical diagnosis is not required for paraclinical investigations;
- C. Using the diagnostic algorithm, if existing
- D. If the diagnostic criteria are known, namely theses should be oreded
- E. It should not be resoured to paraclinical investigations until all clinical resources have been exhausted

33. Select the correct hierarchy criteria for diseases: CM

- A. Placing in the forefront the diseases imminently threatening the vital functions of the body
- B. Placing acute diseases before chronic ones
- C. Placement of the diseases with predictable evolution above those with unpredictable evolution
- D. Placement of diseases producing stronger suffering above those producing less suffering
- E. Placing the diseases nothaving effective treatment above those having effective treatment

34. What criteria should be taken into account when establishing the health diagnosis? CM

- A. Increased resistance to pathogens
- B. The presence of asymptomatic disease
- C. Increased physical and mental performance
- D. Normal operation of the internal organs
- E. Increased vigor and adaptability

35. Select the particularities of the diagnosis caused by the obligation to provide family health care. CM

- A. Assessing family risk factors
- B. The need to assess genetic diseases
- C. Obligation to take into account relations with neighbors
- D. The need to take into account the cultural level
- E. Assessment of living conditions

36. What are the main mistakes in formulating a positive diagnosis? CM

- A. Long non-logical diagnostics, composed of a series of signs and symptoms
- B. Diagnostics that include synonyms, acronyms or antonyms
- C. Diagnostics based on psychological errors
- D. Diagnosis formulated by general terms
- E. Diagnostics based on technical errors.

37. Select the criteria for establishing the paraclinical investigation strategy in primary care: CM

- A. Do not recourse to paraclinical investigations until clinical resources are exhausted.
- B. For paraclinical investigations, there is no need for presumptive diagnosis.
- C. Those investigations are required that can confirm or refute the clinical diagnosis.
- D. The possibilities of the family doctor and the patient are taken into account.
- E. Between the two useful investigations, the simplest and least risky one is chosen.

38. Select the diagnostic difficulties that family doctor is facing. CM

- A. Asymptomatic disease progression.
- B. Individual features.
- C. Typical onset of the disease.
- D. Disguised evolution.
- E. Lack of associated diseases.

39. Tick the statements about diagnostic synthesis. CM

- A. It is necessary to correctly diagnose all diseases.
- B. It is useful to establish pathogenetic links between diseases.
- C. It is useful to be able to treat all diseases correctly.
- D. It is necessary for avoiding the treatment of a disease interfering with concomitant diseases.
- E. It is necessary to prevent complications.

40. Peculiarities of diagnosis in family medicine are characterized by the following factors: CM

- a) The first contact
- b) Ongoing support
- c) Support the person and family
- d) Technical facilities
- e) The need for collaboration with other specialists

41. Select correct statements concerning the types of diagnosis encountered more frequently in family practice as compared to specialized care: CM

- a) Clinical diagnosis is established more often than etiological one;
- b) Family physician establishes more often evolutionary diagnosis than radiological diagnosis;
- c) Family physician makes more often differential diagnosis than establish a morpho-pathological diagnosis;
- d) Early clinical diagnosis is established more often than laboratory diagnosis;
- e) Family physician establishes more often etio-pathologic diagnosis than diagnosis of health.

42. The following conditions are important for establishment of clinical diagnosis: CM

- a) Clinical diagnosis must be confirmed;
- b) It does not require special equipment;
- c) Observation, anamnesis, and physical examination are not very important;
- d) Clinical diagnosis does not need to be confirmed;
- e) Family practice has affordable clinical methods.

43. Select the correct statements for the diagnostic synthesis: CM

- a) The family doctor should approach the patient as a whole;

- b) Diagnostic synthesis has not temporary value;
- c) The family doctor should take into account all internal and external risk factors that could influence the health of the patient;
- d) It implies establishment of the diagnosis from biological perspective only;
- e) It implies establishment of the diagnosis from social perspective only;

44. Which of the following factors determine the difficulty of diagnostic process? CM

- a) Individual characteristics;
- b) Typical start of the disease;
- c) Lack of technical equipment;
- d) Symptomatic evolution of the disease;
- e) Diversity and complexity of phenomena.

45. Which of the following statements are NOT on the list of criteria considered for laboratory investigations? CS

- a) From the useful investigations are chosen most easily to be performed ones;
- b) A diagnostic algorithm is used when ever one available;
- c) No need to establish a clinical diagnosis in order to perform laboratory investigations.
- d) Known diagnostic criteria to be applied when available;
- e) The laboratory investigations are used after all clinical methods are exhausted;

46. Select the correct criteria of disease hierarchy in diagnosis: CM

- a) Moving to the forefront the diseases that put in imminent danger vital functions of the organism;
- b) Moving the acute diseases in front of the chronic diseases;
- c) Moving the diseases with predictable evolution in front of the diseases with unpredictable evolution;
- d) Moving the diseases with stronger suffering in front of diseases with lower suffering;
- e) Moving the diseases without effective treatment in front of the diseases that is effectively treated.

47. Which of the listed below statements represent the main mistakes in formulation of a positive diagnosis? CM

- a) Long diagnosis lacking logical sequence of signs and symptoms;
- b) Diagnosis formulated in general terms;
- c) Diagnosis based on technical and psychological errors;
- d) Diagnosis enclosing synonyms or acronyms;
- e) Diagnosis enclosing antonyms.

48. Choose the correct criteria of diseases hierarchy: CM

- a) Moving the acute diseases in front of the chronic diseases;
- b) Moving the diseases with predictable evolution in front of the diseases with unpredictable evolution;
- c) Moving the diseases with faster progress in front of diseases with slower progress;
- d) Moving the diseases with lower suffering in front of diseases with stronger suffering;
- e) Moving the diseases without effective treatment in front of the diseases with effective treatment.

49. Select the correct criteria for determining the strategy of laboratory investigations use in primary care: CM

- a) Laboratory investigations are used before all clinical methods are exhausted;
- b) Presumptive diagnosis is not mandatory in order to perform laboratory investigations;
- c) The laboratory investigations which could infirm or confirm clinical diagnosis would be required;
- d) Patient situation (materials, physical) it would be taken into account;
- e) Between the two useful investigations, the easiest and less risky would be chosen.

50. Peculiarities of diagnose process in family medicine are influenced by the following factors: CM

- a) The first contact health care
- b) Continuous care
- c) Support of the person and family
- d) Minimal technical equipment
- e) The need for collaboration with other specialists.

PECULIARITIES OF TREATMENT IN FAMILY MEDICINE

- 1. Select the factors that determine the particularities of treatment in family medicine. CM**
 - A. Patient and family concern
 - B. The need to work with other specialists
 - C. First contact
 - D. Limited possibilities of family physician
 - E. Continuity of surveillance

- 2. Which statements listed below are particularities of treatment in family medicine? CM**
 - A. It can't be permanently supervised
 - B. It does not depend on family and patient co-operation
 - C. It is not applicable in all clinical cases
 - D. It depends on the doctor's cooperation
 - E. It can't be applied to all patients

- 3. Choose peculiarities of treatment due to the family doctor's limited possibilities. CM**
 - A. Therapeutic activity is influenced by many factors
 - B. Good knowledge and skills are essential to achieve treatment goals
 - C. Modest technical provision for treatments
 - D. Seriously ill patients or severe illnesses need to be hospitalized
 - E. Limited home treatment options

- 4. Tick the factors that characterize the particularities of treatment in family medicine. CM**
 - A. The need for terminal care (palliative)
 - B. Full treatment of the patient
 - C. Continuous surveillance of disease progression
 - D. Involvement of the patient
 - E. The first contact

- 5. Select treatment specifics due to the nature of the disease. CM**
 - A. Treatment options at home depend on the patient's particularities
 - B. Surgical acute illness requires hospitalization
 - C. Diseases that seriously affect vital functions can not be treated under home conditions
 - D. The role of the family doctor is to establish the diagnosis and refer to the hospital for treatment
 - E. All chronic patients have the need to treat each year under hospital conditions

- 6. Choose diseases that can not be treated in ambulatory conditions. CM**
 - A. Diseases requiring permanent monitoring
 - B. Diseases that imminently threaten the life of the patient
 - C. Diseases for which we have a definite diagnosis
 - D. Diseases that imply a favorable development
 - E. Diseases requiring imminent surgery

- 7. Select the particularities of the therapy depending on patients. CM**
 - A. Cooperative patients
 - B. Lonesome patients
 - C. Patients with altered general condition
 - D. Patients from functional families
 - E. Patients with minimal home care conditions

- 8. What aspects will the family doctor take into consideration in the supervision of the treatment? CM**
 - A. Possibilities to perform the necessary investigations in dynamics
 - B. Possibilities of home visits with the necessary rhythm
 - C. Possibilities for carrying out procedures by medical staff with secondary education
 - D. Socio-economic condition of the patient
 - E. The possibility of requesting the emergency service

- 9. Choose the correct assertions about the need for the patient's complete treatment. CM**
 - A. The family doctor will treat the patient with multiple problems
 - B. Treatment is easy to do with non-compliant patient
 - C. The doctor will consider the family and professional contexts
 - D. The doctor should not evaluate personality and behavior
 - E. The doctor should only address the efficacy of the curative scheme

- 10. Select the peculiarities of treatment depending on the patient's continuous care. CM**
 - A. Chronic diseases requires continuous surveillance
 - B. The family doctor is required to provide continuous healthcare
 - C. Acute diseases refer to this context
 - D. Collaboration with specialized doctors is not necessary
 - E. The basic task is to monitor the patient with chronic diseases

- 11. Choose useful suggestions for hygiene-dietetic recommendations. CM**
 - A. Respecting the hygienic-dietary regime is not a problem
 - B. The physician should assess the patient's socio-economic environment

- C. Family mobilization and solidarity are needed
- D. Diet can be strictly observed in the hospital and at home
- E. Limiting physical effort is possible under house conditions

12. Non-medical treatment in family medicine includes: CM

- A. Combating unhealthy habits
- B. Correct information and patient's involvement
- C. Neglect of the patient's socio-economic condition
- D. Respecting the hygienic-dietary regime
- E. Elaboration of a therapeutic synthesis

13. Patient counseling is required for: CM

- A. Obtaining the expected results
- B. Facilitating the patient's orientation in the health system
- C. Respecting the treatment
- D. Defend the doctor's rights in court
- E. Changing the workplace

14. Choose the correct statement about defensive medicine: CS

- A. It is a medicine based on scientific arguments
- B. It respects the patient's right to choose
- C. It is quite common in practice
- D. Compromise between physician and patient is easily achieved
- E. It has only positive effects

15. The causes of defensive medicine are: CM

- A. Avoiding stress
- B. Patient's compliance
- C. Differences of opinions
- D. Intention to avoid conflicts
- E. Effective communication with the patient

16. What are the advantages of defensive medicine? CM

- A. Avoiding stressful discussions
- B. Keeping good relationships with patients
- C. Avoiding unwarranted financial expenses
- D. It is a useful medicine
- E. Satisfying the wishes of the patient

17. Select the particularities of therapeutic activity to improve the quality of life:

- A. The doctor uses all available means
- B. Combating pain and anxiety leads to improvement of the condition
- C. It is useless for patients before hospitalization
- D. It's cheaper
- E. Allows to avoid stress in hospitalization

18. Compliance with the rules of pharmacography includes: CM

- A. Prevention of drug interaction
- B. Compatibility of substances should be considered
- C. Dose indication and posology regimen should be present

- D. Prescriptions use common international names of medicines
- E. The particularities of work should not be taken into account

19. Select the correct answers regarding drug interactions: CM

- A. They can form highly absorbable complexes
- B. They decrease each-other's metabolism, affecting plasma concentration
- C. Some medicines intensify the metabolism of other drugs
- D. Some foods can reduce the absorption causing decreased plasma concentration of the active substance
- E. Some medicines can increase the elimination of concomitantly administered medications

20. When prescribing a pharmacological remedy, will not be considered: CS

- A. Possible side effects
- B. Time of administration
- C. Interaction with food and alcohol
- D. Financial possibilities of the patient
- E. Avoiding polypharmacy

21. Psychotherapy in family medicine: CM

- A. Is inevitable in the physician-patient relationship
- B. More often, individual psychotherapy is practiced
- C. May augment pharmacological treatment
- D. Implies high costs
- E. It does not take much time

22. Select the psychological factors that contribute to improving health. CM

- A. Combating the feeling of loneliness
- B. Tolerance towards more difficult situations
- C. Unavailability of family members
- D. Improved communication between family members
- E. Desire to help the patient

23. Choose alternative therapies commonly used in family medicine: CM

- A. Phytotherapy
- B. Aromatherapy
- C. Moxibustion
- D. Acupuncture
- E. Sacrotherapy

24. Under the ordinary supervision of treatment in family medicine, the following will be assessed: CM

- A. Dangerous medicines
- B. Effectiveness
- C. Risk for the patient
- D. Adherence
- E. Tolerance

25. Ordinary supervision of treatment does not include: CS

- A. Supervision of the recommendations
- B. Extraordinary surveillance
- C. Risks of abandoning treatment

- D. Clinical surveillance
- E. Paraclinical surveillance

26. In monitoring the compliance of the patient to recommendations, we will evaluate:

CM

- A. Causes of treatment refuse
- B. Challenging unpleasant sensations
- C. Improvement of symptoms
- D. Drug dependence
- E. Reasons for home requests

27. What is the particularity of home treatment? CS

- A. It depends on the degree of patient's cooperation
- B. It does not depend on of family members' cooperation
- C. It can be permanently supervised
- D. It can be applied to all patients
- E. It can be applied to all diseases

28. The GP fully treats the patient through: CM

- A. Taking into consideration of all the patient's diseases
- B. Developing therapeutic synthesis
- C. Establishing pathogenetic links between diseases
- D. Avoiding side effects of prescribed treatments
- E. Neglect the patient's living conditions

29. Select the diseases that can't be treated in the outpatient setting: CM

- A. Diseases that endanger the patient's life
- B. Diseases requiring surgery
- C. Diseases that have a favorable evolution
- D. Diseases that do not require permanent monitoring
- E. Diseases where fatal complications can't occur

30. Select the main family doctor's therapeutic activities: CM

- A. Prescribes a hygienic-dietary regimen
- B. Prescribes the drugs
- C. Recommends hospitalization
- D. Practice surgery
- E. Performs group psychotherapy

31. Select the patient categories that require hospitalization: CM

- a) Patients with a special reactivity;
- b) Cooperating patients;
- c) Abandoned patients;
- d) Patients with minimal home care conditions
- e) Patients from disorganized families

32. The individual care plan developed by the family doctor may include: CM

- a) Recommendations for hygiene and diet regime
- b) Parenteral treatment at the hospital
- c) Drug treatment

- d) Recommendations for balneal-sanatorial treatment
- e) Lifestyle change counseling

33. Tick the factors that characterize the particularities of treatment in family medicine. CM

- a) The limited possibilities of the family doctor
- b) Patient's incentives
- c) Continuous surveillance of disease progression
- d) Family motivation
- e) Episodic treatment of the patient

34. Select the correct assertions about the therapeutic synthesis in family medicine: CM

- a) It is done through interdisciplinary consultations
- b) It helps the family doctor to establish the diagnosis
- c) It provides a global view of the patient
- d) It helps to appreciate the influence of drugs on associated diseases;
- e) It has a permanent value.

35. Select the correct statement about Defensive Medicine: CS

- a) Presents the deviation from what the physician thinks he has to do in the correct, scientifically-based practice towards what the patient believes should be done
- b) The family doctor must have good communication, profound knowledge and good practice, compassion and special respect for conflictual patients
- c) Evidence based medicine is usually practiced
- d) It is useful medicine to practice
- e) Defensive medicine reduces health care spending

36. Individual treatment plan developed and made by the family doctor may include: CM

- a) Recommendations for regime and nutrition;
- b) Counseling for lifestyle change;
- c) Treatment with medications;
- d) Recommendations for spa sanatorium treatment;
- e) Psychodrama and hypnosis

37. Which statements listed below are features of treatment in family medicine? CS

- a) Treatment cannot be continuously monitored
- b) Treatment does not depend on cooperation of patient
- c) Can be applied in all clinical cases
- d) Can be applied to all patients
- e) Depends on cooperation of the physician

38. Check factors that characterize features of treatment in family medicine: CM

- a) Family physician has limited treatment possibilities;
- b) Continuous monitoring of disease evolution;
- c) Incentives for the patient and family;
- d) Episodic treatment of the patient;
- e) Can be applied to all patients.

39. Select categories of patients who require hospitalization: CM

- a) Patients with uncommon reactivity;
- b) Patients who are cooperative with treatment;
- c) Lonely or abandoned sick people;
- d) Patients without minimal home care conditions;
- e) Sick people from dysfunctional families.

40. Common supervision of treatment requires assessment of: CM

- a) Patient's compliance with treatment;
- b) Individual treatment tolerance;
- c) Patients at risk;
- d) Efficacy of treatment;
- e) Episodic treatment of the patient.

41. Select the correct statement regarding defensive medicine: CS

- a) It is the deviation from what the doctor considers a correct, scientifically based practice, toward what the patient believes it is needed to be done.
- b) A family physician must possess good communication skills, profound knowledge and excellent clinical skills, compassion and great respect for conflicting patients;
- c) Usually evidence-based medicine is practiced;
- d) It is a useful and needed medical practice;
- e) The defensive medicine decreases health care costs.

42. Select causes of defensive medicine: CM

- a) Lack of time from the patients' side;
- b) Avoiding complains from the served population;
- c) Family doctor fear of losing patient from the list;
- d) Difficult communication with patients;
- e) good adherence

43. Defensive medicine may be caused by: CM

- a) Noncompliant patient;
- b) Patient of a different confession;
- c) Lack of training of the physician and patient preparation;
- d) Lack of patient understanding of the problem and treatment;
- e) Good communication with patients.

44. Select the correct statements about therapeutic synthesis in Family Medicine: CM

- a) Therapeutic synthesis is achieved through interdisciplinary consultations;
- b) Therapeutic synthesis helps the family doctor to establish the diagnosis;
- c) Gives an overview of the patients' condition;
- d) Therapeutic synthesis helps the physician to appreciate the influence of medications on associated diseases;
- e) Synthesis therapeutics has permanent value.

THE HOLISTIC APPROACH IN FAMILY PHYSICIAN'S PRACTICE

1. Name the goal of the holistic approach:

- A. Simultaneous management of several conditions and pathologies in the same patient
 - B. Promoting health and well-being by applying strategies for fortifying health
 - C. Coordination of preventive, curative and support activities in the practice of the family doctor
 - D. The use of the bio-psycho-social model taking into account the cultural and existential dimensions
 - E. Combining the individual health needs of patients with the needs of the community
- 2. Select which of the following statements regarding patient compliance is NOT correct:**
- A. Patient acceptance of the information provided by the doctor
 - B. Agreement to follow the proposed recommendations
 - C. It is a flexible phenomenon
 - D. The pain justifies a better compliance
 - E. Pain causes lower compliance
- 3. Specify the factor that results in better compliance for the elderly:**
- A. Family involvement
 - B. Presence of pain syndrome
 - C. Long duration of the disease
 - D. Effectiveness of treatment
 - E. Good relations with the family doctor
- 4. Select the action to improve the compliance of patients with chronic diseases:**
- A. Increase the number of visits to the family doctor
 - B. Use complex schemes of treatment
 - C. Suggesting using a journal to keep medical records (information)
 - D. Frequent consultations with specialists
 - E. Long waiting period for an appointment with family doctor
- 5. Indicate the basic components of the EURACT definition of holistic approach**
- A. Caring for the person as a whole
 - B. Continuous education of the patient for health
 - C. The therapeutic program is based on cost and benefit evidence
 - D. Simultaneous management of acute and chronic problems
 - E. Considering the cultural and existential dimensions
- 6. Mark the case management components based on the bio-psycho-social model**
- A. Biological intervention
 - B. Psychological intervention
 - C. Educational intervention
 - D. Legal intervention
 - E. Social intervention
- 7. Select the postulates of the bio-psycho-social model:**
- A. Disease management includes health promotion and evidence-based treatment
 - B. Most diseases are a biological, psychological and social phenomenon

- C. The biological, psychological and social variables influence the manifestation of the diseases
- D. The biological, psychological and social variables influence the manifestation of the diseases
- E. Physicians have to maintain therapeutic physician-patient relationships with different types of patients

8. Identify the problems of chronic patients who need psychological assistance

- A. Choosing recovery activity
- B. Problems related to sexuality
- C. Emotional reactions
- D. Economic problems
- E. Social relations

9. Select causes of patients' non-compliance

- A. Financial issues
- B. Extensive information about the severity of the disease
- C. Complex treatment programs
- D. Side effects of the treatment
- E. Cultural beliefs

10. Indicate the particularities of the doctor-patient relationship in case of patients with chronic diseases:

- A. Frequent and long-term healthcare
- B. Long-term doctor-patient relationship
- C. The need for patient support framework
- D. Quick problem solving
- E. The impact of chronic diseases on the quality of patient's life

11. Indicate the doctor's actions in case of non-compliant patients:

- A. Involvement of multidisciplinary team
- B. Reducing complexity of medication
- C. Adaptation the therapeutic regimen to the patient's lifestyle
- D. Information about the side effects of prescribed medicines
- E. Evaluation of the reasons for non-compliance

12. Mark the factors influencing the use of bio-psycho-social model in family doctor's practice

- A. Gender, constitution and genetic typology
- B. The microsocial environment
- C. The macrosocial environment
- D. Health beliefs and personal experiences
- E. The level of sanitary culture at the community level

13. Indicate the family doctor's actions in order to achieve the holistic approach of the chronic patient:

- A. To establish the family situation of the patient
- B. To evaluate how the patient can perform the professional activity
- C. To determine how the disease affects the patient's social position
- D. To identify climate change
- E. To raise awareness of the need for a healthy lifestyle

14. Select possible types of mental health problems in chronic patients:

- A. Personality changes
- B. Increasing addictions
- C. Increased receptivity to pain
- D. Psychosomatic disorders
- E. Balancing homeostasis

15. Indicate the steps the patient usually goes through in accepting the chronic disease:

- A. Negation
- B. Contemplation
- C. Negotiation
- D. Resignation
- E. Relapse

16. List the possible reactions to accepting the diagnosis of chronic disease:

- A. Shock
- B. Despair
- C. Anger
- D. Sadness
- E. Euphoria

THE COMPREHENSIVE APPROACH IN FAMILY PHYSICIAN'S PRACTICE

1. (CM) Which of the proposed variants are the synonyms of the word comprehensive?

- A. Ample
- B. Integral
- C. Complex
- D. Holistic
- E. Synthesis

2. (CM) Comprehensive health care from the health system point of view represents:

- A. The need to focus on the patient
- B. The direction of action of general medicine
- C. The need imposed by medical practice
- D. Methodological norm of the specific medical act
- E. A need due to multiplying medical disciplines, widening the differences between specialties, poor communication between them

3. (CM) The comprehensive medical assistance from the person's point of view implies that:

- A. The doctor is required to apply it to each patient
- B. There are several conditions in the same individual
- C. The number of diseases increases with age
- D. It is performed only once during care
- E. Fragmentation of care can lead to aggravation of latent or present diseases

4. (CM) Identify the characteristics of the family doctor who practices the comprehensive approach and is an integralist-synthesizer:

- A. The doctor practices a medicine of the "whole individual"
- B. The doctor treats the pathology encountered and imprints a sanogenic-humanistic behavior and attitude
- C. The doctor controls the endogenous or exogenous risk factors
- D. The doctor is a diagnostician and therapist, but also a doctor-counselor
- E. The doctor does NOT need information technologies

5. (CS) The first objective of the family doctor is:

- A. To identify the reason for the visit to the doctor
- B. To discover the psychological problem of the patient
- C. To carry out activities 24 hours a day and 7 days a week
- D. To discover the problem (s) present in the patient
- E. To give health advice

6. (CM) In the family doctor's practice, assistance in medical-surgical emergencies has the following characteristics:

- A. They lead to an overload of the family doctor
- B. They occur very rarely in family doctor's practice
- C. They keep the family doctor on permanent alert
- D. They commonly appear in the family doctor's practice
- E. They are not part of the situations in which the family doctor is involved

7. (CM) What is the place of acute illness in the practice of the family doctor?

- A. All the patients who go to the family doctor have an acute illness
- B. The family doctor meets acute diseases from all fields of medicine and implies knowledge in all specialties
- C. Acute diseases are present in a large part of the patients who call the family doctor
- D. The family doctor takes into account that some acute diseases can at any time become medical-surgical emergencies
- E. Acute diseases keep the family doctor on permanent alert

8. (CM) What is the place of chronic diseases in the practice of the family doctor?

- A. The family doctor provides the continuous medical care of the population, including patients with chronic diseases
- B. Many patients with chronic illness, separated or associated with acute illness, can come see the FDr
- C. The family doctor may be confronted with extremely diverse chronic diseases, which concern the whole human pathology and are of all specialties.
- D. The family doctor may see patients suffering from chronic diseases that pose very complicated problems of diagnosis and treatment
- E. The family doctor will NOT seek the help of the specialist in the case of chronic diseases

9. (CM) What are the preventive activities in which the family doctor is involved?

- A. Health promotion
- B. Primary prevention
- C. Secondary prevention
- D. Tertiary prevention
- E. Problems that require psychological support

10. (CM) What are the possible reasons for healthy people to see the family doctor?

- A. Periodic health check
- B. For vaccination
- C. To obtain a medical certificate
- D. For medical advice
- E. They are obliged to visit family doctor every year

11. (CM) Special medical problems in family practice include the following:

- A. Care of a pregnant, or child
- B. Adult care
- C. Elderly care
- D. Family, community care
- E. Assistance in social pathology

12. (CS) Which problem is NOT attributed to special problems in the practice of the family doctor?

- A. Pregnancy and child health care
- B. Elderly medical care
- C. Family health care
- D. Community health care
- E. Research and educational problems

13. (CS) Which of the listed medical services refers to curative medical problems in the practice of the family doctor?

- A. Diagnosis of chronic diseases.
- B. Health promotion.
- C. Primary prevention.
- D. Secondary prevention.
- E. Tertiary prevention.

14. (CM) Do the family practice management issues include the following?

- A. Management of autonomous medical practice
- B. Accounting activity
- C. Contracting of primary health care services
- D. Coordination of the healthcare team
- E. Management of financial funds

15. (CM) Can the research problems in the family doctor practice be characterized by the following expressions?

- A. It is important to ground the medical practice on scientific evidence
- B. Specific skills and knowledge can only be supported by research
- C. Contracting of primary health care services is a priority for research
- D. The involvement of family doctors in scientific studies is low
- E. Managing financial funds for research is difficult

16. (CM) Can the educational problems of the family doctor practice be characterized by the following expressions?

- A. The family doctor is involved as an instructor
- B. The training of students and residents brings an extra burden
- C. The educational activity is an opportunity to systematize and update the medical knowledge

- D. The educational activity provokes a pronounced critical sense
- E. The education activity does not encourage continuous medical education and continuous professional development

17. (CM) The purpose of the family doctor in a comprehensive approach is achieved by attaining the following objectives:

- A. Referral of all patients with chronic diseases for consultation to the specialist
- B. The approach to the patients with major focus on promoting health and well-being
- C. Adequate management of risk factors by promoting self-care and empowering patients
- D. Minimizing the impact of the patient's symptoms on his/her well-being by considering his/her personality, family, lifestyle and psychological and social circumstances
- E. Adopting an evidence and value-based approach

18. (CM) The difficulties encountered by the family doctor in solving the health problems are conditioned by:

- A. Non-specific and atypical onset of some diseases
- B. Asymptomatic reemerging and vanishing evolution of some diseases
- C. Diversity and severity of health problems
- D. High cost of drug treatments
- E. The complexity of the phenomena addressed

19. (CM) Select true expressions regarding the difficulties encountered by the family doctor in solving health problems:

- A. Patients are seen by the family doctor before they see the specialists
- B. The activity of family doctors is easier compared to the activity of other specialists
- C. Diversity of requests, modest endowment, consultation conditions, variety of disease onsets, etc. make the family doctor's work difficult
- D. The problems faced by the family doctor are no easier than those faced by the profile specialists
- E. The medical-surgical emergencies that occur periodically make the activity of the family doctor difficult

20. (CM) The difficulties encountered by the family doctor in solving health problems are conditioned by:

- A. Occurrence of rare disease cases
- B. Reduced possibilities of paraclinical investigation
- C. The need to make home visits
- D. Collaboration with different patient associations
- E. Application of preventive measures in line with curative ones

21. (CM) The criteria for the hierarchy of diseases include:

- A. On the first plane are the diseases that affect vital functions
- B. Acute diseases pass before chronic diseases
- C. Rapidly evolving diseases are preceded by slow-evolving diseases
- D. Diseases that can present major complications are passed before the diseases that can present minor complications
- E. Diseases that cause little suffering, before diseases that do not cause suffering

22. (CM) The criteria for the hierarchy of diseases include:

- A. Chronic diseases pass before acute diseases

- B. Rapidly evolving diseases are preceded by slow-evolving diseases
- C. Diseases with unpredictable evolution pass before the diseases with foreseeable evolution
- D. Diseases that produce greater suffering are passed on to diseases that produce less suffering
- E. Diseases that have an effective treatment are passed before diseases that do not have treatment effective

23. (CM) The criteria for the hierarchy of diseases include:

- A. Acute diseases pass before chronic diseases
- B. Slow evolutionary diseases are preceded by rapidly evolving diseases
- C. Diseases with unpredictable evolution pass before the diseases with foreseeable evolution
- D. Diseases that produce greater suffering are placed before diseases that produce less suffering
- E. Diseases that have an effective treatment are passed before diseases that do not have effective treatment

24. (CM) List the factors involved in the management of chronic patients

- A. Medical
- B. Professional
- C. Human and family
- D. Social and cultural
- E. Financial and administrative

25. (CM) List the factors that can intervene in the management of chronic patients:

- A. Medical
- B. Financial
- C. Professional
- D. Family
- E. Administrative

26. (CM) List the factors that can intervene in the management of chronic patients:

- A. Medical
- B. Human
- C. Professional
- D. Community
- E. Social

27. (CM) The medical factors involved in the management of chronic patients include the following:

- A. Pathophysiological diagnostic possibilities
- B. Possibilities for prevention
- C. Possibilities for treatment
- D. Possibilities for preventing complications
- E. Recovery possibilities

28. (CM) Human factors involved in the management of chronic patients include the following:

- A. Availability of family physician

- B. The family doctor's work team
- C. Collaboration with profile specialists
- D. Communication with the press
- E. Collaboration with homecaregivers

29. (CM) The family factors involved in the management of chronic patients include the following:

- A. Family availability
- B. Family support
- C. Family atmosphere
- D. Family composition
- E. Care provided by family members

30. (CM) The professional factors involved in the management of chronic patients include the following:

- A. Family availability
- B. The influence of the disease on the professional activity
- C. Physical and mental solicitation
- D. Family support
- E. Toxicity and pollution in the workplace

31. (CM) The social factors involved in the management of chronic patients include the following:

- A. The influence of the disease on the professional activity
- B. The influence of the disease on the social position
- C. Physical and mental solicitation
- D. The social position of the patient
- E. Involvement of community associations

32. (CM) The cultural factors involved in the management of chronic patients include the following:

- A. Involvement of community associations
- B. The patient's education level
- C. Health education
- D. Habits, traditions
- E. Spiritual factors

33. (CS) Economic factors involved in the management of chronic diseases do NOT include:

- A. Funds for the remuneration of health professionals
- B. Living conditions
- C. Funds for rest, observance of hygiene and diet
- D. Funds required for treatment
- E. Funds for recovery and spa treatment

34. (CS) Which of the steps listed below is NOT part of chronic disease management?

- A. Coordination of all factors involved in the management of chronic diseases
- B. Assessment of the patient's current situation
- C. Permanent control over the management process
- D. Organizing the management process
- E. Elaboration of the activity plan

35. (CS) Identify what does NOT require the organization of the activity for chronic disease management:

- A. Analysis of all factors
- B. Establishing the role of each risk factor for the development of chronic disease
- C. Organization of a functional system
- D. Planning and coordinating activities
- E. Control of activities

36. (CM) The stages that require the collaboration of the Family Doctor with the specialists include the following:

- A. Confirmation of the diagnosis
- B. Specialized clinical examination
- C. Specialized investigations
- D. Establishing the total cost of treatment
- E. Supervision of special treatments

37. (CM) The stages that require the collaboration of the Family Doctor with the profilespecialists include the following:

- A. Establishing the presumptive diagnosis
- B. Specialized clinical examination
- C. Fine-tuning the treatment
- D. Specialized investigations
- E. Supervision of special treatments

38. (CM) The stages that require collaboration of the Family Doctor with profilespecialists include the following:

- A. Reporting performance indicators
- B. Detection and treatment of complications
- C. Treatment of medical emergencies
- D. Evaluation of the results of paraclinical examinations
- E. Modification of treatment

39. (CM) What are the objectives of the comprehensive approach to the patient?

- A. The use of the bio-psycho-social model considering the cultural and existential dimensions
- B. Simultaneous management of several conditions and pathologies, acute and chronic problems present simultaneously in the same patient
- C. Promoting health and well-being through the proper application of strategies to fortify health and prevent diseases
- D. Combining the individual health needs of patients with the health needs of the community, adjusted to the available resources

E. Coordination of health promotion, prevention, treatment, care, palliative care and recovery activities

**FAMILY-CENTERED SERVICES. TEAM WORK
PATIENT IN THE FAMILY CONTEXT. STAGES OF THE LIFE CYCLE**

1. What are the qualities and principles of family-centered services? Select the correct affirmations. CM

- A. Family-Centered Principles are a set of interconnected beliefs and attitudes that shape directions of program philosophy and behavior of personnel as they organize and deliver services to children and families.
- B. Core to family-centered services is sensitivity and respect for the culture and values of individual family members and each family's ecology, as members define the people, activities and beliefs important to them.
- C. It has been argued that the more complex the health problem, the more optimal health service delivery requires team integration in order to deliver client-centered care
- D. Family-centered care engages multiple professionals in a joint effort to achieve functional goals based on the client's needs.
- E. Family-Centered care is not appropriate model in case of severe patients: patients with severe disabilities, patients who need palliative care.

2. What are the qualities of multidisciplinary teams? Select the correct affirmations.

- A. The unidisciplinary model gave way to the multidisciplinary model as new professions emerged in allied health, and the medical team became ubiquitous in health care.
- B. In the medical model, multidisciplinary team members function as independent specialists, who provide individual consultation and communicate minimally with each other.
- C. Multidisciplinary team work offers the best collaboration of professionals with families
- D. There is little coordination in approach between members or integration of service delivery.
- E. The multidisciplinary model has been shown to be suboptimal in dealing with complex medical problems, however, and clients may experience care in this model as fragmented at best, and life threatening at worst.

3. What are the qualities of transdisciplinary teams? Select the correct affirmations.

- A. Team collaboration is the key to integrated delivery of quality services
- B. Clients with complex medical and social (educational) needs are often best served by the increased client-centered focus and service integration transdisciplinary teams
- C. Although there are some commonalities between the transdisciplinary and interdisciplinary approach, there are important differences in philosophy and practice, particularly with regard to problem solving.
- D. Transdisciplinary teams and Interdisciplinary teams have the same qualities
- E. The key difference lies in the transdisciplinary team's ability to address case complexity within a frame of unity

4. What could be the challenges of transdisciplinary teams? Select the correct affirmations.

- A. Many believe that the last stage of evolution of transdisciplinary team, role release, is the hallmark of the model

- B. Role release it is also the stage that creates the greatest challenges for transdisciplinary team members
- C. Role release requires members to provide services outside their discipline, and can evoke considerable resistance from multiple standpoints, ranging from personal to professional
- D. In the transdisciplinary team, however, conflicts in power sharing may arise when individual members are unable or unwilling to share knowledge and roles with each other.
- E. Transdisciplinary team work is the most appropriate model of work for family physician practice and is difficult to organize in specialized centers, where professionals are working all the time together.

5. What are the qualities of transdisciplinary teams? Select the correct affirmations.

- A. The approach "transdisciplinary" represented the first attempt to merge medical and social (educational) models of service delivery to children with complex developmental and educational needs.
- B. The transdisciplinary model is based on free-flowing communication, and the transfer of knowledge and skills across discipline boundaries in the service of a common, client-centered goal.
- C. This model is informed by a broader philosophy of care, in which the client's goals are the focal point, and the team shares responsibility for client-centering, problem-solving and goal setting.
- D. The transdisciplinary frame of unity replaces professional protectionism with collaborative communication, professional status differences with parity, and compartmentalization of services with holism.
- E. "Transdisciplinary" team is a synonym of "interdisciplinary" team.

6. What is the evolution of transdisciplinary team? Select the correct affirmations.

- A. Transdisciplinary team typically progresses through several stages: role extension, role expansion, and role release.
- B. This progress from interdisciplinary to transdisciplinary team is possible in a very short time
- C. In the role extension stage, team members increase their knowledge of their own and each other's disciplines.
- D. As the role exchange stage evolves, team members share information, terminology, and methods directly with one another.
- E. In the last stage, role release, members assume each other's roles in a direct or indirect provision of service. Role release has been characterized as the transference of discipline-specific skills from one member to another.

7. What are the characteristics of multidisciplinary team? Select the correct affirmations.

- A. This is also called multiprofessional practice. Multidisciplinary approaches utilize the skills and experience of individuals from different disciplines, with each discipline approaching the patient from their own perspective.
- B. Multidisciplinary team model offers the best communication between professionals and between professional and family members
- C. Each team member conducted separate assessment, planning and provision with varying degrees of coordination.
- D. The team, directly or indirectly, shares information regarding the patient and discuss future directions for patient care, and consequently relies on a good communication system (e.g. team meetings, case conferences etc).

- E. Essentially health professionals work in conjunction with each other, but act autonomously.

8. What are the characteristics of interdisciplinary team? Select the correct affirmations.

- A. Interdisciplinary approaches expand the multidisciplinary team through collaborative communication (rather than shared communication) and interdependent practice.
- B. Members contribute their own profession specific expertise, but collaborate to interpret findings and develop a care plan.
- C. Team members negotiate priorities and agree by consensus.
- D. The analogy of the hand is appropriate: individual digits of differing ability, function and dexterity work together to achieve more than the sum of the individual fingers
- E. This is also called "unidisciplinary" practice.

9. What are the characteristics of transdisciplinary team? Select the correct affirmations. CM

- A. Family becomes an important team member in the transdisciplinary team
- B. Family becomes an important team member in the multidisciplinary team
- C. The transdisciplinary team model values the knowledge and skill of team members.
- D. Members of the transdisciplinary team share knowledge, skills, and responsibilities across traditional disciplinary boundaries in assessment, diagnosis, planning and implementation.
- E. Transdisciplinary teamwork involves a certain amount of boundary blurring between disciplines and implies cross-training and flexibility in accomplishing tasks.

10. What affirmations, regarding family life cycle, could you accept as correct from the next?

- A. Family life cycle is a set of predictable steps or patterns and developmental tasks families experience over time.
- B. The family life cycle concept facilitates studying the family from beginning to end.
- C. Family stage is a time period in the life of a family that has a unique structure (for example, families with preschool children)?
- D. Transition is the shift from one family stage to another (for example, the transition, from Families with Adolescence to Launching Children is what occurs in the family as all members make the adjustment)?
- E. Launching children and moving on is the shortest and less important stage of family life cycle with a minor impact on the health of parents and family.