



Procedure Followed for Medical Registration Exam



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MALDIVIES MEDICAL AND DENTAL COUNCIL

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MMDC LICENSURE EXAMINATION

All medical graduates who wish to register as general medical practitioners with the Maldivian Medical and Dental Council (MMDC), are required to pass MMDC's Licensing Examination. The Licensing Examination is a screening examination that assesses the basic medical knowledge and problem solving of a candidate at a level comparable to a minimally competent medical student completing his or her medical education.

1. PATTERN OF QUESTIONS:

It is a three hour computer based exam, and includes a total of 150 multiple-choice questions with a single best answer; covering both basic medical sciences and clinical subjects.

The exam is divided in to 2 parts: -

Part 1: consists of 45 questions from basic sciences (Anatomy, Physiology, Biochemistry, Pathology, Microbiology, Pharmacology, Forensic Medicine, Preventive and social medicine and medical ethics and medico-legal)

Part 2: consists of 105 questions from clinical subjects (Medicine , Surgery, Pediatrics, Obstetrics & Gynecology, Orthopedics, Emergency medicine, ENT, Ophthalmology, Skin & Venereal diseases, Psychiatry, Radiology and Anesthesiology) ,

Duration of the exam: - a) Part 1(Basic Sciences): 50 minutes; and
b) Part 2(clinical subjects): 2 hours

Marks Allocated: - Each question is of 1 mark, so a total of 150 marks

Pass Mark: - 50% i.e. 75 marks

2. DISTRIBUTION OF THE QUESTIONS IN THE EXAM

PART 1 (Basic Sciences)

Subject	Number of questions
Anatomy	10
Physiology	10
Biochemistry	4
Pathology	5
Pharmacology	5
Preventive and social medicine	4
Forensic Medicine	2
Medical ethics and medico- legal	2
Microbiology	3
Total questions	45



Part 2 (Clinical Subjects)

Subject	Number of questions
Internal medicine	18
Surgery	18
Pediatrics	18
Obstetrics & Gynecology	14
Orthopedics	8
ENT	4
Ophthalmology	4
Psychiatry	2
Dermatology	3
Anesthesia	3
Radiology	1
Emergency medicine	12
Total	105

The examination is held at Central Administration of Maldives National University (MNU), in Male'. The examination is conducted and the result issued by MNU.

Eligible Candidates:- Candidates who fulfill the criteria for registration at MMDC; holding MBBS or equivalent degree from a MMDC recognized medical college followed by at least 52 weeks of rotatory internship in a MMDC recognized center

3. PROCEDURE OF APPLICATION

1. Application form for MMDC licensure Examination can be downloaded from the council website: www.mmc.gov.mv
2. Application form after completion, has to be submitted at the reception of Ministry of Health.
3. Each applicant has to submit a copy of the Provisional Medical Registration certificate issued to them by MMDC and the ID/Passport with the completed application form
4. After the candidate submits the application form, each candidate shall receive an e-mail from MMDC confirming the venue, date, time of examination and the date to collect the "statement of entry slip" for licensure exam by MMDC.
5. Candidates must acknowledge the receipt of e-mail by MMDC
6. The "statement of entry slip" must be collected from MMDC; within the time frame indicated in the e-mail
7. Once the candidate receives the "statement of entry slip", a payment of MVR 3000.00 as exam fees, shall be paid to Central Administration, Maldives National University.



8. Candidates shall be present at the examination hall, 30 minutes before the scheduled exam time
9. Result of the examination will be issued by MNU
10. After clearing the exam, Permanent Medical Registration and Temporary Registration will be issued to the local doctors and expatriates respectively once the candidate applies for the above with the exam results
11. Unsuccessful applicants should Re-sit and clear the Licensure Examination before their provisional license expires in order to continue medical practice in the Maldives.

4. GUIDANCE TO HELP CANDIDATES PREPARE FOR MMDC LICENSURE EXAMINATION

MMDC Licensure Examination assesses whether a candidate can approach medical practice with the appropriate intellectual skills, clinical reasoning, critical thinking and decision making; possessing sufficient knowledge of the basic and clinical sciences and the ability to create a differential diagnosis and treatment plan for common clinical conditions. Candidates should:-

- 1) Have knowledge of signs and symptoms of disease, be able to take good history, conduct an examination of the patient, order the relevant investigations, arrive at a differential diagnosis and know the non-pharmacological and pharmacological management of common disease conditions
- 2) Know to manage medical emergencies.
- 3) Demonstrate good communication skills including breaking bad news, informing relatives of results of investigations and informing them of the patient's condition.
- 4) Demonstrate knowledge of medical ethics, Understand the concepts of patient confidentiality, and when to breach patient confidentiality; the importance of informed consent and concept of medical negligence; and
- 5) Be able to educate patients and public health promotion and disease prevention.

4.1. MEDICINE

The knowledge expected of candidates in the subject of Medicine:- candidates should be able to diagnose, suggest management for common medical conditions. These include:-

1. **Cardiovascular Diseases:** Hypertension, ischemic heart disease, ECG changes in IHD, rheumatic fever, heart failure, bacterial endocarditis, pericardial diseases, pulmonary edema, valvular heart diseases, congenital heart disease and arrhythmias
2. **Respiratory conditions:-** Bronchial asthma, COPD, TB, Bronchiectasis, pneumonia, Interstitial lung disease, bronchial carcinoma, PFT, ABG
3. **Neurological conditions:-** Headache, stroke, epilepsy, meningitis, myasthenia gravis, Parkinsonism, vertigo, Glasgow coma scale, CSF, Cranial nerves
4. **Gastrointestinal conditions:** Splenomegaly, Viral Hepatitis, pancreatitis, cirrhosis, Upper gastrointestinal bleeding, GERD, peptic ulcer disease, Diarrhoea



5. **Hematology:** anaemia, haemoglobinopathies, thrombocytopenia, leukaemias, DVT , haemophilia and other coagulation disorders.
6. **Electrolyte imbalance:** hyperkalemia, hyponatremia
7. **Nephrology conditions:** -pyuria, proteinuria, hematuria, glomerulonephritis, renal failure.
8. **Endocrine disorder:** Thyroid disorders, diabetes mellitus. Cushing's syndrome,
9. **Rheumatology:** Rheumatoid arthritis, SLE, Gout, ankylosing spondylitis
10. **Infectious diseases:-** typhoid, worm infestation, measles, tetanus, varicella , leptospirosis, scrub typhus, dengue fever, HIV, malaria, septic arthritis

Recommended reading for Medicine

1. Davidson's Principles and Practice of Medicine by Nicholas A Boon, Nicki R College, Brian R Walker & John AA Hunter
2. Clinical Medicine by Parveen Kumar & Michael Clark
3. McLeod's Clinical Examination by John F Munro & Ian W Campbell

4.2. OBSTETRICS AND GYNAECOLOGY

OBSTETRICS: Candidates should be able to recognize, diagnose and manage normal and abnormal pregnancy, labour and puerperium. This includes:-

1. **Normal Pregnancy:** anatomy & physiology of the female reproductive system, physiological changes in pregnancy , diagnosis & duration of the normal pregnancy, placenta & fetus , normal labour & delivery
2. **Pregnancy complicated by:-**miscarriage, abortion, gestational trophoblastic disease, ectopic pregnancy, antepartum haemorrhage (placenta praevia, abruptio placentae, vasa praevia), multiple pregnancy, malpresentations, premature labour
3. **Labour complicated by:** prolonged labour, obstructed labour, breech presentation, shoulder presentation, cephalopelvic disproportion, postpartum haemorrhage and retained placenta.
4. **Puerperium complicated by:** obstetric shock, infections, thrombophlebitis, DIC
5. **Prenatal infections**
6. **Medical disorders:** pregnancy induced hypertension, gestational diabetes mellitus, anaemia and Rhesus isoimmunization
7. **Operative and diagnostic procedures:** Caesarean section, instrumental deliveries

GYNAECOLOGY:- The candidate should be able recognize, diagnose and manage common gynecological problems and diseases:-

1. Abnormalities in the genital tract, disorders of sexual development.
2. **Menstrual disorders:-** Menstrual cycle, Primary and secondary amenorrhoea, dysfunctional uterine bleeding, postmenopausal bleeding , dysmenorrhoea.

3. **Genital tract Infections:-** vulvitis, vaginal discharge, vaginitis, cervicitis, pelvic inflammatory disease
4. **Benign and malignant conditions:** -endometriosis, adenomyosis, cervical intraepithelial neoplasia, gestational trophoblastic tumours, CA cervix, ovary and uterus.
5. **Contraception**
6. **Endocrine disorders:** - hyperprolactinaemia, polycystic ovarian disease, hirsutism, menopause.
7. **Operative and diagnostic procedures:** - Dilatation and curettage, biopsy, cauterization, abdominal and vaginal hysterectomy, tubal surgery, hysterosalpingography, ultrasonography, cervical smear.

Recommended Reading for Obstetrics and Gynaecology

1. Philip N Baker (editor). Obstetrics by Ten Teachers. London, Hodder Arnold
2. Ash Monga (editor). Gynaecology by Ten Teachers. London, Hodder Arnold
3. Hiralal Konar (editor). Textbook of Obstetrics by DC Dutta. Calcutta, New Central Book Agency
4. Hiralal Konar (editor). Textbook of Gynaecology by DC Dutta Calcutta, New Central Book Agency
5. Michael Swash (editor). Hutchison's Clinical Methods. Edinburgh, Elsevier Science
6. Arulkumaran, I Symonds, A Fowlie (editors). Oxford Handbook of Obstetrics & Gynaecology Oxford, Oxford University Press
7. DK Edmonds (editor). Dewhurst's Textbook of Obs & Gynecology. Oxford, Blackwell Publishing

4.3. PAEDIATRICS

Candidates should be able to describe the normal development of the fetus, and factors that affect fetal growth:-

1. Normal pattern of growth and development and management of abnormalities – such as failure to thrive , short and tall stature
2. **Breast feeding**
3. **Management of neonatal problems:-** low birth weight, preterm births, respiratory distress, jaundice, hypothermia, hypoglycaemia, hypocalcaemia, seizures
4. **Resuscitation of newborn**
5. **Common renal, endocrine and metabolic disorders:-** hypothyroidism, diabetes mellitus and inborn errors of metabolism, nephrotic/ nephritic syndrome
6. **Common haematological conditions:-** Anaemia, Thalassaemia , G6PD deficiency, immune thrombocytopenic purpura, haemophilia, and haematological malignancies
7. **Common dermatological conditions in childhood:-** eczema, scabies, impetigo, Steven Johnson syndrome
8. **Presentations of child abuse**

9. **Common infections** : Neonatal sepsis, ophthalmia neonatorum, chicken pox, bronchiolitis, pneumonia, meningitis, UTI, , dengue, acute rheumatic fever, , mumps, rubella, pertussis, TB,HIV, Diarrhoea, pertussis
10. **Common pediatric conditions** :- Bronchial asthma, Seizures, acute flaccid paralysis, Enuresis, Autism, stridor, dehydration , malnutrition
11. **Cardiac conditions**: congenital heart disease, arrhythmias, cardiac failure, Pulmonary hypertension, kawasakis disease, infective endocarditis
12. **Transporting neonates**

Recommended Reading for Paediatrics

1. Nelson's Textbook of Paediatrics. RM Kliegman et al
2. A Neonatal Vade Mecum. B Spiedel (ed), 1998
3. A Paediatric Vade Mecum. TG Barrett, AD Lander, V Diwakar
4. Illustrated Paediatrics by Tom Lissauer, Graham Clayden

4.4. SURGERY

The candidate should be able to diagnose and describe management of:-

1. **Hernias** : inguinal, femoral, Para umbilical, umbilical, epigastric & incisional
2. **Acute appendicitis**, appendicular mass & abscess
3. **Breast lumps**:- fibroadenomas, fibroadenosis & carcinomas
4. **Neck lumps**:- goiters, thyroglossal cyst, carotid body tumour,CA thyroid
5. **Gastrosurgical conditions**:- haematemesis and oesophageal varices, peptic ulcers and gastric cancers, pancreatitis, CA pancreas, cholecystitis, biliary calculous disease and obstructive jaundice, dysphagia (achalasia and oesophageal cancer), liver cysts, tumours and abscess, , rectal bleeding, colorectal and anal cancer, intestinal obstruction, Peritonitis, inflammatory bowel disease, diverticular disease, fissure/ fistula in ano, ischiorectal abscess, haemorrhoids
6. **Urosurgical conditions**:- bladder outflow obstruction, benign hypertrophy of prostate and CA prostate, renal tumours, haematuria, urinary tract calculi, hydronephrosis, hydrocoeles and varicocele
7. **varicose veins**
8. **Vascular** :- limb ischaemia, DVT and pulmonary embolism, abdominal aortic aneurysm, A-V malformations and A-V fistulas, lymphoedema and other lymphatic disorders
9. **Skin conditions**:- skin infections (abscess, cellulitis, erysipelas, carbuncles, gas gangrene), wound management and healing including diabetic wounds
10. raised intracranial pressure and space occupying lesions
11. **Cases of trauma** (mass disaster, triage, according to ATLS guidelines):- head injury, chest injury, abdominal injury; splenic rupture, injury to major blood vessels, spinal injuries and Burns
12. **pre-operative assessment and preparation**



Recommended Reading for Surgery

RCN Williamson & BP Waxman. Scott: An Aid to Clinical Surgery
GR McLatchie & DJ Leaper. Oxford Handbook of Clinical Surgery 2002
A Clain (editor). Hamilton Bailey's Demonstration of Physical Signs in Clinical Surgery
RCG Russell et al (editors). Bailey & Love's Short Practice of Surgery
PJ Morris & WC Wood (editors). Oxford Textbook of Surgery Volumes 1, 2 & 3 (2nded). 2000

4.5. EMERGENCY MEDICINE

Candidates should deal effectively with medical and surgical emergencies at different levels including resuscitation and should be able to manage the following:-

1. **Cardiac conditions:-** Acute MI, angina, syncope, acute pulmonary oedema, congestive cardiac failure, cardiac arrhythmias, cardiac arrest, cardiogenic shock, hypertensive encephalopathy, massive pulmonary embolism, cardiac tamponade
2. **Respiratory conditions:-** Acute respiratory failure, acute severe asthma, tension pneumothorax, massive pulmonary collapse, acute laryngeal obstruction, epistaxis, stridor, near drowning
3. **Gastroenterology conditions:-** Upper gastro-intestinal bleeding, hepatic encephalopathy, acute abdomen, pancreatitis, typhoid perforation, severe diarrhoea and dehydration electrolyte imbalance
4. **Neurological conditions:-** Unconsciousness, status epilepticus, meningitis, viral encephalitis, stroke, subarachnoid haemorrhage, intracranial hypertension, bulbar paralysis, respiratory muscle paralysis, myasthenia gravis, Guillain Barre syndrome,
5. **Acute renal failure**
6. Acute disseminated intravascular coagulation, acute massive intravascular haemolysis.
7. **Endocrine and metabolic conditions:-** Diabetic keto-acidosis, hypoglycaemic coma, thyrotoxic crisis, myxoedema coma, acute adrenal Insufficiency, acute hypopituitarism, tetany, acute hypercalcaemia, acute water intoxication, hypothermia, heat stroke, electric shock, , electrolyte imbalance
8. **Acute poisoning**
9. **Shock:-** hypovolaemic shock, dengue shock syndrome , septic shock
10. **Injuries:-** ENT, maxillofacial injuries, eye injuries, retinal detachment and head injuries.

4.6. PATHOLOGY

1. **Causative agents** and predisposing factors of disease.
2. **Mechanisms of disease production:-** cellular injury, Inflammation, cellular and vascular response, chemical mediators and cells in chronic granulomatous and immune-mediated inflammation
3. **Abnormalities of the blood and vascular system:-** Hemorrhage, thrombosis, embolism, oedema

4. **Adaptive response of tissue to injury**:-hypertrophy, hyperplasia, atrophy, metaplasia and dysplasia
5. **Healing of tissue following injury** –primary and secondary wound healing and factors that impair healing
6. **Neoplasia**:-benign and malignant tumours, spread of tumours, paraneoplastic syndromes, grading and staging,
7. **Haemato-oncology** : Pathology of Acute leukaemia ,Myeloproliferative disorders, Lymphoproliferative disorders , Multiple Myeloma, Aplastic anaemias, Myelodysplastic syndromes, carcinoid tumors, Anemia
8. **Haemostasis** :-coagulopathies, Platelet function disorders, thrombocytopaenias , thrombophilia
9. blood transfusion blood grouping, cross matching and haemolytic disease of the new born
10. **Parenchymal and interstitial responses and biochemical abnormalities** – pigmentation, calcification and acid-base balance disturbances
11. Link the basic mechanisms of Pathology to specific diseases of the cardiovascular, respiratory, gastro-intestinal, genitor-urinary, neurological, and lympho-proliferative systems in order to explain their pathogenesis, clinical features, complications and effects.

Recommended Reading for Pathology

1. Basic Pathology by Stanley L Robbins
2. Consise Pathology by Parakrama Chandrasoma . 3rd Edition
3. Pathological basis of Disease by Stanley L Robbins.
4. Essential Haematology by Hoffbrand and Petit (latest Edition)

4.7. PSYCHIATRY

The candidate should be able to describe the common psychiatric conditions: _

1. **Psychotic illnesses** :-schizophrenia, Affective disorders, delusional disorders, brief psychotic episodes
2. **Organic psychiatric illness** :- delirium, dementia, epilepsy related psychiatric disorders
3. **Deliberate self-harm**
4. **Neurotic stress related disorders** :- anxiety disorders, phobia, obsessive compulsive Disorder and dissociative disorder
5. **Depression**
6. **Eating disorders**: - anorexia nervosa, bulimia
7. **Grief reaction**
8. **Common psychiatric emergencies**:- acute dystonic reactions, panic attacks, neuroleptic malignant syndrome, lithium toxicity, seizures, depressive stupor, intoxication and withdrawal due to alcohol and drugs, mania, violent and homicidal behavior.

Recommended Reading for Psychiatry



1. Shorter Oxford Textbook of Psychiatry by Michael Gelder, Richard Mayou & Philip Cowen
2. Concise Textbook of Clinical Psychiatry by Benjamin J Sadock & Virginia A Sadock
3. Oxford Handbook of Psychiatry by Semple, Smyth, Burns, Darjee, McIntosh

4.8. PREVENTIVE AND SOCIAL MEDICINE

The candidate should be able to explain the concept of Primary Health Care and describe its application in healthcare programmes in Maldives. The candidate should be able to:-

1. **National Immunization Program**
2. **National disease control programmes:-** Epidemiology , prevention and control of dengue, injury surveillance, National TB program, National HIV/AIDS program,, ANC program, Smoking cessation.
3. **Epidemiological surveillance of diseases:-** Epidemiology, surveillance, methods of data collection ,incidence, prevalence
4. **Disease Transmission**
5. **Infection control:** Hand hygiene, Sterilization and disinfection , herd immunity, Universal precautions
6. **Vaccination**
7. **Injuries:** falls, occupational injuries, Road traffic accidents
8. **Common nutritional deficiencies :** malnutrition, iron and folic acid deficiency, vitamin A deficiency, iodine deficiency
9. **Non communicable disease:** risk factors, prevention
10. **Family planning:-** contraception, sterilization

Recommended reading for Community medicine

1. Park JE, Park K, Park's Textbook of Preventive and Social Medicine
2. National guidelines for management of TB, Health protection Agency, Maldives
3. National Expanded Immunization Schedule, Health protection Agency, Maldives

4.9. FORENSIC MEDICINE

1. **Death:** - Causes, Changes after death, hypostasis, rigor mortis, putrefaction, mummification, estimation of time since death
2. **Injuries:-** abrasions, contusions, lacerations, stabs, fractures, effects of injury and cause of death, circumstances of injury (accident /suicide / homicide),burns, electrocution, fire arm injuries
3. **injury patterns:-** defense, self-inflicted and fabricated injuries, ante-mortem and postmortem injuries
4. **Injury or death from explosives:** injury patterns, post mortem examination
5. **Criminal abortion and Infanticide**
6. **Autopsy**
7. **Sexual offences:-** sexual abuse, child sexual abuse, unnatural offences
8. **Child abuse and Sudden Infant Death Syndrome**

9. **Torture and battering:** modes of presentation, child/ wife battery, abuse of domestic servants,
10. **Drowning and immersion in water**
11. **Identification of the living and dead :-** medico-legal importance, general and specific methods of identification eg: scars, tattoos, disease, skeletal remains, forensic odontology, exhumation
12. **Asphyxia**
13. **Common Poisoning :** organophosphorous compounds, Corrosive poisons: acids, alkali, Alcohol, Plant poisons (atropine, strychnine), carbon monoxide, Metal poisons(lead, arsenic, mercury, copper), Narcotics(heroine, opium, cannabis, medicines(Barbiturates, paracetamol, benzodiazepam)

Recommended reading for Forensic Medicine.

Keith Simpson's Forensic Medicine (edited by Bernard Knight)
Clinical Forensic Medicine edited by W.D.S. Mc Lay

5. SAMPLE QUESTIONS: (MCQs with single best answer)

5.1 Emergency Medicine

- 1) A 50-year-old man presents in emergency ward with central chest pain. On examination, his blood pressure is 90/60 mmHg and pulse is 106/min. He is pale and sweating profusely. The most likely diagnosis is:
 - a. Esophagitis
 - b. Myocardial infarction
 - c. Pericarditis
 - d. Pleural effusion
 - e. Pneumothorax

- 2) Findings suggestive of pure left-sided heart failure include all of the following except:
 - a) Dyspnea
 - b) Hepatomegaly
 - c) Orthopnea
 - d) Paroxysmal nocturnal dyspnea
 - e) none of the above

- 3) The three areas measured with the Glasgow Coma Scale are:
 - a) Eye opening, verbal response, and motor response
 - b) Vital signs, eye opening and pupil reaction
 - c) Level of consciousness, vital signs and respiratory pattern
 - d) Open wounds, peripheral pulses and motor response
 - e) Pupil reaction, muscle power and reflexes

5.2 Pediatrics

- 4) Management of pneumonia at home
 - a) Only those with mild pneumonia are treated at home



- b) Tachypneic patients are treated at home
- c) Chest in drawing is a mild symptom
- d) Antibiotics are given intravenously
- e) No need to follow up in 2-3 days

- 5) Signs of severe dehydration include
- a. normal pulse
 - b. decreased fluid intake
 - c. very delayed capillary refill with mottled skin
 - d. thirsty
 - e. normal physical examination

5.3 Anatomy

- 6) Regarding the spinal cord, all are correct EXCEPT:
- a. The spinal cord is the continuation of the medulla oblongata.
 - b. The spinal cord ends at the level of L3 in the adult.
 - c. In the adult, the dura mater ends at the level of S2 vertebra.
 - d. The ventral 2/3 are supplied by the anterior spinal artery.
 - e. The conus medullaris is fixed to the coccyx by the filum terminale
- 7) Regarding the abdominal aorta, all are correct EXCEPT:
- a. It enters the abdomen opposite the 12th thoracic vertebra
 - b. It bifurcates into 2 common iliac arteries opposite the 5th lumbar vertebra
 - c. It lies on the left side of the inferior vena cava
 - d. The branches that supply the gut arise from its anterior surface
 - e. The thoracic duct passes through the aortic opening of the diaphragm

5.4 Pharmacology

- 8) What term is used to describe a gradual decrease in responsiveness to a drug, taking days or weeks to develop?
- a. Refractoriness
 - b. Cumulative effect
 - c. Tolerance
 - d. Tachyphylaxis
 - e. Addiction
- 9) A 20 year old female presents with a six weeks history of galactorrhoea. She has no other symptoms but takes medication for contraception, dyspepsia and migraine. Examination reveals slight galactorrhoea with expression from both breasts but is otherwise normal. Investigation shows: Prolactin 915 mU/L. Which of the following drugs may be responsible?
- a. Codeine phosphate
 - b. Metoclopramide
 - c. Antacid
 - d. Oral contraceptive pill
 - e. Sumatriptan



5.5 Ophthalmology

- 10) A 59-year-old with bilateral glaucoma is treated with drops of the parasympathetic agent pilocarpine. Cholinergic stimulation of the pupil causes which of the following?
- Absence of the papillary response to light
 - Inequality of pupil size
 - Papillary constriction (miosis)
 - Papillary dilation (mydriasis)
 - Tonic pupil (slow re-dilation after exposure to light)

5.6 Preventive Medicine

- 11) What kind of risk factor is High blood pressure for cardiovascular disease?
- Modifiable risk factor
 - Static risk factor
 - Non modifiable risk factor
 - Hereditary risk factor
 - Gender independent risk factor

5.7 Medical ethics

- 12) Your 36-year-old patient has just tested positive for HIV. He asks that you not inform his wife of the results and claims he is not ready to tell her yet. What would you say to your patient?
- Encourage the patient to share the information with his wife on his own, giving him a bit more time if necessary.
 - Tell the patient that his wife is at serious risk for being infected with HIV, and that you have a duty to ensure that she knows of the risk.
 - Tell the patient that it requires reporting both the patient and any known sexual partners to local health protection agency
 - All the above.
 - None of the above.

5.8 Forensic Medicine

- 13) Which of the following regarding autopsy is NOT correct
- Autopsy is often useful in determining the cause of death
 - A decomposing body does not require autopsy as often no information can be obtained
 - Autopsy is sometimes conducted to retain relevant organs and tissues as evidence
 - The 'I' incision extends from the chin straight down to the symphysis pubis
 - The stomach and its contents are preserved in suspected poisoning cases

5.9 Microbiology

- 14) The causative agent of tetanus is
- Clostridium botulinum*
 - Cl. tetani*
 - Cl. welchii*
 - Cl. Perfringens*
 - Diphtheria toxin



- 15) Gram-positive cocci include:
- a. Staphylococcus sp.
 - b. Escherichia sp.
 - c. Meningococcus sp.
 - d. Haemophilus sp.
 - e. Moraxella sp

5.10 Biochemistry

- 16) Glycosylated hemoglobin is related to glucose content in blood over
- a. 1 month
 - b. 2 months
 - c. 3 months
 - d. 4 months
 - e. None of the above
- 17) Vitamin K deficiency cause
- a. keratomalacia leading to blindness
 - b. faulty epiphyseal bone formation
 - c. defective tooth enamel
 - d. keratinization of mucous membranes and skin
 - e. Hemorrhagic disease of newborn

5.11 Surgery

18) A 38-year-old man, previously in good health, suddenly develops severe abdominal pain radiating from the left loin to the groin. It is associated with nausea, perspiration and frequent urination. He is restless, tossing in bed, but has no abnormal findings. The most likely diagnosis is:

- a. Herpes zoster
 - b. Left ureteral calculus
 - c. Sigmoid diverticulitis
 - d. Torsion of the left testicle
 - e. Retroperitoneal hemorrhage
- 19) Meckel's diverticulum most commonly presents as:
- a. Gastrointestinal bleeding
 - b. Obstruction
 - c. Diverticulitis
 - d. Intermittent abdominal pain
 - e. Fever

