

# Post Graduate Medical Diploma (Part-I) Diploma in Gynaecology and Obstetrics (DGO) Paper-I (Multiple Choice Questions) **MODEL PAPER**

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Signatures of Candidate

Roll No.

Total Marks: 100 Time Allowed: 2 hours

# Instructions: i Read the instructions on the MCQ Response Form carefully. ii. Attempt all questions. iii. Question Paper to be returned along with MCQ Response Form. Candidates are strictly prohibited to give any identification mark except Roll No. & Signatures in the specified column only. Q.1 A G5P3+1 received a perineal tear while delivering a baby weighing 4.2 kg. The tear involved muscles of perineal body and fibers of external anal sphincter. This tear is: a) First degree. d) Fourth degree. b) Second degree. e) Fifth degree. c) Third degree. Q.2 On examination a neonate was found to have congenital absence of upper part of vagina. Development of which embryonic structure was most likely defective during fetal growth: d) Genital tubercle. a) Mesonephric duct. b) Paramesonephric duct. e) Urogenital folds. c) Urogenital sinus. Q.3 G2P1 presents at 24 weeks of gestation with ultrasound report showing single alive fetus with spina bifida. Rest of anatomical survey is normal. This anomaly is due to: d) Failure of neural folds to close. a) A cleft spinal cord. b) A remnant of notochord. e) Failure of vertebral arches to fuse. c) A skull defect. A 53 years old woman was received in emergency with a stab wound in right buttock. Stab Q.4 wound was explored. Among the following structure not liable to pass through the greater sciatic foramen is: a) Inferior gluteal nerve. d) Sciatic nerve. b) Lateral cutaneous nerve of thigh. e) Superior gluteal nerve. c) Posterior cutaneous nerve of thigh. Q.5 A 42 year old P9+2 complains of foul smelling vaginal discharge and postcoital bleeding for 2 years. Speculum examination shows a fungating growth arising from anterior lip. Most likely involved lymph nodes will be: d) Obturator nodes. a) Inguinal nodes. b) Internal / external iliac nodes. e) Paraaortic nodes. c) Lateral sacral nodes. Q.6 A 30 years old P1+0 presents with painful swelling in right posterolateral part of vagina and fever for 3 days. Diagnosis of Bartholin's abscess is made. Incision and drainage is planned. What is the anatomical location of Bartholin's gland: a) Deep perineal pouch. d) Superficial perineal pouch. b) Ischiorectal fossa. e) Urogenital diaphragm. c) Pudendal canal. Q.7 A young woman came to outpatient department with right inguinal lymph node enlargement. Abnormality of following structure should not be suspected: d) Medial side of thigh. a) Ampulla of rectum. b) Dorsum of foot. e) Penile urethra. c) Lower half of anal canal. Q.8 In vulval carcinoma, while doing perineal surgery in order to reach deep inguinal lymph nodes in femoral triangle, the surgeon will not encounter the following structures:

- a) Femoral artery.
- b) Femoral nerve.
- c) Femoral sheath.

- d) Obturator nerve.
- e) Saphenous nerve.

(Continued)

Q.9 Infection of which one of the following structure is not likely to cause superficial inguinal lymphadenopathy: a) Anal canal. d) Cervix. b) Mons pubis. e) Vagina. c) Perineum. Q.10 A woman received stab wound in the region of apex of femoral triangle. Most likely structure cut at the apex of femoral triangle will be: a) Femoral artery. d) Profunda femoris artery. b) Femoral nerve. e) Saphenous nerve. c) Lateral circumflex femoral artery. A patient went into hypovolemic shock 2 horus after minilaparotomy for bilateral tubal ligation. Q.11 On reopening the abdomen one of the ligatures was found to be slipped off the tube resulting in massive hemorrhage. The hemorrhage occurred due to damage to: a) External iliac artery. d) Uterine artery. b) Internal iliac artery. e) Ovarian arteries. c) Pudendal artery. G5P3+1 had a difficult Csection due to previous 3 Csections, she is at risk of massive 0.12 hemorrhage due to damage to: a) External iliac artery. d) Pudendal artery. b) Internal iliac artery. e) Uterine artery. c) Obturator artery. Q.13 A 60 years old lady presented with right sided lower abdominal mass. USG shows 16 cm size mass with solid and cystic components in right adenexa and moderate ascites. Her CA125 is 250U/L. Which group of lymph nodes is expected to enlarge initially: a) Cervical lymph nodes. d) Paraortic lymph nodes. b) External iliac lymph nodes. e) Superficial inquinal lymph nodes. c) Internal iliac lymph nodes. A 55 years old P9+0 presents in out patient department with complaint of something coming out Q.14 of vagina. She has history of good size babies and instrumental deliveries. She develops the condition due to weakness of: a) Lateral cervical ligament. d) Round ligament of uterus. b) Posterior pubourethral ligament. e) Urogenital diaphragm. c) Pubocervical ligament. Primigravida delivered a baby by SVD with episiotomy. The structure most likely cut in 0.15 episiotomy is: a) Deep transverse perineal muscle. d) Labia majora. b) External anal sphincter. e) Levator ani muscle. c) Ischio cavernosis muscle. Q.16 While opening an abdomen by midline incision, surgeon must be cautious to avoid superior epigastric artery hemorrhage. This artery lies: a) Anterior to rectus abdominis. d) Superficial to anterior rectus sheath. e) Within rectus abdominis. b) Deep to posterior rectus sheath. c) Posterior to rectus abdominis. Q.17 A Primigravida developed fetal distress in second stage of labour. Outlet forceps delivery was planned. For pudendal nerve block, which structure is palpated through lateral vaginal wall to localize the injection site: a) Cervix. d) Sacral promontory. e) Sacrospinous ligament. b) Coccyx. c) Ischial spine. Q.18 A female patient presented with severe pain and swelling in vulval region. On examination, a tender swelling was present posterior to labium majus. Most likely structure involved is: a) Bartholin's gland. d) Great vestibular gland. b) Clitoris. e) Paraurethral gland. c) Anus. Q.19 In x-ray pelvimetry, inlet shows transverse diameter more than anteroposterior diameter. Name the type of pelvis:

- a) Android.
- b) Anthropoid.
- c) <u>Gynaecoid.</u>

- d) Platypelloid.
- e) Ricketic.

(Continued)

Q.20 Histological examination of a dermoid cyst revealed derivatives from all the three germinal layers. Mesodermal derivatives include: d) Smooth muscle. a) Hair. b) Lens. e) Thyroid tissue. c) Sebaceous material. Q.21 During the spermatogenesis, the number of sperms formed from one primary spermatocyte is: a) 1. d) <u>4.</u> b) 2. e) 8. c) 6. Q.22 A newborn male baby has undescended testes. Descent of testes can occur by administering: d) Progesterone. a) Growth hormone. b) Follicle stimulating hormone. e) Testosterone. c) Estrogen. Q.23 A middle aged woman presented with amenorrhea, myxedema and other features due to lack of anterior pituitary hormones. She gave past history of severe postpartal hemorrhage leading to circulatory shock. She is most likely suffering from: a) Cushing's syndrome. d) Sheehan's syndrome. b) Conn's syndrome. e) Simmond's disease. c) Hypothyroidism. The hormone causing development of duct system and fat deposition in the breast is: 0.24 a) Estrogen. d) Prolactin. b) Luteinizing hormone. e) Progesterone. c) Oxytocin. 0.25 In a pregnant woman, there is inhibition of secretion of: d) Progesterone. a) Estrogens. b) Gonadotropins. e) Prolactin. c) Growth hormone. Q.26 A lactating mother was diagnosed to have Parkinson's disease. She was given L-dopa as a treatment. She was likely to have: a) Amenorrhea. d) Increased frequency of milk ejection. b) Inhibition of lactation. e) Stimulation of lactation. c) Increased milk secretion. Q.27 Inhibin: a) Causes secretion of FSH from anterior c) Is secreted by the Leydig cells of testes. d) Is steroid in nature. pituitary. b) Causes secretion of LH from anterior e) Prevents oversecretion of FSH from pituitary. anterior pituitary. Q.28 In a lactating mother, menstrual cycle is inhibited because prolactin inhibits the secretion of: a) Estrogen from ovaries. d) Oxytocin from hypothalamo-hypophyseal b) Gonadotropin releasing hormone from system. e) Progesterone from ovaries. hypothalamus. c) Inhibin from ovaries. 0.29 Release of human chorionic gonadotropin from the placenta: a) Begins in 4<sup>th</sup> week of gestation. d) Stimulates Leydig cells of testes in male b) Decreases the secretion of estrogens. fetus. c) Helps in involution of the corpus luteum. e) Stimulates the secretion of LH. Q.30 Normal parturition depends mainly upon: a) Activation of beta adrenergic receptors in c) Innervation of the uterus. uterus. d) Oxytocin and prostaglandins. b) Fall in placental secretion of estrogens. e) Presence of normal ovaries. Q.31 The pregnancy in a female is confirmed by finding: a) Conjugated progesterone in the urine. d) Human chorionic gonadotropin in the b) Estrogens in the urine. urine. c) Hardening of the cervical tissue. e) Thin cervical muscus. Q.32 A female is given tablets containing estrogen and progesterone. This: a) Causes ovulation to occur. d) Tends to increase acne formation. b) Causes menstruation to increase. e) Tends to increase salt and water c) Depresses secretion of anterior pituitary excretion. gonadotropins. 0.33 In human beings, fertilization of the ovum usually occurs in: a) Abdominal cavity. d) Uterine cavity. b) Cervix. e) Vaginal canal.

c) Fallopian tubes.

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- Q.34 Acne formation in an adolescent girl is due to:
  - a) Adrenal androgens.
    - b) Follicle stimulating hormone.
    - c) Estrogens.

#### Q.35 In a pregnant woman, there is decreased:

- a) Blood volume.
- b) Cardiac output.
- c) Glomerular filtration rate.

### A multigravida is in 3<sup>rd</sup> trimester of a normal pregnancy. During pregnancy, the maternal kidney: Q.36

- a) Excretes tiny amounts of vitamin C.
- b) Reabsorbs more uric acid.
- c) Produces less rennin.

#### Q.37 Regarding Growth Hormone (GH):

- a) Is a glycoprotein.
- b) Has a molecular weight of 1500.
- c) Has a structure similar to ACTH.

#### **Regarding ACTH:** Q.38

- a) Inhibits androgen secretion by adrenals.
- b) Has a molecular weight of 21,000.
- c) Contains the sequence of a -melanocytes stimulating hormone (a-MSH).

#### Q.39 **Regarding LH:**

- a) Levels reach a peak at 20 weeks of intrauterine life.
- b) Is secreted in pulses every 5 minutes.
- c) Pulsatile secretion ceases during sleep.

#### 0.40 **Regarding Oxytocin:**

- a) It has 50 amino acids.
- b) It is synthesized in posterior pituitary.
- c) <u>Is formed as a larger precursor molecule.</u>

- d) Progesterone.
- e) Luteinizing hormone.
- d) Metabolic rate.
- e) Serum ferritin.

- d) Had diminished creatinine clearance in the first trimester.
- e) Has increased tubular reabsorption of glucose.
- d) Is released in short busts.
- e) Release is stimulated by Corticosteroids.
- d) Contains the sequence of  $\beta$ -endorphin.
- e) It is the precursor of lipotrophic hormone (LPH).
- d) Peak occurs about 30 hours before ovulation.
- e) Levels are higher in male than female fetus.
- d) Has no role in labor.
- e) Is found in corpus luteum.
- A lady is concerned about menopausal symptoms. The following statements are true about the 0.41 Peri-menopause, Except: d) HRT is of primary concern to many
  - a) Loss of ovarian function results in
  - absolute estrogen deficiency.
  - b) Menstrual irregularity may occur.
  - c) Approximately occurs at 51 years.

#### A child has Klinefelter's syndrome. All are true, Except: Q.42

- a) It is a male phenotype.
- b) Has more than one X-chromosome.
- c) There is a lower incidence of mental retardation.
- 0.43 The following are X-linked recessives, EXCEPT:
  - a) Hemophilia A.
  - b) Duchenne muscular dystrophy.
  - c) Glucose 6- phosphate dehydrogenase deficiency.

#### Q.44 A baby is delivered with Down's Syndrome. The following are true for Down's, Except:

- a) It is characterized by Patent Ductus Arteriosus (PDA).
- b) Has an increase incidence of chronic mveloid leukemia.
- c) Has increased incidence with advancing maternal age.

## Q.45 A lady wants to know why she had a spontaneous early miscarriage. The commonest chromosomal abnormality responsible for this is:

- a) <u>45 X</u>
- b) 45 XXY
- c) 47 XXX

- d) 44 X
- e) Trisomy 16

- d) Phenylketonuria. e) Colour blindness.

- women. e) Menopause occurs earlier in smokers.
- d) There is raised urinary excretion of
- e) There is gonadal dysgenesis.
- gonadotrophins.

- - d) Can be caused by a paternal 14/21 translocation.
  - e) Of the C21 trisomy type is associated with a normal maternal chromosomal pattern.

d) Decreased elimination in mother.

e) Increased affinity in fetal plasma proteins.

### a) Rapidly metabolized by fetal hepatic d) Excreted rapidly. e) Metabolized in the maternal circulation enzymes. b) Unable to cross placental barrier. into its metabolites. c) Effluxed from the fetal circulation. Q.48 Due to the endocrine environment changes occurring during pregnancy, the drug effects may be changed like on: a) Uterus and breast. d) CNS. e) Heart (other than on cardiac output). b) Lungs. c) Kidneys. Q.49 A 25 year old pregnant lady has been detected as HIV positive; her baby may be best prophylacted by giving her: a) Nevirapine. d) Combination of zidovudine and b) Nelfinavir. lamivudine. c) Combination of didanosine and stavudine. e) Combination of indinavir and lopinavir. Q.50 A 30 years old South American lady has been recently diagnosed as a patient of primary syphilis. The drug of choice for her may be: a) Azithromycin. d) Penicillin. b) Ciprofloxacin. e) Doxycycline. c) Cotrimoxazole. 0.51 A 20 year old pregnant lady needs counseling and reassurance about the possible tertagenic effects of drugs used after 10<sup>th</sup> weeks of pregnancy especially about: d) Teeth. a) Limbs. b) CNS. e) Ear. c) Eyes. Q.52 The drug which is contraindicated throughout the pregnancy to avoid significant depressive adverse effects is: a) Tricyclic antidepressants. d) Thalidomide. b) Lithium. e) Heroin. c) Penicillamine. Due to low levels exerted/secreted in the breast milk a young lady of 25 year may be allowed to 0.53 take it throughout her lactation: a) Propranolol. d) Phenobarbitone. e) I<sup>131</sup>. b) Isoniazid. c) Doxycycline. Q.54 A young 20 year old lady has failed to progress during labor so is a candidate for cesarean section which can be performed very easily by a faster and superior block like: a) Spinal anesthesia. d) Combined spinal epidural technique. b) Epidural anesthesia. e) General anesthesia. c) Continuous spinal anesthesia. 0.55 The oral bioavailability will be increased in a neonate of 10 days when he is given a dose of: a) Paracetamol. d) Phenvtoin. e) Co-trimoxazole. b) Ampicillin. c) Phenobarbitone. A lady with DVT is being treated. Regarding anticoagulants: 0.56 d) Coumarins act by inhibiting conversion of a) Heparin is a protein. b) Heparin is secreted into breast milk. fibrinogen to fibrin. c) <u>Prolonged use of Heparin may be</u> e) The effect of coumarins can be reversed associated with Osteoporosis. in less than one hour by administration of Vitamin K. A 27 year old Primigravida is in 2<sup>rd</sup> stage of labor and is in pain. Which nerve roots are 0.57 responsible for the pain of vaginal delivery? d) T10, T11 only. a) T8, T9, T10

The levels of a "free" drug are more in fetal plasma than in maternal plasma because of:

Glyburide, a hypoglycemic agent is present in lower concentrations in fetal circulation than in

Q.46

Q.47

a) Increased plasma proteins in mother.

c) Increased levels going to fetal circulation.

b) Lower binding sites of fetal proteins.

maternal circulation as it is:

- b) T11, T12 only.
- c) T10, T11, T12, L1

- e) <u>S2, S3, S4.</u>

- Q.58 Local anesthesia is being infiltrated in the perineum at delivery for episiotomy. Which of the following is NOT a sign of CNS toxicity from local anesthetist? a) Slurred speech. d) Chorea. b) Tinnitus. e) Paresthesia of mouth. c) Respiratory failure. Q.59 A multigravida is being given a paracervical block for a short procedure. The most common complication of this block is: a) Maternal hypotension. d) Convulsion. b) CNS toxicity. e) Fetal bradycardia. c) Bleeding. Q.60 The requirements of vitamins and minerals are established for daily intake. Regarding Vitamin A: a) It is water soluble. d) Excess leads to xerophthalmia. e) Is mainly stored in brain. b) Deficiency leads to night blindness. c) Requires bile for its absorption. Q.61 Vitamin K is an essential vitamin in relation to Obstetrics. Regarding Vitamin K: a) Is not present in green vegetables. d) Is stored in large quantities in liver. b) Is water soluble. e) Its deficiency cause c) Is synthesized by viruses. hypoprothrombinemia. Q.62 A crucial prenatal requirement is folic acid. Regarding this vitamin: a) It is fat soluble. c) Requires gastric intrinsic factor for its b) Given before and during first trimester, it absorption. reduces recurrence of Neural Tube d) Deficiency leads to microcytic anemia. e) It is lower in concentration in fetal blood Defects (NTD) by 70%. than in maternal blood. Q.63 Minerals are essential during pregnancy. The following minerals and trace elements are correctly paired with their functions, EXCEPT: a) Magnesium – enzyme co-factor. d) Zinc – enzyme co-factor. b) Copper – oxidase enzymes. e) Phosphorus – metabolic intermediaries. c) <u>Chromium – nerve and muscle function.</u> Q.64 A 51 year old lady is getting Estrogen Replacement Therapy (ERT). The administration of Estrogen does all the following, EXCEPT: a) Increases thyroxine – binding globulin. d) Reduces cortisol binding globulin. b) Leads to water retention. e) Alters glucose tolerance. c) Leads to rise in blood lipids. A primigravida just delivered is being managed for Post Partum Hemorrhage (PPH). Q.65 Prostaglandin F2a given in therapeutic dose will produce: a) Water retention. d) Reduced uterine contractility. e) Dilation of bronchi. b) Increased uterine contractility. c) Decreased small bowel peristalsis. Q.66 A 65 year old hypertensive with BP 180/105 mm Hg presents with dyspnea at rest -and swelling of legs. Clinical examination reveals congestion in lungs with ankle edema. What could be the most likely composition of his edema fluid in extracellular space: a) Increased proteins d) Transudative b) Increased cells e) Haemorrhagic c) Exudative Q.67 Which of the following chemical mediator is not involved in acute inflammation? a) Complement d) Histamine b) Lymphokine e) Nitrous oxide c) Bradykinin A patient with recurrent bacterial infection is diagnosed to have a genetic deficiency of 0.68 myeloperoxidase enzyme. The cause of increased susceptibility to infection is: a) Defective neutrophil degranulation d) Decreased oxygen consumption after b) Defective production of Prostaglandins phagocytosis c) An inability to produce HOCI e) An inability to produce hydrogen peroxide Q.69 Following except one are the features of arterial thrombi: a) They are friable d) They have mottled appearance b) They are easily detached e) They are wedge-shaped
  - c) They are dry

#### Q.70 Commonest source of pulmonary embolism is

- a) Pelvic vein thrombosis
- b) Deep vein thrombosis
- c) Hepatic vein thrombosis
- Q.71 A 24-year-old woman presents with increasing pain and swelling in the posterior region of her neck. Physical examination finds a red, hot, swollen area measuring approximately 1 cm in greatest dimension. The skin is intact in this area, but surgical exploration finds a cavity that is filled with purulent material. Cultures from this material grow Staphylococcus aureus. Histological sections reveal liquefactive necrosis filled with numerous neutrophils and necrotic tissue. These histological findings best describe which one of the following pathological processes?
  - a) Abscess formation
  - b) Epithelial erosion
  - c) Fibrinous inflammation

- d) Serous inflammation
  - e) Ulcer formation
- Q.72 Which type of inflammatory cell would predominate in histological sections of a biopsy specimen from an enlarged salivary gland in an individual with Sjögren's syndrome?
  - a) Basophil
  - b) Eosinophil
  - c) Epithelioid cell

- d) Lymphocyte
- e) Neutrophil
- Q.73 A 49-year-old man develops an acute myocardial infarction because of the sudden occlusion of the left anterior descending coronary artery. Which of the following types of necrosis should be present in these areas of infarction? d) Caseous necrosis
  - a) <u>Coagulative necrosis</u>
  - b) Liquefactive necrosis
  - c) Fat necrosis
- Q.74 Which of the following describes multiple small mucinous cysts of the endocervix that result from blockage of the endocervical glands by overlying squamous metaplastic epithelium?
  - a) Bartholins cysts
  - b) Chocolate cysts
  - c) Follicular cysts

d) Gartner's duct

e) Fibrinoid necrosis

- cysts.
- e) Nabothian cysts
- A 65-year-old woman presents with a pruritic red, crusted, sharply demarcated map-like lesion 0.75 involving a large portion of her labia majora. Histologic sections from this lesion reveal individual anaplastic tumor cells infiltrating the epidermis. Distinctive clear spaces are noted between these anaplastic cells and the surrounding normal epithelial cells. These malignant cells stain positively for mucin and negatively with SIOO. Which of the following is the most likely diagnosis?
  - a) Clear cell adenocarcinoma
  - b) Malignant melanoma
  - c) Extramammary Paget disease

- d) Sarcoma botryoides
- e) Squamous cell carcinoma
- 0.76 A 23-year-old woman presents with urinary frequency and abnormal uterine bleeding. A careful medical history finds that her abnormal menstrual bleeding is characterized by excessive bleeding at irregular intervals. A pelvic examination finds a single mass in the anterior wall of the uterus, this being confirmed by ultrasonography, which one of the following clinical terms best describes the abnormal uterine bleeding in this woman?
  - a) Amenorrhea
  - b) Dysmenorrhea
  - c) Menometrorrhagia

- d) Oligomenorrhea
- e) Polymenorrhea
- A boy of 8-yrs has progressive corneal vascularization, deafness, notched incisors & a flat nose. 0.77 This is most likely a congenital infection by which organism.
  - a) Rubella
  - b) Cytomegalovirus
  - c) Toxoplasma

- d) T. Palladium
- e) Herpes simplex virus

e) Decidualized stromal cells

- 0.78 A 29-year-old woman presents with severe pain during menstruation (dysmenorrhea). During workup, an endometrial biopsy is obtained. The pathology report from this specimen makes the diagnosis of chronic endometritis. Based on this pathology report, which of the following was present in the biopsy sample of the endometrium?
  - a) Neutrophils
  - b) Lymphocytes
  - c) Lymphoid follicles
  - Q.79 A 25-year-old woman presents to your office for workup of infertility. In giving a history she describes severe pain during menses, and she also tells you that in the past another doctor told her that she had "chocolate" in her cysts. Which of the following abnormalities is most likely to be present in this patient?
    - a) Metastatic ovarian cancer
    - b) Endometriosis
    - c) Acute pelvic inflammatory disease

d) Adenomyosis

d) Plasma cells

e) A posteriorly located subserosal uterine leiomyoma

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- d) Cardiac thrombosis e) Patent ductus arteriosus

Q.80

of endometrial hyperplasia and subsequent carcinoma. Which of the following is the most common histologic appearance for this type of cancer? a) Adenocarcinoma d) Squamous cell carcinoma b) Clear cell carcinoma e) Transitional cell carcinoma c) Small-cell carcinoma Q.81 A 40 years old woman came to OPD with complaints of fever and cervical lymphadenopathy. Histopahtological examination of lymph node shows chronic granulomata. Diagnosis of tuberculosis is confirmed by: a) Central caseous necrosis. d) Positive Mantoux test. b) Langhan's giant cells. e) Raised ESR. c) Lung fibrosis on CXR. Q.82 45 years old man who is smoker and diabetic for ten years, complains of sensory loss and ulcer on big toe. Underlying mechanism involved is: a) Atherosclerosis. d) Neuropathy / Atherosclerosis. b) Infection and obstruction. e) Thrombosis. c) Neuropathy. 0.83 Basic mechanism of radiation injury is: a) Decrease in intracellular Ca<sup>++</sup>. d) Increase in APT production. b) Decrease in intracellular Na<sup>+</sup>. e) Inhibition of protein synthesis. c) Free radical formation. Q.84 Pregnancy is accompanied by uterine enlargement. This is best explained by: a) Aplasia. d) Hypoplasia. b) Hyperplasia. e) Metaplasia. c) Hypertrophy. Q.85 **Rhesus incompatibility indicates:** d) Type III hypersensitivity. a) None of below. b) Type I hypersensitivity. e) Type IV hypersensitivity. c) Type II hypersensitivity. 0.86 George Engel put forward the concept of Biopsychosocial perspective of health and disease which stresses on the understanding of : a) Holistic medicine. d) Personality of the patient b) Social milieu of the patient. e) <u>Psychosocial environment of patient in the</u> c) Better communication skills. same way as pathophysiological processes. Q.87 While the physician is expected to know the patient's language, the patient is often unaware of the medical jargon. Therefore : a) <u>The responsibility lies with the physician to</u> d) Medical jargon must be banned. bridge the communication gap e) The physician must learn other languages. b) The physician must first simplify and explain the medical terminology. c) The physician must explore the psychosocial background of each patient. Q.88 Active listening is a complex process which involves a simultaneous focus on patient's words as well as : a) Body language. d) Adequate eye contact. e) Open ended questions. b) Paralinguistic aspects c) Active prompting Q.89 Empathy building refers to the statements of the doctor that : a) Conveys to the patient that his feelings d) Reflect his good upbringing. have been well-understood. e) Indicate good communication skills. b) Show his sincere sympathy for the patient. c) Relaxes the patient 0.90 Empathic skills are essential for better therapeutic relationship and include reflection, validation, support, respect and : a) Exclusivity. d) Partnership. b) Unconditional positive regard. e) Friendship. c) Informational care.

Prolonged unopposed estrogen stimulation in an adult woman increases the risk of development

Q.91	<ul> <li>Counselling is a technique which aims at :</li> <li>a) Making people less emotional.</li> <li>b) Achieving a greater depth of understanding and clarification of the problem</li> <li>c) Comparing the patient's experiences with one's own.</li> </ul>	e)	Giving sincere advice and solutions to the patients problems Breaking bad news in a professional manner.
Q.92	<ul> <li>A doctor aiming to adopt the role of a counsellor must e</li> <li>a) Wide ranging knowledge base,</li> <li>b) Charismatic personality</li> <li>c) Mastery of the local dialect.</li> </ul>	d)	<b>bit and develop attributes such as :</b> <u>Unconditional positive regard.</u> Honest and simple life style.
Q.93	<ul> <li>A 56 years old male patient has just been diagnosed concerned about his treatment compliance with the prechanges. The patient is most likely to follow the in conversation with the physician makes the patient :</li> <li>a) Calm and collected.</li> <li>b) Calm and questioning.</li> <li>c) Concerned and attentive</li> </ul>	escri nstru d)	bed regimen of medication and dietary
Q.94	Consent is the agreement of the patient to an examinate Which of the following pillars of medical ethics does it re a) Justice b) Beneficence c) <u>Autonomy</u>	epre d)	•
Q.95	<ul> <li>A patient constantly defying prohibitions by the doctor consequences is displaying the phenomena of :</li> <li>a) Transference</li> <li>b) <u>Resistance</u></li> <li>c) Counter-transference</li> </ul>	d)	spite of repeated warnings of serious Non-compliance Emotional instability.
Q.96	<ul> <li>In a study, 100 individuals having history of multiple s development of Ca cervix over 10 years. After 10 years disease. This measure is:</li> <li>a) <u>Incidence.</u></li> <li>b) Prevalence.</li> <li>c) Rate.</li> </ul>	<b>20</b> d)	
Q.97	<ul> <li>In Gynae clinic total of 5 women were attended in one The figure 58 in the above data represents the:</li> <li>a) Mean.</li> <li>b) <u>Median.</u></li> <li>c) Mode.</li> </ul>	d)	<b>r with weight of 55, 57, 58, 60, 72 kg.</b> Percentage. Ratio.
Q.98	<ul> <li>The DGO Part-I result has been declared. The students</li> <li>These are 92, 46, 37, 64, 73, 73, 64, 73 77, 69, 64, 51,</li> <li>obtained by four students i.e. 64 is the:</li> <li>a) Mean.</li> <li>b) Median.</li> <li>c) Mode.</li> </ul>	<b>70</b> , d)	5
Q.99	<ul> <li>A "Late Neonatal Death" is one that takes place from:</li> <li>a) 1 to 3 day.</li> <li>b) 4 to 7 days.</li> <li>c) <u>8 to 28 days.</u></li> </ul>		29 to 35 days. 36 to 40 days.
Q.100	<ul><li>The number of deaths per 1000 births occurring during</li><li>a) Stillbirth rate.</li><li>b) Fetal death rate.</li><li>c) Perinatal mortality rate.</li></ul>	d)	e first 28 days of life is called: <u>Neonatal mortality rate.</u> Perinatal mortality ratio.