

## Evaluation of Self Learning based on WHO Manual *Surgical Care at the District Hospital (SCDH)*

Note: Refer SCDH for answers on *pages* mentioned below each question  
<http://www.who.int/surgery/en/>

### Questions part 1

#### Chapter 1

1. In what ways can we consider leadership to be a clinical skill?  
SCDH 1-1
2. What are the skills of an effective leader?  
SCDH 1-3
3. What are the different styles of leadership?  
Give an example of a situation when each style would be effective.  
SCDH 1-4
4. What strategies can we use to improve our communication?  
SCDH 1-4
5. How can a leader help people stay motivated and interested?  
SCDH 1-5
6. What are they key elements of obtaining patient consent?  
SCDH 1-7
7. What are the educational opportunities in your institution?  
SCDH 1-11 and 12
8. What kind of records are kept at your institution?  
SCDH 1-14
9. How can a team be used to improve trauma care?  
SCDH 1-18/19

#### Chapter 2

1. How do we ensure safe injections?  
SCDH 2-2
2. How do we work to prevent HIV transmission in the health care setting?  
SCDH 2-2/3
3. How are cleaning, sterilization and disinfection different?  
SCDH 2-11
4. What are the requirements for a good sharps disposal container? SCDH 2-14

## Questions Part 2

### **Chapter 3**

1. What factors are necessary to safely transfer a patient?  
SCDH 3-3
2. How do children compensate for blood loss?  
SCDH 3-7

### **Chapter 4**

1. Why should blood loss be minimized?  
SCDH 4-1
2. What are the indications for tetanus prophylaxis?  
SCDH 4-11

### **Chapter 5**

1. What factors influence your choice of suture?  
SCDH 5-1
2. Under what conditions of the wound would delayed primary suture be preferable?  
SCDH 5-2
3. What are the indications for a surgical drain?  
SCDH 5-3
4. What are the indications for the use of snake anti-venom?  
SCDH 5-12
5. What are the characteristic of a second degree burn?  
SCDH 5-14.
6. What is the management of a dental abscess?  
SCDH 5-21
7. What is the difference between an incision and excision biopsy?  
SCDH 5-34
8. What preparations of the patient are necessary and what precautions need be taken when sigmoidoscopy is to be performed?  
SCDH 5-38
9. What is the management of haemorrhoids in the pregnant patient?  
SCDH 5-42

## Questions Part 3

### Chapter 6

1. What are "tension sutures" and when would you use them?  
SCDH 6-3
2. What are the absolute indications for laparotomy in a patient who has sustained abdominal trauma?  
SCDH 6-5
3. What are the early and long term complications of splenectomy?  
SCDH 6-7
4. Compare and contrast the management of a patient with ruptured spleen and one with ruptured liver.  
SCDH 6-9
5. What is the Management of liver lacerations that have stopped bleeding?  
SCDH 6-9
6. Compare and contrast the emergency management of a patient with a traumatic perforation of the small intestine, with one with traumatic perforation of the colon.  
SCDH 6-11
7. What are the main points in colostomy care?  
SCDH 6-13
8. How would you distinguish an extra peritoneal bladder rupture from an intra peritoneal rupture?  
SCDH 6-16

### Chapter 7

1. What is "acute abdomen"?  
SCDH 7-1
2. What are the causes of peritonitis? Briefly discuss the "general" management of a patient with peritonitis.  
SCDH 7-4
3. How do the symptoms, signs and investigations in a patient with perforated peptic ulcer differ from those of a patient with acute appendicitis?  
SCDH 7-10

### Chapter 8

1. What are the main features in a patient with a non-strangulated hernia?  
SCDH 8-1

2. Describe the difference between an inguinal and femoral hernia?  
SCDH 8-1
3. What are the main features in a patient with a strangulated hernia?  
SCDH 8-2

### **Chapter 9**

1. What are the causes of acute urinary retention?  
SCDH 9-1
2. What are the complications of catheterization and what precautions would you take to prevent them?  
SCDH 9-2
3. How would you differentiate an inguino- scrotal hernia from a hydrocoele?  
SCDH 9-11
4. How would you differentiate a hydrocoele from a testicular swelling?  
SCDH 9-11

## **Questions Part 4**

### **Chapter 10**

1. A pregnant woman is brought to your centre with convulsions. Describe the initial steps of your management.  
SCDH 10-5
2. How will you administer magnesium sulfate for eclampsia?  
SCDH 10-6

### **Chapter 11**

1. List three fundamental causes for slow labour.  
SCDH 11-3
2. How will you use the modified WHO partograph for monitoring labour?  
SCDH 11-6
3. What are the clinical findings suggestive of satisfactory and unsatisfactory progress in labour?  
SCDH 11-8
4. What will you do if there is excessive bleeding at caesarean delivery?  
SCDH 11-17
5. How will you use oxytocin for augmenting labour?  
SCDH 11-21/22

## **Chapter 12**

1. Describe the initial management of a pregnant woman who presents with vaginal bleeding.  
SCDH 12-3
2. What is active management of third stage of labour?  
SCDH 12-3
3. How will you manage a woman who has incomplete abortion?  
SCDH 12-7
4. How will you manage a woman with placenta praevia?  
SCDH 12-11
5. How will you diagnose and manage atonic postpartum haemorrhage?  
SCDH 12-13
6. Describe the steps of manual vacuum aspiration.  
SCDH 12-15
7. How will you remove a placenta which has not been delivered 2 hours after delivery?  
SCDH 12-23
8. Describe the follow up of a woman who has had a recent abortion.  
SCDH 12-3

## **Questions Part 5**

### **Chapter 13**

1. What are the aims of intubation when carried out during CPR?  
SCDH 13-2
2. During resuscitation, why do we attempt to restore respiratory function before the circulation?  
SCDH 13-4
3. Why is epinephrine (adrenaline) given in cardiac arrest when no ECG diagnosis is available?  
SCDH 13-8
4. What are the features of moderate or severe hypovolaemic shock? (*Pallor, rapid feeble pulse, low BP, low urine output, cold skin, sweating, air hunger, conscious level.*)  
SCDH 13-8
5. In section 13.2 three conditions are mentioned that require treatment before a detailed examination and diagnosis can be made. Give three reasons why.  
SCDH 13-10

6. Even in severe haemorrhagic shock, why is it more important to give crystalloids as intravenous infusion before giving blood transfusion?  
SCDH 13-16
7. Why are salt containing iv fluids better than dextrose in resuscitation?  
SCDH 13-17
8. Why is a burette better than a 1 litre bag for giving intravenous fluids in babies?  
SCDH 13-18
9. When performing the clinical assessment, why do you take the history before performing the examination?  
SCDH 13-24
10. Have you seen an unconscious patient regurgitate? What was the consequence? Whose fault was it? Could it have been avoided?  
SCDH 13-32
11. The LMA is often used in place of an endotracheal tube. When should it not be used in this way? When is it better than an endotracheal tube?  
SCDH 13-34
12. Hypertension is common in developing countries. If you know the patient is hypertensive, how does that affect your choice of anaesthetic technique?  
SCDH 13-37

## **Chapter 14**

1. Look at your patient who is coming for anaesthesia and surgery: how would you decide if thiopentone or ketamine was the better choice for intravenous induction?  
SCDH 14-4
2. Is suxamethonium a resuscitation drug? When is suxamethonium sometimes life-saving and when can it have fatal consequences?  
SCDH 14-6
3. What do you think is the greatest hazard that faces a baby less than 6 months old coming for surgery and anaesthesia at your hospital? What could you do to reduce the hazard?  
SCDH 14-21
4. Why is spinal anaesthesia usually considered a better technique than general anaesthesia for caesarian section?  
SCDH 14-24
5. If the airway was obstructed in an unconscious patient, how would you know? How would you correct the obstruction?  
SCDH 14-32

6. What are the 'active' or 'moving' indicators to monitor respiration? (*Movement of chest/abdomen, Movement valve leaflets, Movement bag/bellows, Movement reservoir bag*)  
SCDH 14-38
7. What are the other indicators? *Water condensation, Noise of respiration, Colour of patient, Pulse oximeter.*  
SCDH 14-38
8. Why do you take the blood pressure before, during and after anaesthesia? How does the reading help you manage these three different situations?  
SCDH 14-44

### **Chapter 15**

1. Do you think an ICU would be a sustainable service at your hospital? If not, why might it fail?  
SCDH 15-5
2. Drawing on your experience, why do think oxygen concentrators are good? What are the problems you have experienced with using them?  
SCDH 15-11

## **Questions Part 6**

### **Chapter 17**

1. In treating a long bone fracture of the lower extremities, what indicators would you use to decide whether to use skin or skeletal traction?  
SCDH 17-1
2. What is major complication of skeletal traction?  
SCDH 17-3
3. How do you treat a suspected pressure area underneath a cast?  
SCDH 17-8
4. In a head injured patient what are the signs of a dangerous increase in intra-cranial pressure?  
SCDH 17-15

### **Chapter 18**

1. If you have no ability to obtain an x-ray, how would you make the diagnosis of a suspected dislocated shoulder?  
SCDH 18-2

2. What is major complication to avoid when treating children with posterior elbow dislocations?  
SCDH 18-7
3. Name the major functional loss resulting from adult forearm fractures that are not properly reduced.  
SCDH 18-8
4. Unstable pelvic fractures result from high energy injuries. Which other serious injuries are frequently associated with these fractures?  
SCDH 18-15
5. A patient in the emergency area of the hospital has a fracture of the mid-femur with an associated laceration through which you can see the bone ends. What is your treatment plan for this patient?  
SCDH 18-18
6. If not properly treated, unstable spine fractures are likely to move causing further damage to the spinal cord and nerve roots. By x-ray how would you determine if the fracture is stable or unstable?  
SCDH 18-27
7. After fractures in children, how much correction of deformities in length, angulation, rotation, and displacement can be expected?  
SCDH 18-29
8. What are the physical findings and treatment plan of an acute compartment syndrome?  
SCDH 18-33

## **Chapter 19**

1. Name the four major disorders of the hip joint in children.  
SCDH 19-2
2. What is the initial treatment for an infected joint?  
SCDH 19-6
3. Haematogenous osteomyelitis mostly begins in which portion of the bone?  
SCDH 19-6