EVALUATION OF SELF LEARNING BASED ON
WHO MANUAL SURGICAL CARE AT THE DISTRICT HOSPITAL (SCDH)

Note: For the answers, refer to the SCDH Manual. The pages listed below each question will contain the answers, e.g. SCDH 1-3

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 the 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(s) 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
PART 2

Chapter 3
1. What factors are necessary to safely transfer a patient? SCDH 3-3

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

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 hydrocele? *SCDH 9-11*

4. How would you differentiate a hydrocele from a testicular swelling? *SCDH 9-11*
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 previa? SCDH 12-11

5. How will you diagnose and manage atonic postpartum hemorrhage? 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
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, Color 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*

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**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*

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**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*