Part A Revision Sessions: Suggested Frameworks for Answering Questions

Frameworks

1. Donabedian (quote name if used).

Structure	Staff Numbers
	Staff Qualifications
	Bed capacity
Process	Admissions
	Procedures
Output	Products
Outcomes	Survival
	Quality of life

Relevant past paper questions:

e.g. Q3, January 2003
Q4, January, 2009

2. Epidemiology of a communicable disease – 'AgORMICS'

Agent	Virus/bacteria/protozoa
	Illness caused
	Method of diagnosis
Occurrence	In named country
	Seasonal pattern/sporadic/imported
Reservoir	
Mode of transmission	Parenteral/Faeco-oral/other
Incubation	(omit if unsure)
Communicability	e.g. communicable while still excreting in stool
Susceptibility	e.g. infection confers resistance

Acknowledgement: Ed Jessop

Past paper questions: e.g. Q3 - Jan 2002, 2005, 2007, 2012
Q3 – June 2007, 2008
Q4 – June 2008, 2012

Control of a communicable disease – 'PIDQuICS'

Prevention

Isolation

Disinfection

Quarantine

Immunisation

Contacts

Specific Measures

Acknowledgement: Ed Jessop

Relevant past paper questions:
Q3 Jan 2007, 2012
Q3 June 2007, 2008, 2012

4. Outbreak Investigation – 'CCDCs HATE IT'

Count cases

Control outbreak

Diagnosis verified

Communication

Surveillance enhanced

Hypothesis formulation

Additional microbiology samples sent

Test hypothesis

Epidemic confirmation

Identify cases

Tabulate data

Acknowledgement: NCL revision course notes

Relevant past paper questions: e.g. Q3, Jan 2004, 2006
Q3, June 2003, 2009

5. Screening – Wilson and Jungner

The underlying concept of screening is that early detection of risk factors or early disease is beneficial for the clinical or public health outcome. The box below outlines the classic Wilson and Jungner criteria formulated to assess whether a condition potentially warrants screening efforts.

Box 3.1.1 **Wilson and Jungner classic screening criteria, WHO 1968**

1. The condition sought should be an important health problem
2. There should be an accepted treatment for patients with recognized disease.
3. Facilities for diagnosis and treatment should be available.
4. There should be a recognisable latent or early symptomatic stage.
5. There should be a suitable test or examination.
6. The test should be acceptable to the population.
7. The natural history of the condition, including development from latent to declared disease, should be adequately understood.
8. There should be an agreed policy on whom to treat as patients.
9. The cost of case-finding (including diagnosis and treatment of patients diagnosed) should be economically balanced in relation to possible expenditure on medical care as a whole.
10. Case-finding should be a continuing process and not a 'once and for all' project.

Wilson . JMG, Jungner G. Principles and practice of screening for disease. Geneva: WHO; 1968. Available from: ***http://www.who.int/bulletin/volumes/86/4/07-050112BP.pdf***

5. Screening – Deciding whether to screen:

The key questions to ask when deciding on whether to screen for a health problem are listed below:

The disease	Is it an important health problem?
	Is the natural history well understood?
	Is there a long time between the presence of risk factors/sub-clinical disease to overt disease?
	Does early intervention improve clinical/public health outcome?
Screening test	Is the test valid (sensitivity and specificity)?
	Is the test simple, reliable and affordable?
	Is the test acceptable to patient and staff?
Diagnosis and treatment	Is access to diagnostic facilities available and rapid?
	Is treatment effective and accessible?
	Is it cost-effective?
	Is it sustainable?
	Does benefit outweigh the harm?