



SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY

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ROLL NUMBER

WRITTEN TEST FOR THE POST OF MEDICAL RECORDS ASST – A To B

DATE: 19/03/2024

TIME: 9.30 to 10.30 AM

DURATION: 60 MINUTES

Total Marks: 50

INSTRUCTIONS TO THE CANDIDATES

1. Write your Roll Number on the top of the Question Booklet and in the answer sheet.
2. Each question carries 1 mark.
3. There will not be any Negative Marking.
4. Write legibly the alphabet of the most appropriate answer (A, B, C or D) in the separate answer sheet provided.
5. Over-writing is not permitted.
6. Candidate should sign in the question paper and answer sheet.
7. No clarifications will be given.
8. Candidate should hand over the answer sheet to the invigilator before leaving the examination hall.

Signature of the Candidate

Handwritten signature
19/3/24

1st FCP of Medical Records Assistant - A –

1. The Medical record professionals observe code of ethics by following:
 - a. AMRA
 - b. AHIMA
 - c. IFHIMA
 - d. HIPAA
2. _____ is a late entry added to a Medical record for providing additional information in conjunction with a previous entry.
 - a. Abstracting
 - b. Aggregate data
 - c. Assimilation
 - d. Addendum
3. The digital imaging communication in medicine (dicom) standards can apply to which of the following field of medicine?
 - a. Cardiology
 - b. Biochemistry
 - c. Microbiology
 - d. Hematology
4. _____ can be defined a piece of paper or card on which a formal arrangement of information is designated usually with spaces for the entry of additional data.
 - a. Index
 - b. Register
 - c. Form
 - d. Problem list
5. How many chapters are present in ICD 9-CM & ICD 10-CM respectively?
 - a. 15 & 21
 - b. 16 & 21
 - c. 17 & 21
 - d. 19 & 21
6. Any Hospital that provides accommodation to foreigners must submit the details of the residing foreigner in Form _____ to the Registration authorities within 24 hours of the arrival of the foreigner at their premises.
 - a. Form B
 - b. Form S
 - c. Form C
 - d. Form A
7. ROHINI stands for _____
 - a. Registry of Oncology Hospitals in India
 - b. Registry of Hospitals in Network of Information
 - c. Registry of Hospitals in Network of India
 - d. Registry of Hospitals in Network of Insurance
8. Which of the following beds should not be included in the bed complement?
 - a. Newborn bassinets
 - b. Private room
 - c. ICU beds
 - d. Long-term care beds

9. Process by which the use of available health care facilities and services are evaluated is called _____
- Peer review
 - Risk management review
 - Medical record review
 - Utilization review
10. The medical records were the forms are arranged in sectionized manner is known as
- Integrated record
 - Source oriented record
 - Problem oriented record
 - Chronological record
11. Implied consent is assumed for
- Planned operations
 - Admission with appointment
 - Life sustaining medical care
 - Performing autopsy
12. In ICD coding system, Topography means
- site of origin of neoplasm
 - type of neoplasm
 - histology of neoplasm
 - color of neoplasm
13. The ICD-10 Volume-2 contains:
- Tabular list
 - Table of drugs and chemicals
 - Instruction manual
 - Alphabetical index
14. The MRD of a hospital plans to implement terminal digit filing system and purchased 200 units of 6 shelf filing racks. How many shelves should be allocated to each primary number?
- 6
 - 12
 - 100
 - 200
15. _____ is the scientific study which helps you to find out the Origin & Historical development of medical term in medical terminology?
- Etymology
 - Etiology
 - Entomology
 - Ichthyology
16. The Patient data cards in Master- Patient index is arranged in _____ order.
- Numerical
 - Chronological
 - Alphabetical
 - Social
17. The Birth Registers are maintained _____ as per the revised orders issued by the Health and Family welfare department regarding preservation of medical records and registers.
- up to 15 years
 - up to the age of 18 years
 - till attaining the age of 21 years
 - permanently

18. The Death certificate will be issued by:
- Treating doctor
 - MRD
 - Local Govt. Authority
 - Medical Superintendent
19. The FORM-4A used for notification of _____.
- Institutional deaths
 - Non-institutional deaths
 - Still births
 - Births
20. _____ is used to categorize inpatient hospital visits based on severity of illness, risk of mortality, prognosis, treatment difficulty, need for intervention, and resource intensity.
- HCPCS
 - E & M codes
 - DRG
 - SNOMED – CT
21. Release of the patient information to Govt. authorities in view of public safety comes under:
- General communication
 - Impersonal communication
 - Personal communication
 - Privileged communication
22. Which information is to be documented in the "Chief Complaint" section of the medical record?
- Subjective Information
 - Objective Information
 - Assessment Information
 - Medical Decision Making
23. When using a placeholder "X" in ICD-10, what does it represent?
- Allows future expansion
 - A bilateral condition exists
 - A 7th character
 - An Invalid code
24. As a Medical record department staff, what should be the most important consideration while selecting a filing system for a healthcare facility?
- Cost
 - Colour coding
 - Trained Staff
 - Confidentiality
25. In medical terminology, the pseudo-prefix "Glauco-" denotes a colour that is:
- Grey
 - Brown
 - Blue
 - White
26. What is the purpose of having proper error correction methodologies for any alterations or amendments made to medical records?
- To hide mistakes made by healthcare providers
 - To ensure compliance with legal requirement and maintain integrity
 - To expedite the release of medical records information
 - To increase patient satisfaction

27. Informed consent is a legal concept that focuses on:
- Protecting patient confidentiality
 - Preventing medical malpractice
 - Regulating the institutions medical billing practices
 - Ensuring patient autonomy and decision-making
28. According to Rules and guidelines for mortality & morbidity coding; If there is no reported sequence terminating in the condition first entered on the certificate, select the first-mentioned condition. State the selection rule for selection of the underlying cause of death for mortality tabulation.
- General Principle
 - Rule 1
 - Rule 2
 - Rule 3
29. In an MRD, records were found, filed in the following order: 99-78-96, 99-78-97, 99-78-99, 00-79-00, and 00-79-01. Assuming that some of the files were issued to OPD section, identify the record filing system that is being used here.
- Serial filing system
 - Serial unit filing system
 - Terminal digit filing system
 - Middle digit filing system
30. Which clinical document is essential in outlining a patient's course of treatment while submitting the claims for insurance and/or medical reimbursement?
- Claim forms
 - Operation record
 - Inpatient bills & receipts
 - Discharge summary
31. Which statistics is used to calculate the number of deaths in a healthcare facility?
- Morbidity rate
 - Mortality rate
 - Occupancy rate
 - Hospital Autopsy rate
32. Which of the following statistics measure the hospital's ability to manage patient care efficiently and avoid unnecessary costs?
- Diagnosis related groups (DRGs)
 - Case mix index
 - Average length of stay
 - Patient satisfaction score
33. The method by which records with medico-legal implications are secured in such a manner as to prevent loss and to ensure that no alteration after the fact can occur is called _____
- Sequestration of records
 - Purging of records
 - Inactivation of records
 - Weeding of records
34. The name "Parkinson's disease" is an example of _____ in medical terminology.
- Acronym
 - Eponym
 - Homonym
 - Synonym

- 2
35. Name the process of determining the order of treatment based on the severity of a patient's condition in an emergency room?
- Pain score
 - NIHSS score
 - GCS score
 - Triage level
36. The audit of Medical records done by team of doctors other than the treating team is known as _____
- Concurrent analysis
 - Peer review
 - Retrospective analysis
 - Quantitative analysis
37. An order communicated orally by an authorized healthcare professional in a health care setting is referred to as _____
- Standing order
 - STAT order
 - One time order
 - Verbal order
38. The _____ is responsible for implementation of the PC & PNDT Act in India?
- National commission for women
 - National Medical council
 - State Appropriate Authority
 - State / Union territory Advisory Committee
39. What should be the primary consideration when delegating tasks in the medical records department?
- Staff's personal interest
 - Complexity of tasks
 - Cost of delegation
 - Patient preferences
40. In a decentralized record system, which of the following provide a single access point to locate patient records?
- Master patient index (MPI)
 - Problem oriented medical records (POMR)
 - Personal health records (PHR)
 - Terminal digit filing
41. What is the purpose of including patient education materials, consent forms, and advance directives as part of medical records?
- Enhance clinical research
 - Reduce storage cost
 - Ensure patient involvement
 - Easy reference for the patient
42. Which component of a medical record provides a summary of the patient's current medical condition and the reason for their visit?
- Chief complaint
 - Patient demographics
 - Family and social history
 - General consent

43. Why is it important for medical records to be legible and accurate?
- To ensure safe & effective patient care
 - To save paper
 - To speed up the billing processes
 - To reduce coding errors
44. What is the primary goal of documenting the patient's activities of daily living (ADLs) in long-term care records?
- To assess the skin tone
 - To assess the need for assistance
 - To track the cognitive status
 - To identify the social history
45. Which of the following is a benefit of maintaining proper indexes and registers in healthcare facilities?
- Cost reduction
 - Increase patient satisfaction
 - Faster data retrieval
 - Managing hospital finances
46. What would you term a situation in which a patient is issued a medical record number that has been previously issued to a different patient?
- Overlap
 - Overlay
 - Outguide
 - Delinquent record
47. Which of the following index provides a record for every medical staff member of the patients he/she has treated?
- SEER index
 - Tumor index
 - Physician index
 - Procedure index
48. What is the ICD-10 convention for "code first"?
- Code the most serious condition
 - Code the symptom first
 - Code the external cause first
 - Code the underlying condition first
49. In a numeric filing system, how should records be arranged within each numeric group?
- In descending order
 - In ascending order
 - In alphabetical order
 - In random order
50. What is the purpose of microfilming medical records for long-term preservation?
- Restrict physical access
 - Sequestration of records
 - Reduce storage space
 - Preserve confidentiality

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Name of category: 1st FCP MRA-A- 2024

ANSWER KEY

1	A	21	D	41	C
2	D	22	A	42	A
3	A	23	A	43	A
4	C	24	D	44	B
5	D	25	A	45	C
6	C	26	B	46	B
7	D	27	D	47	C
8	A	28	C	48	D
9	D	29	D	49	B
10	B	30	D	50	C
11	C	31	B		
12	A	32	C		
13	C	33	A		
14	B	34	B		
15	A	35	D		
16	C	36	B		
17	D	37	D		
18	C	38	C		
19	B	39	B		
20	C	40	A		

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