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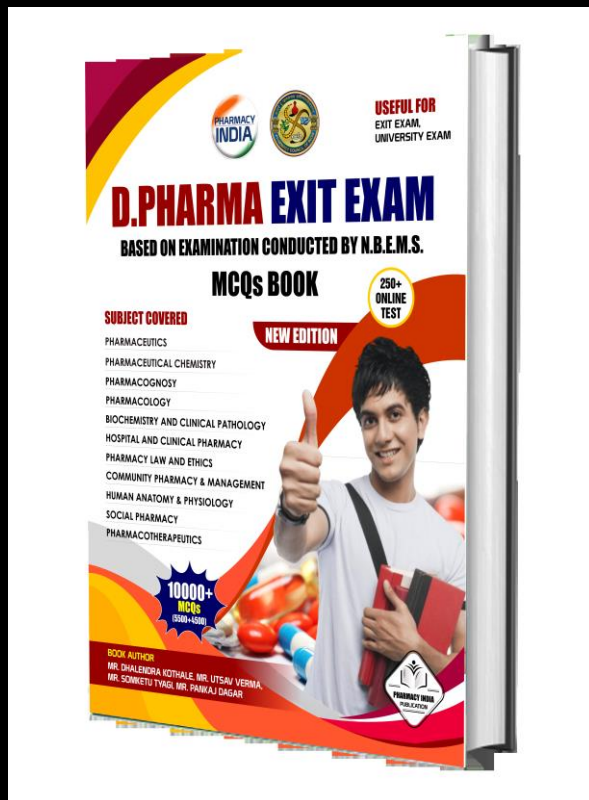
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### WHATSAPP & TELEGRAM SE JUDNE KE LIYE ICONS PAR CLICK KARE





## 1. Absorbable suture is

- (a) Nylon suture 2/0 (revere cutting)
- (b) Silk suture braided 2/0
- (c) Cotton
- (d) Catgut chromic 2/0





## 1. Absorbable suture is

- (a) Nylon suture 2/0 (revere cutting)
- (b) Silk suture braided 2/0
- (c) Cotton
- (d) Catgut chromic 2/0





## Classification of Sutures

- Biological – silk, linen
- Non-absorbable – Polyester, Nylon, Stainless steel, Silk, metallic.
- Artificial – Polypropylene
- Multifilament – Silk (Braided)
- Absorbable – Catgut Chromic 2/0, Collagen
- Microfilament – Polypropylene, Polydioxane, Nylon







## 2. OTC drugs are

- (a) They do not require prescription
- (b) Sold against the prescription of registration medical practitioner
- (c) Required to be used under medical supervision
- (d) All of these





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- (a) They do not require prescription
- (b) Sold against the prescription of registration medical practitioner
- (c) Required to be used under medical supervision
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## OTC Drugs

- Over-the-counter (OTC) medicines are drugs you can buy without a prescription. Some OTC medicines relieve aches, pains, and itches. Some prevent or cure diseases, like tooth decay and athlete's foot.





**3. What type of medication error is an INCORRECT drug or dose sent to the unit**

- (a) Prescription error
- (b) Transcription error
- (c) Dispensing error
- (d) Administration error





**3. What type of medication error is an INCORRECT drug or dose sent to the unit**

- (a) Prescription error
- (b) Transcription error
- (c) Dispensing error
- (d) Administration error





# Dispensing error

A dispensing error is a discrepancy between a prescription and the medicine that the pharmacy delivers to the patient or distributes to the ward on the basis of this prescription, including the dispensing of a medicine with inferior pharmaceutical or informational quality.

## Common causes

- Work environment – work load, directions, work area
- Use of outdated or incorrect references
- LASA drugs





## 4. Pharmacovigilance continue throughout

- (a) Post marketing surveillance
- (b) Pre and post marketing surveillance
- (c) Pre marketing surveillance
- (d) None of these





## 4. Pharmacovigilance continue throughout

- (a) Post marketing surveillance
- (b) Pre and post marketing surveillance
- (c) Pre marketing surveillance
- (d) None of these







## Pharmacovigilance

- It involves the science and practices focused on detecting, assessing, understanding, and preventing adverse effects or any other issues related to medicines or vaccines. All medications and vaccines undergo thorough safety and efficacy testing through clinical trials before being approved for use..

## Clinical trials

- Clinical trials are systematic investigations in human subjects to evaluate the safety and efficacy of new drugs in medical research and development.





## 5. CROs stand for

- (a) Contract research organizations
- (b) Controlled research organizations
- (c) Contract risk organizations
- (d) Controlled risk organizations





## 5. CROs stand for

- (a) Contract research organizations
- (b) Controlled research organizations
- (c) Contract risk organizations
- (d) Controlled risk organizations





## Explanation:

A Contract Research Organisation, also called Clinical Research Organization (CRO) is a service organization that provides support to the pharmaceutical and biotechnology industries in the form of outsourced pharmaceutical research services (for both drugs and medical devices).





## Explanation:

- ❑ Bulk compounding in hospitals involves the preparation of medications in large quantities within the hospital pharmacy to meet the needs of multiple patients.
- ❑ This process is commonly used for medications that are frequently prescribed within the hospital setting or for specific patient populations.
- ❑ Bulk compounding allows hospitals to efficiently produce and store sufficient quantities of medications to meet patient demand while ensuring quality control and adherence to regulatory standards.





6. \_\_\_\_\_ patients are one who decide the image of the hospital as per the service received by them

- (a) Out-patient
- (b) In-patient
- (c) Both
- (d) None





6. \_\_\_\_\_ patients are one who decide the image of the hospital as per the service received by them

- (a) Out-patient
- (b) In-patient
- (c) Both**
- (d) None





## Explanation:

- a. Out-patient:** Out-patients visit hospitals for medical consultations, diagnostic tests, treatments, or minor procedures without being admitted for overnight stays. Their experience with scheduling, waiting times, interactions with healthcare staff, cleanliness, and overall service quality can shape their perception of the hospital and influence their decision to return or recommend it to others.
- b. In-patient:** In-patients are admitted to hospitals for overnight stays or longer durations for medical treatment, surgery, or observation. The care they receive during their hospital stay, including the attentiveness of the medical staff, the comfort and cleanliness of the facilities, the effectiveness of treatments, and the overall experience, greatly impacts their impression of the hospital.







**7. After completion of general checkup, the patients are asked to go for accurate diagnosis.**

- (a) Clinical
- (b) Pathological
- (c) Both (a) & (b)
- (d) None





**7. After completion of general checkup, the patients are asked to go for accurate diagnosis.**

- (a) Clinical
- (b) Pathological
- (c) Both (a) & (b)**
- (d) None





## Explanation:

**Clinical:** Clinical diagnosis involves the assessment of a patient's signs, symptoms, medical history, and physical examination findings by a healthcare provider, such as a physician. Based on these observations, the healthcare provider forms a preliminary diagnosis or differential diagnosis, which may guide further diagnostic testing or treatment decisions.

**Pathological:** Pathological diagnosis involves the examination of tissues, cells, or bodily fluids obtained through procedures such as biopsies, cytology, or laboratory tests. Pathologists analyze these samples under microscopes or perform specialized tests to identify abnormalities, diseases, or conditions at a cellular or molecular level. Pathological diagnosis provides important information to confirm or refine a clinical diagnosis and guide treatment planning.





**8. \_\_\_\_\_ Patients are referred to the hospital for a specific purpose due to lack of facilities available with the clinic.**

- (a) Emergency out-patient
- (b) Referred out-patient
- (c) Specific out-patient
- (d) General out-patient





8. \_\_\_\_\_ Patients are referred to the hospital for a specific purpose due to lack of facilities available with the clinic.

(a) Emergency out-patient

**(b) Referred out-patient**

(c) Specific out-patient

(d) General out-patient





## Explanation:

- ❑ Referred out-patients are patients who are referred to a hospital for specialized care or services that are not available at their primary clinic or healthcare facility.
- ❑ They are referred by a primary care physician, specialist, or another healthcare provider because the required facilities, equipment, expertise, or services needed for their diagnosis or treatment are not accessible at the referring clinic.





## 9. Emergency service is for

- (a) 12 hrs
- (b) 24 hrs
- (c) 20 hrs
- (d) 8 hr





## 9. Emergency service is for

(a) 12 hrs

**(b) 24 hrs**

(c) 20 hrs

(d) 8 hr







**10. \_\_\_\_\_ Deals with majority care for daily personal health needs.**

- (a) Primary care
- (b) Tertiary care
- (c) Emergency care
- (d) All of the above





**10. \_\_\_\_\_ Deals with majority care for daily personal health needs.**

- (a) Primary care**
- (b) Tertiary care
- (c) Emergency care
- (d) All of the above





## Explanation:

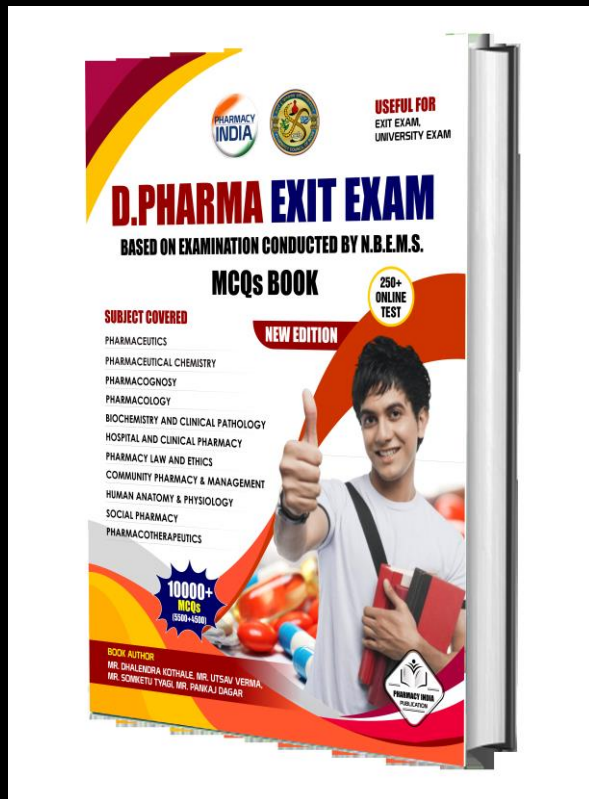
- ❑ Primary care deals with the majority of an individual's daily personal health needs, including preventive care, health promotion, diagnosis, treatment of common illnesses and chronic conditions, and management of overall health and wellness.
- ❑ Primary care providers, such as family physicians, general practitioners, paediatricians, and internists, serve as the first point of contact for patients seeking healthcare services.





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## 11. 24-hour services are given to patients who require immediate care for

- (a) Emergency out-patient
- (b) Referred out-patient
- (c) Special out-patient
- (d) General out-patient





**11. 24-hour services are given to patients who require immediate care for**

**(a) Emergency out-patient**

(b) Referred out-patient

(c) Special out-patient

(d) General out-patient





## 12. Services are provided for immediate medical attention or in case of an accident.

- (a) Primary care
- (b) Referral care
- (c) Emergency care
- (d) None





**12. Services are provided for immediate medical attention or in case of an accident.**

- (a) Primary care
- (b) Referral care
- (c) Emergency care**
- (d) None







## 13. Ambulatory patients are

- (a) Required to admit in the ward for treatment
- (b) Required to go home after taking treatment in O.P.A.
- (c) Required emergency treatment
- (d) None of these





## 13. Ambulatory patients are

- (a) Required to admit in the ward for treatment
- (b) Required to go home after taking treatment in O.P.A.**
- (c) Required emergency treatment
- (d) None of these





## Explanation:

- ❑ Ambulatory patients are those who are able to walk and are not confined to a bed or hospitalized.
- ❑ They visit healthcare facilities such as outpatient clinics or ambulatory care centres for medical consultation, diagnostic tests, treatments, or procedures and are not required to be admitted to the hospital for ongoing care.
- ❑ After receiving treatment or services in the outpatient setting, ambulatory patients are typically discharged to return home.





**14. Area in sq. ft. for compounding and dispensing laboratory in hospital should be at least 100 bed**

- (a) 320
- (b) 300
- (c) 185
- (d) 312





**14. Area in sq. ft. for compounding and dispensing laboratory in hospital should be at least 100 bed**

(a) 320

**(b) 300**

(c) 185

(d) 312





## 15. Patient who occupy the space in the hospital are called

- (a) Ambulatory patients
- (b) In-patients
- (c) Operating patients
- (d) None of these





## 15. Patient who occupy the space in the hospital are called

(a) Ambulatory patients

**(b) In-patients**

(c) Operating patients

(d) None of these





## 16. Following which disposal method used for cytotoxic drugs

- (a) low and medium temperature incineration
- (b) High temperature incineration
- (c) disposal to sewers and water courses
- (d) directly to landfill







## 16. Following which disposal method used for cytotoxic drugs

- (a) low and medium temperature incineration
- (b) High temperature incineration**
- (c) disposal to sewers and water courses
- (d) directly to landfill





## Explanation:

- ❑ Cytotoxic drugs, also known as antineoplastic or chemotherapy drugs, are medications used to treat cancer by inhibiting or destroying cancer cells.
- ❑ Due to their hazardous nature, proper disposal of unused or expired cytotoxic drugs is essential to prevent environmental contamination and potential harm to human health.





## 17. ILR is

- (a) Integrated light refrigerator
- (b) Intensive lined refrigerator
- (c) Ice light refrigerator
- (d) Ice-lined refrigerators





## 17. ILR is

- (a) Integrated light refrigerator
- (b) Intensive lined refrigerator
- (c) Ice light refrigerator
- (d) Ice-lined refrigerators**





## Explanation:

- ❑ ILR stands for "Ice-lined refrigerators."
- ❑ These are specialized refrigeration units used for storing vaccines and other temperature-sensitive medical supplies in settings where reliable electricity may not be available, such as in remote areas or during transportation.





## 18. Vitamins stored in

- (a) Freezer
- (b) Cold temperature
- (c) Cool temperature
- (d) Room temperature





## 18. Vitamins stored in

- (a) Freezer
- (b) Cold temperature**
- (c) Cool temperature
- (d) Room temperature





## Explanation:

- ❑ Vitamins should ideally be stored in a cool, dark, and dry environment to minimize degradation. Cool temperatures help slow down chemical reactions that can lead to vitamin breakdown and loss of potency.
- ❑ Storing vitamins in a cool environment, such as a pantry or cupboard away from heat sources and direct sunlight, helps preserve their potency and shelf life.







## 19. Cold storage temperatures is

- (a) 5 to 2°C
- (b) 2 to 8°C
- (c) 8°C to 25°C
- (d) 25°C to 10°C





## 19. Cold storage temperatures is

(a) 5 to 2°C

**(b) 2 to 8°C**

(c) 8°C to 25°C

(d) 25°C to 10°C





## Explanation:

- ❑ Cold storage temperatures typically range from 2 to 8°C (35.6 to 46.4°F).
- ❑ This temperature range is commonly used for storing various perishable items, including pharmaceuticals, vaccines, certain foods, and biological samples, to maintain their stability and prevent spoilage or degradation.





## 20. Select the correct reserved antibiotic

- (a) Cefixime
- (b) Tigecycline
- (c) Tetracycline
- (d) Amphotericin





## 20. Select the correct reserved antibiotic

- (a) Cefixime
- (b) Tigecycline**
- (c) Tetracycline
- (d) Amphotericin





## Explanation:

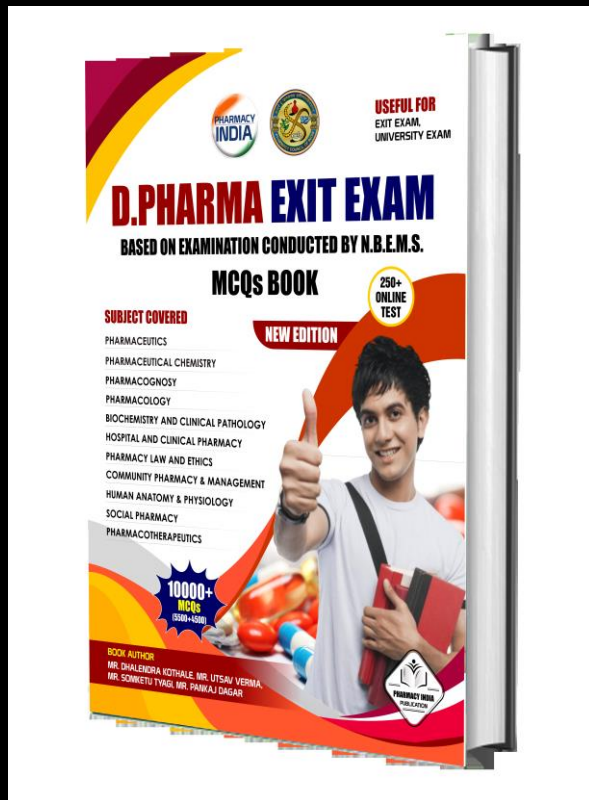
- ❑ Tigecycline is a reserved antibiotic, meaning it is typically reserved for use in specific situations where other antibiotics have failed or are not suitable due to bacterial resistance or other factors.
- ❑ Tigecycline belongs to a class of antibiotics called glycylycines and is used to treat complicated skin and skin structure infections, intra-abdominal infections, and community-acquired bacterial pneumonia caused by certain susceptible bacteria.





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**21. \_\_\_\_\_ is a prime responsibility of the hospital pharmacist.**

- (a) Drug safety
- (b) Adverse drug reaction
- (c) Objective
- (d) Patients care







**21. \_\_\_\_\_ is a prime responsibility of the hospital pharmacist.**

**(a) Drug safety**

(b) Adverse drug reaction

(c) Objective

(d) Patients care





## Explanation:

- ❑ The prime responsibility of a hospital pharmacist is ensuring drug safety.
- ❑ This involves various tasks such as verifying prescriptions, dispensing medications accurately, counselling patients on how to use their medications safely, monitoring for potential drug interactions or contraindications, and ensuring that medications are stored and handled appropriately to maintain their efficacy and safety.





## 22. The committee acts by

- (a) To treat such patients
- (b) To prevent such happenings
- (c) Both (a) & (b)
- (d) None of these





## 22. The committee acts by

- (a) To treat such patients
- (b) To prevent such happenings
- (c) Both (a) & (b)**
- (d) None of these





## Explanation:

- ❑ The committee's action involves both treating patients who have experienced adverse events and preventing similar incidents from occurring in the future.
- ❑ By addressing the immediate needs of affected patients and analysing the root causes of the events, the committee can implement changes to processes, protocols, and systems to mitigate risks and enhance patient safety going forward.





## 23. Sometimes the drug may produce unwanted or unexpected effects are called

- (a) Overdosage
- (b) Adverse drug reaction
- (c) Hypersensitivity
- (d) Allergic condition





## 23. Sometimes the drug may produce unwanted or unexpected effects are called

- (a) Overdosage
- (b) Adverse drug reaction**
- (c) Hypersensitivity
- (d) Allergic condition





## Explanation:

- ❑ An adverse drug reaction (ADR) refers to any unintended or unwanted effect resulting from the use of a medication, regardless of whether it is taken at the correct dose.
- ❑ These reactions can range from mild, such as drowsiness or nausea, to severe, such as anaphylaxis or organ damage.
- ❑ Adverse drug reactions can occur due to various factors, including individual patient characteristics, drug interactions, improper dosing, or allergic responses.







**24. A list of drugs stocked at the hospital which have been selected based on, therapeutic factors as well as cost**

- (a) Closed formulary
- (b) Open
- (c) Formulary
- (d) None of these





**24. A list of drugs stocked at the hospital which have been selected based on, therapeutic factors as well as cost**

(a) Closed formulary

(b) Open

**(c) Formulary**

(d) None of these





## Explanation:

- ❑ A closed formulary is a list of drugs stocked at a hospital or healthcare facility that has been carefully selected based on therapeutic factors such as efficacy, safety, and suitability for the patient population, as well as cost considerations.
- ❑ In a closed formulary system, only the medications included on the list are readily available for use, while drugs not included may require special authorization or justification for use.





## 25. The agenda of the committee is

- (a) Minutes of previous meeting
- (b) Drug safety in a hospital
- (c) Hospital formulary
- (d) All of these





## 25. The agenda of the committee is

- (a) Minutes of previous meeting
- (b) Drug safety in a hospital
- (c) Hospital formulary
- (d) All of these**





## Explanation:

**The agenda of the committee typically encompasses multiple items, including but not limited to:**

- (a) Reviewing the minutes of the previous meeting to ensure that all action items were addressed and decisions were recorded accurately.
- (b) Discussing drug safety in the hospital, which may involve reviewing adverse drug reaction reports, analysing medication errors, implementing strategies to enhance medication safety practices, and addressing any concerns related to medication use within the institution.
- (c) Reviewing hospital formulary sections to ensure that the list of stocked medications aligns with therapeutic considerations, cost-effectiveness, and patient care needs.





## 26. Pharmacist is the link between the

- (a) Doctor and nurse
- (b) Medical profession and public
- (c) Medical practitioner and pharmaceutical industry
- (d) Medical practitioner and medical profession





## 26. Pharmacist is the link between the

(a) Doctor and nurse

**(b) Medical profession and public**

(c) Medical practitioner and pharmaceutical industry

(d) Medical practitioner and medical profession







## Explanation:

- **Pharmacists** form a vital link between the doctors, nurses and the patients. They are an important component of the health care team - the ultimate goal of which is patient welfare.





## 27. Who will acts as the Chairman in PTC

- (a) Pharmacist
- (b) Nurse
- (c) Lab technician
- (d) Physician





## 27. Who will acts as the Chairman in PTC

- (a) Pharmacist
- (b) Nurse
- (c) Lab technician
- (d) Physician**





## Pharmacy & Therapeutic Committee Composition

Staff	Designation	Number
Physician	Chairman of PTC (1 out of 3)	3
Pharmacist	Secretary of PTC	1
Administrator	Member	1
Nurse	Member	1





## 28. There should be minimum of pharmacists in Primary Health Care Centre

- (a) 1
- (b) 2
- (c) 3
- (d) 4





## 28. There should be minimum of pharmacists in Primary Health Care Centre

(a) 1

(b) 2

(c) 3

(d) 4





## Total staff in PHC

Staff	Type A		Type B	
	Essential	Desirable	Essential	Desirable
Medical Officer- MBBS	1		1	1 <sup>#</sup>
Medical Officer –AYUSH		1 <sup>^</sup>		1 <sup>^</sup>
Accountant cum Data Entry Operator	1		1	
Pharmacist	1		1	
Pharmacist AYUSH		1		1
Nurse-midwife (Staff-Nurse)	3	+1	4	+1
Health worker (Female)	1 <sup>*</sup>		1 <sup>*</sup>	
Health Assistant. (Male)	1		1	
Health Assistant. (Female)/Lady Health Visitor	1		1	
Health Educator		1		1
Laboratory Technician	1		1	
Cold Chain & Vaccine Logistic Assistant		1		1
Multi-skilled Group D worker	2		2	
Sanitary worker cum watchman	1		1	+1
<b>Total</b>	<b>13</b>	<b>18</b>	<b>14</b>	<b>21</b>



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## 29. First in First Out Method is a Method associated with

- (a) Purchase procedures
- (b) Codification of items
- (c) Inventory control techniques
- (d) Pricing of materials







## 29. First in First Out Method is a Method associated with

- (a) Purchase procedures
- (b) Codification of items
- (c) Inventory control techniques**
- (d) Pricing of materials





## Benefits of FIFO Method

- By using a FIFO method, you avoid the problem by selling inventory that arrives first. As you arrange it accordingly on your shelf, you shouldn't need to worry about facing dead stock.
- FIFO reduces the impact because you're selling your oldest items first. If you assume that inflation is constant, the purchase price of older inventory is lower than that of the stock you bring in later.





## 30. Which of the following is NOT a method of inventory control

- (a) Systematic want book method
- (b) ABC analysis
- (c) AMZ analysis
- (d) Economic order quantity





## 30. Which of the following is NOT a method of inventory control

- (a) Systematic want book method
- (b) ABC analysis
- (c) AMZ analysis**
- (d) Economic order quantity





## Explanation:

### Methods of Inventory Control are:

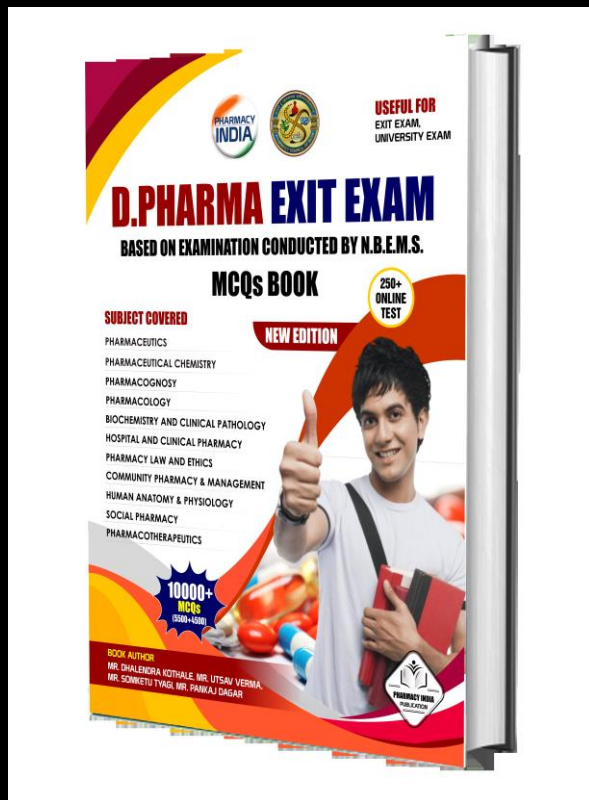
- ABC analysis
- VED analysis
- EOQ
- Lead time
- Buffer stock
- Systematic wantbook method





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## 31. What is the full form of 'BEmOC'

- (a) Basic Emergency Obstetric care
- (b) Basic Early Medical Obstetric Care
- (c) Basic Emergency Medical Obstetric Care
- (d) Basic Emergency medical care





## 32. What is the full form of 'BEmOC'

- (a) Basic Emergency Obstetric care
- (b) Basic Early Medical Obstetric Care
- (c) Basic Emergency Medical Obstetric Care
- (d) Basic Emergency medical care







## Explanation:

### BMeOC

- Drugs, parenteral anticonvulsants, manual removal of placenta, removal of retained products of conception, assisted vaginal delivery and neonatal resuscitation are classified as basic emergency obstetric care (BEmOC).





## 33. Drug basket dispensing method is adopted in the

- (a) Non charge floor stock
- (b) Charge flour stock drugs
- (c) Ambulatory drugs
- (d) Controlled drugs





## 33. Drug basket dispensing method is adopted in the

- (a) Non charge floor stock
- (b) Charge flour stock drugs
- (c) Ambulatory drugs
- (d) Controlled drugs





## Explanation:

### Non-charge floor stock drugs:

- Non charge floor stock drugs are the medicaments that are placed at the nursing station for the use of all patients on the floor.
- These drugs ,there shall be no direct charge from the patients account. It is divided in to two methods.

a. Drug basket method.

b. Mobile dispensary unit.





## 34. Most essential medicines should be formulated as

- (a) No compound
- (b) Single compound
- (c) Multiple compounds
- (d) Fixed dose combinations





**34. Most essential medicines should be formulated as**

- (a) No compound
- (b) Single compound**
- (c) Multiple compounds
- (d) Fixed dose combinations





## Essential Medicines

Essential medicines, which are those that meet the priority health care needs of a population, should generally be formulated as single compounds.

**E** → Effective and economical

**S** → Safe

**S** → Single drug formulation mostly

**E** → Environmental factors are also considered in making the choice

**N** → Needed by the majority of population

**T** → They must be available at all times

**I** → In proper dosage form

**A** → Aim is to optimally use the limited financial resources

**L** → List of essential drugs is made locally with the help of WHO model list





## 35. Patient counseling is done by

- (a) Dispensing pharmacist
- (b) Pathologist
- (c) Clinical pharmacist
- (d) None of these







## 35. Patient counseling is done by

- (a) Dispensing pharmacist
- (b) Pathologist
- (c) Clinical pharmacist**
- (d) None of these





## Explanation:

- Patient counseling is defined as providing medication information orally or in written form to the patients or their representatives on directions of use, advice on side effects, precautions, storage, diet and life style modifications.
- Patient counseling is done by clinical pharmacist.





## 36. The success of meeting depends upon

- (a) Agenda
- (b) Functions
- (c) Objectives
- (d) All of these





## 36. The success of meeting depends upon

- (a) Agenda
- (b) Functions
- (c) Objectives
- (d) All of these**





## Explanation:

### The success of a meeting depends on several factors, including:

- (a) Agenda:** Having a well-defined agenda ensures that the meeting stays focused and covers all necessary topics within the allotted time. It helps participants prepare in advance and ensures that discussions are productive and goal-oriented.
- (b) Functions:** The effectiveness of the meeting relies on the smooth functioning of various aspects, such as facilitation, participation, decision-making, and action item follow-up. Each function contributes to achieving the meeting's objectives and outcomes.
- (c) Objectives:** Clear objectives provide direction and purpose for the meeting. They outline what needs to be accomplished and help participants stay on track toward achieving desired outcomes. Aligning discussions and decisions with the meeting's objectives enhances its success.





## 37. Programs, seminars, workshops are included in

- (a) Educational
- (b) Advisory
- (c) Both (a) & (b)
- (d) Administrator





**37. Programs, seminars, workshops are included in**

**(a) Educational**

(b) Advisory

(c) Both (a) & (b)

(d) Administrator





## Explanation:

- ❑ Programs, seminars, and workshops are typically included in the category of educational activities.
- ❑ These activities are designed to impart knowledge, develop skills, or provide training on specific topics or subjects.
- ❑ They are aimed at enhancing the understanding, competence, and capabilities of participants in various fields or areas of interest.







## 38. Purpose of PTC

- (a) Educational
- (b) Advisory
- (c) Both (a) & (b)
- (d) Only (a)





## 38. Purpose of PTC

(a) Educational

**(b) Advisory**

(c) Both (a) & (b)

(d) Only (a)





## Explanation:

- ❑ The purpose of a PTC (Parent-Teacher Committee) is primarily advisory.
- ❑ PTCs typically serve as a liaison between parents and teachers, providing a platform for communication and collaboration on matters related to education, school policies, and student welfare.
- ❑ They may offer advice and recommendations to school administrators based on the input and concerns raised by parents and teachers.





## 39. A chairperson is appointed from

- (a) Physician
- (b) Nurses
- (c) Patient
- (d) Administrator





## 39. A chairperson is appointed from

- (a) Physician
- (b) Nurses
- (c) Patient
- (d) Administrator





## 40. PTC include

- (a) Physician
- (b) Pharmacist
- (c) Patient
- (d) Only (a) & (b)





## 40. PTC include

(a) Physician

(b) Pharmacist

(c) Patient

**(d) Only (a) & (b).**





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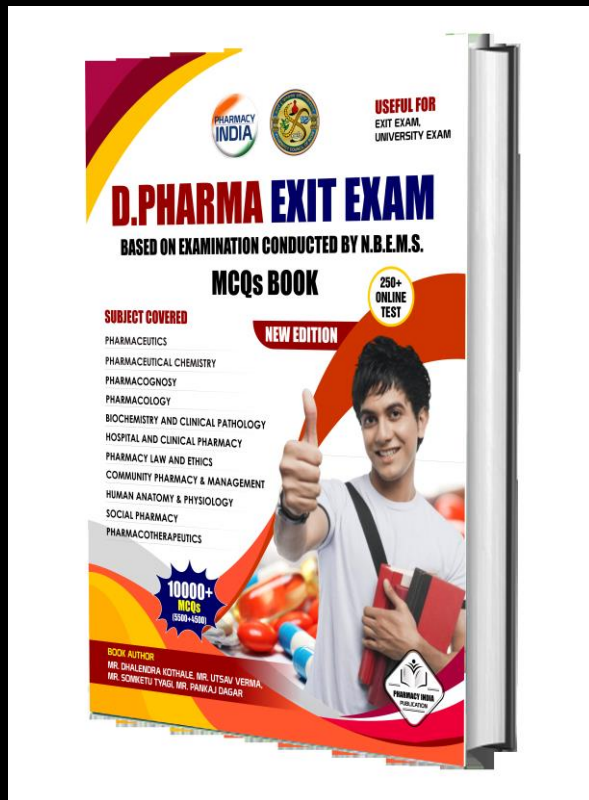






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