AMREF INTERNATIONAL UNIVERSITY

SCHOOL OF MEDICAL SCIENCES

DEPARTMENT OF REHABILITATION MEDICINE

BACHELOR OF SCIENCE IN PHYSIOTHERAPY

END OF TRIMESTER MAIN EXAMINATION - DRAFT 1

UNIT CODE: PHT 431

UNIT NAME: MONITORING AND EVALUATION FOR PHYSIOTHERAPISTS

DATE: 11th AUG 2026

TIME: 2 HOURS START:6 PM FINISH: 8PM

TOTAL MARKS: 70 MARKS

INSTRUCTIONS

1. All students have two (2) hours to complete the examination.
2. Attempt all questions as instructed in each section.
3. Section A has thirty (30) multiple-choice questions. Each question carries one (1) mark.
4. Section B has four (4) short, structured questions. Answer all questions in Section B.
5. Section C has three (3) long-answer questions. Answer any two (2) questions only.
6. It is the student's responsibility to report any missing page or unclear numbering in this paper.

7. Check that the paper is complete before you start.
8. Total number of pages is 8, including this cover page.
9. Read through the paper quickly before you start.

SECTION A: MULTIPLE-CHOICE QUESTIONS - ANSWER ALL QUESTIONS (30 MARKS)

Answer ALL questions. Each question carries 1 mark.

Q1. In health systems strengthening, the strongest reason for using monitoring and evaluation is to:

A. Generate evidence for improving services, accountability, and learning

B. Replace clinical judgment during patient assessment

C. Ensure that all facilities report identical patient outcomes

D. Reduce the need for supervision and follow-up

Q2. A rehabilitation manager reviewing the number of patients waiting more than two weeks for therapy is mainly using M&E to:

A. Conduct a pharmacological trial

B. Replace patient consent procedures

C. Make a service-management decision

D. Measure national economic growth

Q3. A program objective is strongest when it:

A. Describes every activity but avoids measurable results

B. Is written only after the program has ended

C. Uses broad language that cannot be verified

D. States the intended change clearly enough to be monitored

Q4. Which statement best reflects an equity concern in physiotherapy M&E?

A. Whether all clinic chairs are the same color

B. Whether patients from distant rural areas receive follow-up comparable to urban patients

C. Whether staff reports are typed in the same font

D. Whether all departments use one filing cabinet

Q5. In an M&E system, an assumption is best described as:

A. A confirmed achievement that no longer needs monitoring

B. A data-entry error that must always be deleted

C. A condition that may affect success but is not fully controlled by the program

D. A financial document used to justify expenditure

Q6. A clinic measures knee range of motion using the same goniometer procedure each visit. This mainly supports:

A. Political acceptability

B. Reliability of measurement

C. Budget expansion

D. Community mobilization

Q7. A rehabilitation clerk records attendance but leaves the diagnosis blank for many patients. The most direct data-quality weakness is:

A. Confidentiality

B. Triangulation

C. Completeness

D. Randomization

Q8. The best indicator statement among the following is:

A. Patients improve well after therapy

B. Percentage of post-stroke patients completing at least four physiotherapy sessions within six weeks of referral

C. The department supports rehabilitation

D. Better outcomes will be achieved soon

Q9. Which of the following sources is most appropriate for routine monthly monitoring of outpatient physiotherapy service volume?

A. A national census conducted every ten years

B. A one-off newspaper article

C. Facility attendance and treatment registers

D. An informal rumor from the waiting area

Q10. Triangulation in M&E is useful because it:

A. Requires all programs to collect only financial data

B. Eliminates the need to interpret findings

C. Compares information from more than one source or method

D. Prevents managers from asking follow-up questions

Q11. In a logic model, the main value of arranging inputs, activities, outputs, outcomes and impact is that it:

A. Automatically proves that a program has worked

B. Shows the expected pathway from resources to long-term change

C. Removes the need for indicators

D. Makes all external risks disappear

Q12. A results framework is especially useful when managers want to:

A. Record staff leave days only

B. Avoid stating program objectives

C. Link program actions to expected levels of results

D. Hide assumptions from stakeholders

Q13. In a logical framework, the means of verification column should show:

A. The names of all patients receiving treatment

B. Where or how indicator data will be obtained

C. The personal views of the examiner

D. The color coding of the report cover

Q14. During the 'Check' stage of a quality improvement cycle, a physiotherapy team should mainly:

A. Purchase equipment without reviewing the need

B. Stop collecting all information

C. Review evidence on whether implemented changes are producing expected improvement

D. Ignore patient feedback until the next financial year

Q15. Linking facility-level M&E to national strategic plans helps to:

A. Prevent local facilities from making service improvements

B. Ensure local data contributes to wider health-system priorities

C. Remove the need for reporting standards

D. Limit rehabilitation services to hospital-based care only

Q16. A functional M&E platform should primarily support:

A. Storage of unused reports in a locked office

B. Duplication of reporting tools across departments

C. Data sharing, review, feedback, and coordinated action

D. Exclusion of frontline staff from evidence review

Q17. Institutionalizing M&E in a rehabilitation service means:

A. Embedding M&E roles, routines, and evidence use into normal service operations

B. Conducting M&E only when an external donor visits

C. Assigning all learning responsibilities to patients

D. Stopping data review after the first report

Q18. Pre-testing a patient follow-up form before routine use mainly helps to:

A. Increase the number of forms printed

B. Identify unclear questions and practical problems before full implementation

C. Avoid training data collectors

D. Guarantee perfect results without supervision

Q19. Publishing a report that includes patient names, diagnoses and phone numbers without permission would mainly violate:

A. Completeness

B. Sampling interval

C. Confidentiality

D. Indicator frequency

Q20. If a sample of patients includes only those who can attend weekday morning clinics, the main concern is:

A. Better representativeness

B. Improved blinding

C. Selection bias

D. Automatic validity

Q21. A mixed-methods evaluation of rehabilitation services would most likely combine:

A. Only stock records from the store

B. Numerical service data with interviews or observations

C. Only attendance totals with no interpretation

D. Only opinions from one manager

Q22. Formative evaluation is most appropriate when the team wants to:

A. Close a completed program without analysis

B. Measure only long-term national impact

C. Improve an intervention before or during early implementation

D. Replace program planning

Q23. Process evaluation is most concerned with whether:

A. A national policy changed after ten years

B. Program activities were implemented as planned

C. A patient's name was spelled correctly

D. The project logo was attractive

Q24. Outcome evaluation in a physiotherapy program focuses mainly on whether:

A. Exercise mats were purchased

B. Staff signed the attendance register

C. Patients or services changed in the intended short- to medium-term way

D. The filing cabinet was repaired

Q25. An economic evaluation is useful when decision-makers need to:

A. Avoid discussing value for money

B. Compare costs with results or alternatives

C. Collect only qualitative stories

D. Remove financial information from planning

Q26. Operations research in a health facility is best described as research that:

A. Focuses only on laboratory experiments

B. Solves practical service-delivery problems using systematic inquiry

C. Avoids real implementation challenges

D. Replaces routine clinical documentation

Q27. Advocacy using M&E findings is strongest when it:

A. Exaggerates findings to attract attention

B. Avoids mentioning the data source

C. Uses credible evidence to influence decisions and resource allocation

D. Focuses only on personal opinion

Q28. The most appropriate first response when monitoring reveals declining follow-up attendance is to:

A. Declare the program a failure immediately

B. Investigate possible reasons before changing the program

C. Stop serving the affected patients

D. Delete the attendance records

Q29. A strong evaluation design should be selected based mainly on:

A. The design the evaluator personally prefers

B. The evaluation question, feasibility, ethics, available data and program context

C. The method requiring the least thinking

D. The number of pages in the final report

Q30. An M&E report is most useful when it:

A. Lists raw numbers without explanation

B. Presents findings, interpretation and practical recommendations for action

C. Uses technical language to exclude frontline staff

D. Avoids discussing limitations

SECTION B: SHORT STRUCTURED QUESTIONS - ANSWER ALL QUESTIONS (20 MARKS)

Q31. A new outpatient rehabilitation follow-up service is being introduced for patients discharged after lower-limb fractures. Identify five distinct elements to include in the integrated M&E plan before the service begins. For each element, state briefly why it is needed. (5 marks)

Q32. A facility wants to use a new home-exercise monitoring form for patients receiving physiotherapy after a stroke. Analyze five practical steps the team should take to ensure the tool collects usable and trustworthy information. (5 marks)

Q33. A quarterly M&E review shows that follow-up attendance is high in the first two weeks after referral but drops sharply after one month. Propose five different management decisions that could be informed by this finding. (5 marks)

Q34. A county health team wants to assess whether a community-based rehabilitation model is improving access for patients who live far from hospitals, but random assignment is not possible. Explain five considerations that should guide the choice of evaluation design. (5 marks)

SECTION C: LONG-ANSWER QUESTIONS -ANSWER ANY TWO QUESTIONS (20 MARKS)

Each question carries ten (10) marks. Answer any two questions only.

Q35. A county hospital wants to reduce avoidable long-term disability among adults recovering from stroke. Discuss how a results-based monitoring and evaluation approach can help the hospital link resources, activities, outputs, outcomes and longer-term change. Use physiotherapy-related examples in your answer. (10 marks)

Q36. Critically discuss how evaluative research can strengthen physiotherapy and rehabilitation services in Kenya. Your answer should address relevance, effectiveness, efficiency, sustainability and learning for future service planning. (10 marks)

Q37. Discuss practical ways of institutionalizing M&E within a physiotherapy or rehabilitation department. In your answer, consider staff roles, data systems, routine review meetings, feedback to stakeholders and accountability. (10 marks)