

Instructions: Select the ONE correct answer for each question.

1. If a patient is unable to participate in the discussion, which one of the following is the preferred statement to help families as they struggle to make a decision?

1. *We can do option A or B, whatever you decide is fine.*
2. *We completely respect and will honor whatever decision you make.*
3. *What would you like us to do?*
4. **What would your father say if he could speak to us?**

2. Which of the following statements is true

1. A standard criteria for the ability to make medical decisions is a score of 24 or better on a mini-mental examination
2. A neuropsychiatric examination is necessary to determine if a patient lacks medical decision making capacity
3. **Decision making capacity includes the ability to take in information, process/evaluate information, and communicate a decision**
4. In the eyes of the law, decision making capacity and competence are the same

3. The first step in a DNR discussion is to ...

1. Ask the patient if they have completed an advance directive
2. **Decide if you believe CPR to be medically indicated**
3. Inform the patient that you will respect their decision
4. Tell the patient your CPR/DNR recommendation

4. True statements about how patients view bad news information include all the following EXCEPT:

1. Patients almost always want direct, truthful information.
2. Patients find effective ways to cope with bad news
3. Clinician empathy and honesty promotes trust
4. **Patients accept that clinicians may need to shade the truth**

5. Following placement of a feeding tube the one year mortality is approximately:

1. 20%
2. 40%
3. **60%**
4. 80%

6. A patient with metastatic lung cancer is spending over 50% of the time in bed or lying around due to fatigue. He has lost 15 pounds in the past 6 weeks. No further anti-neoplastic treatment will be offered. If asked, you can tell the patient his prognosis is:

1. about six to nine months
2. only God can determine how long someone has to live
3. you believe his time is short, only a few weeks to a few months
4. you really can't tell how much time is left

7. For the patient on large doses of opioids prior to entering the dying phase, which one of the following is recommended:

1. adjust opioids in relation to opioid toxicities
2. discontinue opioids as mental status declines
3. ignore physical signs of pain as they are unreliable close to death
4. increase opioids for expected worsening pain prior to death

8. Which one of the following statements is TRUE:

1. A psychosocial assessment is best completed by a clinical psychologist.
2. Exploring a patients' relationship to their parents and siblings is a cornerstone of the psychosocial assessment
3. Physicians usually cause increased patient distress by asking direct questions about psychological coping mechanisms
4. The psychosocial assessment includes spiritual, social, and psychological domains.

9. Which one of the following statements is TRUE:

1. Personal awareness training is routinely provided to most health care professionals
2. Clinicians can foster self-awareness by repeated self assessment of thoughts and emotions
3. Clinician personal reflection is only of benefit when caring for dying patients.
4. Proficiency in personal awareness requires psychiatric evaluation and treatment

10. The laxative *senna* has all of the following features, except:

1. Frequently causes abdominal gas
2. Is available at health food stores as a "natural" product
3. Requires transformation in gut to active drug
4. Stimulates dorsal root ganglion to increase gut motility

11. Which one feature must be present to establish a diagnosis of delirium?

1. Altered level of arousal
2. Hallucinations
3. Loss of recent memory
4. Loss of "executive" functions (abstract thinking, reasoning)

12. Which one of the following is the weakest anti-emetic:

1. haloperidol

2. lorazepam
3. prochlorperazine
4. scopolamine

13. The single most important feature in establishing a diagnosis of addiction (psychological dependence) is:

1. Evidence of use despite harm
2. Pain complaints outside the norm
3. Physical dependence
4. Tolerance

14. Pain described as constant, aching, and well localized to the site of pathology, is most likely:

1. neuropathic pain
2. somatic pain
3. vascular pain
4. visceral pain

15. The patient has been taking acetaminophen/codeine (Tylenol #3) for pain. When would you expect this patient to report maximal pain relief following a dose of Tylenol #3?

1. 30 - 45 minutes
2. 60 - 90 minutes
3. 120-150 minutes
4. 180-210 minutes

16. 30 mg of MSIR is equianalgesic to what dose of oral hydromorphone (Dilaudid)?

1. 7.5 mg
2. 15 mg
3. 30 mg
4. 45 mg

17. Therapeutic analgesic levels should **not** be expected after the first application of a fentanyl patch (Duragesic) until:

1. 2 - 6 hours
2. 7 - 12 hours
3. 13 - 24 hours
4. 25 - 36 hours

18. A 70 y/o woman with lung cancer and bone metastases is taking 120 mg Q12 of long-acting morphine (MS Contin). The most appropriate order for "rescue" (breakthrough) short-acting morphine (MSIR) is:

1. 10 mg q 2h
2. 30 mg q 2h
3. 60 mg q 2h
4. 120 mg q2h

19. At 120 mg q12 of long-acting morphine, the patient in Question 10 still has severe pain at rest. The most appropriate analgesic treatment is to change the dosage of the long-acting morphine to:

1. MS Contin 100 mg q6h

2. MS Contin 120 mg **q8h**
 3. MS Contin 150 mg **q12**
 4. **MS Contin 180 mg q12**
20. Which one of the following statements regarding long-acting morphine (MS Contin) and long-acting oxycodone (Oxycontin) is **true**.
1. Both products can be safely crushed and put down a G-Tube
 2. **Both products can be safely dose escalated every 24 hours**
 3. MS Contin causes less itching than Oxycontin
 4. Oxycontin is a better first-line choice for treating cancer-related bone pain due to lower side effect profile

The End