



**AMREF INTERNATIONAL UNIVERSITY
SCHOOL OF MEDICAL SCIENCES
DEPARTMENT OF NURSING & MIDWIFERY SCIENCES
END OF SEMESTER DECEMBER 2022 EXAMINATIONS**

COURSE CODE AND TITLE: DOP 117 PALLIATIVE CARE IN ONCOLOGY

DATE: 30TH NOVEMBER 2022

DURATION: 2 HOURS

Start: 9:00 AM

Finish: 11:00 AM

INSTRUCTIONS

1. This exam is out of 70 marks
2. This Examination comprises **THREE** Sections. Section A: Multiple Choice Questions (20 marks)
Section B: Short Answer Questions (30 marks) and Section C: Long Answer Questions (20 marks)
3. Answer **ALL** Questions.
4. Do Not write anything on the question paper -use the back of your booklet for rough work if need be.

SECTION A: MULTIPLE CHOICE QUESTIONS**(20 MARKS)**

1. The following is TRUE about end-of-life care: -
 - A) It is one aspect of palliative care.
 - B) It is synonymous with palliative care.
 - C) It is defined by a specified time period.
 - D) It does not include a focus on the family.

2. The following is NOT a priority for patients with a life-limiting illness receiving palliative care: -
 - A) Relieving burden
 - B) Prolonging life at all costs
 - C) Obtaining a sense of control
 - D) Strengthening relationships with loved ones

3. Which of the following is TRUE regarding the interdisciplinary healthcare team involved in palliative care?
 - A) A social worker is not usually part of the team.
 - B) The members of the team are the same across palliative care settings.
 - C) Team members' roles should be communicated to the patient and family.
 - D) The patient's primary care physician is not usually a member of the team.

4. The greatest increase in survival during hospice has been associated with which of the following diseases?
 - A) Heart failure
 - B) Breast cancer
 - C) Colorectal cancer
 - D) Chronic obstructive pulmonary disease

5. Which of the following is NOT a barrier to the optimum use of palliative care at the end of life?
 - A) Reimbursement policies
 - B) Easily determined prognoses
 - C) Lack of well-trained healthcare professionals
 - D) Attitudes of patients, families, and clinicians

6. Which of the following is TRUE regarding the Medicare hospice benefit?
 - A) The policy requires a survival prognosis of nine months or less.
 - B) The policy excludes curative treatment of the terminal disease.
 - C) A financial penalty is assessed if the patient lives beyond the criterion for life expectancy.
 - D) The policy accounts for palliative treatments that serve a dual purpose of palliating symptoms and prolonging life.

7. Which of the following is TRUE regarding prognostication for life-limiting illnesses?
 - A) Heart disease is associated with accurate prognostication.

- B) Physicians' predictions for prognoses are usually optimistic.
C) Determining the prognosis for cancer has improved over the past few years.
D) There have been no guidelines developed to help physicians determine prognoses.
8. Which of the following is a clinician-related factor that contributes to the low rate of end-of-life discussions?
- A) Lack of time
B) Certainty about prognosis
C) Excessive confidence in curative therapies
D) Awareness of the patients' and/or families' concerns regarding prognosis
9. Which of the following is TRUE regarding the discussion of palliative treatment options and goals?
- A) Discussion of treatment options and goals should not include the patient's family.
B) Most physicians engage in discussion about treatment options near the end of life.
C) Unrealistic expectations are a major contributor to an increased use of aggressive treatment at the end of life.
D) Patients will not choose life-extending therapy if the consequences of aggressive treatment are discussed.
10. Which of the following is TRUE regarding advance directives?
- A) Most individuals have prepared advance directives.
B) There are no cultural differences in the rates of advance directives.
C) Advance directives have been associated with a lower likelihood of in-hospital death.
D) The rate of advance directives is lower in the gay and lesbian community than the general population.
11. Evidence-based guidelines for palliative care interventions are available from the American College of Physicians for which of the following symptoms?
- A) Fatigue
B) Depression
C) Constipation
D) Nausea and vomiting
12. Which of the following offers the best approach for the assessment of physical symptoms?
- A) Asking open-ended questions
B) Traditional systems approach
C) Asking which symptom is least troublesome
D) Systematic assessment of symptoms plus open-ended questions

13. A patient's fear to take opioids might be related to a belief that

- A) the side effects of opioids cannot be managed.
 - B) the increase of pain signifies that the disease is getting worse.
 - C) if he or she takes strong drugs now, no drugs will be effective in the future.
 - D) All of the above
14. Which of the following is FALSE regarding practitioner liability in pain management?
- A) Undertreatment of pain carries a risk of malpractice liability.
 - B) Breach of duty is difficult to prove in cases of inadequate pain management.
 - C) Establishing malpractice requires evidence of breach of duty and proof of injury and damages.
 - D) Careful documentation on the patient's medical record regarding the rationale for opioid treatment is essential.
15. Which of the following is TRUE regarding end-of-life care for patients with a history of substance abuse?
- A) Opioids should be avoided for pain relief.
 - B) The issues are the same for past and active substance abusers.
 - C) Recurrence of addiction is high among recovered substance abusers.
 - D) Long-acting pain medications are preferred for active substance abusers.
16. Which of the following is the most reliable indicator of pain?
- A) Patients' self-report
 - B) Results of physical examination
 - C) Results of functional assessment
 - D) Results of multidimensional assessment
17. Referred pain is usually an indicator of
- A) bone pain.
 - B) visceral pain.
 - C) tissue damage.
 - D) central nervous system damage.
18. Strong evidence supports pain management approaches for people with which of the following life-limiting diseases?
- A) Cancer
 - b) HIV/AIDS
 - C) Heart failure
 - D) Cardiovascular disease
19. According to the World Health Organization (WHO) ladder, pain should be managed
- A) with only nonopioids for Steps 1 and 2.

- B) in a stepwise progression from Step 1 to Step 3.
- C) in a manner according to the intensity of the pain.
- D) with nonopioids given around the clock and opioids given on an as-needed basis.

20. Which of the following is TRUE regarding pain medications?

- A) Opioids have a ceiling effect.
- B) Meperidine is a recommended pain reliever in Step 3 palliative care.
- C) Methadone is an option for first-line treatment of severe pain.
- D) Intravenous administration of opioids is preferred over oral delivery.

SECTION B: SHORT ANSWER QUESTIONS (30 MARKS)

- 1. State five (5) ethical principles that apply in palliative care. (5 marks)
- 2. State five (5) oral conditions in palliative care (5 marks)
- 3. Outline five (5) considerations during end of life care (5 marks)
- 4. State five (5) FIVE common distress symptoms in palliative patients (5 marks)
- 5. Outline the FIVE ways in which palliative symptoms interfere with different aspects of a patient's life in relation to quality of life. (5 marks)
- 6. Outline five (5) goals of counselling in palliative care (5 marks)

SECTION C: LONG ANSWER QUESTION (20 MARKS)

- 1. Grief, loss and bereavement are key areas that a palliative care provider participates in throughout the process of care.
 - a) Discuss the steps of grief and loss in relation to palliative care (10 marks)
 - b) Discuss five (5) roles of a palliative care provider throughout the grief and loss process (10 marks)
 - ..