

# AMREF INTERNATIONAL UNIVERSITY SCHOOL OF MEDICAL SCIENCES DEPARTMENT OF NURSING & MIDWIFERY SCIENCES KENYA REGISTERED COMMUNITY HEALTH NURSING END OF SEMESTER EXAMINATIONS AUGUST 2023

DNS 222: ONCOLOGY AND PALLIATIVE CARE NURSING DATE: 8<sup>th</sup> August 2023

## **DURATION: 2 HOURS**

START 2:00PM

FINISH 4:00PM

### INSTRUCTIONS

- **1.** This exam is out of 70 marks
- 2. This Examination comprises THREE Sections. Section I: Multiple Choice Questions (20 marks) Section II: Short Answer Questions (30 marks) and Section III: 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 I: MULTIPLE CHOICE QUESTIONS

- 1. The following statement is the true for the palliative care model:
  - a) Aggressive palliative intent should decrease as aggressive curative intent increases
  - b) Aggressive palliative intent should increase as aggressive curative intent reduces
  - c) Palliative care should begin with a referral hospice
  - d) Bereavement counselling is not considered part of continuum of care
- 2. The step two WHO ladder for moderate pain management in adults includes:
  - a) Strong opioids, plus or minus non opioids and adjuvant
  - b) Weak opioids, plus or minus non opioids and adjuvant
  - c) Non-opioids, plus or minus opioids and adjuvant
  - d) Strong opioids, plus or minus weak opioids and adjuvant
- 3. The right sequence of symptom management in palliative care is:
  - a) Explanation, evaluation, management, monitoring, attention to details
  - b) Monitoring, evaluation, explanation, management, attention to details
  - c) Attention to details, evaluation, explanation, management, monitoring,
  - d) Evaluation, explanation, management, monitoring, attention to details
- 4. Making a deal with God or fate for an extension of life, better behaviour, good works and diligence in prayer according to Elizabeth Kubler Ross is the stage of:
  - a) Anger
  - b) Denial
  - c) Acceptance
  - d) Bargaining
- 5. The correct sequence of grief wheel is:
  - a) Loss, shock, protest, disorganization, re-organization
  - b) Shock, loss, protest, disorganization, re-organization
  - c) Protest, disorganization, shock, loss re-organization
  - d) Disorganization, protest shock, loss re-organization
- 6. Principles of management for end of life care include:
  - a) Administering intravenous fluids, reviewing symptoms regularly
  - b) Good symptom control, avoid unnecessary interventions
  - c) Avoid unnecessary interventions, do not refer to specialists' service
  - d) Good symptom control, do not refer to specialists' service
- 7. The process of adaptation, including the cultural and social rituals prescribed as accompaniments is called:
  - a) Mourning
  - b) Grief
  - c) Complicated grief
  - d) Anticipatory grief

- 8. The following is a strategy for breaking bad news in Palliative care
  - a) Convey minimal empathy
  - b) Convey information in an open environment
  - c) Establish a contract with the patient
  - d) Sympathise to their feelings
- 9. One barrier to communication in Palliative care is:
  - a) Culture
  - b) Appropriate language
  - c) Efficient channel
  - d) Health care worker being aware of oneself well
- 10. Values associated with end of life care assessment include:
  - a) Consent, confidentiality, data protection.
  - b) Prescribing new medication, Consent, data protection.
  - c) Aggressive radiotherapy, focus on outcome, data protection
  - d) New medication, data protection, aggressive chemotherapy
- 11. Palliative core of care delivery approach in palliative care is:
  - a) Primary care
  - b) Individual care
  - c) Holistic care
  - d) Secondary care
- 12. Emotional issues in palliative care include the following factors:
  - a) Mood swings, fears, loneliness and poor coping mechanisms
  - b) High economic expenses, fears, loneliness and poor coping mechanisms
  - c) Caregivers and family burden, mood swings, fears and loneliness
  - d) Poor support network, high economic expenses, fears and care givers burden.
- 12. Among factors that hinders community mobilization in home-based care include:
  - a) Lack of social structures, insecurity, poor infrastructure, poor health.
  - b) Good leader shift, good timing and appropriate information.
  - c) Good communication, knowledge of either partners.
  - d) Involvement in problem identification and good resources, need proper management.
- 13. Patient's role in a home based care includes:
  - a) Giving consent for care, monitor resources, consulting
  - b) Writing a will, identifying a care giver, participation in self care
  - c) Monitoring resources, writing a will, participating in self care
  - d) Monitor resources, consulting, writing a will
- 14. Home based care can be <u>best</u> defined as:
  - a) Care given to PLWHAs patient at home by family members.
  - b) Holistic collaborative effort by hospital and family members in caring for PLWHAs
  - c) Medical care given to PLWHAs and their families
  - d) Empowering community of people who are PLWHAs

- 15. Spiritual /pastoral needs of PLWHAs include;
  - a) Association without stigma, supportive counselling
  - b) Love and acceptance from others, accept forgiveness by others
  - c) Forgive others, a positive view of life
  - d) Warmth and appreciation, help with activities of daily living

16. The major roles of PLWHAs in their care include:

- a) Identify primary care givers, advocate for behaviour change
- b) Give consent on care givers, mobilize material support.
- c) Participate in care process, prepare family and community in care
- d) Take personal responsibility in HIV prevention, initiate referral and networking
- 17. Carcinogenesis is the:
  - a) Process by which normal cells are transformed into cancer cells.
  - b) An agent that has the ability to alter cellular DNA in a direct, irreversible form
  - c) An agent that an alter DNA on its own without relying on other agents
  - d) Agent that, when combined with another agent can change cellular DNA
- 18. One of the approaches in advanced care planning in advanced cancer is to:
  - a) Inform clients that you will be available on scheduled time only.
  - b) Inform them that choice they will be able to make are limited.
  - c) Encourage patient to consider the likely future options for care.
  - d) Minimize patient's preferences for the care they wish to receive.

19. Indicate True (T) or False (F) in the statements below:

a) Metastasis is the spread of cells from a primary tumour via lymphatic system or venous system to

distant body parts

b) A change in bowel or bladder functions can sometimes be a sign of cancer

### SECTION II:SHORT ANSWER QUESTIONS (30 MARKS)

1.	State six (6) principles of palliative care	(6 Marks)
2.	Explain four (4) palliative care concepts	(8 Marks)
3.	List eight (8) key players in palliative care	(4 Marks)
4.	State six (6) strategies of preventing burnout among the health workers	(6 Marks)

5. State six (6) characteristics of Behavioural- Malignant Tumours (6 Marks)

## SECTION III: LONG ANSWER QUESTION (20 MARKS)

- 1. Ms. Z 65 years old with advanced stage cancer is admitted in the palliative and oncology care unit for management of symptoms of life limiting illnesses:
  - a) Explain five (5) the common symptoms she may experience (5 Marks)
  - b) State five (5) assessment methods you will use to assess her (5 Marks)
  - c) Describe the management of the above mentioned symptoms in (a) (10 marks)