

ASSESSMENT OF 30 MCQs

FPSC No : 66

MCQS ON ADVANCED CARE PLANNING AND END OF LIFE CARE

Submission DEADLINE: 15 NOVEMBER 2016, 12 NOON

INSTRUCTIONS

- To submit answers to the following multiple choice questions, you are required to log on to the College Online Portal (www.cfps2online.org)
- Attempt ALL the following multiple choice questions.
- There is only ONE correct answer for each question.
- The answers should be submitted to the College of Family Physicians Singapore via the College Online Portal before the submission deadline stated above.
- There will be NO further extension of the submission deadline.

- A tenet of patient-centred care, in the context of advance care planning, usually refers to the:**
 - Process of gathering information from patients and families on their understanding of patients' medical condition.
 - Three-step process of giving a patient an appointment to meet his doctor for an ACP discussion; persuading the patient to take up the doctor's recommendations; and completing the ACP documentation.
 - Process of shared decision-making that generally consists of 3 steps: giving information to the patient on the options available; assisting the patient to understand the options by describing them in the context of his or her situation; and helping the patient to make informed decisions based on his or her preferences.
 - One-way process of being the "listener" to patient, his or her family and to the other healthcare professionals.
 - Giving 3 options to the patient and the family for the management of patient's care plans.
- The use of supplemental oxygen for the relief of dyspnoea:**
 - is useful for all patients with dyspnea;
 - is useful if N of I trial of oxygen is used;
 - is harmless;
 - is not useful for patients with normal oxygen saturations; or
 - is useful only in COPD patients.
- The following statements except one are helpful to assist the patient with COPD to develop a deeper understanding of his illness and its progression:**
 - Monitor changes in his functional state over the past one year.
 - Annual chest X-rays are needed to monitor lung function.
 - More frequent hospitalizations are needed.
 - Hospital doctors have warned him of need for mechanical ventilation.
 - Loved ones have expressed worries.
- Which of the following is an example of nociceptive pain?**
 - L5 sciatic pain;
 - Chemotherapy-induced paraesthesia;
 - Post-herpetic neuralgia;
 - Colic from subacute intestinal obstruction; or
 - Right arm pain from brachial plexopathy.
- The mainstay of pain management at the end of life is:**
 - Radiotherapy;
 - Psychological interventions;
 - Pharmacotherapy;
 - Communication; or
 - Spinal interventions.
- It is important to look out for what's happening beneath the anger of an angry patient because:**
 - It could be related to the patient's fears or anxiety arising from an unsuccessful treatment or a lack of treatment options and it is important for the patient to talk about that.
 - You need to have enough information to refer the patient for anger management.
 - You will be able to assess if the patient is mentally competent to carry on with the ACP discussion.
 - Underlying emotions must always be addressed by a psychiatrist.
 - You have the right to know everything about the patient.

7. Which of following are true about delirium in the palliative care setting?
- The mixed subtype is the most common subtype of delirium.
 - A patient who suddenly becomes consistently drowsy is unlikely to be delirious.
 - Many patients can remember the hallucinations in their delirious episode especially if the episode was very severe.
 - The likelihood of delirium increases as it gets closer to death.
 - An agitated patient invariably has a cognitive disturbance.
8. The effects of advance care planning on end-of-life care include the following, EXCEPT:
- Strengthened patient autonomy;
 - Decreased hope;
 - Decreased net costs of care;
 - Improved quality of care; or
 - Decreased post-bereavement stress and depression in family members.
9. It will not be helpful for the primary care physician to give false reassurance to patients even though family members might persuade him/her to give it. False reassurance will only result in more anxiety. The reasons are:
- The trust between the patient and the physician will be broken.
 - The trust between the patient and the family members will be broken.
 - The trust between the family members and the physician will be broken.
 - Reassurance is never a good thing.
 - Reassurance opens up ACP discussions well.
10. The following situations allow patients to make meaningful decisions for future healthcare crises, EXCEPT:
- Understanding of life-limiting medical conditions;
 - Support of loved ones;
 - Patient's choice not to make decisions;
 - Previous experiences of medical interventions; or
 - Cultural and spiritual factors.
11. The following statements of ACP conversations are true, EXCEPT:
- It is usually a one-off conversation;
 - Uphold respect and autonomy of patient;
 - It starts in hospital;
 - It starts in primary care and community; or
 - Care goals may change over time with changes in health.
12. A 75-year-old patient with advanced metastatic squamous cell carcinoma of the lung was found to be quiet, withdrawn, and eating poorly over a few days. Clinically, he had poor eye contact, and was withdrawn, cachexic and dehydrated. Sometimes, he was observed to be mumbling unintelligibly to no one, occasionally waving his arms in the air. His vital signs were however still normal. Which of the following statements is NOT correct?
- He is actively dying and no intervention is necessary unless he is agitated.
 - Physical examination should seek to exclude bladder distension.
 - Blood test for hypercalcaemia may be relevant if reversing the cause of delirium is consistent with his care goals.
 - He is not likely to benefit from antidepressant therapy.
 - He may benefit from artificial hydration.
13. A 69-year-old patient with metastatic breast cancer was brought to see you by the family who complained that she has been confused and restless at night — wanting to go to work, singing songs loudly, and getting up and down from her bed. During the day, she sleeps most of the time, occasionally skipping meals. The family has been taking turns to care for her and has been coping adequately so far. What might be appropriate interventions?
- Recommend that they include more physical activities in the daytime so that she will tire out and rest by the evening.
 - Continue to support the family as they are coping.
 - Restrain her at night because of the risk of falls.
 - Give her lorazepam 0.5mg ON to help sedate her and provide some respite for the family.
 - An MRI brain scan may be part of an appropriate work up.
14. Which of the following frameworks is useful in engaging people in ACP?
- Biopsychosocial model;
 - Stages of grief;
 - Transtheoretical model;
 - Biomedical model; or
 - The four-boxes paradigm.
15. Choose the most appropriate answer:
- ACP is best viewed as an iterative process.
 - Success of ACP is measured by completion of documents.
 - Familial factors play a small role in ACP.
 - Most healthcare professionals do not think that ACP is helpful.
 - The ACP movement started in Singapore in the community.

- 16. Judicial use of opioids for dyspnoea in palliative care has been associated with:**
- Increase mortality;
 - Hypoventilation;
 - Constipation;
 - Increased admission to hospital; or
 - Carbon dioxide retention.
- 17. Options to start a patient on opioid for dyspnoea in the clinic include:**
- Mist morphine 2.5mg Q4H;
 - Morphine sulphate sustained release tablet 30mg bd;
 - Fentanyl patch 12mcg/hr Q72h;
 - A and B; or
 - A, B and C.
- 18. Which of the following statements is TRUE about pharmacological treatment for an agitated patient at the end of life?**
- When there is intent on finding and reversing the cause of delirium, antipsychotic medications should not be started.
 - Atypical antipsychotics generally cause less extrapyramidal side effects and less sedation than haloperidol.
 - Benzodiazepines may cause paradoxical agitation and restlessness in some patients.
 - The primary goal of antipsychotic treatment for agitation at the end of life is to induce sedation deep enough to prevent the patient from being aware of his condition.
 - Morphine has no role in the management of restlessness or agitation at the end of life.
- 19. A 55-year-old patient with advanced hepatocellular carcinoma was noted to have a gradual 2-week deterioration of appetite, daytime somnolence and night-time wakefulness, and confusion — the family complained that he could not recognise his family members. On examination, he was very cachexic, jaundiced, pale and lethargic. Asterixis was observed. There was also a huge tender hepatomegaly. He was currently on a morphine mixture 5mg Q4H. The appropriate next step would include:**
- Sublingual lorazepam 1mg ON;
 - Intramuscular haloperidol 5mg BD;
 - Oral chlorpromazine 50mg ON;
 - Digital rectal examination to exclude constipation; or
 - Omit opioids as it can precipitate or worsen delirium.
- 20. Top barriers to initiating ACP with patients that physicians listed include the following, EXCEPT:**
- Lack of skills;
 - Lack of time;
 - Fear of depriving patients of hope;
 - View that ACP is unhelpful; or
 - Uncertainty about when to initiate ACP.
- 21. For successful implementation of ACP in primary care, the following need to be in place:**
- Systems to identify and trigger early discussions for eligible patients;
 - Patient and family education;
 - Education of physicians and structured formats to guide the discussions;
 - Dedicated sections in the electronic health record for recording information; or
 - All of the above.
- 22. Which of the following is the most common side effect of morphine?**
- Nausea and vomiting;
 - Sedation;
 - Hallucinations;
 - Dry mouth; or
 - Constipation.
- 23. Literature has shown that family members usually withhold information from patients for 2 reasons:**
- They do not want to be involved in any potential medico-legal issues and they prefer to bring the patient back to the hospital as and when they choose to.
 - They believe that the well-being of the family comes first and therefore the family will be the one to make decisions for the patient in the best interests of the family and for the protection of the patient and/or to keep the patient in the dark about his or her illness out of concern for the physical and psychological well-being of the patient.
 - The family members believe that the patient can manage his health condition better by not knowing everything and family relationships will not be affected.
 - They believe that this is the healthcare system's recommendation and that patients prefer to be kept in the dark.
 - Telling the truth always does more damage than good and the family has the right to dictate the amount of patient autonomy.
- 24. "Blocking Behaviors" can be described as:**
- Patients' behaviours that block primary care physicians from asking further questions on care plans.
 - Patients' behaviours that block family members from seeking clarifications on ACP discussions.
 - Behaviours that both encourage and discourage active participation in ACP discussions.
 - Behaviours that elicit right responses.

- E. Behaviours that are exhibited by healthcare professionals via their perceived “right” responses for fear of making mistakes and causing distress to the patient and family during ACP discussions, thus blocking potential open dialogues.

25. Which of the following opioids is the safest for use in renal impairment?

- A. Fentanyl;
- B. Morphine;
- C. Oxycodone;
- D. Hydromorphone; or
- E. Codeine.

26. Which of the following is NOT a suitable adjuvant analgesic for the treatment of neuropathic pain?

- A. Nortriptyline;
- B. Mirtazapine;
- C. Gabapentin;
- D. Venlafaxine; or
- E. Pregabalin.

27. On ACP advocacy conversation in the community, the following are true, EXCEPT:

- A. A trusting relationship is essential to explore fears and concerns experienced by patients and loved ones.
- B. Verbal cues by patients are triggers for discussions.
- C. Changes in health state are triggers for discussions.
- D. Primary care physician can normalise the conversation of need for planning for future healthcare crises.
- E. Clinic nurse assistant cannot be an ACP advocate.

28. Roles of ACP advocate versus ACP facilitator are correct, EXCEPT:

- A. Advocate creates awareness of need for planning.
- B. ACP facilitator assists the patient to understand, reflect and discuss on care goals related to his/her medical conditions.
- C. Advocate can direct the interested patient and family members to their specialist doctors for deeper discussions.
- D. ACP advocate can journey with the patient and loved ones during times of healthcare crises by sensitive reminders of earlier ACP conversations or whether changes to care goals are needed.
- E. Living Matters is the local national ACP Programme and does not include ACP Advocacy training.

29. The following has been found to be useful in trials on improving dyspnoea:

- A. Breathing training;
- B. Walking aids;
- C. Neuro-electrical muscle stimulation;
- D. Chest wall vibration; or
- E. All of the above.

30. Which of the following statements is false?

- A. The use of benzodiazepine is dangerous in patients with dyspnoea.
- B. Morphine has been shown to be efficacious for dyspnoea in multiple studies.
- C. The use of an electric fan directed to the face may be useful to relieve dyspnoea.
- D. Most palliative care patients do not have a reversible cause of dyspnoea.
- E. Anxiety is common in patients with dyspnoea.