

Mission Hospice & Home Care
Core Competency Quiz KEY

Feb 2023

COMPETENCY #1:

To have knowledge of the agency's mission, policies, and procedures.

- | | | |
|---|------|-------|
| 1. As a Medicare-certified agency, we accept patients for hospice care when their prognosis is 12 months or less. | True | False |
| 2. For patients on the hospice benefit, we pay for their medical equipment. | True | False |
| 3. For patients on the hospice benefit, we pay for medications related to the terminal illness. | True | False |
| 4. For patients on the hospice benefit, we never pay for radiation or chemotherapy. | True | False |
| 5. Medicare and MediCal pay us a fixed amount for each home visit. | True | False |
| 6. Hospice patients are required to sign advance directives such as a living will, Durable Power of Attorney for Health Care, or Do Not Resuscitate form. | True | False |
| 7. Where would you find our agency's personnel policies? | | |

Ask the Chief Compliance Officer.

8. What is the Mission Statement of Mission Hospice & Home Care?

Mission Hospice & Home Care honors and supports people's wishes for the last phase of life by providing our community with exceptional end-of-life care and education.

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COMPETENCY #2

To be familiar with and knowledgeable about the issues involved in death and dying, and to be effective in communicating with patients, families, and the public about these issues.

1. Match the definitions below with the terms. Hint: there are 10 terms & 9 definitions.

- A. Advanced Directive
- B. Durable Power of Attorney for Health Care
- C. Euthanasia
- D. Hospice
- E. The Medicare medical requirement for eligibility for hospice admission
- F. Palliative Care
- G. End of Life Option Act (ELOA)
- H. Prognosis
- I. Terminal illness
- J. Palliative sedation

- I An illness that will, if it follows its normal course, eventually cause death.
- A Written instructions concerning the provisions of health care, to be followed in the event the individual is incapacitated at the time a health care decision must be made.
- C Death caused by the deliberate action of someone other than the patient, with the intention of ending the patient's life.
- E A person who is terminally ill with a prognosis of 6 months or less to live if the disease follows its normal course.
- G California's End of Life Option Act (ELOA) allows a terminally ill patient to request a drug from his or her physician that will end the patient's life. Patients who choose to end their lives in this way, and who follow the steps in the law, will not be considered to have committed suicide.
- H A foretelling of the outcome of a disease; a forecast of the outcome of a disease.
- J The use of high doses of sedatives to relieve extremes of physical distress, for the purpose of addressing unmanageable suffering during the final days of the patient's illness.
- B A document that includes designation of one or more individuals to make health care decisions on behalf of an incapacitated patient.
- F Provides an extra level of physical, emotional, and spiritual support to improve quality of life for people with serious, life-limiting illness who are not ready for hospice.

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2. Name two of the common signs or symptoms of approaching death.

Shortness of breath, erratic breathing, gurgling breathing sounds, extremities coloring changes to bluish, cold skin

3. Does California have a law that allows physician-assisted suicide?

No. The End of Life Option Act (2016) is not classified as physician-assisted suicide.

COMPETENCY #3

To recognize one's own attitudes, feelings, values, and expectations about death and the individual, cultural, and spiritual diversity existing in these beliefs and customs.

Write one or two sentences about your own attitudes about death and dying. If possible, touch on how your attitudes have altered since being associated with Mission Hospice & Home Care.

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COMPETENCY #4

To have a general understanding of palliative care and pain and symptom management.

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| 1. Pain is always an accompaniment to a cancer diagnosis. | True | False |
| 2. Pain medication doses should only be given when the patient has pain they cannot tolerate. | True | False |
| 3. Palliative care may include radiation therapy and blood transfusions. | True | False |
| 4. If a patient takes pain medication such as morphine early in the illness, they may develop a tolerance that would mean pain medication would not work later when the pain is worse. | True | False |
| 5. Symptoms that hospice care frequently addresses are pain, nausea, anxiety, constipation, and shortness of breath. | True | False |
| 6. There are very few cases in which the hospice team cannot manage a patient's pain. | True | False |

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COMPETENCY #5

To have a general understanding of grief and bereavement.

1. Anticipatory grief is just as valid and important as grief occurring after the patient dies. **True** False
2. Grief and depression are exactly the same. True **False**
3. Medicare guidelines require that we offer our support to the bereaved for only six months. True **False**
4. Our regular bereavement services are free of charge. **True** False
5. Bereavement care is mostly listening. **True** False
6. Becoming the bereaved's friend is one of the most caring and professional things we can do. True **False**
7. Children grieve like adults but for a shorter period of time. True **False**
8. Signs or symptoms of high-risk grief are normal and should not unduly concern us. True **False**
9. We can give bereaved families the names of at least three outside professionals and three community agencies, if needed. **True** False

COMPETENCY #6

To understand how to manage stress of hospice work.

1. Which of the following are positive responses to stress?

A walk on the beach

Having a massage

Having several drinks at the end of a hard day

Seeing a counselor

Talking it out with someone

Keeping a bright face and not talking about your stresses

Writing in a journal

All of the above

2. Name two things Mission Hospice & Home Care provides to help employees with the stresses of hospice work.

Open door policy, compassionate work environment, generous PTO policy, availability of Spiritual Counselors and Bereavement Counselors as needed

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COMPETENCY #7

To have the ability to work effectively as a team member, to understand the roles of other team members and office staff, and to utilize each others' expertise.

1. Name the team member whose job it is to:

Take referrals: **Clinical outreach team**

Visit patients and families with existential concerns: **Spiritual Counselors**

Clean patients, provide bed baths, change diapers, change linens: **Home Health Aides**

Order gloves, diapers, and other patient care supplies: **Case Manager**

Assign Direct Care Volunteers to patients and families: **Volunteer Coordinator**

Help patients and families complete advance health care directives, make funeral arrangements, and find caregivers: **Medical Social Workers**

Take calls in the office from patients and families who have medical concerns: **Triage**

Coordinate grant proposals and solicitations for donations to Mission Hospice & Home Care: **Development**

Bill Medicare: **Accounting**

See that bereavement follow-up is done for family members: **Bereavement Coordinator**

Send physician surveys and discharge summaries after a patient's death: **Quality control**

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2. Mark the four “core disciplines” that are required to participate in care planning.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Medical Social Workers | <input type="checkbox"/> Home Health Aides |
| <input type="checkbox"/> Direct Care Volunteers | <input checked="" type="checkbox"/> Nurses |
| <input checked="" type="checkbox"/> Physicians | <input checked="" type="checkbox"/> Spiritual Counselors and other counselors |
| <input type="checkbox"/> Patient care coordinators | <input type="checkbox"/> Physical Therapists |
| <input type="checkbox"/> Dieticians | <input type="checkbox"/> Pharmacists |

3. List two things that a Medical Social Worker might do with/for a patient or family:

Help with Durable Power of Attorney paperwork, help family complete a POLST, help arrange funeral plans, family counseling, assist pt/family with placement, assist family in arranging caregiving, assist pt in completing Advance Directives

4. List two things that a Spiritual Counselor might do with/for a patient or family:

Connect with their faith community, provide life review opportunities, help pt/family find meaning in illness, provide funeral services to family, provide spiritual and/or religious support, listen

5. List two things that a Direct Care Volunteer might do with/for a patient or family:

Respite for family, errands, transportation, massage. pet therapy, listen, shop, take patient on an outing, hold hands with a patient who can't speak, companionship, vigiling,

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COMPETENCY #8

To have good listening skills and to understand concepts of active listening.

1. List one way you show that you are listening actively to another person:

When appropriate, maintain eye contact; show calm body language

2. In a situation in which you wish to offer empathetic, reflective listening, which of the following responses would be useful?

- a. "Let's talk about pleasant things."
- b. "You sound very tired."
- c. "That happened to me too."
- d. "That must be very frustrating."
- e. "So, what I would do is..."
- f. "It sounds as though you don't feel much hope."
- g. "It's all for the best."
- h. "That must be very disappointing."
- i. "You'll feel better soon."

3. The way in which you ask a question can make a difference in how it is answered. An open-ended question will invite the client to give you more information. Which of the questions below are open-ended?

- a. Tell me about your relationship with your brother.
- b. Tell me about your mother.
- c. How has your illness affected you?
- d. What has been the most difficult for you recently?
- e. What are your favorite holidays?
- f. Are you afraid of dying?
- g. How many times have you been in the hospital?
- h. How has the experience in the hospital been for you?

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4. What is the difference between an open-ended and a closed-ended question?

Open-ended questions allow for discussion and expansion. Closed-ended questions can be answered with a 'yes' or 'no,' or a short response.

5. Describe empathetic listening.

Listening 'with' the person you are speaking with, rather than listening for them or with a goal of providing answers; allowing the experience to be shared, rather than back and forth talking; non-judgmental

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PAIN ASSESSMENT COMPETENCY EXAM

- | | | |
|--|------|-------|
| 1. Pain exists whenever the patient says it does. | True | False |
| 2. All pain has an identifiable cause. | True | False |
| 3. Pain tolerance varies from patient to patient. | True | False |
| 4. Pain tolerance varies from one time to another in a particular patient. | True | False |
| 5. If a patient has a positive placebo response (pain relief), the pain was probably imaginary. | True | False |
| 6. The nurse, not the patient, is the expert on a patient's pain. | True | False |
| 7. Pain behaviors or facial expressions of pain are very reliable indicators of the presence of pain in any patient. | True | False |
| 8. The best source of assessment information is usually the patient's family. | True | False |
| 9. I will assess pain at each visit primarily by observing the patient's attitude. | True | False |
| 10. When using a numeric pain scale, if the rating given is "4 to 5," that is what I will write on the visit note. | True | False |

11. If the patient reports a pain level of 4, I will:

Call 650.554.1000 immediately and let the case manager know, by speaking to him/her or to a nursing supervisor.

12. If the patient reports a new pain, I will :

Call 650.554.1000 immediately and let the case manager know, by speaking to him/her or to a nursing supervisor.

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BASIC SAFETY COMPETENCY

1. The percentage of people who have back pain at some time in their life is:
 - a. 10-20%
 - b. 35-45%
 - c. 60-80%
2. Which of these could cause spinal pain?
 - a. Slouching at your desk
 - b. Holding the phone between your ear and shoulder
 - c. Turning to the side and lifting at the same time
 - d. All of the above.
3. A basic principle of back safety is to lift with your:
 - a. Hands
 - b. Head
 - c. Leg muscles
4. Another basic principle of back safety is to lift with:
 - a. Gusto
 - b. No rotation
 - c. Exhalation
5. Stretching exercises and staying in shape can help to prevent back injury. **True** False
6. The natural curves of the spine allow even distribution on the vertebrae and muscles of the back. **True** False
7. You can safely lift heavier weights down from a height than up from the floor. True **False**
8. Sitting is a stressful position for the back. **True** False
9. For safe lifting, bend at the waist. True **False**
10. When carrying, it is safest to hold objects close to your body. **True** False

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TRAINING EXERCISE – PERSONAL INVENTORY – PROFESSIONALISM/BOUNDARY ISSUES

This exercise is to encourage your active thinking about boundary issues. Please indicate when you think each behavior on the part of a health care professional would be OK.

	Always OK	Sometimes OK	Never OK
1. Accepting cash, or equivalent, as a gift for personal use.			X
2. Buying gifts for individual patients or families.		X	
3. Sharing information a client reveals in a support group with his/her physician.			X
4. Inviting patients or families to join you in activities or parties outside of work.			X
5. Meeting with a client who comes to you in crisis after you have transferred the case to a peer.		X	
6. Sharing personal information about yourself with patients or families.		X	
7. Sharing personal problems with patients or families.			X
8. Giving an update to a neighbor on the medical condition of a football star's son.			X
9. Sharing information about one patient/family with another patient/family.			X
10. Giving out your cell phone number to patients or families.		X	
11. Calling in on days off to check on how your patient is doing.		X	
12. Loaning money or personal belongings to patients or families.			X