Learner Feedback Questions #361

1. The World Health Organization’s definition of palliative care states: a. patients have complete control over how they wish to die b. a person’s religious practices and beliefs c. palliative care focuses on relieving and preventing suffering of patients d. the patient’s wishes for care should be followed even if it hastens death

2. The medicalization of death, according to Taboada: a. eliminates the possibility of a “good death” b. is one entirely decided by a person’s advance directives c. often opposes the acceptance of death d. legally does not allow the patient to determine how he wishes to die

3. Which of the following is NOT a reason why some healthcare professionals overtreat patients who request palliative care? a. want to avoid any perception of undertreatment b. see death as a treatment failure c. cannot accept death themselves d. do not have a palliative program/service available

4. Which of the following actions by the nurse can best help the dying patient? a. taking a course on death and dying b. joining an ethics committee c. helping a dying patient die with dignity d. withholding information from the patient’s family

5. All of the following measures are recommended to help dying patients maintain their dignity EXCEPT: a. listen to the patient when he wants to talk about his fears b. ensure the patient is never left alone c. provide reassurances advance directives will be honored d. allow the patient to reminisce about his life

6. When a family member becomes anxious about a dying patient becoming restless, the nurse’s response should be: a. reassure them and explain restraints won’t be helpful b. tell them all dying patients act this way c. suggest it might be a good idea for them to take a short break d. assure them the patient isn’t in pain

7. When a dying patient is receiving methadone for pain relief, the nurse knows methadone: a. has a short half-life b. should be started with low doses c. should be started at a high dose and reduced if necessary d. has only a 3- to 4-hour analgesic effect

8. The groundbreaking work on death credited to Kübler-Ross includes: a. caregivers and families are responsible for people dying a “good death” b. through free will, everyone has some determination over how they wish to die c. the dying need not be provided spiritual resources d. dying patients go through the grief stages concurrently

9. If a person is confused and has visions of people not present, the nurse should suggest which action to the family? a. ignore the patient and talk among themselves b. if the dying person becomes distressed, when he is re-oriented, do not interrupt his conversation c. explain this behavior as a lack of oxygen to the brain and death is near d. take a short break since this behavior seems to be upsetting them

10. Alternative therapies: a. can be beneficial, in some form, to patients receiving palliative care b. should not be used for pain management c. are not indicated for patients when death is imminent d. are contraindicated for patients receiving palliative care

Evaluation

1. I can discuss the meaning of dying with dignity: a. strongly agree b. agree c. neutral d. disagree e. strongly disagree

2. I can list ways to provide support to the dying individual as well as to their loved ones and caregivers: a. strongly agree b. agree c. neutral d. disagree e. strongly disagree

3. I can describe how to help caregivers provide pain management for those at the end of life: a. strongly agree b. agree c. neutral d. disagree e. strongly disagree

4. The objectives relate to the overall goal of the article: a. strongly agree b. agree c. neutral d. disagree e. strongly disagree

5. The article is well-written and logically organized, and defines terms adequately: a. strongly agree b. agree c. neutral d. disagree e. strongly disagree

End-of-Life Issues

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Registration/Answer Form #361

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