

Sample Palliative Medicine and Hospice Care Questions & Critiques

The sample NCCPA items and item critiques are provided to help PAs better understand how exam questions are developed and should be answered for NCCPA's Palliative Medicine and Hospice Care CAQ Exam.

Question #1

A 64-year-old woman who has breast cancer with multiple bony metastases is admitted to the hospital after she sustained a pathologic fracture of the right hip during a fall in her home. Orthopedic surgery is scheduled to attempt to stabilize the fracture. Her status is nothing by mouth, and she cannot take her oral pain medications. After the palliative medicine team changes her oral dose of morphine to an equivalent intravenous dose, she has onset of intense itching. Which of the following is the most appropriate management of the patient's pruritus?

- A. Continue the current morphine dose, add diphenhydramine, and reassess the patient in 30 minutes
- B. Decrease the intravenous morphine dose by 50% and reassess the patient in 30 minutes
- C. Decrease the morphine dose by 10% and advise the patient that the itching will resolve
- D. Increase the morphine dose by 25% and place mittens on the patient
- E. Replace the morphine with an equivalent dose of hydromorphone and add diphenhydramine**

Content Area: Managing Suffering and Distress (40%)

Critique

This question assesses the examinee's ability to recognize and treat adverse effects of pain medications. The correct answer is option (E), replace the morphine with an equivalent dose of hydromorphone and add diphenhydramine. When an adverse effect of pruritus is experienced by a patient, it is best to rotate to an alternate opioid in hopes of treating/isolating the inciting factor (in this case intravenous morphine), as well as providing more immediate relief for the adverse effect.

Option (A), continue the current morphine dose, add diphenhydramine, and reassess the patient in 30 minutes; option (B), decrease the intravenous morphine dose by 50% and reassess the patient in 30 minutes; option (C), decrease the morphine dose by 10% and advise the patient that the itching will resolve; and option (D), increase the morphine dose by 25% and place mittens on the patient, are incorrect because the patient is experiencing pruritus from intravenous morphine, thus changing the strength of the morphine (or the dose) is less likely to constitute any change in the adverse effect of itching/pruritus.

Question #2

A 57-year-old man who has pancreatic cancer is admitted to the hospital because he has had intense, uncontrolled pain to his mid back for the past three weeks. During a meeting with the inpatient palliative medicine team, the patient says he has difficulty finding a comfortable position to sit or sleep and has to sleep in a chair because lying on his back is uncomfortable. The patient is aggressively titrated up from oral opioids and transitioned to patient-controlled analgesia without adequate pain control. An adjuvant modality is considered. Which of the following procedures is the most appropriate next step in pain management?

- A. **Celiac plexus block**
- B. Hypogastric plexus block
- C. Percutaneous dorsal rhizotomy
- D. Spinal neurolytic block
- E. Sympathetic nerve block

Content Area: Managing Suffering and Distress (40%)

Critique

This question tests the examinee's ability to select the appropriate pharmacological therapy for a patient with uncontrolled pain. The correct answer is option (A), celiac plexus block, because this nerve block specifically targets abdominal visceral pain and is often used to aid in pain control for pancreatic cancers and chronic pancreatitis.

Option (B), hypogastric plexus block, is incorrect because these are most beneficial for pelvic pain, and this patient's pain stems from the pancreas. Option (C), percutaneous dorsal rhizotomy, is incorrect because this intervention aids in reducing spasticity of muscles, notably in children with cerebral palsy. Option (D), spinal neurolytic block, is incorrect because, while this patient's pain radiates to the back, it stems from the pancreas. Option (E), sympathetic nerve block, is incorrect because, although it can treat both chronic and acute pain etiologies, this option is not the most appropriate choice given the vagueness of the selection specific to this patient's etiology.

Question #3

A 65-year-old man comes to the palliative medicine clinic for routine follow-up on symptoms related to recently diagnosed stage IV pancreatic cancer metastatic to liver. Medical history includes long-standing type 2 diabetes mellitus. The patient's pain is well controlled with immediate-release morphine 10 mg, twice daily on average, but over the past week, he has had nausea, excessive bloating, and early satiety. He says his bowel movements have been normal. Which of the following medications is most appropriate for management of his acute symptoms?

- A. Dexamethasone
- B. Meclizine
- C. Metoclopramide**
- D. Ondansetron
- E. Prochlorperazine

Content Area: Managing Suffering and Distress (40%)

Critique

This question tests the examinee's ability to recognize and treat opioid-induced nausea and vomiting. The correct answer is option (C), metoclopramide, because of the prokinetic component that is best suited to target motility improvement to reduce bloating and early satiety, while treating nausea.

Option (A), dexamethasone, and option (E), prochlorperazine, are incorrect because, while they may aid in nausea control, this patient is also experiencing early satiety suggestive of dysmotility or slow motility of the gut, making these options not the most appropriate answer. Option (B), meclizine is incorrect because it is most associated with nausea due to vestibular dysfunction. Option (D), ondansetron, is incorrect because, while it may aid in nausea relief, it can cause an adverse effect of constipation, which may worsen nausea, excessive bloating, and early satiety.

Question #4

An 88-year-old man who underwent right nephrectomy for renal cell carcinoma three weeks ago remains hospitalized because of sepsis. He has not made further recovery in the past two weeks and is less responsive. The patient is bedbound and has anorexia, pneumonia, and failure to thrive. Current conditions include interstitial lung disease, coronary artery disease, diabetes mellitus, and stage 3 chronic kidney disease. The patient requires increased oxygen support and is now receiving bilevel positive airway pressure (BiPAP) therapy at maximum settings. Oxygen saturation is 84% to 90%. The inpatient palliative medicine service is consulted after the patient becomes delirious, pulling on medical equipment and removing the BiPAP mask. The palliative medicine PA counsels the patient's daughter about terminal delirium. The daughter, who is a nurse as well as the patient's medical power of attorney, agrees to the use of soft restraints in an effort to maintain the patient's current ventilatory support so his family, who are flying in tomorrow, can see him before he dies. In addition to continuing the BiPAP therapy, which of the following steps is most appropriate to help sustain the patient long enough for the family to say goodbye?

- A. Increase intravenous fluids
- B. Initiate antipsychotic therapy**
- C. Initiate low-dose paralytic therapy
- D. Initiate total parenteral nutrition

Content Area: Impending Death and the Death Event (3%)

Critique

This question assesses the examinee's ability to manage terminal delirium in a combative patient whose family is on their way to say their final goodbyes. The correct answer is option (B), initiate antipsychotic therapy, because this will manage agitation and delirium and prevent the patient from removing the ventilator and equipment, while also maintaining some level of consciousness so the patient's family can say goodbye.

Option (A), increase intravenous fluids, and option (D), initiate total parenteral nutrition, are incorrect because they will not prolong the patient's life or make any change to his current clinical status. Option (C), initiate low-dose paralytic therapy, is incorrect because this is a powerful, fast-acting muscle relaxant that could lead to respiratory arrest, which would not allow the family the appropriate time to say goodbye.

Question #5

A 96-year-old man who has small-cell lung cancer with metastases to the brain has been hospitalized for the past four days because of worsening hyperactive delirium. Prior to hospitalization, his son and daughter cared for him at home. The patient is restrained and has not eaten for the past five days. Body mass index is 14 kg/m². The oncology team recommends hospice care. During the initial hospice consultation, family members say they are disturbed and saddened by the patient's condition and want to know how to relieve his suffering. On questioning, the daughter asks, "If we were to sedate him, wouldn't that be killing him?" The hospice PA explains that the goal of administering medication is to help the patient feel more comfortable and less distressed; it is not intended to hasten the patient's death. Which of the following best describes the principle of double effect as it relates to this patient's care?

- A. Alleviate the patient's distress and provide cardiopulmonary resuscitation in the event of cardiac arrest
- B. Comfort the patient with sedation and opioids, if needed, and stop sedation if the respiratory rate drops below 10/min
- C. **Manage the patient's symptoms using sedation and opioids, even if there are undesired outcomes**
- D. Reduce the patient's suffering with sedation and opioids, if needed, while administering tube feedings
- E. Sedate the patient using a time-limited trial, allowing the family time to make decisions for next steps

Content Area: Ethical and Legal Aspects of Care (5%)

Critique

This question assesses the examinee's understanding of the principle of double effect as it relates to the relief of suffering in a dying patient. The correct answer is option (C), manage the patient's symptoms using sedation and opioids, even if there are undesired outcomes. This treatment will make the patient more comfortable, but may cause unintended outcomes, including respiratory suppression or even death.

Option (A), alleviate the patient's distress and provide cardiopulmonary resuscitation in the event of cardiac arrest, is incorrect because this patient is in hospice care and the goal is to relieve suffering. There is no indication to provide cardiopulmonary resuscitation. Option (B), comfort the patient with sedation and opioids, if needed, and stop sedation if the respirations drop below 10/min, is incorrect because respirations below 10/min are expected while receiving sedation for delirium and this would not prevent the continued administration of opioids and sedation to provide this patient comfort. Option (D), reduce the patient's suffering with sedation and opioids, if needed, while administering tube feedings, is incorrect because feeding will not alleviate this patient's symptoms and can cause additional burdens such as aspiration, pneumonia, and abdominal distention. Option (E), sedate the patient using a time-limited trial, allowing the family time to make decisions for next steps, is incorrect because a time-limited trial is not indicated in a patient with terminal delirium.

Question #6

A 75-year-old woman has been in the intensive care unit for the past three weeks because of COVID-19 pneumonia and emphysema and is receiving mechanical ventilation with fraction of inspired oxygen (FiO₂) of 85%. Medical history includes type 2 diabetes mellitus, heart failure with reduced ejection fraction, and acute-on-chronic renal failure, for which the patient receives hemodialysis. After several unsuccessful attempts at weaning the patient from the ventilator, the critical care team consults with palliative medicine. A cross-discipline family meeting is convened to discuss next steps, and the family agrees to pursue compassionate extubation because they feel it would best honor the patient's wishes. Given this decision, what is the most appropriate next step to provide comfort to the patient's loved ones?

- A. Ask for permission to discuss prognosis once the ventilator is removed**
- B. Ask if the family desires special music or other environmental support during extubation
- C. Discuss the details of extubation, including medications that will be used
- D. Gently ask about the plan for the body after death so mortician services can be requested
- E. Review the social, emotional, and spiritual support that may be helpful to the patient and family

Content Area: Prognostication and Natural History of Serious and Complex Illness (10%)

Critique

This question tests the examinee's ability to determine the best approach to providing comfort to the family of a patient after the family has consented to compassionate extubation. The correct answer is option (A), ask for permission to discuss prognosis once the ventilator is removed, because it is important for the provider to know how much information the family would like to know about the next steps and expectations after extubation.

Option (B), ask if the family desires special music or other environmental support during extubation, is incorrect because, although the family could request special music or other environmental support, this would be discussed after asking for permission to discuss the patient's prognosis after the ventilator is removed. Option (C), discuss the details of extubation, including medications that will be used, is incorrect because, while this could be included in the discussion of this patient's prognosis, this would not play a major role in providing comfort to the patient's family. Option (D), gently ask about the plan for the body after death so mortician services can be requested, is incorrect because disposition of the patient's body would be discussed after the patient has been pronounced dead. Option (E), review the social, emotional, and spiritual support that may be helpful to the patient and family, is incorrect because this is a continuous process that is usually first addressed while the patient's condition is declining, prior to the discussion of compassionate extubation.

Question #7

An 85-year-old man is hospitalized with recently diagnosed rectal cancer, widespread liver metastasis, and abdominal ascites. He has intermittent nausea, vomiting, and abdominal pain. The surgical and oncology teams have determined that no disease- or symptom-modifying interventions are feasible, given the patient's advanced disease and poor state of health. Body mass index is 18 kg/m². Heart rate is 102/min, respirations are 22/min, and blood pressure is 88/64 mmHg. The patient's last bowel movement was three days ago. He is alert and oriented. Palliative Performance Scale score is 40%. The palliative medicine team is consulted by the surgical attending, who requests a family meeting. Which of the following steps by the palliative medicine team is most important during this meeting?

- A. Discussing prognosis with the patient and family**
- B. Identifying a need for the patient to sign MDPOA and POLST forms
- C. Offering palliative paracentesis
- D. Recommending the family apply for nursing home coverage
- E. Reviewing the surgical and oncologic care determinations with the family

Content Area: Prognostication and Natural History of Serious and Complex Illness (10%)

Critique

This question tests the examinee's ability to identify the most important steps the palliative care team wants to achieve when meeting with a patient and the patient's family. The correct answer is option (A), discussing prognosis with the patient and family. because the palliative medicine need should assess the patient's and family's knowledge of the patient's condition and provide medical information that will help the patient and family make decisions about the next step.

Option (B), identifying a need for the patient to sign MDPOA and POLST forms, is incorrect because it is imperative to discuss this patient's current clinical condition, prognosis, and options prior to discussing these forms. Option (C), offering palliative paracentesis, is incorrect because the surgical and oncology teams have already determined that no disease- or symptom-modifying interventions are feasible for this patient. Option (D), recommending the family apply for nursing home coverage, is incorrect because this is the role of the social work team and the financial department when planning for this patient's discharge. Option (E), reviewing the surgical and oncologic care determinations with the family, is incorrect because the surgical and oncology teams have already determined that they cannot offer any treatment due to the patient's advanced disease and poor state of health.

Question #8

An 85-year-old man is hospitalized with end-stage chronic obstructive pulmonary disease, heart failure with reduced ejection fraction of 20%, chronic kidney disease, hypersensitivity lung disease, pleural effusion, and multifocal pneumonia. Palliative Performance Scale score is 40%. Seven days after initiation of intravenous antibiotics, he continues to require supplemental oxygen at 10 L/min via nasal cannula, increased from his baseline of 4 L/min. The patient requires supplemental oxygen at 15 L/min after any activity. He is alert and able to converse in English. He immigrated from Russia eight years ago and lives with his wife and son. Before giving serious news during a family meeting, which of the following measures by the palliative medicine PA is the most appropriate next step in demonstrating cultural sensitivity to the patient and his family?

- A. **Ask the patient and family how they prefer receiving difficult or serious health related updates**
- B. Be direct as the ethical principle of truth telling is the right approach
- C. Research Russian culture to determine how they choose to receive bad news
- D. Speak to the patient and family as you would any other patient and family
- E. Use cultural experiences with Russian patients in the past and apply those skills to this situation

Content Area: Whole Patient Assessment (20%)

Critique

This question assesses the examinee's ability to provide culturally appropriate care. The correct answer is option (A), ask the patient and family how they prefer receiving difficult or serious health-related updates, because it is crucial to ask the patient how they want to discuss difficult news regarding medical care, who they want to be involved in the discussion, and how much information they want the team to share.

Option (B), be direct as the ethical principle of truth telling is the right approach, is incorrect because this is not always the right approach when giving serious news to a patient. It is very important to get permission from the patient and family to discuss information because, in some cultures, being direct can be harmful to the patient and cause bad outcomes. Option (C), research Russian culture to determine how they choose to receive bad news is incorrect because, while researching culture can be used as a guide, it should not replace a discussion with the patient and family. Option (D), speak to the patient and family as you would any other patient and family, is incorrect because providers should provide culturally appropriate care to each patient. Option (E), use cultural experiences with Russian patients in the past and apply those skills to this situation, is incorrect because each patient is unique. Past cultural experiences and personal biases can misguide a provider.

Question #9

A 13-year-old boy is hospitalized because of a traumatic brain injury sustained when he fell from an all-terrain vehicle at high speed. He is alert but has impaired mental capacity and paralysis on the right side. After 30 days in the intensive care unit and 10 days on the medical floor, the patient is nearing medical stability for discharge. In addition to the brain injury with sequelae, his health is further complicated by aspiration pneumonia requiring emergency tracheostomy with subsequent placement of a gastrostomy tube. The parents are overwhelmed by the prospect of long-term care requirements for their son and request a consult with the palliative medicine team. Which of the following steps by the palliative medicine team is most important when discussing long-term care with the parents?

- A. Attempt to understand the parents' serious concerns surrounding long-term care requirements**
- B. Explain what providing 24-hour care of their son at home would likely entail for the parents
- C. Identify in-home equipment that would assist the parents in caring for their son
- D. Recommend in-home hospice care because it offers respite service for the parents
- E. Recommend facility-based nursing care because of the extensive needs of the patient

Content Area: Managing Suffering and Distress (40%)

Critique

This question assesses the examinee's ability to communicate with family members about long-term care of a patient. The correct answer is option (A), attempt to understand the parents' serious concerns surrounding long-term care requirements.

Option (B), explain what providing 24-hour care of their son at home would likely entail for the parents, is incorrect because it would be inappropriate to provide unsolicited education. Option (C), identify in-home equipment that would assist the parents in caring for their son, and option (E), recommend facility-based nursing care because of the extensive needs of the patient, are incorrect because these discussions would only be appropriate after understanding if this is the reason for the family's apprehension. Option (D), recommend in-home hospice care because it offers respite service for the parents, is incorrect because discussing hospice services would only be appropriate after understanding the reason for the family's apprehension and providing respite for the parents should not be the only reason for discussing hospice services.