Sample Geriatric Medicine CAQ Questions & Critiques

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

Question #1

A 76-year-old man is discharged to the subacute rehabilitation facility from the hospital two weeks after he sustained a stroke resulting in severe oropharyngeal dysphagia that required placement of a percutaneous endoscopic gastrostomy (PEG) tube. Medical history includes hypertension, diabetes mellitus, chronic kidney disease, and atrial fibrillation. The speech therapist reports to the PA that a moderate number of white, plaquelike lesions are noted on the palate, pharynx, and posterior aspect of the tongue. Which of the following is the most appropriate initial pharmaceutical management of the patient's condition?

A. Administer fluconazole via PEG tube

B. Administer nystatin via PEG tube

C. Administer oral itraconazole

D. Prescribe clotrimazole troches

E. Prescribe oral nystatin

Content Area: Medical Conditions in Older Adults (33%)

Critique

This question tests the examinee's ability to recognize oral candidiasis and determine the appropriate treatment and route of administration. The correct answer is Option (A), administer fluconazole via PEG tube. Because the patient described in this scenario has severe dysphagia and risk of aspiration, the most appropriate route of administration is via PEG tube. In addition, the patient has a moderate number of oral lesions, which indicates likely spread to the esophagus. Fluconazole is the recommended therapy when administration via PEG tube is required and lesions have spread to the pharynx and esophagus, as described in this scenario.

Option (B), administer nystatin via PEG tube, is incorrect because although nystatin is first-line treatment for oral candidiasis, it is less effective when administered via PEG tube and is therefore not appropriate for a patient with moderate lesions and possible esophageal involvement, as described in the scenario. Option (C), administer oral itraconazole, is incorrect because itraconazole is indicated for treatment of oral candidiasis that is refractory to fluconazole, and oral administration is inappropriate for a patient with severe dysphagia because of the increased risk of aspiration. Option (D), prescribe clotrimazole troches, is incorrect because although clotrimazole troches are indicated for oral candidiasis, they are inappropriate for a patient with severe dysphagia because of the increased risk of aspiration. Option (E), prescribe oral nystatin, is incorrect because although this medication is first-line treatment for oral candidiasis, oral administration is inappropriate for the patient described in the scenario, who has a high risk of aspiration due to dysphagia.

Question #2

A 93-year-old woman who resides in an assisted living facility is evaluated because she has had dry cough for the past month. The cough is worse during and after meals. During this time, she also has had weight loss of 1.4 kg (3 lb). She has had no shortness of breath or fever. Medical history includes Parkinson disease, advanced dementia, and osteoarthritis. Vital signs are within normal limits. On physical examination, the patient is awake and alert at her baseline level of confusion. Lungs are clear to auscultation bilaterally. Which of the following is the most appropriate next step in management of this patient's condition?

A. Consult speech therapy

B. Order CT scan of the chest

C. Order weekly weight tracking

D. Prescribe dextromethorphan 10 mg three times daily as needed

E. Refer to a pulmonologist

Content Area: Medical Conditions in Older Adults (33%)

Critique

This question tests the examinee's ability to recognize and manage dysphagia in a medically complex patient. The correct answer is Option (A), consult speech therapy. The scenario describes several risk factors for dysphagia, including Parkinson disease, advanced dementia, and age, as well as characteristic symptoms including prolonged cough that is worse during and after meals, as well as weight loss. Speech therapy is indicated to evaluate the severity of dysphagia and provide guidance on appropriate dietary consistency.

Option (B), order CT scan of the chest, is incorrect because although this study is often ordered for evaluation of chronic cough and aspiration pneumonia, it is not the recommended initial step for a patient with normal findings on examination of the lungs, as described in the scenario. In addition, a patient with Parkinson disease and advanced dementia will have difficulty enduring a CT scan. Option (C), order weekly weight tracking, is incorrect because although this approach may be appropriate for a patient with recent weight changes, the patient described in the scenario has not had significant weight change, and weight tracking will not identify the cause of her weight loss. Option (D), prescribe dextromethorphan 10 mg three times daily as needed, is incorrect because although this medication is often prescribed for management of chronic cough, it may be unsafe for a patient with suspected dysphagia. In addition, dextromethorphan does not identify the cause of a patient's cough. Option (E), refer to pulmonology, is incorrect because although dysphagia can impact respiratory function, it is not the recommended initial step in evaluation of the patient described in the scenario.

Question #3:

A 69-year-old woman comes to the office for annual wellness examination. The patient resides in an independent living community. One year ago, she underwent open reduction and internal fixation of a fracture of the right hip sustained when she tripped over a rug and fell. Medical history also includes rheumatoid arthritis managed with methotrexate and hypertension managed with losartan. She does not have pain in the right hip. On the basis of the patient's history and risk factors, which of the following is the most appropriate next step?

A. Measure serum rheumatoid factor level

B. Order DEXA scan

C. Order x-ray study of the right hip

D. Refer to an orthopedist

E. Refer to a rheumatologist

Content Area: Medical Conditions in Older Adults (33%)

Critique

This question tests the examinee's ability to recognize the risk factors for osteoporosis and order the appropriate study to establish the diagnosis and guide decisions about pharmacologic treatment. The correct answer is Option (B), order DEXA scan. The scenario describes characteristic osteoporosis risk factors, including age older than 65, history of fragility fracture and rheumatoid arthritis, and possible long-term use of methotrexate. In this scenario, measurement of bone mineral density is indicated.

Option (A), measure serum rheumatoid factor level, is incorrect because this laboratory study is indicated for initial diagnosis of rheumatoid arthritis or for investigation of acute changes in a patient with known rheumatoid arthritis, which do not apply to the patient described in the scenario. Option (C), order x-ray study of the right hip, is incorrect because although x-ray study is used for evaluation of hip pain, the patient described in the scenario has no acute symptoms. Option (D), refer to an orthopedist, and Option (E), refer to a rheumatologist, are incorrect because although the patient described in the scenario has a history of surgically repaired fragility fracture and rheumatoid arthritis, she is currently asymptomatic.

Question #4:

A 93-year-old woman who resides in a skilled nursing facility is evaluated by the geriatric medicine PA because she has had foul-smelling urine for the past two days. She has not had dysuria or polyuria. Physical examination shows no abnormalities. Temperature is 37.2°C (98.9°F), heart rate is 99/min, respirations are 12/min, and blood pressure is 100/60 mmHg. Oxygen saturation is 96% on room air. Results of urinalysis include the following:

Bacteria	+1
Leukocyte esterase	Negative
Nitrites	Negative
Red blood cells	3/hpf
White blood cells	4/hpf

Which of the following is the most appropriate next step in management of this patient's condition?

A. Hydration and monitoring

B. Initiation of ciprofloxacin

C. Initiation of fosfomycin

D. Initiation of trospium

E. Recommendation of pelvic floor exercises

Content Area: Medical Conditions in Older Adults (33%)

Critique

This question tests the examinee's ability to recognize asymptomatic bacteriuria on the basis of patient history and results of urinalysis and determine the appropriate treatment plan. The correct answer is option (A), hydration and monitoring. The scenario describes signs and symptoms of asymptomatic bacteriuria, including foul-smelling urine and results of urinalysis inconsistent with infection. Because pharmacologic therapy is not indicated for asymptomatic bacteriuria, hydration with monitoring is the recommended first step.

Option (B), initiation of ciprofloxacin, and Option (C), initiation of fosfomycin, are incorrect because although foul-smelling urine can be a sign of infection, the results of urinalysis described in the scenario are inconsistent with infection, and therefore antibiotic therapy is not indicated. Option (D), initiation of trospium, is incorrect because trospium is an anticholinergic medication that is indicated for other urinary tract disorders, such as overactive bladder, but is inappropriate for the patient described in the scenario, who does not have polyuria. Furthermore, trospium should be avoided in older adults because of the potential adverse effects, including dizziness, increased fall risk, and confusion. Option (E), recommendation of pelvic floor exercises, is incorrect because although pelvic floor exercises are commonly recommended for urinary incontinence, they are not indicated for treatment of asymptomatic bacteriuria.

Question #5:

A 68-year-old woman comes to the primary care office for routine examination. For the past six months, she has had blurred vision while reading and difficulty seeing faces and street signs, especially at night. She has not had eye pain. Her most recent vision examination was one year ago. Medical history includes hypertension and diabetes. She currently smokes one pack of cigarettes daily. On physical examination, normal red light reflex is noted. Funduscopy shows yellowish deposits on the macula. Which of the following is the most likely diagnosis?

A. Cataracts

B. Central retinal artery occlusion

C. Glaucoma

D. Macular degeneration

E. Retinal detachment

Content Area: Medical Conditions in Older Adults (33%)

Critique

This question tests the examinee's ability to recognize symptoms and findings on physical examination consistent with macular degeneration. The correct answer is (D), macular degeneration. The scenario describes classic signs of macular degeneration, including painless central vision loss for the past six months and Drusen spots on the macula, in a patient with a history of smoking.

Option (A), cataracts, is incorrect because although cataracts are a common cause of visual impairment over a long period, symptoms are described as a halo around lights, which is not mentioned in the scenario. Additionally, normal red light reflex, as noted in the patient described, is not characteristically seen in patients with cataracts. Option (B), central retinal artery occlusion, is incorrect because although this condition causes vision loss, it typically has sudden onset and the vision loss does not worsen at night. Option (C), glaucoma, is incorrect because although glaucoma causes visual impairment, central vision loss is not a classic sign of this condition. In addition, funduscopic findings include increased optic nerve cupping and large cup-to-disk ratio, which are not noted in the scenario. Option (E), retinal detachment, is incorrect because although retinal detachment is painless and a common cause of vision loss, it is an acute condition often described as a curtain falling over the eyes.

Question #6:

An 80-year-old woman comes to the primary care office one week after she was discharged from the hospital, where she was treated for viral gastroenteritis and acute kidney injury following admission for diarrhea. She is accompanied by her daughter, who lives nearby but is worried about the patient living alone. Since discharge from the hospital, the patient has had fatigue while doing housework and cooking, which she usually does independently. The patient has had no pain or decreased appetite. She is able to ambulate independently but has used a cane since discharge from the hospital. During the interview, the patient says she feels like a burden to her family. Which of the following is most appropriate to assess the patient's ability to live alone?

A. Depression screening

B. Functional assessment

C. Mini Mental Status Examination

D. Mobility assessment

E. Sensory assessment

Content Area: Geriatric Syndromes (25%)

Critique

This question tests the examinee's ability to determine the appropriate screening tool for an older adult with acute changes in physical condition. The correct answer is Option (B), functional assessment. This scenario describes a previously independent patient with decline in function and ambulation since recent discharge from the hospital. Functional assessment is most appropriate because it assesses ADLs and IADLs and will test the patient's ability to perform daily tasks and live independently.

Option (A), depression screening, is incorrect because although depression is commonly related to acute medical illness, and the patient described has fatigue and feels like a burden, this screening does not test the patient's function and ability to live independently. Options (C), Mini Mental Status Examination, and (E), sensory assessment, are incorrect because although these assessments may be components of a full evaluation, they are not indicated on the basis of the patient's symptoms and findings on physical examination. Option (D), mobility assessment, is incorrect because the patient described is able to ambulate independently with an assistive device. Although it may be a component of a full evaluation, this assessment alone is inadequate to determine this patient's ability to live independently.

Question #7:

A 73-year-old woman is admitted to the hospital for evaluation after she sustained an unwitnessed fall at home. She has dizziness when she changes position but does not have pain. She has had five additional falls without injury in the past three months. Results of diagnostic imaging show no abnormalities. Physical examination shows fine resting tremor of the right hand, micrographia, inability to stand from a seated position, and increased tone of the lower extremities. Which of the following is the most likely diagnosis?

A. Benign paroxysmal positional vertigo

B. Essential tremor

C. Meniere disease

D. Parkinson disease

E. Restless legs syndrome

Content Area: Geriatric Syndromes (25%)

Critique

This question tests the examinee's ability to recognize characteristic signs of Parkinson disease. The correct answer is Option (D), Parkinson disease. The scenario describes classic signs of Parkinson disease, including resting tremor, rigidity, and postural instability. The additional findings of micrographia, frequent falls, and normal results on imaging support the diagnosis of Parkinson disease.

Option (A), benign paroxysmal positional vertigo, is incorrect because although this condition may cause dizziness, it is not associated with motor signs such as tremor, as referenced in this scenario. Option (B), essential tremor, is incorrect because essential tremor occurs with movement, whereas the patient described has resting tremor. Additionally, patients with essential tremor often have large, shaky handwriting, but the patient in the scenario has micrographia. Option (C), Meniere disease, is incorrect because although this condition may cause dizziness, it is characterized by hearing loss, tinnitus, and ear fullness, which are absent in the patient described. Option (E), restless legs syndrome, is incorrect because although patients with restless legs syndrome may sustain falls, this condition is associated with normal muscle tone and symptoms that are most noticeable at night, details that are inconsistent with the scenario.

Question #8:

An 80-year-old woman comes to the family medicine office because she has had pain in her knees for the past three months. The pain worsens with activity and improves with rest. Acetaminophen 1000 mg three times daily provides some relief. The pain limits her ability to participate in activities at the senior center, shop for groceries, and attend church. Medical history includes stage 3 chronic kidney disease, hyperlipidemia, and hypertension. Body mass index is 23 kg/m². Vital signs are within normal limits. Physical examination shows osteoarthritic changes in both knees. Which of the following is the most appropriate nonpharmacologic management of this patient's pain?

A. Aquatic therapy

B. Hypnotherapy

C. Mediterranean diet

D. Occupational therapy

E. Transcutaneous electrical nerve stimulation

Content Area: Geriatric Syndromes (25%)

Critique

This question tests the examinee's ability to recognize the clinical presentation of osteoarthritis and select the appropriate nonpharmacologic management. The correct answer is Option (A), aquatic therapy. The scenario describes symptoms of osteoarthritis, including age-related onset, pain exacerbated by activity, relief with rest, and bilateral joint involvement. The patient is already taking the maximum dose of acetaminophen, and nonsteroidal anti-inflammatory medication is contraindicated by chronic kidney disease. Aquatic therapy is a form of structured exercise conducted in warm water and is specifically effective in reducing pain and improving mobility for older adults with joint diseases such as osteoarthritis.

Option (B), hypnotherapy, is incorrect because although this intervention may reduce pain perception in some chronic conditions like osteoarthritis, it does not improve joint mechanics, strength, or mobility, which are necessary for long-term management of osteoarthritis pain as described in the scenario. Option (C), Mediterranean diet, is incorrect because although dietary changes may improve inflammation over time and result in weight loss, they do not provide prompt pain relief or improve joint function, and weight loss is not indicated for the patient described in the scenario. Option (D), occupational therapy, is incorrect because although this therapy may help with function, the patient described does not have functional decline. Additionally, occupational therapy does not address the cause of the pain. Option (E), transcutaneous electrical nerve stimulation, is incorrect because although this treatment may reduce perceived pain, it does not improve joint function, strength, or endurance, which are necessary for long-term management of osteoarthritis pain as described in the scenario.

Question #9:

An 83-year-old woman who resides in an assisted living apartment is evaluated after staff found her on the floor. The patient says she was ambulating with her walker after standing up from her recliner when her legs gave out, and she remembers waking up on the floor. She was not injured. Medical history includes hypertension, constipation, and heart failure. Medications include furosemide, metoprolol tartrate, aspirin, amlodipine, and polyethylene glycol. Physical examination shows no abnormalities. The PA enters into a shared decision-making conversation focused on the five Ms. The patient is strongly opposed to taking more medications, would prefer to reduce her medications, and does not want to undergo extensive testing. She also does not want to move from her apartment to a skilled nursing facility. On the basis of the suspected diagnosis, which of the following is the most appropriate next step?

A. Administer NIH stroke scale

B. Measure glucose level by fingerstick

C. Obtain orthostatic vital signs

D. Order electrocardiography

E. Order ultrasonography of the carotid arteries

Content Area: Geriatric Syndromes (25%)

Critique

This question tests the examinee's ability to recognize syncope caused by orthostasis. The correct answer is Option (C), obtain orthostatic vital signs. The scenario describes classic signs of orthostasis, including lightheadedness and syncope on standing, and risk factors including age, constipation, and therapy with a beta-blocker, calcium channel blocker, and diuretic. In addition, the goals of care of the patient in the scenario include reducing medications and minimizing testing.

Option (A), administer NIH stroke scale, and Option (B), measure glucose level by fingerstick, are incorrect because although these noninvasive tests are often used after syncope, they are not indicated on the basis of the patient's presentation, which includes no abnormalities on physical examination and no history of diabetes mellitus. Option (D), order electrocardiography, is incorrect because although this modality is used to identify arrhythmia, which may cause syncope, the clinical presentation of the patient in the scenario is more consistent with orthostasis. In addition, electrocardiography is not appropriate as an initial step. Option (E), order ultrasonography of the carotid arteries, is incorrect because although this study is used to identify carotid stenosis, which may cause syncope, it is not the initial step in evaluation of a patient with clinical presentation of orthostasis.

Question #10:

A 74-year-old woman who is a resident of a long-term care facility is evaluated because she has not been able to sleep through the night for the past two weeks. Medical history includes chronic obstructive pulmonary disease, obstructive sleep apnea, HIV infection well controlled with medication, chronic anxiety, and chronic back pain. The patient receives 3 L/min of oxygen via nasal cannula, and she uses a continuous positive airway pressure (CPAP) machine with a pressure setting of 7 cmH_2O nightly. Medications include tiotropium bromide 18 µg two puffs inhaled daily, melatonin 3 mg at bedtime, emtricitabine/tenofovir 200 mg/300 mg daily, clonazepam 0.25 mg twice daily, and hydrocodone/acetaminophen 10 mg/325 mg every eight hours. The patient requests a prescription for zolpidem because her roommate takes it and is able to sleep through the night. Which of the following is the most appropriate next step in management?

A. Adjust the patient's CPAP machine pressure setting to 9 cmH_20

B. Increase the dose of clonazepam to 1 mg at bedtime

C. Increase the dose of melatonin to 6 mg

D. Initiate quetiapine 50 mg at bedtime

E. Initiate zolpidem 6.25 mg at bedtime

Content Area: Geriatric Syndromes (25%)

Critique

This question tests the examinee's ability to recognize the risk of polypharmacy while managing insomnia. The correct answer is Option (C), increase the dose of melatonin to 6 mg. The scenario describes insomnia in a patient with multiple comorbidities who requests zolpidem because it has been effective for her roommate, but this medication is potentially inappropriate because of the risk of respiratory depression and falls. In addition, treatment should be patient-centric and treatment plans should not be based on external pressure. Increasing the dose of melatonin is recommended because this step presents the lowest risk of adverse effects.

Option (A), adjust the patient's CPAP machine pressure setting to 9 cmH_2O, is incorrect because although this intervention may be appropriate if sleep apnea is confirmed to contribute to the patient's insomnia, additional testing would be necessary before adjusting CPAP settings. Option (B), increase the dose of clonazepam to 1 mg at bedtime, is incorrect because although clonazepam is indicated for anxiety, it is not first-line treatment for insomnia and has a risk of respiratory depression. There is no evidence that the patient's anxiety is contributing to her insomnia. Option (D), initiate quetiapine 50 mg at bedtime, is incorrect because although sedation is a possible adverse effect of quetiapine, this medication is not indicated for insomnia. Option (E), initiate zolpidem 6.25 mg at bedtime, is incorrect because although zolpidem is used for treatment of insomnia, it is not appropriate for the patient described because it presents a significant risk of respiratory depression and falls.

Question #11:

An 80-year-old woman who resides in an assisted living facility is evaluated by the PA because she has had increased fatigue and decreased appetite for the past week. The nursing staff note that she has stopped participating in recreational activities. Medical history includes bipolar II disorder, hypertension, and hyperlipidemia. Medications include lithium carbonate, amlodipine, and atorvastatin. Results of laboratory studies are within normal limits; serum lithium level is within therapeutic limits. Acute depressive episode is suspected. Initiation of which of the following medications is most appropriate?

A. Bupropion

B. Buspirone

C. Fluoxetine

D. Nortriptyline

E. Quetiapine

Content Area: Behavioral Health in Older Adults (20%)

Critique

This question tests the examinee's ability to select the appropriate treatment for acute depressive episode in a patient with bipolar disorder. The correct answer is Option (E), quetiapine. The scenario describes an older adult with a history of bipolar II disorder experiencing an episode of breakthrough depression. In this situation, quetiapine is the appropriate treatment.

Option (A), bupropion, and Option (D), nortriptyline, are incorrect because although these medications treat depression, they are associated with an increased risk of manic episodes. Option (B), buspirone, and Option (C), fluoxetine, are incorrect because selective serotonin reuptake inhibitors alone are not effective for treatment of breakthrough depression in a patient with bipolar disorder.

Question #12:

An 82-year-old woman who lives independently at home comes to the primary care office for routine follow-up. She has had diffuse joint pain and trouble falling asleep for the past six months. She has had weight loss of 9.1 kg (20 lb) since her most recent visit one year ago, but her weight is unchanged since an appointment with her endocrinologist three weeks ago. Medical history includes hypothyroidism managed with levothyroxine. She has been taking her medications as prescribed. Vital signs are within normal limits. Which of the following is the most appropriate next step in assessment of this patient?

A. Administer graded chronic pain scale to assess the risk of deconditioning and frailty

B. Administer Patient Health Questionnaire-9 and Geriatric Depression Scale to assess for depression

C. Perform cognitive assessment screening to evaluate the patient's ability to live independently

D. Perform functional assessment and assess for gait instability and fall risk

E. Repeat thyroid function tests to confirm compliance with thyroid medication

Content Area: Behavioral Health in Older Adults (20%)

Critique

This question tests the examinee's ability to recognize increased risk of depression and determine the most appropriate screening. The correct answer is Option (B), administer Patient Health Questionnaire-9 and Geriatric Depression Scale to assess for depression. This scenario describes a patient with a history of hypothyroidism, which is associated with an increased risk of depression. Early screening is crucial because depression can exacerbate medical conditions and increase mortality.

Option (A), administer graded chronic pain scale to assess risk of deconditioning and frailty, is incorrect because although the patient in the scenario has pain, this assessment does not address the underlying cause of the patient's symptoms. Options (C), perform cognitive assessment screening to evaluate the patient's ability to live independently, and (D), perform functional assessment and assess for gait instability and fall risk, are incorrect because although these assessments may be components of a full evaluation, they are not indicated for this patient, who does not have cognitive or functional changes. Option (E), repeat thyroid function tests to confirm compliance with thyroid medication, is incorrect because although hypothyroidism can cause symptoms like those described in this scenario, she has been taking her medications as prescribed and following up appropriately with a specialist.

Question #13:

A 98-year-old woman who is hospitalized for management of terminal metastatic small-cell lung cancer receives a visit from the geriatric medicine PA to discuss goals of care. The patient says her goal is to be comfortable and manage her pain. What matters most to her are visits from her sister, reading, attending services at her church, and sitting in her garden. Next to her bed she has a picture of her family, a bible, and copies of her will and advance directives. In addition to managing her pain, referral to which of the following is most important to include in this patient's care plan?

A. Home nursing

B. Physical therapy

C. Psychotherapy

D. Social work

E. Spiritual care

Content Area: Special Considerations for Older Adults (10%)

Critique

This question tests the examinee's ability to recognize the spiritual needs of patients at end-of-life and identify the most appropriate resource aligned with a patient's goals of care. The correct option is (E), spiritual care. The scenario describes a patient with a terminal condition whose spiritual needs are clearly part of what matters most to her.

Option (A), home nursing care, is incorrect because although this approach may be appropriate for a patient at end of life, it is not the most appropriate resource for this patient on the basis of her goals. Option (B), physical therapy, is incorrect because although this therapy may be appropriate for a patient whose goal is improving mobility, it is less appropriate for this patient on the basis of her prognosis and comfort-focused approach. Option (C), psychotherapy, is incorrect because although this approach may be appropriate for a terminally ill patient, the patient described in the scenario has not exhibited the need for mental health support. Option (D), social work, is incorrect because although social work may be appropriate for a terminally ill patient, it is not the most important next step on the basis of the goals of care of the patient described in the scenario, who has completed a will and an advanced directive and has identified social support.

Question #14:

An 83-year-old man receives an in-home palliative care visit because he has had fatigue and shortness of breath for the past week. He is anxious about approaching the end of life and worries about burdening his family. Medical history includes pulmonary hypertension, heart failure with reduced ejection fraction, and gastroesophageal reflux disease. He has an advanced directive that documents his code status as Do Not Resuscitate/Do Not Intubate. He wants to focus on comfort, and his medication regimen has been optimized. Which of the following is the most appropriate intervention?

A. Initiate noninvasive mechanical ventilation

B. Recommend increased daily intake of protein

C. Recommend restriction of fluids to 1000 mL daily

D. Refer to pulmonary rehabilitation

E. Request a social work visit

Content Area: Special Considerations for Older Adults (10%)

Critique

This question tests the examinee's knowledge and understanding of the core principles of palliative care in older adults with advanced chronic illnesses, including a focus on patient-centered goals rather than curative treatment. The correct answer is Option (E), request a social work visit. The scenario describes a patient whose goals of care prioritize comfort. A social work visit is appropriate because it addresses the emotional, social, and practical aspects of care.

Option (A), initiate noninvasive mechanical ventilation, is incorrect because although this intervention may be indicated for patients with respiratory distress, it would be inconsistent with the advance directive of the patient described in the scenario and may be uncomfortable, which is inconsistent with his goals of care. Option (B), recommend increased daily intake of protein, is incorrect because although this modification can be beneficial in patients with chronic illness, the symptoms of fatigue and breathlessness described in the scenario stem from cardiac and pulmonary conditions, not from protein deficiency. Option (C), recommend restriction of fluids to 1000 mL daily, is incorrect because although this approach may improve respiratory status in a patient with heart failure and volume overload, it does not align with the goals of care of the patient described. Option (D), refer for pulmonary rehabilitation, is incorrect because this referral focuses on improving exercise tolerance and long-term function, which may not be appropriate for the patient described, who has advanced illness and limited life expectancy.

Question #15:

An 82-year-old woman is discharged to the subacute rehabilitation facility from the hospital, where she was treated for exacerbation of chronic obstructive pulmonary disease and heart failure. Medical history also includes hypertension, diabetes mellitus, and atrial fibrillation. The patient has a 30–pack-year history of cigarette smoking. CT scan of the chest performed at the hospital confirmed a 1-cm nodule on the lower lobe of the left lung. Pulmonology and oncology were consulted, but the patient declined further workup because she wants to focus on quality of life. The patient is conflicted because her family does not agree with her decision. Which of the following is the most appropriate intervention to aid the patient in decision making?

A. Agree with the patient's decision and refer the patient to the palliative medicine team to discuss comfort care

B. Offer to speak with the family to discuss the patient's autonomy and right to decline treatment

C. Offer to speak with the patient and the family together to discuss the patient's medical condition and wishes

D. Reassure the patient that she is making the correct decision because further workup may be nonbeneficial

E. Refer the patient to the oncologist again to better assess her condition and discuss possible treatment options

Content Area: Ethical/Legal Issues and Advance Care Planning (12%)

Critique

This question tests the examinee's understanding of the importance of aligning patient goals and wishes with treatment as well as using a shared decision-making framework to mitigate ethical conflicts. The correct answer is Option (C), offer to speak with the patient and the family together to discuss the patient's medical condition and wishes. The scenario describes a patient with specific goals of care and family members who disagree with those goals of care. It is important to advocate for the patient's wishes and mitigate family conflict in a compassionate way.

Option (A), agree with the patient's decision and refer the patient to the palliative medicine team to discuss comfort care, is incorrect because although the PA is supporting the patient's wishes, this action could alienate the family and escalate the conflict. Option (B), offer to speak with the family to discuss the patient's autonomy and right to decline treatment, is incorrect because although this approach supports the patient's wishes, the patient is excluded from the conversation. Option (D), reassure the patient that she is making the correct decision because further workup may be nonbeneficial, is incorrect because although such reassurance supports the patient's wishes, it does not address the conflict with the family. Option (E), refer the patient to the oncologist again to better assess her condition and discuss possible treatment options, is incorrect because although it is appropriate to refer a patient with malignancy to oncology, this intervention does not support the wishes of the patient described and avoids a necessary but difficult conversation.