

Mindful Continuing Education

Best Practices in End-of-Life Care

1. When conducting biopsychosocial assessments to identify end-of-life needs, which of the following factors should be considered for a comprehensive evaluation?

- A. Emotional and social needs exclusively, as they impact patient and family morale.
 - B. Only the financial and spiritual aspects, as they pertain to resource allocation.
 - C. Emotional, social, financial, and spiritual needs to provide holistic support.
 - D. Physical health and medical prognosis, to prioritize immediate care needs.
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2. In implementing patient-centered care plans, what is the key focus when providing holistic pain management and hospice/palliative education?

- A. Emphasizing curative treatments to alleviate psychological distress about mortality.
 - B. Informing patients about symptom management and comfort measures instead of cure.
 - C. Encouraging immediate intervention strategies to ensure maximum patient activity.
 - D. Suggesting relaxation techniques as the primary method to manage pain.
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3. Which communication technique is most effective for social workers when discussing Advanced Directives and end-of-life decisions?

- A. Use medical jargon to align with healthcare providers' language.
 - B. Encourage patients to rely solely on family members to make decisions.
 - C. Ensure patients comprehend the information by using the teach-back method.
 - D. Focus on hypothetical scenarios to illustrate potential decisions.
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4. What is the primary goal of utilizing anticipatory grief interventions for patients and caregivers?

- A. To discourage expressions of sadness and focus on positive outcomes.
 - B. To prepare patients and families emotionally for a sudden loss.
 - C. To suppress emotions to maintain peace and order during care.
 - D. To validate emotions and facilitate meaningful communication and legacy activities.
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5. How should social workers approach interdisciplinary collaboration to enhance person- and family-centered end-of-life care?

- A. By independently assessing and providing services without team input.
- B. By consulting with healthcare providers only when patient crises arise.
- C. By regularly engaging with the care team to ensure consistency with patient values and needs.

D. By deferring decision-making entirely to medical professionals.

6. When using the Bereavement Risk Assessment Tool (BRAT), which factors are considered critical for assessing bereavement risk and developing support plans?

- A. Kinship to the deceased, mental health history, and optimism.
 - B. Kinship to the deceased, prior losses, and coping strategies.
 - C. Mental health history, optimism, and social support networks.
 - D. Spiritual distress, previous bereavement experiences, and positive coping mechanisms.
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7. Which approach best describes how social workers can help patients and families make end-of-life decisions effectively?

- A. Utilize empathetic communication to discuss advanced directives.
 - B. Offer direct advice and solutions for funeral planning.
 - C. Apply counseling techniques to indirectly guide planning decisions.
 - D. Provide informational resources without engaging in discussions.
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8. How do hospice interdisciplinary team meetings contribute to person-and-family-centered care?

- A. By reviewing each patient's care plan monthly to ensure compliance with medical guidelines.
 - B. By meeting every week to evaluate the patient's current health needs.
 - C. By gathering perspectives from multiple professionals every 15 days to address complex symptomatology.
 - D. By focusing on individual care providers' opinions on suitable interventions.
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9. What is the Dual Process Model of Grief, and how does it apply to caregivers' grief processing?

- A. It describes a sequential process of denial, anger, bargaining, depression, and acceptance followed by caregivers.
 - B. It emphasizes a fluctuating journey between loss-oriented and restoration-oriented processes during grief.
 - C. It outlines a fixed timeline where grief is addressed sequentially through counseling interventions.
 - D. It asserts that grief follows distinct emotional stages that do not overlap or repeat.
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10. Which measure is least effective in preventing compassion fatigue among hospice social workers?

- A. Implementing regular professional supervision and debriefing sessions.
 - B. Making mental health days available and encouraged by the organization.
 - C. Focusing solely on building personal resilience through self-reflection without organizational support.
 - D. Engaging in self-care practices like mindfulness and regular physical activity.
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