Mindful Continuing Education

Care Coordination in Oncology Social Work

1. Which of Ida Cannon's contributions most directly laid the foundation for integrating psychosocial care into modern oncology practice?

A. Creating the first national system of free charity clinics entirely separate from hospital-based care
B. Developing a psycho-physiological approach to illness that included medical, social, and psychological aspects of patient care
C. Focusing hospital social work strictly on discharge placement and financial paperwork
D. Establishing a model in which social workers functioned independently from medical treatment planning

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2. A hospital-based oncology social worker emails the oncology team and community primary care provider before a patient's discharge, summarizing the patient's goals, treatment plan, and preferred follow-up schedule so that everyone has the same information. Which concept from the course best describes this practice?

A. Care coordination as deliberately organizing patient care activities and sharing information among all participants
B. Standard discharge planning focused on ensuring the patient signs informed consent documents
C. Utilization review aimed at minimizing hospital length of stay to reduce costs
D. Independent case review conducted without communication with other health professionals

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3. Which activity best reflects the defined scope of oncology social work rather than general medical social work?

A. Coordinating social services exclusively for patients undergoing elective orthopedic procedures
B. Providing psychosocial services to patients, families, and significant others facing the impact of a potential or actual diagnosis of cancer
C. Administering chemotherapy while assessing social needs in a combined nursing–social work role
D. Managing hospital-wide staffing schedules for all allied health professionals

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4. A team caring for a patient with metastatic cancer meets regularly to discuss the case. Each member stays within their discipline, but they explicitly share information, integrate their perspectives, and develop a shared care plan. Which term best captures this approach?

A. Hierarchical care, where medical staff direct non-medical staff without collaborative input
B. Parallel practice, in which each professional works independently without shared planning

C. Consultative care, where one discipline dictates the plan and others implement it
D. Interdisciplinary care that promotes a shared understanding and coordinated care delivery

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5. Which statement best reflects the definition of vulnerable populations presented in the course?

A. Any group living within 10 miles of a major academic medical center regardless of other factors
B. People with rare genetic conditions who have guaranteed comprehensive insurance coverage
C. Groups at higher risk for poor physical, psychological, or social health due to barriers intensified by social, economic, political, and environmental components
D. Patients whose vulnerability is determined solely by the severity of their cancer stage

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6. A Spanish-speaking woman with breast cancer lacks insurance, reports difficulty getting to appointments, and expresses mistrust of the health care system. Which intervention by the oncology social worker most clearly advances equitable access to care as defined in the course?

A. Suggesting that she delay treatment until she finds stable employment and employer-based coverage
B. Arranging medical translation, helping her secure health insurance or financial assistance, and connecting her with community resources for transportation
C. Encouraging her to communicate only through English-speaking family members without professional interpreters
D. Referring her directly to hospice without exploring barriers to curative or active treatment

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7. During an assessment, a patient describes a belief that cancer is the result of past actions and expresses shame about the diagnosis. Which oncology social work response best demonstrates cultural humility as described in the course?

A. Explaining that such beliefs are irrational and redirecting the discussion to evidence-based medical information only
B. Asking the patient to share more about their beliefs, acknowledging potential power imbalances, and approaching the conversation as a learner about the patient's identity and values
C. Assuming the patient's family shares identical beliefs and making treatment decisions based on that assumption
D. Avoiding any discussion of beliefs to prevent discomfort and focusing solely on logistics of care

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8. An oncology social worker has attended diversity trainings and recognizes their own cultural biases. They now revise clinic educational materials and procedures to align better with patients' language preferences and cultural practices. According to the course, this shift is best described as moving from:

A. Cultural awareness to cultural avoidance, by limiting conversations about identity

B. Cultural competence to cultural neutrality, by removing culture from clinical decision-making
C. Cultural humility to cultural dominance, by setting fixed standards for all patients
D. Cultural awareness to cultural competence, by integrating knowledge into concrete practices and policies

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9. A patient with newly diagnosed lymphoma is overwhelmed by multiple appointments, insurance paperwork, and confusion about which specialist is responsible for what. Which oncology social work activity best exemplifies oncology navigation as defined in the course?

A. Directing the patient to speak only with the oncologist about all non-medical concerns
B. Focusing exclusively on arranging inpatient bed availability without discussing outpatient barriers
C. Referring the patient to a general hospital website without further guidance or follow-up
D. Providing individualized assistance to help the patient overcome health care system barriers and obtain timely access to quality medical and psychosocial care from prediagnosis through all phases of treatment

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10. A patient with chronic schizophrenia is offered curative cancer treatment but declines, stating that 'the treatment team is part of a plot.' The oncology team is unsure whether this reflects an informed choice. Which course-consistent principle should guide the next step?

A. Immediately declare the patient incapable of decision-making and appoint any available family member as surrogate
B. Presume decision-making capacity and seek a formal capacity evaluation when concerns arise, rather than assuming incapacity based on mental illness alone
C. Override the patient’s wishes and proceed with treatment without further assessment because the cancer is potentially curable
D. Exclude mental health professionals from the process to avoid complicating the care plan

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11. After a brain tumor patient undergoes a neuropsychological evaluation, what oncology social work action best aligns with the course description of coordinated care?

A. Assuming cognitive changes are irreversible and discontinuing all efforts to support rehabilitation
B. Obtaining the neuropsychology report and helping the patient implement recommendations such as arranging transportation to cognitive rehabilitation and supporting use of memory aids
C. Focusing solely on emotional counseling without reviewing or integrating the neuropsychologist’s findings
D. Directing the patient to manage all recommended services independently without assistance

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12. A change in prognosis prompts the oncology team to recommend a family meeting. According to the course, what is a key preparatory role for the oncology social worker before the meeting occurs?

A. Meeting with the patient and/or family to clarify the purpose, understand family composition, culture, and values, and determine who should attend
B. Scheduling the meeting at the earliest physician availability without consulting the patient or family
C. Limiting attendance to clinicians to avoid emotional expressions from family members
D. Focusing preparation on financial paperwork rather than understanding the family system

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13. A cancer center plans a screening initiative. One proposed item is: 'In the past 12 months, have you worried that your utilities would be shut off because you could not afford to pay for them?' Within the framework presented, this question is best understood as screening for:

A. A community-level social driver of health that exists regardless of individual circumstances
B. An individual-level health-related social need that may affect the patient's ability to maintain health and well-being
C. A purely clinical risk factor unrelated to social or economic conditions
D. A measure of cultural competence among health care providers

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14. A patient with colon cancer has begun skipping follow-up visits, reports selling personal possessions to pay for chemotherapy, and has accumulated medical debt. Based on the course content, what is the most accurate interpretation?

A. Bankruptcy risk is minimal because financial toxicity does not affect long-term economic outcomes
B. The patient's actions represent typical financial behavior unrelated to cancer treatment
C. Financial hardship is unlikely because most cancer survivors spend less on health care than those without cancer
D. The patient is likely experiencing financial toxicity that can reduce quality of life and access to medical care

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15. The NCCN working group recommends that cancer programs screen for health-related social needs at specific times. According to the course, which scheduling approach best aligns with these recommendations?

A. Screen only when patients spontaneously disclose social or financial problems
B. Conduct a single screening at diagnosis and avoid repeating it to reduce patient burden
C. Screen patients at least annually and during significant care transitions, such as changes in treatment or survivorship planning
D. Delay screening until the end of active treatment so that needs are fully established

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16. Which tool is specifically described in the course as a validated measure for financial toxicity in cancer care?

A. The Montreal Cognitive Assessment (MoCA)
B. The Comprehensive Score for Financial Toxicity (COST)
C. The Eastern Cooperative Oncology Group (ECOG) Performance Status Scale

D. The Braden Scale for Predicting Pressure Sore Risk

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17. An older adult with lung cancer is discharged from the hospital and readmitted twice within three months after starting home-based services. Which factor highlighted in the course commonly contributes to such problematic transitions of care?

A. Inadequate planning, education, and resource linkage during transitions, especially when social and financial supports are limited
B. Excessive communication among providers that overwhelms patients and reduces adherence
C. Universal access to robust post-acute services that minimizes the need for coordination
D. Overemphasis on caregiver needs while disregarding patient concerns

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18. A patient is shifting from active chemotherapy to hospice care. According to the course, which oncology social work focus best supports this transition?

A. Limiting involvement to arranging transportation without addressing emotional or spiritual needs
B. Emphasizing curative treatment options and discouraging any discussion of prognosis
C. Providing education about end-of-life care, creating space to process concerns, and coordinating hospice services to preserve comfort and dignity in line with the patient's wishes
D. Deferring all communication with the family to the hospice intake coordinator without prior preparation

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19. Which description best matches the definition of transitions of care used in the course?

A. Any brief encounter during outpatient follow-up that does not involve changes in care level
B. A permanent transfer of legal responsibility for a patient from clinicians to family caregivers
C. A process of transferring a patient's care from one setting or level of care to another, such as from hospital to home or to a skilled nursing facility, representing vulnerable points in the health care continuum
D. A financial transfer between insurance plans that occurs without changes in clinical care

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20. Which statement best reflects the definition of case management provided by the Commission for Case Manager Certification and cited in the course?

A. A short-term intervention restricted to discharge paperwork without follow-up or evaluation
B. An administrative process focused on enforcing insurance coverage limits and denying non-essential services
C. A unidisciplinary activity in which a single clinician independently directs all aspects of patient care
D. A dynamic, professional, and collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates to improve outcomes, experiences, and value while addressing needs, access to resources, and social determinants of health

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