

Mindful Continuing Education

Clinical Assessment in Oncology Social Work

1. What is one of the key aspects of psychosocial distress as defined by the National Cancer Institute?

- A. An isolated emotional experience without physical implications.
- B. A multifactorial unpleasant experience of a psychological, social, spiritual, and/or physical nature.
- C. A condition solely caused by physical symptoms of cancer.
- D. An emotional state only affecting mental well-being.

2. Which tool is recommended for screening patients for alcohol use within the SBIRT model?

- A. Opioid Risk Tool
- B. Cannabis Use Disorders Identification Test - Revised (CUDIT-R)
- C. Alcohol Use Disorders Identification Test-Concise Test (AUDIT-C)
- D. Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS)

3. Which of these is NOT a risk factor for suicide in cancer patients?

- A. Younger age
- B. Single, divorced, or widowed status
- C. Recent diagnosis of distant stage cancer
- D. Uncontrolled physical symptoms

4. What does the term 'clinical capacity' refer to in a medical context?

- A. A person's ability to adhere to medical advice without considering their own preferences
- B. The capacity determined judicially for legal decision-making
- C. A standardized competency score established for all medical patients
- D. The clinician's functional assessment of an individual's ability to make a specific decision

5. Which of the following is a focus of an oncology social worker when evaluating patient decision-making capacity?

- A. Determining the patient's IQ score
- B. Understanding of their medical condition and ability to reason through choices
- C. Whether a patient's decision aligns with the majority opinion of their family
- D. Ensuring patient compliance with medical advice

6. What is the primary purpose of conducting a mental status exam during a decision-making capacity assessment?

- A. To prescribe medication for mental disorders
- B. To determine the familiarity of the patient with medical terminology
- C. To assess components like appearance, mood, thought process, and more for understanding capacity
- D. To evaluate the patient's ability to perform daily activities

7. In addressing ethical issues in cancer care, what must oncology social workers often balance between?

- A. Patient autonomy and healthcare provider authority
- B. Documenting all patient interactions and maintaining complete confidentiality
- C. Advocating for patient rights and staying neutral
- D. Providing every possible treatment and understanding patient preferences

8. What is a critical component to assess when planning communication strategies for a family dealing with a cancer diagnosis?

- A. Ensuring all family members receive the same level of detailed information at all times
- B. Focusing exclusively on the patient's understanding without involving family dynamics
- C. Deciding which single family member will be the primary communicator
- D. Understanding the existing family dynamics and communication styles

9. During brief interventions for substance use, what is the importance of discussing responsibility with patients?

- A. To ensure the patient follows exact instructions without personal input
- B. To emphasize that the professional holds all the responsibility for change
- C. To help the patient understand their role and agency in behavior change
- D. To absolve the patient from any responsibility regarding their condition

10. Which of the following is a suggested approach when talking to children about a family member's cancer diagnosis?

- A. Delaying the conversation until treatments are completed
- B. Providing all medical details to children regardless of their age
- C. Avoid mentioning the term 'cancer' to prevent fear
- D. Using simple and age-appropriate explanations about the diagnosis and impact

11. What role do oncology social workers have in relation to advance care planning?

- A. Facilitating discussions and assisting in documenting patient preferences

- B. Developing a treatment plan based exclusively on patient capacity evaluations
- C. Deciding the best treatment plan without patient input
- D. Enforcing hospital protocols for all decisions regardless of patient preference

12. What is considered a strong predictor of suicide according to the comprehensive clinical assessment model?

- A. Eating disorders
- B. Hopelessness
- C. Frequent travel
- D. Positive family relationships

13. What is the significance of using the teach-back method in assessing a patient's decision-making capacity?

- A. To test the patient's memory recall abilities
- B. To enforce compliance with medical recommendations
- C. To confirm patient understanding of information communicated by the provider
- D. To limit patient representation in their care planning

14. Which screening tool is utilized to identify intimate partner violence in patients?

- A. Hurt, Insult, Threaten, Scream (HITS)
- B. Patient Health Questionnaire-9 (PHQ-9)
- C. Opioid Risk Tool
- D. Columbia Suicide Severity Rating Scale (C-SSRS)

15. When are oncology professionals encouraged to screen for distress as part of the assessment process?

- A. Only at the time of cancer diagnosis
- B. Solely during end-of-treatment phases
- C. Never, unless requested by the patient
- D. Periodically during key moments such as diagnosis, treatment, and transitions

16. In the context of treating patients with a cancer diagnosis, what does promoting safety planning involve?

- A. Outlining the effectiveness of medications for mental health conditions
- B. Clarifying the limited role of family in crisis situations
- C. Helping patients develop a concrete plan to manage crises using personalized strategies
- D. Emphasizing intervention strategies that are medically oriented

17. When assessing ethical or moral dilemmas in patient care, which component is crucial for an oncology social worker to evaluate?

- A. Strict adherence to clinical procedure manuals
- B. Patient wishes in alignment with culturally competent standards
- C. Whether family expectations can override patient decisions
- D. The financial implications of medical decisions

18. What is a key goal in the promotion of family communication when managing a cancer diagnosis?

- A. Observing communication to foster informed decision-making through enhanced understanding
- B. Ensuring that all family members agree to the medical treatment plan
- C. Reducing involvement of extended family in treatment discussions
- D. Asserting control over familial interactions to streamline information

19. In documenting clinical encounters, what is essential for ensuring high-quality documentation?

- A. Detailing initial assessments, interventions, and progress towards goals
- B. Recording only the treatment outcomes
- C. Maintaining vague progress entries for confidentiality
- D. Including extensive personal opinions of the practitioner

20. Why is understanding a cancer patient's communication style important for an oncology social worker?

- A. To manage and control health care discussions with the patient
- B. To manipulate patient outcomes more effectively
- C. To better align social support and information delivery for patient needs
- D. To eliminate any form of personal expression during clinical encounters

21. Which mental health conditions are frequently co-occurring with a substance use disorder in cancer patients?

- A. Obsessive-compulsive disorder and schizophrenia
- B. Anxiety, depression, post-traumatic stress disorder
- C. Eating disorders and dissociative identity disorder
- D. Somatic symptom disorder and gender dysphoria

22. Which of the following best describes the goal of a brief intervention regarding substance use?

- A. To penalize ongoing substance use behavior
- B. To accelerate the medical treatment plan

- C. To prescribe medication to counteract substance use
- D. To initiate open dialogue about substance use risk and enhance motivation to change

23. For patients screened at low risk for suicide, what is one recommended intervention?

- A. Immediate admission for inpatient psychiatric care
- B. Referral to emergency services
- C. Provision of resources and discussion of safety planning
- D. Automatic hospital discharge with no follow-up

24. How does a patient's decision-making capacity differ from competency?

- A. Competency refers to legal status determined by a court, whereas decision-making capacity is a functional assessment of a specific decision by a clinician.
- B. Both are determined solely by psychological testing without clinical input
- C. Decision-making capacity and competency are interchangeable terms
- D. Only competency considers patient preferences

25. What is a factor contributing to moral distress in oncology social workers?

- A. Facilitating family meetings about treatment options
- B. Conducting initial screenings and assessments
- C. Collaborating closely with interdisciplinary team members
- D. Witnessing discrepancies between care goals and patient understanding

26. When assessing a patient's suicide risk, which factor should be critically evaluated?

- A. Their travel history
- B. Their thoughts, plans, and intent regarding harming themselves
- C. Their dietary preferences
- D. Their educational background

27. Which statement best represents how oncology social workers should navigate ethical dilemmas?

- A. By strictly following hospital administration policies without deviation
- B. By adhering to legal frameworks even if they oppose patient goals
- C. By emphasizing self-determination and collaboration with patients and teams
- D. By prioritizing speed, even when comprehensiveness may be compromised

28. Which of the following describes a role for oncology social workers in supporting young cancer patients' families?

- A. Providing guidance and resources to communicate about the diagnosis effectively

- B. Focusing solely on the medical components of a child's treatment
- C. Intervening in family relationships to change roles and dynamics
- D. Directing all family decisions and involvement in care

29. Regarding patients in the survivorship phase, what commonly contributes to ongoing psychosocial distress?

- A. Eventually decreasing functional and performance status
- B. Experiencing continuous effective symptom management
- C. Being isolated from their social support system
- D. Social isolation, treatment aftereffects, and fear of recurrence

30. In the context of substance use assessment, why is using multiple information sources advantageous?

- A. To discourage patients from voluntarily sharing personal history
- B. To compare data sources to identify inconsistencies
- C. To shame patients into acknowledgment of their problems
- D. To contact uninvolved parties without patient consent

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