

Plenary AA: Cancer and the African American Experience

P-AA 1. Which of the following contributes to increased risk of death due to cancer for African-Americans?

- a. Increased poverty rate among African-Americans
- b. Increase in onset of treatment delays after diagnosis for African-Americans compared with non-Hispanic Whites
- c. Diminished access to cancer screening
- d. Diagnosis at more advanced stages of cancer compared with non-Hispanic Whites
- e. All of the above.

Answer: e

All of the above play a role in the increased burden of cancer among the African American population.

P-AA 2. Which of the following are true concerning cancer among African-Americans?

- a. African American women have a higher incidence of breast cancer than non-Hispanic White women.
- b. Although African-American men have a lower incidence of prostate cancer than non-Hispanic White men, they have 3 times the mortality rate.
- c. African-American men and Black men from the Caribbean have the highest incidence of prostate cancer worldwide.
- d. African-Americans have the same risk of death due to pancreatic cancer as do non-Hispanic White men.

Answer: c

African-American men and Black men from the Caribbean have the highest incidence of prostate cancer worldwide. The incidence is nearly one and a half times the incidence in non-Hispanic White (NHW) men, and the death rate is two and a half times that in NHW men. African-American women have about a 10% lower incidence of breast cancer than NHW women, but 40% higher death rate due to breast cancer. African-Americans have a higher risk of death due to pancreatic cancer.

P-AA 3. African American and White men with less than a high school education, compared with men who are college educated,

- a. Have the same cancer death rate.
- b. Have 1.5 times the cancer death rate.
- c. Have more than twice the cancer death rate.
- d. Have a 50% higher cancer death rate.

Answer: c

Lower educational attainment is an independent risk factor for death due to cancer.

P-AA 4. In a recent study by Temel et al, patients with metastatic non-small cell cancer who received early concurrent palliative care during cancer treatment of metastatic non-small cell lung cancer experienced the following:

- a. Better quality of life and fewer depressive symptoms, but shorter life-expectancy.
- b. Better quality of life, shorter median survival, and delayed hospice referral.
- c. Earlier hospice referral and better quality of life, with shorter median survival.
- d. Better quality of life, earlier hospice referral, and longer median survival.

Answer: d

The study found that patients receiving early concurrent palliative care during cancer treatment of metastatic non-small cell cancer had better quality of life, fewer depressive symptoms, earlier hospice referral, and longer median survival by about 2 months.

P-AA 5. Which of the following has been shown to improve access to quality cancer care for African-Americans at various points along the cancer trajectory?

- a. Kin KeeperSM Cancer Prevention Intervention
- b. Cancer patient navigation programs
- c. Advanced Illness Management Program
- d. Palliative Consultation
- e. All of the above

Answer: e

The Kin KeeperSM Program has been found to be useful in prevention and screening activities, the patient navigation programs have a role in screening and follow-through with treatment of those diagnosed with cancer, and the AIM program and palliative consultation increase access to improved symptom management and psychosocial support for those with advanced cancer undergoing active anti-cancer therapy, and result in increased rate of, and earlier referrals to hospice care.

Plenary 2-AA: Models of Comprehensive Care

P2-AA 1. Core services of hospice under the Medicare Hospice Benefit include:

- a. Interdisciplinary care from physician, nurse, social services, chaplain, volunteer
- b. Bereavement counseling for the family
- c. Medications, medical equipment, and supplies
- d. All of the above

Answer: d

Medicare Conditions of Participation specify that all of the above are required core services to be supplied by Medicare certified hospices.

P2-AA 2. African Americans, when compared with Whites are:

- a. More likely to use hospice
- b. More likely to utilize aggressive care at the end of life
- c. Less likely to prefer informal advance care planning
- d. More likely to desire to die in the home setting

Answer: b

On a population basis, African Americans are less likely to enroll in hospice, more likely to prefer aggressive interventions at life's end, more likely to prefer an informal advance care planning process as opposed to a formal advance care planning process, and less likely to prefer dying at home (50% vs. 90%) than Whites. Avoid making assumptions of individual preferences based on population estimates.

P2-AA 3. African Americans who were enrolled in the Advanced Illness Management (AIM) Program:

- a. Were referred to hospice at decreased levels compared with those not enrolled
- b. Did not utilize hospice, as the AIM Program met all their end of life needs
- c. Were referred to hospice at increased levels compared with those not enrolled
- d. Were hospitalized more frequently than those not enrolled

Answer: c

AIM is a bridge program of the Sutter Visiting Nurse Association and Hospice at Emeryville, CA branch. Between 2003 and 2005, among African Americans enrolled in the AIM program, they found hospice referrals increased 60% to 73% compared with usual care patients. The AIM program has also documented that for patients enrolled for at least 3 months, there were 63% fewer hospitalizations and an overall average savings of \$2,000 per patient per month.

P2-AA 4. Accountable Care Organizations (ACOs) as defined in Section 3022 of the Patient Protection and Affordable Care Act include which of the following elements?

- a. A group of participants (providers of services and suppliers)
- b. A mechanism for shared governance
- c. Accountable for care quality, coordination, and cost
- d. All of the above

Answer: d

An ACO is a recognized legal entity under State law and comprised of a group of ACO participants (providers of services and suppliers) that have established a mechanism for shared governance and work together to coordinate care for Medicare fee-for-service beneficiaries. The ACO agrees to be accountable to the Centers for Medicare and Medicaid Services for the quality, cost, and overall care of traditional fee-for-service Medicare beneficiaries who may be assigned to it.

Module 16-AA: Spirituality

Module 7-AA: Communicating Effectively

M7-AA 1. Mr. Petty is a 58-year-old fast-food worker who had unresectable rectal cancer. The cancer initially disappeared from CT scans after combination chemotherapy and radiotherapy. He has always indicated he has faith in God and the doctor, and has never demonstrated much interest in the details of therapy. Yet, he has always made decisions by himself. At the present office visit, he complains of abdominal discomfort and poor appetite; physical examination shows a large nodular liver. After establishing an appropriate setting, you would next:

- a. tell him cancer has spread to the liver
- b. tell him he's in God's hands now
- c. determine what he understands
- d. determine who he relies on for support

Answer: c

This question is aimed at understanding the steps of information giving. It is best to ascertain the patient's understanding of his situation as well as how much information he wants to know before giving the new medical information. Euphemisms, even well intentioned, won't build a therapeutic relationship for the future. They may be interpreted as abandonment. Finding out his support system is important, but not the best answer to the question.

M7-AA 2. Mrs. Johnson is a 62-year-old former cleaning woman with Rai Stage IV chronic lymphocytic leukemia, poorly controlled diabetes mellitus and consequent peripheral neuropathy, renal insufficiency, and coronary artery disease. She has advanced congestive heart failure that is not responding well to medical therapy. Her daughter asks you not to talk to her about the cancer because it "would take away all hope." She wants you to give chemotherapy, but tell the patient it is "strong antibiotics." Your best next response is to:

- a. ask the daughter more about what kind of hope she would like her mother to have
- b. agree and wait for a future opportune time
- c. disagree and tell the patient the truth
- d. tell the daughter you have to tell the patient the truth

Answer: a

This question is aimed at the healthcare provider's response when the family says "don't tell." The best next step is to assess why the family member is making the request. Confronting the family by insisting you will tell or going around them will only create

mistrust and likely endanger the therapeutic relationship. Not telling is also inappropriate without ascertaining that is the patient's desire. After talking with the family member, the next aim may be to have a family meeting to ask the patient how she wants medical information handled.

M7-AA 3. Mr. Oliver is a 53-year-old farmer with non-small cell lung cancer metastatic to liver and bone. In talking about the future course of his illness, he begins to cry. His wife is also tearful. Besides having facial tissues available, the next best approach is to:

- a. continue with the discussion
- b. reassure him
- c. be silent
- d. tell them to stop crying

Answer: c

This question is aimed at the healthcare provider's response to strong emotion. Silence usually is best at first. Telling them to stop crying directly or providing premature reassurance gives them the same message—that you are not acknowledging or interested in supporting them through their emotional response to the news. Continuing with the discussion in spite of tears can also give the same unfortunate message.

M7-AA 4. You are completing a family meeting for Mrs. Gordon, who has moderately advanced Alzheimer's-type dementia and newly diagnosed unresectable pancreatic cancer, in which you have been describing the nature and likely course of the disease. The patient is unable to participate. In concluding the meeting, it is most important to:

- a. summarize the plan of care
- b. reassure the family that all will be well
- c. tell them to be strong
- d. summarize their decisions about code status

Answer: a

This question is aimed at understanding how to finish the interview. It is best to conclude with a summary of the plan for the next steps. Reassurance that "all will be well" may not, in fact, be true. Avoid unintentional messages to not complain. Although a decision about code status may be part of the plan, it should generally not be a single focus of care and should only be summarized in the context of the total plan of care, including what will be done.

Module 13-AA: Advance Care Planning

Choose the one best answer from the options.

M13-AA 1. Mr. Joseph is a 69 y.o. African American retired business owner with advanced prostate cancer, who lives alone independently. His daughter has been trying to engage him in discussions about what his wishes are for end-of-life care, but he keeps changing the subject and deflects her concerns. He is likely exhibiting:

- a. shared decision-making
- b. deferred autonomy
- c. implied surrogacy
- d. lack of capacity

Answer: b

Although African American elders may exhibit autonomy in their day to day living, they often prefer a style of “deferred autonomy” whereby they postpone involvement in future care decision-making.

M13-AA 2. Mr. Robinson is a 34-year-old pipe fitter who has been admitted with hepatoma and liver failure secondary to hepatitis and alcohol use. He lacks capacity to make decisions for himself. He has not indicated any prior wishes or completed any advance directive form. The physician is best guided by:

- a. duty to prolong life at all cost
- b. medical judgment about what is best
- c. state law governing substituted judgment
- d. the family’s wishes even though the physician suspects selfish motives

Answer: c

This question is aimed at the issue of substituted judgment in the absence of written advance directives. Laws governing who makes decisions for the patient in the absence of clear evidence about what the patient wanted vary from state to state. Many, but not all, recognize “next of kin” in the absence of written directives. Although medical judgment is important, it is advisory to the person who has the authority to speak for the patient. This is determined by state law. The family is not always the best decision maker.

M13-AA 3. Ms. Monadnock is an 63-year-old African American former waitress who has recently been diagnosed with breast cancer. She is about to undergo definitive therapy for localized cancer. You inquire whether she has completed any advance directives for health care. She answers no, adding that no one had ever mentioned it to her before. To increase the likelihood that she will complete and advance directive, you should:

- a. give her a brochure about advance care planning, and wait for her to return completed AD forms
- b. give her a linguistically and culturally appropriate state-approved advance directive form for her to complete during her current visit

- c. verbally explain the process of advance care planning and request that she bring completed AD forms at her next visit
- d. verbally explain the process of advance care planning, give her a validated planning document, and encourage her to go through it with her family

Answer: d

Informative interventions alone without interactive interventions have not been found to increase the rate of advance care planning. Patients require time to process important topics like advance care planning, and it would not be appropriate to ask Ms. Monadnock to complete the forms at a single visit without ongoing discussion. Although using linguistically and culturally appropriate AD's is important, the most important step in the advance care planning process appears to be patient discussion with family and friends, as this is predictive of much higher rate of discussion with providers and ultimate documentation in the record of patient's preferences.

M13-AA 4. Mr. Arteresian is an 84-year-old retired judge recently discharged from the hospital for evaluation of rectal bleeding. A malignant polyp was removed. A definitive resection is planned. He completed a Living Will and named his son as his Power of Attorney for property and health affairs. In the office, he says he would also like to make plans about his funeral and wants to arrange for his body to go to the medical school. Your best response is to:

- a. tell him to talk to his son
- b. note this in the medical record
- c. advise him to contact the medical school about how to do this
- d. all of the above

Answer: d

This question is aimed at the larger sphere of advance planning that is appropriate for patients with advanced disease. The patient's son, as Power of Attorney for property, will be responsible for his father's affairs after death, including disposition of his body. It is useful to put all this information in the medical record, both to help ensure that the son acts in accordance with the patient's wishes and to ensure continuity and communication. Arranging the details ahead of time will expedite the process after death has occurred.

M16-AA 1. You are visiting Mrs. Jackson, a 34 y.o. African American woman who has just been diagnosed with metastatic breast cancer. You ask her how she is doing and she replies, "Well, you know, this has been a real blow! But I just have to give this over to God, and leave this in His hands. He will help me through this."

This is an example of:

- a. Collaborative religious coping
- b. Focusing on religion to stop worrying
- c. Over-reliance on God
- d. Active religious surrender

Answer: d

Mrs. Jackson is exhibiting both active religious surrender, defined as actively giving up control to a higher power, as well as seeking spiritual support, or searching for comfort and reassurance through love and care of a higher power. Both of these types of spiritual coping are more common among African American patients than Whites, according to a study by True et al.³⁴ Collaborative religious coping, or seeking control through a partnership with God or a higher power, is another coping strategy commonly utilized by African Americans, but does not apply to the example above. This is not an example of “over-reliance on God”.

M16-AA 2. African American patients like Mrs. Jackson who rely heavily on spirituality to cope with illness are:

- a. More likely than White patients to use hospice care
- b. Less likely than White patients to desire all life-supporting measures as death nears
- c. Less likely than White patients to have advance directives in place
- d. Less likely to believe in divine intervention than White patients

Answer: c

African American patients, especially those who use a high level of spiritual coping, are less likely than White patients to use hospice care, more likely to desire all life-supporting measures as death nears, less likely than White patients to have advance directives in place, and more likely to believe in divine intervention than White patients.

M16-AA 3. All members of the interdisciplinary team (IDT) should be able to:

- a. Perform a formal spiritual assessment on a patient with severe illness
- b. Utilize dignity-conserving therapy for those with spiritual distress
- c. Use compassionate presence as a spiritual intervention
- d. Exhibit intentionality when providing hands-on care

Answer: c

All members of the IDT should be skilled at using compassionate presence and active listening, among other skills. Dignity-conserving therapy is a new psycho-therapeutic intervention that requires special training. Nurses should exhibit intentionality when providing hands-on care. Although all members of the IDT should be able to obtain a spiritual history, it is the chaplain member of the team who performs a formal spiritual assessment on patients.

M16-AA 4. Mr. Moss is a 67 y.o. African American with hormone and chemotherapy refractory metastatic prostate cancer who is admitted to the hospital because of altered

mental status over the past 3 weeks. He has been losing weight steadily, and can no longer stand or walk. You are meeting with the family to discuss goals of care for this admission. The family states categorically that the chemotherapy was discontinued prematurely, and that they know that God will perform a miracle and heal Mr. Moss, if his treatment is resumed.

Your initial response to this statement that God will perform a miracle should be:

- a. A miracle is by definition is a very rare occurrence, and it is very unlikely that this will happen for Mr. Moss.
- b. Ask if their religion allows for a do not resuscitate order to be written.
- c. Ask a chaplain to come by, and meet with the family later to discuss goals of care.
- d. Ask the family what they mean by “God will perform a miracle”.

Answer: d

The initial response to the statement by a patient or family that God will perform a miracle is to explore the meaning and significance of a miracle to the family. “Listening first” conveys respect and signals that you are interested in the family’s point of view. Providing a balanced, non-argumentative response is the next step, followed by negotiating a patient-centered compromise consistent with good medical practice. Although a chaplain may be helpful to the patient and family who is experiencing spiritual distress, abruptly interrupting a goals discussion to send a chaplain who has not been requested by the family is inappropriate. Even though a miracle is a very rare occurrence, little is to be gained by challenging the family’s belief in a miracle as a first step, and may undermine trust between the patient/family and health providers