CORE COMPETENCY QUIZ

Name of employee ___________________________  Date: ________________

COMPETENCY #1: TO HAVE KNOWLEDGE OF THE AGENCY’S MISSION, POLICIES AND PROCEDURES

1. Mark the following T or F:
   a. As a Medicare-certified agency, we accept patients for hospice care when their prognosis is 12 months or less.

   b. For patients on the hospice benefit, we pay for their medical equipment.

   c. For patients on the hospice benefit, we pay for medications related to the terminal illness.

   d. For patients on the hospice benefit, we never pay for radiation or chemotherapy.

   e. Medicare and MediCal pay us a fixed amount for each home visit.

   f. Hospice patients are required to sign advance directives such as a living will, Durable Power of Attorney for Health Care, or Do Not Resuscitate form.

2. Where would you find the agency’s personnel policies?

3. We had a policy change in approximately 2007 regarding the free care. The old policy said that “patients never receive a bill” from Mission Hospice & Home Care. Paraphrase the new policy.

4. On the back of this page, write the mission statement of Mission Hospice & Home Care.
COMPETENCY #2: TO BE FAMILIAR WITH AND KNOWLEDGEABLE ABOUT THE ISSUES INVOLVED IN DEATH AND DYING AND TO BE EFFECTIVE IN COMMUNICATING WITH PATIENTS, FAMILIES AND THE PUBLIC ABOUT THESE ISSUES.

1. Match the definitions below with the terms. Hint: there are 10 terms & 9 definitions.
   a. Advanced directive
   b. Durable power of attorney for health care
   c. Euthanasia
   d. Hospice
   e. The Medicare medical requirement for eligibility for hospice admission
   f. Palliative Care
   g. Physician-assisted Suicide
   h. Prognosis
   i. Terminal illness
   j. Palliative sedation

   ______ An illness that will, if it follows its normal course, eventually cause death.

   ______ Written instructions concerning the provisions of health care, to be followed in the event the individual is incapacitated at the time a health care decision must be made.

   ______ Death caused by the deliberate action of someone other than the patient, with the intention of ending the patient’s life.

   ______ The person who is terminally ill with a prognosis of 6 months or less to live if the disease follows its normal course.

   ______ Helping another person to commit suicide. For example, by prescribing a lethal dose of medication with an understanding that the person intends to use it to commit suicide.

   ______ A foretelling of the outcome of a disease; a forecast of the outcome of a disease.

   ______ The use of high doses of sedatives to relieve extremes of physical distress, for the purpose of addressing unmanageable suffering during the final days of the patient’s illness.

   ______ A document that includes designation of one or more individuals to make health care decisions on behalf of an incapacitated patient.

   ______ Active total care of patients whose disease is not responsive to curative treatment, with the goal of achieving the best quality of life for patients and their families.
MISSION HOSPICE AND HOME CARE
COMPETENCIES

COMPETENCY #2: (continued)

2. Name two of the common signs or symptoms of approaching death.

3. Does California have a law that allows physician-assisted suicide?

COMPETENCY #3: TO RECOGNIZE ONE’S OWN ATTITUDES, FEELINGS, VALUES, AND EXPECTATIONS ABOUT DEATH AND THE INDIVIDUAL, CULTURAL, AND SPIRITUAL DIVERSITY EXISTING IN THESE BELIEFS AND CUSTOMS.

Write one or two sentences about your own attitudes about death and dying; if possible touch on how you see your attitudes have altered since being associated with Mission Hospice and Home Care.
COMPETENCY #4: TO HAVE A GENERAL UNDERSTANDING OF PALLIATIVE CARE AND PAIN AND SYMPTOM MANAGEMENT.

True or False:

_____ Pain is always an accompaniment to a cancer diagnosis.

_____ Pain medication doses should only be given when the patient has pain they cannot tolerate.

_____ Palliative care may include radiation therapy and blood transfusions.

_____ If a patient takes pain medication such as morphine early in the illness, they may develop a tolerance that would mean pain medication would not work later when the pain is worse.

_____ Symptoms that hospice care frequently addresses are pain, nausea, anxiety, constipation, and shortness of breath.

_____ There are very few cases where pain is unmanageable for the hospice team.
COMPETENCY #5: TO HAVE A GENERAL UNDERSTANDING OF GRIEF AND BEREAVEMENT.

True or False:

_____ Anticipatory grief is just as valid and important as grief occurring after the patient dies.

_____ Grief and depression are exactly the same.

_____ Medicare guidelines require that we offer our support to the bereaved for only six months.

_____ Our regular bereavement services are free of charge.

_____ Bereavement care is mostly listening.

_____ Becoming the bereaved’s friend is one of the most caring and professional things we an do.

_____ Children grieve like adults but for a shorter period of time.

_____ Signs or symptoms of high-risk grief are normal and should not unduly concern us.

_____ We can give bereaved families the names of at least three outside professionals and three community agencies, if needed.
COMPETENCY #6:

1. Which of the following are positive responses to stress?

_____ A walk on the beach
_____ Having several drinks at the end of a hard day
_____ Talking it out with someone
_____ Writing in a journal
_____ Having a massage
_____ Seeing a counselor
_____ Keeping a bright face and not talking about your stresses
_____ All of the above

2. Name two things Mission Hospice and Home Care provides to help employees with the stresses of hospice work.
COMPETENCY #7: TO HAVE THE ABILITY TO WORK EFFECTIVELY AS A TEAM MEMBER, TO UNDERSTAND THE ROLES OF OTHER TEAM MEMBERS AND OFFICE STAFF, AND TO UTILIZE EACH OTHER’S EXPERTISE.

1. Name the person whose job it is to:

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Person's Name</th>
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<tbody>
<tr>
<td>Enter most of the data for payroll from time sheets</td>
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<tr>
<td>Take referrals</td>
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<td>Bill Medicare</td>
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<td>Track and acknowledge donations</td>
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<tr>
<td>See that the bereavement follow-up is done on family members</td>
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<tr>
<td>Send physician surveys and discharge summaries out after a patient’s death</td>
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<tr>
<td>Keep track of faxes of doctors’ orders</td>
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<tr>
<td>Coordinate grant proposals and solicitations for donations to Mission Hospice and Home Care</td>
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<tr>
<td>Assign voicemail boxes</td>
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<tr>
<td>Assign direct care volunteers to a patient/family</td>
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<tr>
<td>Order gloves, diapers, and other patient care supplies</td>
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<tr>
<td>Orient, supervise, and evaluate home health aides</td>
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</tbody>
</table>
COMPETENCY #7 (continued)

2. Which four (4) are considered “core disciplines” required to participate in care planning? Circle four.

   Medical social workers  Home health aides
   Volunteers            Nurses
   Physicians            Counselors such as chaplains
   Patient care coordinators  Physical therapists
   Dieticians            Pharmacists

3. List two things that a medical social worker might do with/for a patient or family.

4. List two things that a chaplain might do with/for a patient or family.

5. List two things that a volunteer might do with/for a patient or family.
COMPETENCY #8: TO HAVE GOOD LISTENING SKILLS AND TO UNDERSTAND CONCEPTS OF ACTIVE LISTENING.

1. List one way you show that you are listening actively to another person.

2. In a situation in which you wish to offer empathetic, reflective listening, which of the following responses would be useful?
   a. “Let’s talk about pleasant things.”
   b. “You sound very tired.”
   c. “That happened to me too.”
   d. “That must be very frustrating.”
   e. “So, what I would do is...”
   f. “It sounds as though you don’t feel much hope.”
   g. “It’s all for the best.”
   h. “That must be very disappointing.”
   i. “You’ll feel better soon.”

3. The way in which you ask a question can make a difference in how it is answered. An open-ended question will invite the client to give you more information. Which of the questions below are open-ended?
   a. Tell me about your relationship with your brother.
   b. Tell me about your mother.
   c. How has your illness affected you?
   d. What has been the most difficult for you recently?
   e. What are your favorite holidays?
   f. Are you afraid of dying?
   g. How many times have you been in the hospital?
   h. How has the experience in the hospital been for you?

5. What is the difference between an open-ended and closed-ended question?

6. Describe empathetic listening.
PAIN ASSESSMENT COMPETENCY EXAM

1. T F Pain exists whenever the patient says it does.

2. T F All pain has an identifiable cause.

3. T F Pain tolerance varies from patient to patient.

4. T F Pain tolerance varies from one time to another in a particular patient.

5. T F If a patient has a positive placebo response (pain relief,) the pain was probably imaginary.

6. T F The nurse, not the patient, is the expert on a patient’s pain.

7. T F Pain behaviors or facial expressions of pain are very reliable indicators of the presence of pain in any patient.

8. T F The best source of assessment information is usually the patient’s family.

9. T F I will assess pain at each visit primarily by observing the patient’s attitude.

10. T F When using a numeric pain scale, if the rating given is “4 to 5,” that is what I will write on the visit note.

11. If the patient reports pain of 4, I will ____________________________
    ____________________________
    ____________________________

12. If the patient reports a new pain, I will ____________________________
    ____________________________
    ____________________________
BASIC SAFETY COMPETENCY

1. The percentage of people who have back pain at some time in their life is:
   a. 10-20%
   b. 35-45%
   c. 60-80%

2. Which of these could cause spinal pain?
   a. Slouching at your desk
   b. Holding the phone between your ear and shoulder
   c. Turning to the side and lifting at the same time
   d. All of the above.

3. A basic principle of back safety is to lift with your:
   a. Hands
   b. Head
   c. Leg muscles

4. Another basic principle of back safety is to lift with:
   a. Gusto
   b. No rotation
   c. Exhalation

5. T F Stretching exercises and staying in shape can help to prevent back injury.

6. T F The natural curves of the spine allow even distribution on the vertebrae and muscles of the back.

7. T F You can safely lift heavier weights down from a height than up from the floor.

8. T F Sitting is a stressful position for the back.

9. T F For safe lifting, bend at the waist.

10. T F When carrying, it is safest to hold objects close to your body.
BLOODBORNE PATHOGENS COMPETENCY

1. T  F  You are covered by the OSHA Bloodborne Pathogens standard only if you are a doctor or a nurse.

2. T  F  “Universal precautions” means treating all blood and body fluids as potentially infectious.

3. T  F  You should either recap or bend needles/sharps before disposal into the Biohazardous sharps container.

4. T  F  Every time you remove your gloves, you must wash your hands with soap and running water whenever you possible can.

5. T  F  Make sure to store your food and drink close to you when working with blood and body fluids so you do not have to leave the room.

6. T  F  Choose your protective equipment according to the task you are going to perform.

7. T  F  Blood or body fluid spills must be cleaned up with a 1:10 bleach solution or an approved disinfectant.

8. T  F  Biohazardous/infectious waste is placed into a labeled red bag and put out into the client’s garbage.

9. T  F  You can get HIV or HBV from puncture wounds, skin contact and mucous membrane contact.

10. T  F  If you are exposed and know where the blood or body fluids came from, do not bother reporting it.

11. T  F  An HIV or HBV carrier may have no symptoms but can spread the disease to others.

12. T  F  You should sign the HBV declination form if you do not want to receive the HBV vaccination at the time it is offered.

13. T  F  The primary mode of transmission for Hepatitis C currently is sexual activity with an infected partner.

14. T  F  40% of chronic liver disease is HCV-related.

15. If you had an exposure such as a needle stick after hours, where would you go?
TUBERCULOSIS CONTROL COMPETENCY

1. T F  Tuberculosis (TB) is passed through the air when a person with active TB coughs, speaks or sneezes.

2. T F  The concentration of droplets in a room is higher, and therefore more likely to cause infection, if the room is poorly ventilated.

3. T F  Touching the surfaces in a room where a TB patient has coughed can cause transmission of TB.

4. T F  A person with a weakened immune system (i.e. someone with AIDS/HIV, or someone on chemotherapy) is at greater risk for getting active TB.

5. T F  It is okay for a healthcare worker to provide care to a client if they have NOT had a Mantoux/PPD test (or, for those who historically have a positive skin test, a chest x-ray.)

6. T F  If you have a latent TB infection, you are infectious to others.

7. T F  Symptoms of active TB include a productive, persistent cough that lasts more than three (3) weeks; bloody sputum; weakness; fatigue; weight loss; fever; loss of appetite; night sweats.

8. T F  If a person with active TB does not complete the full course of treatment with medication, there is a risk of producing a drug-resistant strain of TB.

9. T F  Multi-drug resistant (MDR) TB has a 100% cure rate.

10. T F  If you visit a patient who is suspected or known to have active TB, you can wear any mask you have available.
**HAND-WASHING COMPETENCY**

Name ___________________________  Position __________________________________

Evaluator Name/Signature _____________________________________________  Date ______

Can you identify times when hand washing is required?  Circle  Yes  No

Additional Comments:

<table>
<thead>
<tr>
<th>PERFORMANCE EVALUATION: ALCOHOL-BASED HANDBRUB</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
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</thead>
<tbody>
<tr>
<td>Apply palm full of the product in a cupped hand covering all surfaces.</td>
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<tr>
<td>Rub palm to palm</td>
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<tr>
<td>Right palm over left dorsum with interlaced fingers &amp; vice versa</td>
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<td></td>
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<tr>
<td>Palm to palm with fingers interlaced</td>
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<tr>
<td>Backs of fingers to opposing palms with fingers interlocked</td>
<td></td>
<td></td>
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<tr>
<td>Rotational rubbing, backward &amp; forward with clasped fingers of right hand in left palm &amp; vice versa</td>
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<table>
<thead>
<tr>
<th>PERFORMANCE EVALUATION: SOAP AND WATER</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
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</thead>
<tbody>
<tr>
<td>Using warm running water, wet hands and wrists (back &amp; front)</td>
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<tr>
<td>Apply enough soap to cover all hand surfaces</td>
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<tr>
<td>Rub hands palm to palm</td>
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<tr>
<td>Right palm over left dorsum with interlaced fingers &amp; vice versa</td>
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<tr>
<td>Palm to palm with fingers interlaced</td>
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<tr>
<td>Backs of fingers to opposing palms with fingers interlocked</td>
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<tr>
<td>Rotational rubbing of left thumb in right palm &amp; vice versa</td>
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<tr>
<td>Rotational rubbing, backward &amp; forward with clasped finger of right hand in left palm &amp; vice versa</td>
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<tr>
<td>Rinse hands with water</td>
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<tr>
<td>Dry hands thoroughly with single use towel</td>
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<tr>
<td>Use towel to turn off faucet</td>
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<tr>
<td>Dispose without touching garbage receptacle</td>
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</table>
MISSION HOSPICE AND HOME CARE
COMPETENCIES

TRAINING EXERCISE – PERSONAL INVENTORY – PROFESSIONALISM/BOUNDARY ISSUES

Please take a few minutes to read through the following list of behaviors and indicate if you feel the behavior on the part of a health care professional would be: always OK, sometimes OK, or never OK. The exercise is to encourage your active thinking about boundary issues.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Always OK</th>
<th>Sometimes OK</th>
<th>Never OK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Accepting personal gifts from patients or families.</td>
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<tr>
<td>2. Buying gifts for individual patients or families.</td>
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<tr>
<td>3. Sharing information a client reveals in a support group with his/her physician.</td>
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<tr>
<td>4. Inviting patients or families to join you in activities or parties outside of work.</td>
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<tr>
<td>5. Meeting with a client who comes to you in crisis after you have transferred the case to a peer.</td>
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<tr>
<td>6. Sharing personal information about yourself with patients or families.</td>
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<tr>
<td>7. Sharing personal problems with patients or families.</td>
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<tr>
<td>8. Giving an update to a neighbor on the medical condition of a football star's son.</td>
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<tr>
<td>9. Sharing information about one patient/family with another patient/family.</td>
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<tr>
<td>10. Giving out your home phone number to patients or families.</td>
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<tr>
<td>11. Calling in on days off to check on how your patient is doing.</td>
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<tr>
<td>12. Loaning money or personal belongings to patients or families.</td>
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