9 • Standards of conduct & core competencies

Standards of conduct for volunteers

Direct Care Volunteers are expected to adhere to the following standards of conduct, policies, and procedures.

Professionalism, dress, and grooming

Mission Hospice's reputation is dependent on providing service to clients in a professional and capable manner. Be punctual. If you cannot keep an appointment, or will be late, phone ahead.

Volunteers are expected to maintain good personal hygiene with a neat and clean appearance, and to dress in attire that is appropriate for their environment and responsibilities. Fragrance should not be used in the workplace or in external homes and facilities.

Volunteers must use good judgment in determining their dress, and should not wear clothing with offensive words or pictures, shorts, beach wear, clothing with rips or holes, or other items that are inappropriate for interacting with patients. In addition, volunteers should not wear short/low cut revealing items, or items that may become revealing with general movement.

Substance use

Never smoke, or wear clothes that smell of smoke, in the presence of a patient. Smoking is prohibited in the office and at all Mission Hospice functions and events.

Mission Hospice prohibits the following:

- Possessing, using, or being under the influence of alcohol or an illegal drug, intoxicant, or controlled substance during working (volunteering) hours or while on company business.
- Operating a vehicle on Mission Hospice business while under the influence of alcohol or an illegal drug, intoxicant, and controlled substance.

Health

- All volunteers are required to have been vaccinated for Covid and received at least one booster shot. Volunteers must provide proof of their Covid vaccinations.
- We highly recommend you receive an annual flu shot.
- If you have a communicable illness or disease, believe you may have been exposed to a person so diagnosed, or have recently visited a location where there was an outbreak of such an illness and you are exhibiting any symptoms of the illness, report this to the Volunteer Coordinator immediately.

Harassment

Mission Hospice will not tolerate harassment of employees, volunteers, or contractors, including verbal, visual, or physical conduct that is intimidating, offensive, or hostile.

Harassment on the basis of sex, sexual orientation, gender identification, age, race, medical condition, pregnancy, race, national origin, religion, marital or veteran status, citizenship, physical or mental disability, or other characteristics protected by local, state, or federal law is strictly prohibited.

Sexual harassment is also strictly prohibited. If you feel that you have been harassed or unfairly discriminated against, you should immediately contact the Director of Volunteer Services, the Human Resources Director, or the CEO.

Conflicts of interest

Volunteers have a duty of loyalty to Mission Hospice and should always act in the best interest of Mission Hospice. Moreover, volunteers are expected to use good judgment, to adhere to high ethical standards, and to avoid situations that create an actual or potential conflict between their personal interests and the legitimate business interests of Mission Hospice.

A conflict of interest exists when the volunteer's loyalties or actions are divided between Mission Hospice's interests and those of another, such as a competitor, supplier, contractor or patient. Both the fact and the appearance of a conflict of interest should be avoided. Volunteers who are unsure as to whether a certain transaction, activity, or relationship constitutes a conflict of interest should discuss it with the director of volunteer services for clarification.

Other

- Violence in the home: If you experience or observe violence in a patient's home, leave immediately and call the Director of Volunteer Services **and** 911.
- Workplace violence: Acts or threats of physical violence, including intimidation, harassment, and /or coercion will not be tolerated.
- Speaking to the media: Volunteers should refer any media inquiries to the Communications Director. Speaking to the media about a patient or family member is a direct HIPAA violation.

VOLUNTEER SERVICES
Policy No. 2HOS-009.1

PURPOSE

To ensure that qualified volunteers provide appropriate services in accordance with the interdisciplinary plan of care and hospice program needs.

POLICY

Mission Hospice & Home Care will provide volunteer services under the direction of a volunteer coordinator and with the assistance of trained hospice volunteers. The duties and responsibilities of the volunteer coordinator and volunteers will be identified in appropriate job descriptions.

Volunteers may work in a variety of capacities, including but not limited to:

1. Patient care volunteers – provide emotional support and practical assistance that enhances the comfort and quality of life for patients and family/caregivers. These services include being available for companionship, listening, simply "being there," and preparing meals.

2. Bereavement volunteers –support bereavement department with facilitating drop in groups for family/caregivers and administrative support.

3. Errands and transportation volunteers – offer a type of practical support often needed by hospice patients and family/caregivers. These duties may include picking up prescriptions or supplies, or grocery shopping.

4. Community Volunteers – provide practical assistance to patients such as gardening and haircuts.

5. Office volunteers – lend their services working in Mission Hospice & Home Care's administrative offices. These activities may include assembling information packets, filing, photocopying, tuck-in calls and assisting with mailings.

6. Pet Visitor Volunteers

PROCEDURE

1. The volunteer coordinator will develop, implement, and regularly evaluate the volunteer services program.

2. The volunteer coordinator will arrange for volunteers to provide volunteer support to patient and family/caregiver, in accordance with the plan of care.

3. Volunteers will document their activities on volunteer activity/clinical notes and submit this documentation for the patient's clinical records.

4. Volunteer Coordinator will develop and implement a volunteer orientation and training program that is sufficient to meet the needs of the patients and families and will include, but will not be limited to:

   A. History, mission, philosophy and structure of the hospice concept

   B. Volunteers' roles and responsibilities

   C. Volunteer program policies

5. The volunteer coordinator will track the use of volunteers and that hours of volunteer services exceed 5% of the total patient care hours of paid and contracted hospice personnel.

6. The volunteer coordinator will document ongoing efforts to recruit, train, and retain volunteers of all ages..

Things to do and NOT do as a volunteer

Do

- Talk with patient and family
- Assist the family with patient care
- Provide companionship by just being there
- Be a listener
- Perform light housework, shopping, errands, transporting
- Observe and report changes in the patient or in relationships
- Facilitate relationship of the doctor/patient, patient/family, and patient/family/community
- Strengthen patient's sense of being in control
- Read to and/or play games with patient
- Record as requested for data collection and continuity of care
- Stay neutral in family disagreements, but offer an open ear so grievances can be aired
- Attend funeral, memorial, or other services after death of patient
- Be supportive of family members during the mourning period

Do NOT

- Provide 8-hour or 24-hour care
- Proselytize, correct, judge, fix, or give unsolicited advice
- Give legal, medical, or financial advice
- Dispense dosages from bottles or review medications with patients/families/caregivers
- Refer patient/family to a specific medical professional
- Suggest specific alternative therapies regarding patient care
- Suggest or start the conversation about ELOA
- Enter into family differences of opinion
- Contribute to family/patient dependency on you/us

Timeline of a volunteer assignment and visit

You are assigned

1. Patient is accepted into Mission Hospice care.
2. IDT (Inter Disciplinary Team) creates a "Plan of Care."
3. IDT member (social worker) submits a "Volunteer Request to Volunteer Coordinator."
4. Volunteer coordinator calls the family to discuss volunteer options, if necessary.
5. Volunteer coordinator contacts the volunteer team with the request.
6. Volunteer team members email back if available.
7. Volunteer coordinator assigns Direct Care Volunteer (DCV) to case.
8. Volunteer coordinator may send the nursing, psychosocial, or spiritual counselor assessments or progress notes to the DCV.

After you are assigned

1. DCV reads over the material and contacts volunteer coordinator with any questions.
2. DCV calls patient to introduce himself/herself and set up a visit time.

On the day of your visit

1. DCV calls patient to make sure visit is still desired.
2. DCV reconfirms the time, location, and how to get into the house/facility.
3. DCV arrives **promptly** at the designated time.

At the visit

1. Upon your arrival and before going in, take a few minute to ground yourself, calm yourself, let go of distractions, and focus on the visit.
2. Introduce yourself to the patient and/or family.
3. Ask if you could wash your hands.
4. Wash hands with soap and hot water – wash long enough to sing "Happy Birthday" all the way through. Dry with paper towels, or use disinfectant solution. If washing your hands is not an option, use hand sanitizer.
5. When you see the patient, ask if they are in any pain.
6. Ask them to rate the pain 0-10 (if patient is non-verbal, use the non-verbal pain scale on the visit report form).
7. Continue visit.
8. Wash hands again upon leaving.
9. Sit in your car and download your visit for a few minutes.

After visit

1. Fill out a Volunteer Visit Report. You should have this as an email template.
2. Be sure to put a number from 1-10 in the Pain column (do not leave this blank).
3. Email the report to **volunteerstaff@misionhospice.org** within 24 hours of your visit.

Elder abuse

Patients in our care are often frail and vulnerable. The law requires Mission Hospice staff members to report any elder abuse, or abuse of any dependent adults age 18-or older.

Elder abuse includes

- Physical abuse (beatings, assault, unreasonable physical restraint, or prolonged deprivation of food or water)
- Fiduciary abuse (misuse or theft of money or property)
- Neglect/denial of needs (failure to provide adequate water, food, clothing, and care; health or safety hazards)
- Abandonment (desertion of a dependent adult or elder)

If you observe any elder abuse, please notify the director of volunteer services immediately.

Special volunteer opportunities

Vigiling

A vigil consists of people sitting at the bedside of a dying patient, usually during the last 48 hours of their life. Sometimes vigils occur when a patient may otherwise be alone, such as during hours when their family cannot be at the bedside. At other times, families appreciate having vigilers at the bedside of their loved ones, even when family members are present, to help normalize the dying process and to support family members during those last hours.

What vigilers do

Vigilers accompany the patient (and family) during the hours they are with them, being fully present and offering what is needed in the circumstances. Sometimes families need and want comfort and compassion; sometimes they want to be reassured about the dying process, and even knowing that someone in the room, the vigiler, knows when to call a nurse or notice if the patient appears uncomfortable.

Some vigilers read, play music, talk, or sing quietly. Some are skilled in coma work and helping family members, as well as the patient, to complete unfinished business. The greatest gift vigilers provide is being fully present and available, to patient and family, during the last hours of life.

To become a vigiling volunteer

After completing the Direct Care Volunteer training, volunteers may sign up for additional training to prepare them for becoming a vigiling volunteer. Please let us know if you are interested in our Vigil Program.

Mission House – Our hospice house

As in private homes, volunteers in our six-bed hospice house in Redwood City may provide direct care for patients, offering companionship, life review, vigiling, and more. To volunteer at the house, you must have at least six months of hospice volunteer experience and a "toolbox" of skills such as vigil training, Gentle Touch massage, Healing Touch, or Reiki.

In addition, there are opportunities for volunteers to help with flower arranging, pickup and/or delivery, cooking, gardening, shopping, and administrative tasks.

Complementary therapies

Volunteers can add to the physical, social, and spiritual care provided by the Mission Hospice team through any of several complementary therapies. These non-invasive, holistic practices promote comfort for patients and families, and include:

- Pet therapy
- Music therapy
- Healing Touch
- Gentle Touch massage

These and other complementary therapies require additional training and/or certification. To learn more, contact the director of volunteer services.

We Honor Veterans

Mission Hospice participates in We Honor Veterans, a nationally-recognized program of the National Hospice and Palliative Care Organization (NHPCO) in collaboration with the Department of Veterans Affairs (VA).

The program focuses on respectful inquiry, compassionate listening, and grateful acknowledgment of our Veterans. We Honor Veterans helps us understand and address their special needs at the end of life:

- Military training and the culture of stoicism can often prevent Veterans from sharing difficult experiences.
- When one Veteran talks to another, stoicism and secrecy dissolve.
- Veterans share a common language and code of conduct.
- Sharing supports life review and healing.

You will find more information about caring for Veterans on the Mission Hospice volunteer portal.

End of Life Option Act

Mission Hospice is dedicated to providing compassionate, team-oriented, holistic palliative care and comfort for all patients, while respecting their individual rights, needs, and choices, including those offered by the End of Life Option Act (ELOA). Passed in June 2016, the California End of Life Option Act (ELOA) allows a terminally ill patient to request a drug from his or her physician that will end the patient's life.

We will support our patients' end-of-life care decisions. We acknowledge that some of our hospice patients may, after considering all other options, wish to exercise their legal rights under the End of Life Option Act. While we never suggest or recommend this option, if a patient is interested in pursuing this option, we will not abandon them.

As a Mission Hospice team member, you are not allowed to suggest or recommend this option to your patient. If your patient indicates that they are interested in ELOA, you must immediately report this interest to the Volunteer Coordinator.

COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

California End of Life Option Act

The Coalition for Compassionate Care of California does not take a position on the End of Life Option Act. We are a source of neutral information on the provisions of the law.

The California End of Life Option Act (EoLOA) is a state law that permits terminally ill adult patients with capacity to make medical decisions to be prescribed an aid-in-dying medication if certain conditions are met. Signed into law by Governor Brown in October 2015, the law went into effect on June 9, 2016. California is the fifth state to enact an aid-in-dying law.

In October 2021, Governor Newsom signed SB 380, which makes significant changes to California's End of Life Option Act, including reducing the required waiting period between a patient's oral requests from 15 days to 48 hours. The changes went into effect on January 1, 2022.

To be eligible to request a prescription for the aid-in-dying drugs, an individual must:

- Be an adult (18 years old or older).
- Be a California resident.
- Have a diagnosis from his/her primary physician of an incurable and irreversible disease which will, within reasonable medical judgement, result in death within six months.
- Be able to make medical decisions for themselves as determined by health professionals.
- Voluntarily request a prescription for an aid-in-dying drug without influence from others.
- Be able to self-administer (eat, drink, and swallow) the aid-in-dying drug.

The request must be made solely and directly by the patient to the attending physician, and cannot be made on behalf of the patient through a power of attorney, an advance health care directive, a conservator, health care agent, surrogate, or any other legally recognized health care decisionmaker.

Participation is voluntary for patients and health providers

Participation in the End of Life Option Act is voluntary for individual patients, health providers (physicians, nurses, pharmacists, etc.) as well as health systems, HMOs, hospitals, medical offices, nursing homes, pharmacies and hospices. Insurance providers are not required to cover aid-in-dying drugs or related physician fees. Check with your health insurance company about their rules regarding costs associated with aid-in-dying drugs or related physician fees.

If the patient's provider or the organization where the patient receives care is not participating in the End of Life Option Act, the patient may request basic information or ask for a referral. Healthcare entities are required to post their current policy regarding medical aid in dying on their internet website.

Some providers may not be comfortable giving patients information about the Act or even providing a referral. In this case, patients may wish to consult with advocacy organizations or others who provide information about the End of Life Option Act and to find participating providers.

New in 2022, physicians who cannot or will not support patient requests are required to tell the patient they will not support them, document the patient's request and provider's notice of rejection in the patient's medical record, and transfer the relevant medical record upon request. A healthcare provider or healthcare entity is prohibited from engaging in false, misleading, or deceptive practices relating to their willingness to qualify an individual or provide a prescription for an aid-in-dying medication to a qualified individual.

Prior To Discussing The Aid-In-Dying Drug, A Patient And Their Physician Should Discuss:

- The patient's understanding of his/her diagnosis and prognosis
- The patient's hopes and fears
- The benefits of palliative care and hospice care
- Options for pain control and symptom management

The process for requesting aid-in-dying drugs

If a terminally-ill patient meets the requirements to receive the aid-in-dying drug, the patient and his or her attending physician must follow several steps which are carefully defined in the law, including:

The patient must make two oral requests, at least 48 hours apart, directly to his or her physician (the attending physician)

- The patient must also make one request in writing, using the Patient's Request for Aid-in-Dying Drug form, which must be signed by the patient and two witnesses, and provided directly to his or her attending physician. The law does not say specifically when the written request must be made.
- The patient must discuss the aid-in-dying drug request with his/her attending physician without anyone else present (except an interpreter, if needed), to make sure the request is voluntary.
- The patient must then see a second physician (a consulting physician) who can confirm the patient's diagnosis, prognosis, and ability to make medical decisions.

If either physician thinks the patient's ability to make medical decisions could be impaired, the patient must also see a mental health specialist (psychiatrist or licensed psychologist) to make sure his or her judgment is not impaired.

The law requires that the patient and attending physician discuss all of the following:

- How the aid-in-dying drug will affect the patient, and the fact that death might not come immediately.
- Realistic alternatives to taking the drug, including comfort care, hospice care, palliative care, and pain control.
- Whether the patient wants to withdraw the request.
- Whether the patient will notify next of kin, have someone else present when taking the drug, or participate in a hospice program. (The patient is not required to do any of these things.)
- That the patient will not take the drug in a public location.

The physician must ensure the patient knows they do not have to take the drug, even once they have obtained the aid-in-dying drug.

If the patient still wishes to proceed and the attending physician agrees, the attending physician may provide the aid-in-dying drug by either dispensing it directly to the patient or by delivering the prescription to a participating pharmacist. By law, the physician cannot hand a written prescription directly to the patient or their representative.

The law is not specific about which aid-in-dying drug(s) can be prescribed.

A Final Attestation for Aid-in-Dying Drug form is no longer required.

More information: https://coalitionccc.org/CCCC/Resources/End-of-Life-Option-Act

Mission Hospice & Home Care

Core Competency Quiz KEY

Feb 2023

COMPETENCY #1:

To have knowledge of the agency's mission, policies, and procedures.

1.	As a Medicare-certified agency, we accept patients for hospice care when their prognosis is 12 months or less.	True	False
2.	For patients on the hospice benefit, we pay for their medical equipment.	True	False
3.	For patients on the hospice benefit, we pay for medications related to the terminal illness.	True	False
4.	For patients on the hospice benefit, we never pay for radiation or chemotherapy.	True	False
5.	Medicare and MediCal pay us a fixed amount for each home visit.	True	False
6.	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.	True	False

7. Where would you find our agency's personnel policies?

   Ask the Chief Compliance Officer.

8. What is the Mission Statement of Mission Hospice & Home Care?

   Mission Hospice & Home Care honors and supports people's wishes for the last phase of life by providing our community with exceptional end-of-life care and education.

Mission Hospice & Home Care

Core Competency Quiz KEY

Feb 2023

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. End of Life Option Act (ELOA)
    H. Prognosis
    I. Terminal illness
    J. Palliative sedation

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

_A__ 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.

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

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

_G__ California's End of Life Option Act (ELOA) allows a terminally ill patient to request a drug from his or her physician that will end the patient's life. Patients who choose to end their lives in this way, and who follow the steps in the law, will not be considered to have committed suicide.

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

_J__ 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.

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

_F__ Provides an extra level of physical, emotional, and spiritual support to improve quality of life for people with serious, life-limiting illness who are not ready for hospice.

Mission Hospice & Home Care

Core Competency Quiz KEY

Feb 2023

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

   Shortness of breath, erratic breathing, gurgling breathing sounds, extremities coloring changes to bluish, cold skin

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

   No. The End of Life Option Act (2016) is not classified as 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 your attitudes have altered since being associated with Mission Hospice & Home Care.

COMPETENCY #4

To have a general understanding of palliative care and pain and symptom management.

1.	Pain is always an accompaniment to a cancer diagnosis.	True	False
2.	Pain medication doses should only be given when the patient has pain they cannot tolerate.	True	False
3.	Palliative care may include radiation therapy and blood transfusions.	True	False
4.	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.	True	False
5.	Symptoms that hospice care frequently addresses are pain, nausea, anxiety, constipation, and shortness of breath.	True	False
6.	There are very few cases in which the hospice team cannot manage a patient's pain.	True	False

Mission Hospice & Home Care

Core Competency Quiz KEY

Feb 2023

COMPETENCY #5

To have a general understanding of grief and bereavement.

1.	Anticipatory grief is just as valid and important as grief occurring after the patient dies.	True	False
2.	Grief and depression are exactly the same.	True	False
3.	Medicare guidelines require that we offer our support to the bereaved for only six months.	True	False
4.	Our regular bereavement services are free of charge.	True	False
5.	Bereavement care is mostly listening.	True	False
6.	Becoming the bereaved's friend is one of the most caring and professional things we can do.	True	False
7.	Children grieve like adults but for a shorter period of time.	True	False
8.	Signs or symptoms of high-risk grief are normal and should not unduly concern us.	True	False
9.	We can give bereaved families the names of at least three outside professionals and three community agencies, if needed.	True	False

COMPETENCY #6

To understand how to manage stress of hospice work.

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 & Home Care provides to help employees with the stresses of hospice work.

Open door policy, compassionate work environment, generous PTO policy, availability of Spiritual Counselors and Bereavement Counselors as needed

Mission Hospice & Home Care

Core Competency Quiz KEY

Feb 2023

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 others' expertise.

1. Name the team member whose job it is to:

   Take referrals: Clinical outreach team

   Visit patients and families with existential concerns: Spiritual Counselors

   Clean patients, provide bed baths, change diapers, change linens: Home Health Aides

   Order gloves, diapers, and other patient care supplies: Case Manager

   Assign Direct Care Volunteers to patients and families: Volunteer Coordinator

   Help patients and families complete advance health care directives, make funeral arrangements, and find caregivers: Medical Social Workers

   Take calls in the office from patients and families who have medical concerns: Triage

   Coordinate grant proposals and solicitations for donations to Mission Hospice & Home Car Development

   Bill Medicare: Accounting

   See that bereavement follow-up is done for family members: Bereavement Coordinator

   Send physician surveys and discharge summaries after a patient's death: Quality control

Mission Hospice & Home Care

Core Competency Quiz KEY

Feb 2023

2. Mark the four "core disciplines" that are required to participate in care planning.

___ Medical Social Workers	___ Home Health Aides
___ Direct Care Volunteers	___ Nurses
___ Physicians	___ Spiritual Counselors and other counselors
___ Patient care coordinators	___ Physical Therapists
___ Dieticians	___ Pharmacists

3. List two things that a Medical Social Worker might do with/for a patient or family:

   Help with Durable Power of Attorney paperwork, help family complete a POLST, help arrange funeral plans, family counseling, assist pt/family with placement, assist family in arranging caregiving, assist pt in completing Advance Directives

4. List two things that a Spiritual Counselor might do with/for a patient or family:

   Connect with their faith community, provide life review opportunities, help pt/family find meaning in illness, provide funeral services to family, provide spiritual and/or religious support, listen

5. List two things that a Direct Care Volunteer might do with/for a patient or family:

   Respite for family, errands, transportation, massage. pet therapy, listen, shop, take patient on an outing, hold hands with a patient who can't speak, companioning, vigiling,

Mission Hospice & Home Care

Core Competency Quiz KEY

Feb 2023

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:

   When appropriate, maintain eye contact; show calm body language

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?

Mission Hospice & Home Care

Core Competency Quiz KEY

Feb 2023

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

   Open-ended questions allow for discussion and expansion. Closed-ended questions can be answered with a 'yes' or 'no,' or a short response.

5. Describe empathetic listening.

   Listening 'with' the person you are speaking with, rather than listening for them or with a goal of providing answers; allowing the experience to be shared, rather than back and forth talking; non-judgmental

Mission Hospice & Home Care

Core Competency Quiz KEY

Feb 2023

PAIN ASSESSMENT COMPETENCY EXAM

1.	Pain exists whenever the patient says it does.	True	False
2.	All pain has an identifiable cause.	True	False
3.	Pain tolerance varies from patient to patient.	True	False
4.	Pain tolerance varies from one time to another in a particular patient.	True	False
5.	If a patient has a positive placebo response (pain relief), the pain was probably imaginary.	True	False
6.	The nurse, not the patient, is the expert on a patient's pain.	True	False
7.	Pain behaviors or facial expressions of pain are very reliable indicators of the presence of pain in any patient.	True	False
8.	The best source of assessment information is usually the patient's family.	True	False
9.	I will assess pain at each visit primarily by observing the patient's attitude.	True	False
10.	When using a numeric pain scale, if the rating given is "4 to 5," that is what I will write on the visit note.	True	False

11. If the patient reports a pain level of 4, I will:

    Call 650.554.1000 immediately and let the case manager know, by speaking to him/her or to a nursing supervisor.

12. If the patient reports a new pain, I will :

    Call 650.554.1000 immediately and let the case manager know, by speaking to him/her or to a nursing supervisor.

Mission Hospice & Home Care

Core Competency Quiz KEY

Feb 2023

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. Stretching exercises and staying in shape can help to prevent back injury. True False

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

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

8. Sitting is a stressful position for the back. True False

9. For safe lifting, bend at the waist. True False

10. When carrying, it is safest to hold objects close to your body. True False

Mission Hospice & Home Care

Core Competency Quiz KEY

Feb 2023

TRAINING EXERCISE – PERSONAL INVENTORY – PROFESSIONALISM/BOUNDARY ISSUES

This exercise is to encourage your active thinking about boundary issues. Please indicate when you think each behavior on the part of a health care professional would be OK.

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

Mission Hospice & Home Care

End of Life Option Act Quiz Key

01.2020

1. Who can use this option? Mark all that apply.

   ___ Patient must be 18 years or older and be a resident of California
   ___ Have a terminal illness. A physician must determine that the disease cannot be cured or reversed and is expected to result in death within six months.
   ___ Have the capacity to make medical decisions.
   ___ Not have impaired judgement due to mental disorder.
   ___ Have the ability to take the drug at the time they want to take it.
   ___ Must meet all the above requirements.

2. The patient must take the drug if he or she requests a prescription. True False

3. If a patient is too weak to speak for him or herself, but told a family member they want to take advantage of the ELOA, the family member can request a prescription on the patient's behalf. True False

4. A volunteer cannot pick up the ELOA prescription for the patient. True False

5. Volunteers are required to support patients who elect to exercise their rights under the End of Life Option Act. True False

6. If the patient is too weak, family or staff can give medication to a patient who wants a cup placed to his or her mouth. True False

7. Which of these topics can a volunteer discuss with a patient?

   Mark all that apply.

   ___ The medications available for ELOA, and how they work.
   ___ The mental stability of the patient and assessment tests to evaluate in order to be a candidate for ELOA.
   ___ The involvement of family and how they can be in on the conversation with the doctors.
   ___ The patient's emotions and thoughts on ELOA, and how this affects the patient and loved ones.

Mission Hospice & Home Care

We Honor Veterans Quiz Key

01.2020

1. Veterans account for 25% of all deaths in the United States. True False

2. Most Veteran deaths are in VA facilities because it's easy for Veterans to access the benefits they've earned and are entitled to receive. True False

3. Mission Hospice is partnering with *We Honor Veterans* Hospice program to:

   ___ Ensure that patients who are Veterans receive appropriate, high quality services provided by skilled staff.

   ___ Ensure that care teams communicate with our Veterans honestly and effectively.

   ___ Help coordinate transitions across the VA and other community settings of care.

   ___ All the above

4. All Veterans have similar needs, so it is not important to know in which war, or in what branch someone has served. True False

5. If you are visiting a patient and notice a Certificate of Honor, or photo of the patient or their family member in a military uniform, it's best not to say anything because Veterans are trained not to talk about how they feel, and it may upset them. True False