

CME Palliative Medicine (126358): self-assessment questionnaire

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SAQs and answers are ONLINE for RCP fellows and collegiate members

Format

Candidates are asked to choose the best answer from the five possible answers. This best of five format is used in many medical examinations; however, the questions are not intended to be representative of those used in the MRCP(UK) Part 1 or Part 2 Written Examinations.

The answering process

- 1 Go to www.rcplondon.ac.uk/SAQ
- 2 Log on using your usual RCP username and password
- 3 Select the relevant CME question paper
- 4 Answer all 10 questions by selecting the best answer from the options provided
- 5 Once you have answered all the questions, click on Submit

Registering your external CPD credits

Carrying out this activity allows you to claim two external CPD credits. These will be automatically transferred to your CPD diary, where you can review the activity and claim your points.

1. An 81-year-old woman with metastatic lung cancer is referred to a specialist palliative care team for advice regarding symptom management. She is no longer receiving active oncology treatment.

Which would be the most appropriate deprescribing tool to inform a review of her medications?

- (a) Beers criteria
- (b) Edmonton symptom assessment scale
- (c) Memorial symptom assessment scale
- (d) OncPal
- (e) STOPP/START

2. A 72-year-old man with advanced pancreatic cancer and a prognosis of 3 months is struggling with tablet burden.

Which of the following medications could you consider stopping?

- (a) Atorvastatin
- (b) Creon
- (c) Laxido
- (d) Morphine sulphate (MST)
- (e) PRN sublingual lorazepam

3. Which following statements about clinical predictions of survival is correct?

- (a) All of the below
- (b) Doctors' predictions of survival are usually overly optimistic
- (c) The horizon effect describes the phenomenon whereby it is easier to predict outcomes in the short term rather than the long term
- (d) There is evidence that probabilistic estimates may be more accurate than temporal estimates
- (e) There is no consistent evidence that one group of professionals is more accurate at predicting imminent death than any other group

4. Which of the following statements is correct?

- (a) Patients with an estimated prognosis of 3–6 months are suitable for continuing inpatient care in a hospice
- (b) The Palliative Performance Scale (PPS) takes account of clinicians' own predictions of survival
- (c) The Palliative Prognostic Score (PaP) estimates the probability of surviving 90 days
- (d) The PiPS-B prognostic score is suitable to use in patients who do not want, or are unable to provide a blood test
- (e) The surprise question in the Gold Standards Framework is designed to be used along with other prognostic factors to identify patients who may benefit from a palliative care approach to their care

5. Which of the following statements about communicating prognosis is correct?

- (a) If the patient does not wish to know their prognosis, it cannot be discussed with their caregivers or family
- (b) Information about prognosis should be given by the treating team when in hospital or by the general practitioner, if in the community
- (c) Patients and families lose trust in doctors if an inaccurate prediction is made
- (d) Uncertainty is a factor to discuss in all conversations about prognosis
- (e) Using time frames (eg months) is better than using probabilities (eg 40% chance of 6-month survival)

6. A 67-year-old man presented with severe nausea and vomiting due to hypercalcaemia.

Which of the following would be the most appropriate first-line antiemetic to use?

- (a) Cyclizine
- (b) Domperidone

- (c) Haloperidol
- (d) Levomepromazine
- (e) Ondansetron

7. A 46-year-old woman with peritoneal carcinomatosis from ovarian cancer presented with malignant bowel obstruction. She was reviewed by the surgical team, and her condition was not amenable to surgical intervention. A continuous subcutaneous infusion (CSCI) with haloperidol (for nausea) was commenced. She continued to experience large volume vomiting.

Which of the following would be the next appropriate intervention to add to her current management?

- (a) Add levomepromazine to the CSCI
- (b) Add metoclopramide to the CSCI
- (c) Add oral corticosteroids
- (d) Switch antiemetic to ondansetron
- (e) Trial of antisecretory agent (eg hyoscine butylbromide, octreotide)

8. A 75-year-old man with pancreatic cancer presented with early satiety, nausea and vomiting. He denied abdominal pain, change in bowel habit or abdominal colic. He had been taking morphine modified release (commenced 3 months previously), macrogols, citalopram and paracetamol. Clinical examination revealed unremarkable baseline observations, and the presence of ascites. Calcium, full blood count, urea and electrolyte results were normal.

Which one of the following is the most likely cause of his vomiting?

- (a) Anxiety
- (b) Impaired gastric emptying

- (c) Infection
- (d) Malignant bowel obstruction
- (e) Opioid-induced nausea and vomiting

9. A 65-year-old man with locally advanced lung cancer reported sleep problems (difficulty initiating sleep).

Which of the following is a recommended sleep hygiene measure?

- (a) Counting sheep
- (b) Getting up at the same time every day
- (c) Going to bed at the same time every day
- (d) Listening to music in bed
- (e) Reading in bed

10. An 80-year-old man with metastatic prostate cancer reported slight difficulty in initiating sleep, but no difficulty in maintaining sleep.

Which of the following is an appropriate intervention?

- (a) Cognitive behavioural therapy
- (b) Nitrazepam
- (c) Sleep hygiene measures
- (d) Temazepam
- (e) Zopiclone

CME Respiratory Medicine SAQ

Answers to the CME SAQ published in *Clinical Medicine* in May 2019

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
(c)	(b)	(c)	(a)	(b)	(c)	(b)	(d)	(a)	(d)