The University of Texas MD Anderson Cancer Center CME Registration/Answer Sheet

ACE Lecture Series 2012 (Online)

MEMV 1110-3

Screening for Distress in Newly Diagnosed Cancer Patients Luigi Grassi, MD

Participant Prerequisites: None to participate in the continuing medical education activity

INSTRUCTIONS for AMA PRA Category 1 Credit™:

- View the ACE Lecture Series 2012 video
- Print this document
- Record your responses to the Post-test and personal information below.
 Record your evaluation responses.

<u>POST TEST</u>: Must earn 70% or higher to receive *AMA PRA Category 1 Credit*™.

Circle best answer:

1. ABCD 2. ABCD 3. ABCD 4. ABCD 5. ABCD

PERSONAL INFORMATION: Please	print LEGIBLY
Name:	Highest Degree: (MD, PhD, etc.)
Specialty:	
Mailing Address:	
City, State, Zip:	
Phone:	Email: PLEASE NOTE: You will receive your certificate via this email address
Are you a University of Texas MD A If so, include employee ID #:	Anderson employee? Yes or No
I am claimingAMA PRA Caresponsibility credits (Maximum 1.25)	ategory 1 Credits™ for this activity, all of which are ethics/professional)
Signature:	

Mail, Fax or Scan and Email these pages to:

Mail: Fax: 713-794-4236

Cathy Kirkwood, MPH

The University of Texas MD Anderson Cancer Center Email: cdkirkwood@mdanderson.org

P.O. Box 301407 – Unit 1726 Houston, TX 77230-1407

The University of Texas MD Anderson Cancer Center Post-Test

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Luigi Grassi, MD

1. Which statement is FALSE?

- A. Distress should be measured as the 6th Vital Sign after temperature, blood pressure, pulse, respiratory rate and pain.
- B. The physical, psychological and interpersonal dimensions of a cancer diagnosis all contribute to distress
- C. Distress is not evident among cancer survivors
- D. Distress extends along a continuum: from normal feelings of sadness and fear to more disabling conditions (e.g. depression, anxiety, existential crisis) that need intervention

2. Which statement is FALSE?

- A. The effectiveness of chemotherapy is the same for patients not experiencing distress as it is for those who are experiencing distress and depression.
- B. All patients should be screened for distress at their initial visit, at appropriate intervals, and as clinically indicated especially with changes in disease status (i.e., remission, recurrence, progression)
- C. The NCCN distress management guidelines indicate the need for education and training programs in order to ensure that all healthcare professionals have knowledge about screening and the psychological and psychosocial consequences and complications related to cancer
- D. Quality of distress management program/services should be included in institutional continuous quality improvement projects

3. Which statement in regard to the OncoTalk worskshops is TRUE?

- A. The participants were challenged on how to tell the truth to their patients, how to break bad news, and how to create an interpersonal setting
- B. Specific behaviors in the participants improved in the phase of breaking bad news, dealing with denial, and addressing hope
- C. Specific behaviors in the participants improved on addressing end-of-life issues and fostering hope
- D. All of the above

4. Which statement describes the challenges found in using the distress thermometer?

- A. Poor application of the Distress Thermometer or screening tools and lack of mental health services
- B. Lack of time and knowledge of the NCCN guidelines
- C. Lack of experience in communication and interpersonal relationship skills
- D. All of the above

5. Which statement is FALSE?

- A. Distress is related to a higher subjective perception of pain or other symptoms
- B. There are no clinical guidelines at this time for managing distress
- C. Long rehabilitation has been shown to be a consequence of untreated distress
- D. The distress thermometer has become one of the most used instruments worldwide

The University of Texas MD Anderson Cancer Center Evaluation Form

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	Stroi Agr		Agr	ee	Undeci	ded	Disagree	Strongly Disagree
Objective A - Demonstrate appropriate communication skills to promote an increase in patient satisfaction with the overall care provided								
Objective B - Discuss options for treatment plans with patients that will be more congruent with what the patient wants and increase patient compliance to treatment plan								
Objective C - Interpret patient emotions and employ appropriate communication techniques to acknowledge these emotions and decrease dissatisfaction and antipathy from patients								
Objective D - Demonstrate appropriate communication skills with colleagues								
			0-2	5%	26-50	1%	51-75%	76-100%
What percentage of the objectives were met?								
What percentage of this information was new to you?								
								-
		Know	ledge	Comp	petence	Perf	ormance	Patient Outcomes
Overall the information presented will enhance my prain the following manner.	ctice							

Constraints	Remembering Techniques	Room/Office Set Up	Non-Compliant Patients	Language/C Barrier		No Bar	rriers	Retired
Other:								
How will the info	ormation prese	nted impact pa	tient health sta	tus in your p	ractice	?		
Improve/ Enhar Communicatio	Anneren	ce/ Improve	e Patient L	Me a Better listener/ nmunicator	N	o Change		o Not See ents/Retired
Other:								
			Stro	ongly Age				Strongly
					e Hu	ndecided	Disagree	
			Ag	ree Agre			3	Disagree
	overall organizat ny expectations.	tion and quality o		ree 3			3 3	Disagree
program met m			of the	ree 3				Disagree
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program met m Comments:	ny expectations.		of the	rice noted in				
Comments: Was any bias to	oward a comme	ercial interest*	product or serv	ice noted in	the inf			
Comments: Was any bias to	ny expectations.	ercial interest*	product or serv	ice noted in	the inf			
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program met m Comments: Was any bias to If 'YES', please What changes	oward a comme	ercial interest* YES act/service, facumend to make	product or serv NC ulty, and/or pre-	ice noted in sentation(s):	the inf	Formation	provided	Pisagree