

Patient Care Post Test

Name _____
(Please enter legal name above)

Birth date (required)

Format: 01/03/1999

M	M	D	D	Y	Y	Y	Y

Where do you work? (example: HCMC, MVAHCS, etc.)
Enter N/A if you are not employed.

Hospital _____ Unit _____

*Email Address _____

*TCHP hospitals must use work email address.

I verify that I have read this home study and have completed the post-test and evaluation.

By checking this box, I am submitting my electronic signature to this statement.

- 1) A patient asks for your home phone number so she can call you if she needs you. You give your phone number to her.
 - a) Boundary challenge
 - b) Boundary crossing
 - c) Boundary violation
 - d) None of the above
- 2) Sue, a very friendly and caring nursing assistant, is known to frequently give hugs to patients.
 - a) Boundary challenge
 - b) Boundary crossing
 - c) Boundary violation
 - d) None of the above
- 3) Who can access a patient's information without authorization?
 - a) a Social Worker investigating possible Vulnerable Adult Maltreatment
 - b) a reviewer for the JCAHO survey
 - c) the hospital attorney
 - d) all of the above
- 4) The mother of a patient calls to inquire about her daughter's condition. What do you need to know?
 - a) if the patient has given permission for the mother to receive information
 - b) if the patient has signed a release form
 - c) if the patient is incompetent
 - d) all of the above
- 5) The employer of a patient calls after he heard a rumor that his employee had been admitted for a psychotic break. What do you tell him?
 - a) "By law, I am not allowed to give any information out."
 - b) "I'm sorry, but I cannot give out any information."
 - c) "I can't give you any information; here is the number for the Health Information service."
 - d) any of the above responses would be appropriate
- 6) You and your patient are having a conversation on a 1:1 basis when your patient confides to you that he was the person who killed two people recently in a currently unsolved crime. He asks you not to tell anyone. What do you do?
 - a) don't tell anyone
 - b) call the police
 - c) inform the patient that professionally and ethically you cannot keep this information confidential
 - d) tell the psychiatrist confidentially
- 7) Are police deputies allowed to bring their guns onto the psychiatry unit?
 - a) Yes
 - b) No
- 8) What methods are used to provide physical safety in the inpatient unit?
 - a) all sharp objects, lighters, razors, and glass objects are removed from patient on admission
 - b) only education and "PG" rated movies are allowed
 - c) visitors are checked for contraband
 - d) all of the above
- 9) Signs of being over-involved in a therapeutic relationship include:
 - a) visiting patient during off-duty hours
 - b) having strong emotional feelings about how other staff treat your patient
 - c) giving extra attention to a patient
 - d) all of the above
- 10) The term used to describe the unconscious feelings and attitudes a **patient** has toward a HCP based on previous relationships is:
 - a) detachment
 - b) countertransference
 - c) transference

11) The use of silence can be an important communication skill.

- a) True
- b) False

Evaluate the following comments:

12) Patient: “I’m really frustrated today.” HCP: “I see that you’re pacing a lot – it looks like you are frustrated.”

- a) Effective
- b) Barrier

13) Patient: “I’m not sure that I’m ready to go home yet.” HCP: “You’ll do great.”

- a) Effective
- b) Barrier

14) Patient: “I want to go home right now.” HCP: “You seem to be frustrated and angry – would you like to talk about that?”

- a) Effective
- b) Barrier

Expiration date: The last day that post tests will be accepted for this edition is **December 31, 2018**—your envelope must be postmarked on or before that day.

EVALUATION: PATIENT CARE IN PSYCHIATRY

Please complete the evaluation form below by placing an "X" in the box that best fits your evaluation of this educational activity. Completion of this form is required to successfully complete the activity and be awarded contact hours.

At the end of this home study program, I am able to:	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
1. Identify the purposes of boundaries in patient and staff interactions in the psychiatric setting.	
2. Define concepts related to boundaries, including challenges, crosses, and violations.	
3. Review standards and guidelines related to patient-staff boundaries in the health care setting.	
4. Identify risk factors that contribute to boundary violations.	
5. Review legal mandates for confidentiality of patient information.	
6. Identify situations in which patient confidentiality may be breached.	
7. List information not to be released regarding psychiatric patient confidentiality.	
8. List information which should not be accessed related to patient confidentiality.	
9. Describe the elements necessary to have a therapeutic milieu.	
10. State the role of each staff member in providing and managing a therapeutic milieu.	
11. Differentiate between a social and a professional/therapeutic relationship.	
12. Explain the elements of a therapeutic relationship.	
13. Describe elements that are not part of the therapeutic relationship.	
14. Describe the elements of therapeutic communication.	
15. Identify the therapeutic use of "self."	
16. Define the terms "transference" and "counter-transference."	
17. The teaching / learning resources were effective. <i>If not, please comment:</i>	

The following were disclosed in writing prior to, or at the start of, this educational activity (please refer to the first 2 pages of the booklet).	YES or NO
18. Notice of requirements for successful completion, including purpose and objectives	
19. Conflict of interest	
20. Disclosure of relevant financial relationships and mechanism to identify and resolve conflicts of interest	
21. Sponsorship or commercial support	
22. Non-endorsement of products	
The following were disclosed in writing prior to, or at the start of, this educational activity (please refer to the first 2 pages of the booklet).	

23. Off-label use	
24. Expiration Date for Awarding Contact Hours	
25. Did you, as a participant, notice any bias in this educational activity that was not previously disclosed? <i>If yes, please describe the nature of the bias:</i>	

26. How long did it take you to read this home study and complete the post test and evaluation:
 _____hours and _____minutes.

27. Did you feel that the number of contact hours offered for this educational activity was appropriate for the amount of time you spent on it?
 ___Yes
 ___No, more contact hours should have been offered
 ___No, fewer contact hours should have been offered.

Expiration date: December 31, 2018
