

Conducting a Family Meeting to Discuss Cardiopulmonary Resuscitation

(Rev. 1/13/06)

Test Questions

1. Survival after cardiac arrest of <5% is associated with which of the following?
 1. Unwitnessed arrest
 2. Rhythm other than VT or VF
 3. Co-morbidities like sepsis or cancer
 4. Nursing home resident
 5. All of the above

2. List 6 steps that can facilitate a family meeting:
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.

3. In preparation for a family meeting, you should do each of the following except:
 1. Review history
 2. Arrange to meet only with the immediate family
 3. Achieve consensus from the clinical team
 4. Find a private, quiet location for the meeting
 5. Determine a team leader for the meeting

4. Before discussing specific medical decisions with a family, you should
 1. Assess the family's knowledge of the patient's clinical condition
 2. Elicit the family's perception of the patient's suffering
 3. Ask about the patient's ethnic, religious, or cultural influences
 4. Help the family identify the patient's goals under the current circumstances
 5. All of the above

5. When a family has to make a decision about resuscitation, you should do all of the following except:
 1. Use goals to provide context for the decision
 2. Provide survival statistics for CPR
 3. Clarify that CPR involves intubation and mechanical ventilation
 4. Avoid making your own recommendation for a DNR order
 5. Make your own recommendation for a DNR order

6. Describe two personal challenges that you have encountered when conducting a family meeting around cardiopulmonary resuscitation:

1.

2.

7. Describe two techniques that help you to manage conflict within your patient's family:

1.

2.

8. Which of the following statements illustrates the most effective use of language for discussing a resuscitation decision?

1. *If her heart stops, do you want us to restart it?*
2. *Do you want us to do everything for her?*
3. *The chances of saving her life are small. Do you want us to try CPR anyway?*
4. *Since comfort is her main goal, and CPR is more likely to prolong her suffering than restore her life, I would recommend that we don't attempt CPR.*

9. When families are faced with resuscitation decisions for incapacitated patients, it is best for us, as physicians, to

1. Only interpret medical information and let the family make the decision
2. Rely only on prior written directives or on specific past discussions between the patient and family to guide resuscitation decisions
3. Offer our own recommendation based on our understanding of the patient's goals and the probability of survival
4. Ignore family conflict and identify a legal decision-maker
5. Focus on objective information about the patient's clinical condition rather than on the subjective perception of a patient's suffering

10. How competent do you feel about effectively conducting a family meeting around cardiopulmonary resuscitation? (*Circle your best estimate.*)

Not Competent

1

2

Basic Competence

3

4

Expert

5

Name: _____ Program: _____

Date: _____