

# Flex Therapist CEUs

## Communicating with Geriatric Patients

### 1. Effective practitioner-patient communication benefits include ALL except:

- A. Expression of greater satisfaction
  - B. Patients more likely to adhere to treatment
  - C. More likelihood of malpractice suits being brought on
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### 2. Stereotypes about aging and old age can lead patients and health professionals alike to dismiss or minimize problems as an inevitable part of aging.

- A. True
  - B. False
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### 3. Effective communication with older patient populations involve:

- A. Letting older patients know that you welcome their questions and participation.
  - B. Encouraging older adults to voice their concerns
  - C. Being alert to barriers to communication about symptoms, such as fears about loss of independence or costs of diagnostic tests.
  - D. Expecting those in the baby boom generation to be more active participants in their health care.
  - E. All of the above
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### 4. What are things that can be done to manage the difficulties caused by visual deficits:

- A. Make sure that handwritten instructions are clear
  - B. Use ornate & decorative fonts
  - C. Make sure there is adequate lighting, including sufficient light on your face
  - D. all of the above
  - E. a and c
- 

### 5. All of the following are ways to better establish rapport & understand the patient EXCEPT:

- A. Begin the interview with a few friendly questions not directly related to health
- B. Always address the patient by their first name
- C. Don't rush, and try not to interrupt; speak slowly and give older patients a few extra minutes to talk about their concerns

- D. Use active listening skills
  - E. Avoid jargon, use common language, and ask if clarification is needed, such as writing something down.
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**6. Which of the following is not an efficient strategy to obtain the medical history:**

- A. Try to have the patient tell his or her story multiple times
  - B. If feasible, try to gather preliminary data before the session
  - C. Sit and face the patient at eye level
  - D. Make greater use of yes-or-no questions or simple choice questions if the patient has trouble with open-ended questions
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**7. Knowing an older patient's usual level of function and any recent significant changes to that are fundamental to:**

- A. Providing appropriate health care
  - B. Influencing suitable treatment regimens
  - C. None of the above
  - D. a and b
- 

**8. All of the following are benefits of a regular exercise program for the elderly EXCEPT?**

- A. Decreased risk of cardiovascular disease
  - B. Decreased chances for a stroke
  - C. Reducing risk of hypertension
  - D. Reducing risk of brain cancer
  - E. Helping with reducing osteoporosis
- 

**9. There are several ways to encourage older patients to exercise. Which does not belong on this list:**

- A. Help patients set realistic goals
  - B. Inform them that exercising will allow them to eat more junk food
  - C. Refer patients to community resources such as Mall Walking groups
  - D. Let them know that regular exercise is essential for healthy aging
- 

**10. Which of the following statements is false regarding exercise in the older population?**

- A. Moderate exercise was effective at reducing stress and sleep problems in older women caring for a family member with dementia.
  - B. Older people who exercise moderately are able to fall asleep quickly, sleep for longer periods, and get better quality of sleep.
  - C. Researchers found that exercise, which can improve balance, reduced falls among older people by 33 percent.
  - D. All of the above are true statements
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**11. Topics to approach concerns regarding the use of drugs and alcohol include:**

- A. Alcohol and other drugs can increase the side effects of medication
  - B. Some medical conditions can become more complicated as a result of alcohol and other drug use
  - C. Alcohol and other drugs can reduce the medicine's effectiveness
  - D. All of the above
- 

**12. Approximately 80 percent of older adults have at least one chronic disease, and of those, 50 percent have at least two chronic conditions.**

- A. True
  - B. False
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**13. Tools to assist patients with chronic conditions include all of the following, EXCEPT:**

- A. Encourage the patient and caregivers to take a passive role in managing a chronic problem
  - B. Educate the patient on their medical condition and how to manage it
  - C. Provide a clear explanation of the diagnoses
  - D. Develop and communicate treatment plans with the patient's input and consent
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**14. Communications experts suggest that you start by saying "I'm sorry..." when delivering bad news to a patient.**

- A. True
  - B. False
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**15. Understanding how different cultures view health care helps you to tailor questions and treatment plans to the patient's needs.**

- A. True
  - B. False
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**16. Which of the following are reasons to use a professional interpreter rather than a**

**family member:**

- A. A professional interpreter increases revenue
  - B. Family members may be unable to interpret medical terminology
  - C. A family member may find it difficult to relay bad news
  - D. b and c
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**17. When does a family caregiver have legal authority to make care decisions:**

- A. When the patient orally states the caregiver has authority
  - B. If the family caregiver is present, they automatically have legal authority
  - C. If the family caregiver has been named the health care agent or proxy
  - D. None of the above
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**18. Which of the following are effective tools for communicating with a confused patient:**

- A. If the patient hears you, but does not understand you, rephrase your statement
  - B. Use simple, direct wording. Present one question, instruction or statement at a time
  - C. Speak distinctly and at a natural rate of speed. Resist the temptation to speak loudly
  - D. All of the above
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