Post-test

1. Which of the following are accurate statements of VA policy requirements surrounding advance care planning and advance directives?

VHA policy requires designated staff to: (Circle all that apply)
   a. Provide patients with written notification stating their right to accept or decline medical treatment, to designate a health care agent, and to document their treatment preferences in an advance directive
   b. Ask patients whether they have an advance directive, whether they want more information about advance directives and whether they want assistance in completing the advance directive forms
   c. Periodically initiate advance care planning discussions, at intervals no longer than three years, and whenever there is a significant change in a Veteran’s health status
   d. Periodically initiate advance care planning discussions, at intervals no longer than one year, and whenever there is a significant change in a Veteran’s health status
   e. All of the above

2. Which of the following are accurate statements relating to advance care planning and advance directives? (Circle all that apply)

   a. A state-authorized advance directive is an advance directive document that is legally recognized by a particular state
   b. A “Living Will” is a legal form that states what kinds of treatments you would or wouldn’t want if you become ill and can’t decide for yourself
   c. Advance Care Planning is the VA software program that can be used to complete the advance directive electronically
   d. A “Durable Power of Attorney for Health Care” is a legal document used for appointing a health care agent
   e. Advance directives can be completed by a surrogate on behalf of a patient

3. What is the order of the VA “Surrogate Hierarchy”? (Highest to lowest priority)

   a. Legal or special guardian, health care agent, next-of-kin, close friend
   b. Legal or special guardian, health care agent, next-of-kin, close friend
   c. Legal or special guardian, next-of-kin, health care agent, close friend
   d. Health care agent, legal or special guardian, next-of-kin, close friend
   e. Next-of-kin, health care agent, legal or special guardian, close friend
Post-test

4. A “Durable Power of Attorney for Health Care” is especially important for which of the following groups of patients? (Circle all that apply)
   a. Patients whose preferred decision-maker is at the top of the VA’s surrogate priority listing
   b. Patients who have no close family members
   c. Patients who are not married to their partner
   d. Patients with multiple surrogates at the same priority level in the surrogate hierarchy, for example they have three adult children

5. Which of the following medical situations would be especially important to discuss with patients? (Circle all that apply)
   a. Coma or vegetative state with little to no chance of recovery
   b. Migraines
   c. Permanent, severe brain damage in which there is no recognition of family or friends, such as severe dementia
   d. A permanent condition so that other people must help you with your daily needs (for example, eating, bathing, toileting)

6. Which of the following are accurate statements of limitations of “Living Wills”? (Circle all that apply)
   a. "Living Wills” need to be interpreted by providers, surrogates, and loved ones when decisions need to be made
   b. “Living Wills” only provide a few specific examples of clinical situations when life-sustaining treatments might be needed
   c. “Living Wills” are limited to a patient’s preferences at a point in time
   d. “Living Wills” are not legally recognized documents

7. Which of the following are accurate statements about advance directives in VA? (Circle all that apply)
   a. All VA patients must have an advance directive
   b. Patients may have a VA advance directive and a state-authorized advance directive that are both valid
   c. A patient may have two VA advance directives that are both valid
   d. VA’s advance directive is legally recognized by all non-VA facilities
   e. VA allows patients to attach additional pages to their VA advance directive form
   f. VA patients may include their mental health care preferences in the VA advance directive
Post-test

8. Which of the following are accurate statements about documenting advance care planning discussions and entering advance directives in the patient’s record? (Circle all that apply)
   a. Facilities may develop their own note titles to document an advance care planning discussion
   b. The “Advance Directive” note title must be used to document the entry of an advance directive document into the patient’s record
   c. The “Rescinded Advance Directive” note title must be used to document the physician’s refusal of a patient’s advance directive
   d. Staff may use the iMedConsent™ program to help patients electronically complete VA Form 10-0137
   e. The “Advance Directive Discussion” note title is used to document an advance care planning discussion

9. Which of the following are accurate statements about documenting advance directive notification and screening (Circle all that apply)
   a. Advance directive notification and screening must be documented in an “Advance Directive Discussion” note
   b. Advance directive notification and screening can be documented under the national note title “Advance Directive Notification and Screening”
   c. Advance directive notification and screening can be documented under a locally developed note title
   d. Advance directive notification and screening must be documented in an “Advance Directive” note

10. Which of the following are accurate statements about mental health advance directives? (Circle all that apply)
    a. The VA has a separate mental health advance directive form
    b. VA Form 10-0137 is a mental health advance directive if it contains mental health preferences in Part Three B
    c. VA Form 10-0137 is a mental health advance directive if mental health preferences are included in additional pages that are initialed, dated, and attached to it
    d. States may have separate medical and mental health advance directives