

Advanced Heart Failure Clinical Competence Survey

Please rate the following statements as they pertain to <u>you in your care</u> for patients with <u>advanced heart failure</u>.		1= not at all true 5= completely true				
1	I know the specific aspects of the history and physical to assess	1	2	3	4	5
2	I know the manifestations of dysfunction in specific organ systems associated with worsening heart failure	1	2	3	4	5
3	I know which diagnostic tests to review to assess the patient's status	1	2	3	4	5
4	I know what changes in vital signs mean regarding effectiveness of medical therapy or worsening heart failure	1	2	3	4	5
5	I know the possible courses of illness for patients with advanced heart failure.	1	2	3	4	5
6	I know the signs and symptoms associated with increased volume status.	1	2	3	4	5
7	I know the signs and symptoms associated with low cardiac output.	1	2	3	4	5
8	I am able to evaluate signs and symptom severity in a heart failure patient relevant to their medical status and care goals.	1	2	3	4	5
9	I understand what clinical data correlate with poor prognosis.	1	2	3	4	5
10	I understand why specific medications are prescribed for patients with heart failure.	1	2	3	4	5
11	I understand the doses, drug interactions, and side effects of heart failure medications.	1	2	3	4	5
12	I am able to instruct patients in dietary sodium intake, fluid restriction and titration of diuretics according to their weight and symptoms.	1	2	3	4	5
13	I am able to review goals with patients in the context of new or persistent problems.	1	2	3	4	5
14	I am able to assess patient or family distress and integrate interdisciplinary team recommendations for management of distress.	1	2	3	4	5
15	I know what heart failure medications and other treatments might relieve dyspnea.	1	2	3	4	5
16	I know how to help patients & families cope with fears, guilt and grief.	1	2	3	4	5
17	I know how to provide bereavement support for a family after the patient's death.	1	2	3	4	5
18	I am comfortable talking with patients and families about prognosis and dying from heart failure	1	2	3	4	5

Please answer the following questions "true" or "false" for patients with advanced heart failure			
19	Diuretic doses should be adjusted to keep BUN and creatinine levels within normal range.	True	False
20	Non-steroidal anti-inflammatory drugs (NSAIDs) are a good first line treatment for joint pain.	True	False
21	Liver function worsens with worsening heart failure.	True	False
22	Clear lung fields on exam rule out fluid over-load	True	False
23	Over one-half of patients have pain.	True	False
24	Fatigue may be the most prominent symptom.	True	False
25	When the goal becomes palliative care, continuous intravenous inotrope therapy should be discontinued.	True	False

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26	Patients with hypoperfusion and low cardiac output generally have high blood pressure, rales and edema.	True	False
27	A patient with a serum creatinine of 1.8 mg/dl has equivalent prognosis to a patient with creatinine of 2.2 mg/dl.	True	False
28	Serum sodium of 134 mg/dl is associated with better prognosis than sodium of 137 mg/dl.	True	False
29	A patient whose extremities are cool and blood pressure is less than 90 mm Hg systolic has a better prognosis than a patient whose hands are warm but has rales half-way up the lung fields.	True	False
30	In a patient who wishes palliation of symptoms, parenteral diuretics may be needed to promote diuresis.	True	False
31	A patient with advanced heart failure can decrease volume status by eliminating salt from the diet.	True	False
32	Spironolactone is given primarily because it is a potassium-sparing diuretic.	True	False
33	Approximately one-third of patients with advanced heart failure have memory impairment	True	False
34	Reducing the spouse' distress will improve the patient's status.	True	False
35	Opioids and nitrates may relieve dyspnea from fluid overload in decompensated heart failure.	True	False
36	ACE Inhibitors and diuretics are not likely to reduce dyspnea.	True	False
37	A persistent cough in patients taking ACE inhibitors suggests the drug should be stopped.	True	False
38	Patients who tolerate Beta blocker therapy should be encouraged to take their ACE inhibitors and Beta blockers at the same time each morning.	True	False
39	A left ventricular ejection fraction of >30% is an indicator of severe left ventricular dysfunction.	True	False
40	It is not necessary to weigh end-stage heart failure patients every day.	True	False
41	A blood pressure of 88/56 mm Hg is not worrisome if the patient's previous value was 92 /60 mm Hg and symptoms have not worsened.	True	False
42	Once placed in a patient, an Implantable Cardioverter Defibrillator (ICD) can not be deactivated	True	False
43	Sleep-disordered breathing worsens heart failure.	True	False

Please answer the following multiple choice questions regarding care for patients with advanced heart failure:

44. Mr. Smith is a 77 year old man with heart failure (ejection fraction 25% one year ago) who comes in with symptoms of fatigue and anxiety. His wife died 6 months ago and he lives alone. What is the most appropriate first step?

1. Examine heart and lungs for decompensated heart failure
2. Social work evaluation for social support needs
3. Depression screen and begin a Selective Serotonin Reuptake Inhibitor
4. Begin lorazepam 0.5 mg PO three times daily as needed for anxiety.

45. You evaluate Mrs. Jones, an 80 year old woman with heart failure. Her husband complains they are exhausted. Which of the following are NOT appropriate evaluations of Mrs. Jones?

1. Sleep study
2. Weight, cardiac and pulmonary exam

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3. Social work with attention to husband's anxiety and function
4. Electrolytes BUN and creatinine

46. Which aspects of the history for a heart failure patient DO NOT suggest worsening of their clinical status?

- 1) Weight gain of 5 pounds in the past week
- 2) Using more pillows at night to sleep
- 3) Worsening fatigue with daily activities
- 4) Weight loss of 5 pounds in the past week

47. You assess Joe Smith, a 72 year old man with coronary disease and heart failure. Which of the following SHOULD NOT make you worry that he is fluid-overloaded?

- 1) His weight is increased 3 pounds since last week & he awakens in the middle of the night.
- 2) He tells you he ate ham last Saturday night.
- 3) He reports less frequent angina.
- 4) On exam his jugular venous pressure is 16 and he has an S3 gallop.

48. Which of the following statements IS NOT true regarding the trajectory of illness with advanced heart failure?

- 1) A patient may have multiple episodes of decompensated heart failure that respond to intravenous medications over 2 years.
- 2) A patient admitted for NYHA Class IV heart failure who achieves a normal volume status with medication titration has a prognosis of 2 years or longer.
- 3) A patient may deny shortness of breath.
- 4) Patients have normal functional status until just before death.

49. Which of the following explain an irregularly irregular pulse?

- 1) Aortic stenosis
- 2) Low cardiac output
- 3) Ventricular ectopy
- 4) Atrial fibrillation

50. Which of the following medications directly improve disorders in the renin-angiotensin system in heart failure?

- 1) ACE Inhibitors
- 2) Loop diuretics
- 3) Digitalis
- 4) Nitrates

51. Which of the following is NOT true regarding a heart failure exacerbation resulting in severe dyspnea?

- 1) May cause the patient to fear suffocation
- 2) Might result in the patient or family calling 911
- 3) Should be anticipated with a plan for medications to relieve symptoms and a number to telephone for help.
- 4) Requires hospitalization or emergency department intervention.

52. The following directly alter pathological retention of sodium and fluid in advanced heart failure:

- 1) Loop diuretics
- 2) Beta-blockers

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3) ACE Inhibitors

4) Nitrates

53. In diastolic heart failure :

1) the majority of patients are young (<60 years of age)

2) antihypertensive agents are contraindicated

3) treatment includes ACE Inhibitors and Beta-blockers

4) no restriction of dietary sodium is needed

54. Anxiety in the patient and family are UNLIKELY to respond to which of the following interventions?

1) counseling by a social worker or religious leader about the meaning of life and death

2) education about heart failure and modification of diet

3) treatment of sleep disturbance

4) up-titration of lisinopril

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