

## Course 3: The Basics of Patient Counseling

### Self-Test ANSWER KEY

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**How skilled are you in patient counseling? Test your knowledge by answering the questions below. Check your answers against the answer key provided.**

1. Which of the following would **not** be an example of an effective needs assessment question?
  - a. “How is your treatment currently impacting your financial situation?”
  - b. “Do you know what time your appointment is?”**
  - c. “Tell me about your household?”
  - d. “How many people are financially dependent on you?”

*Rationale: While honoring the patient’s time is important, answer b does not directly shed light on the patient’s financial needs.*

2. When providing patient counseling, what is the primary objective?
  - a. To ensure that the patient gets good care.
  - b. To meet the patient’s needs.**
  - c. To serve as an intermediary between the patient and their family.
  - d. To get non-covered services reimbursed.

*Rationale: Answers a, b, and d could all be valid concerns. However, our primary objective should always be to meet the patient’s needs. This might require that you identify and address financial needs, but also identify needs that are most effectively resolved by helping the patient connect with an additional resource. Your focus is patient-centered vs. task-oriented.*

3. All of the following statements are correct when providing empathy to patients and families **except**:
  - a. Develop a plan with your patients and families.
  - b. Meet your patients where they are.
  - c. Physical touch helps you build instant rapport.**
  - d. Actively follow-up with patients and families.

*Rationale: Use of touch must be highly individualized. For example, there may be personal or cultural norms that would make touch from a stranger emotionally uncomfortable. Also, depending on the patient’s physical symptoms, touch in certain ways or on certain body parts could be physically uncomfortable. While appropriate touch can be a way of humanizing your interaction with patients, it is important to get to know patients and carefully follow their cues about physical contact.*

4. All of the following are effective interventions for non-compliance **except**:
- a. **Reassure the patient that the situation will get better.**
  - b. Follow-up with the patient and family.
  - c. Address non-compliance issues early.
  - d. Make an effort to recognize the family's coping strengths and resources.

*Rationale: It is normal to want to provide comfort and reassurance. However, we are not able to definitively predict the resolution of a situation in the timing or manner that is ideal from the patient's perspective. A more helpful response can be to ask what you can do to ease the patient and family's current concerns. Your empathy and your follow through are within your control, while making the situation "better" may not be.*

5. Communication is a shared process between you, the patient, and his or her family.

True                       False

*Rationale: You definitely want to be listening and communicating with the patient. Don't forget that families are an invaluable part of the patient's support team. With the patient's permission, including families in planning and follow-through can reduce the patient's burdens.*

6. Establishing and prioritizing financial goals for a patient is best done before initially meeting with them.

True                       False

*Rationale: The patient's perspective of his or her needs is an integral part of your goals. Financial responsibility is ultimately the patient's responsibility—not yours. It is important to plan with your patients rather than for them.*

7. Sharing a patient's financial information with others—both in and out of the workplace—can help you gather additional ideas on how to provide assistance.

True                       False

*Rationale: Personal finances are just that—personal. Honor the trust that your patients have placed in you by keeping their information confidential. If you need to explore whether a resource will be a good fit for a patient's situation, get permission before sharing private information.*

8. Embarrassment about needing financial help is one of the most difficult barriers to a patient being compliant in the financial counseling process.

True                       False

*Rationale: Money often has significant emotional context—power, security, sense of self, etc. When so many other aspects of a person’s life are changing because of cancer, financial stresses can be even more emotional than normal. Normalizing the financial challenges of cancer is an important first step in helping patients and families feel secure in sharing their needs with you.*

9. The possibility of discontinuing treatment due to non-payment has both ethical and legal implications.

True                       False

*Rationale: If you realize that a patient is not likely to be able to pay for his or her treatment, consult your supervisor. There are ethical and legal concerns for both your employer and the attending physician. Never threaten a patient with discontinuation of care due to non-payment. If the treatment plan is altered due to non-payment (i.e. referral to a charity care provider), it is important that all other avenues have been considered and a plan approved by multidisciplinary team members that addresses an appropriate transition of care.*

10. If a patient or his or her family doesn’t complete the paperwork that you need, it is because they are unwilling to cooperate.

True                       False

*Rationale: There are many factors why a patient or family member may not complete paperwork that was agreed to as part of the care plan. A careful, nonjudgmental review of the plan with the patient and family can determine if the plan needs to be adapted to support patient and family needs. Assume good intentions, it will set a tone for productive review and revision.*