SUSTAINING COMPASSIONATE SUD CARE

INTERPROFESSIONAL COLLABORATION AND CLINICIAN WELL-BEING IN COMPLEX ADDICTION MANAGEMENT

PRNworld

SUSTAINING COMPASSIONATE SUD CARE:

Interprofessional Collaboration and Clinician Well-Being in Complex Addiction Management

ANCC Accredited NCPD Hours: 1 hr

Target: RN/APRN

MULTIPLE CHOICE QUESTIONS AND ANSWERS

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1. Which of the following is a core component of effective interprofessional collaboration in SUD care?

A. Delegating tasks without discussion
B. Parallel care with minimal communication
C. Shared decision-making among team members
D. Provider-driven care with limited patient input

Correct Answer: C
Rationale: Shared decision-making ensures that all team members, including the patient, collaborate to create a personalised, coordinated care plan.

2. What is the role of pharmacists in interprofessional SUD care?

A. Directly prescribe controlled substances
B. Provide counselling and monitor medication adherence
C. Manage psychotherapy
D. Serve as billing coordinators

Correct Answer: B
Rationale: Pharmacists contribute by counselling patients, reviewing drug interactions, and ensuring adherence to prescribed regimens, particularly MAT.

3. A clinician experiences emotional exhaustion, cynicism, and a reduced sense of accomplishment. These are hallmark signs of:

A. Secondary trauma
B. Burnout

C. Anxiety disorder
D. Psychosomatic illness

Correct Answer: B
Rationale: Burnout is characterised by emotional exhaustion, depersonalization, and decreased professional efficacy, common in high-stress SUD care settings.

4. What strategy helps mitigate moral distress in clinicians?
A. Increasing caseloads for efficiency
B. Limiting patient choice
C. Ethics consultation and team debriefing
D. Avoiding difficult conversations

Correct Answer: C
Rationale: Ethics consultations and structured team debriefings support moral clarity and reduce emotional burden in ethically complex cases.

5. A trauma-informed care approach within SUD treatment teams includes:
A. Emphasising provider authority
B. Minimising patient autonomy
C. Prioritising safety, trust, and empowerment
D. Standardised treatment regardless of trauma history

Correct Answer: C
Rationale: Trauma-informed care values safety, trustworthiness, choice, collaboration, and empowerment, especially critical in SUD recovery.

6. What is the key function of case managers in complex SUD cases?
A. Initiating methadone therapy
B. Managing surgical referrals
C. Linking patients to housing, food, and legal resources
D. Conducting psychological evaluations

Correct Answer: C
Rationale: Case managers are essential in addressing social determinants of health and ensuring care continuity through service coordination.

7. Which self-assessment tool is validated for measuring clinician burnout?
A. GAD-7
B. PHQ-9
C. Maslach Burnout Inventory (MBI)
D. COWS

Correct Answer: C
Rationale: The Maslach Burnout Inventory (MBI) assesses emotional exhaustion, depersonalization, and personal accomplishment among healthcare providers.

8. Reflective practice activities like Schwartz Rounds are designed to:
A. Monitor patient medication uses
B. Improve diagnostic accuracy
C. Explore the emotional impact of caregiving and reduce isolation
D. Enforce disciplinary protocols

Correct Answer: C
Rationale: Schwartz Rounds offer a structured space for healthcare teams to reflect on the human experience of care, promoting empathy and resilience.

9. According to the MATE Act, which of the following is true regarding clinician education?
A. Only physicians must comply
B. 8-hour SUD training is a one-time requirement for DEA-registered prescribers
C. Training must be completed annually
D. Nurses are exempt from all controlled substance regulations

Correct Answer: B
Rationale: The MATE Act requires a one-time 8-hour training for all DEA-registered clinicians to enhance safe, evidence-based SUD treatment practices.

10. What interprofessional strategy enhances medication safety and adherence in MAT patients?

A. Reducing pharmacist communication
B. Ignoring polypharmacy
C. Coordinating with pharmacists for counselling and refill monitoring
D. Delegating medication management to case managers

Correct Answer: C

Rationale: Pharmacist collaboration improves MAT safety by addressing side effects, educating patients, and identifying potential non-adherence or diversion.

11. Which of the following best describes "moral distress" in healthcare providers?

A. Frustration due to slow workflow
B. Emotional suffering when unable to act according to ethical beliefs
C. Burnout caused by high patient loads
D. Confusion over clinical guidelines

Correct Answer: B

Rationale: Moral distress occurs when providers recognise the ethically appropriate action but are constrained from acting due to institutional or legal limitations.

12. What is a key feature of interprofessional care in treating complex SUD?

A. Singular decision-making by the physician
B. Independent care pathways for each provider
C. Coordinated, team-based approach involving multiple disciplines
D. Limiting communication to written notes

Correct Answer: C

Rationale: Effective interprofessional care requires active coordination among providers from different disciplines to ensure integrated and patient-centred care.

13. A sign of compassion fatigue in a clinician may include:

A. Increased productivity
B. Greater empathy

C. Emotional numbness and withdrawal
D. Improved patient satisfaction

Correct Answer: C
Rationale: Compassion fatigue often results in emotional blunting and detachment due to prolonged exposure to others' suffering.

14. Reflective practices such as journaling and mindfulness are helpful in:
A. Improving diagnostic coding
B. Managing clinician's emotional well-being
C. Tracking controlled substance usage
D. Training administrative staff

Correct Answer: B
Rationale: Reflective practices enhance self-awareness, reduce stress, and support emotional regulation and resilience.

15. What tool is most appropriate to assess levels of clinician burnout?
A. SOAPP-R
B. ACEs Questionnaire
C. Maslach Burnout Inventory (MBI)
D. CAGE-AID

Correct Answer: C
Rationale: The MBI is the gold-standard tool used to measure emotional exhaustion, depersonalization, and reduced personal accomplishment.

16. What is the impact of leadership support in addressing clinician burnout?
A. Minimal effect unless the caseload is reduced
B. Enhances psychological safety and staff engagement
C. Replaces the need for individual coping strategies
D. Focuses only on policy enforcement

Correct Answer: B
Rationale: Leadership that promotes empathy and transparency can reduce stigma around burnout and foster a culture of well-being.

17. Which of the following best supports safe opioid prescribing within interprofessional teams?
A. Delegating prescribing to non-clinical staff
B. Using PDMPs and consulting with pharmacists
C. Avoiding patient education to save time
D. Limiting communication between disciplines

Correct Answer: B
Rationale: PDMP checks and pharmacist collaboration improve medication safety and reduce misuse or diversion.

18. What is a benefit of holding regular interdisciplinary case conferences?
A. Avoiding administrative meetings
B. Faster billing
C. Shared treatment planning and problem-solving
D. Reducing the need for documentation

Correct Answer: C
Rationale: Case conferences promote comprehensive treatment planning and foster shared accountability in care.

19. According to the MATE Act, how often must clinicians complete the required 8-hour SUD training?
A. Monthly
B. Every year
C. One-time requirement
D. Every five years

Correct Answer: C
Rationale: The MATE Act mandates a one-time 8-hour training for all DEA-registered prescribers of controlled substances.

20. Which strategy promotes work-life balance among SUD care providers?

A. Increasing overtime availability

B. Scheduling mandatory weekend shifts

C. Encouraging use of paid time off and manageable caseloads

D. Encouraging multitasking during breaks

Correct Answer: C

Rationale: Protecting time for rest, personal life, and recovery supports mental health and professional longevity.