ELNEC MODULE 6 PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. Which is NOT a component of Dignity-Conserving Care?

A. Attitude

B. Behavior

C. Compassion

D. Family financial planning

2. Which scenario most clearly warrants an ethics consultation in end-of-life decisions?

A. Unresolved conflicts, unclear patient preferences, or ethically challenging situations.

B. A straightforward decision with explicit directives.

C. When the family fully agrees and there is no disagreement.

D. Only upon patient request.

3. What is a comfort measures only order and when is it used?

A. A directive to avoid all medications and pursue only natural death.

B. A directive to perform aggressive disease-modifying therapy.

C. A directive to focus care on comfort and symptom relief, stop disease-modifying treatments, and avoid resuscitation in terminally ill patients.

D. A directive to discharge patients home regardless of prognosis.

4. Define an advance directive and describe its two common components.

A. A legal document outlining patient preferences for care and designating a surrogate decision-maker; components typically include a living will and durable power of attorney for health care

B. A hospital form for expressing preferences; components are a consent to treatment and a physician referral

C. A financial power of attorney and a will; components include a living trust and guardianship

D. A patient registry for clinical trials and a do-not-resuscitate order

5. What does extracorporeal CPR involve?

A. Administering rapid high-dose medications to restart heart

B. Performing conventional CPR only

C. Delaying treatment to gather consent

D. Using extracorporeal membrane oxygenation (ECMO) during cardiac arrest to support gas exchange and perfusion until ROSC

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6. A family member informed the nurse that the client is Roman Catholic and they need a sacrament from a priest as death approaches. What is the BEST action by the nurse to respect this request?

A. Help the family to contact a priest near the client's end of life.

B. Perform the last rites.

C. Deny the request.

D. Arrange a meeting with a counselor.

7. What is the BEST response when a partner asks not to give pain medication near death due to fear it will hasten death?

A. Tell me more about your concerns for how the pain medication might hasten death.

B. Pain meds never hasten death; continue as usual.

C. If you refuse, we will still give pain meds anyway.

D. I understand your concern, but we must always treat pain with maximum doses.

8. In caring for a dying child, which parental need should be acknowledged?

A. The parent's need to be a perfect parent

B. The parent's need to maintain privacy only

C. Parents should not be involved

D. The parent's need to be a good parent

9. Which statement best captures the ELNEC framework's emphasis on patient and family education about end-of-life options?

A. Clear, compassionate, and culturally appropriate education to support informed decision making

B. Hiding prognosis from patients

C. Ignoring cultural considerations

D. Focusing exclusively on legal forms

10. Which statement best describes the ethical basis for using high-dose analgesia near death when it relieves suffering?

A. It is always unethical, as it hastens death.

B. The patient must be cured first.

C. The best effective care is to relieve suffering, even if death might occur as a side effect.

D. It should never be discussed with family.

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Answers

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1. D
2. A
3. C
4. A
5. D
6. A
7. A
8. D
9. A
10. C

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Explanations

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1. Which is NOT a component of Dignity-Conserving Care?

A. Attitude

B. Behavior

C. Compassion

D. Family financial planning

Dignity-Conserving Care focuses on preserving the patient's dignity through the caregiver's approach and interactions. The main elements are the caregiver's attitude—showing respect and a nonjudgmental stance; behavior—tangible actions that validate the patient and honor their personhood; and compassion—the empathetic, caring connection that underpins how care is given. Family financial planning is not a defined component of Dignity-Conserving Care. It may be part of broader support or care planning, but it isn't a core element of preserving dignity through caregiver–patient interactions.

2. Which scenario most clearly warrants an ethics consultation in end-of-life decisions?

A. Unresolved conflicts, unclear patient preferences, or ethically challenging situations.

B. A straightforward decision with explicit directives.

C. When the family fully agrees and there is no disagreement.

D. Only upon patient request.

Ethics consultations are most warranted when end-of-life decisions are murky or disputed, requiring specialized guidance to honor the patient's values and ensure legitimate decision-making. In this scenario, unresolved conflicts, unclear patient preferences, or ethically challenging situations signal that the team could benefit from a structured process to clarify goals of care, determine appropriate surrogate decision-making, and address issues such as withholding or withdrawing life-sustaining treatment. When directives are explicit and unambiguous, or when there is full agreement with no disagreement, there's less need for an ethics consult because the path forward is already aligned with the patient's wishes. Likewise, ethics review isn't required only because a patient or family requests it; what drives its necessity is the presence of substantive uncertainty or conflict that could affect the patient's care and values.

3. What is a comfort measures only order and when is it used?

A. A directive to avoid all medications and pursue only natural death.

B. A directive to perform aggressive disease-modifying therapy.

C. A directive to focus care on comfort and symptom relief, stop disease-modifying treatments, and avoid resuscitation in terminally ill patients.

D. A directive to discharge patients home regardless of prognosis.

Shifting goals of care toward comfort when prognosis is poor. A comfort measures only plan directs care to relief of symptoms and overall comfort, rather than attempting to cure the disease or prolong life. It involves stopping disease-modifying or life-prolonging treatments and avoiding resuscitation if the patient arrests. This approach is used when the illness is terminal or the prognosis is such that further aggressive treatment would not improve quality of life or might increase suffering, and when the patient's (or surrogate's) preferences are to prioritize comfort and dignity. Care focuses on symptom relief—pain control, relief of breathlessness, nausea, agitation—as well as emotional, spiritual, and family support, often documented through advance directives or orders like POLST/DNR.

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4. Define an advance directive and describe its two common components.

A. A legal document outlining patient preferences for care and designating a surrogate decision-maker; components typically include a living will and durable power of attorney for health care

B. A hospital form for expressing preferences; components are a consent to treatment and a physician referral

C. A financial power of attorney and a will; components include a living trust and guardianship

D. A patient registry for clinical trials and a do-not-resuscitate order

An advance directive is a legal document that records a person's preferences for medical care in case they cannot speak for themselves and often names someone to make decisions for them. It usually has two parts. The living will states which medical treatments the person wants or does not want in specific situations, such as decisions about resuscitation, intubation, tubes for feeding or breathing, and the use of comfort-focused care. The durable power of attorney for health care designates a trusted person to make medical decisions on the patient's behalf when they are unable to decide, guided by the patient's stated wishes or known values. Together, these components ensure that future care aligns with the individual's wishes and provides a clear decision-maker to act when needed.

5. What does extracorporeal CPR involve?

A. Administering rapid high-dose medications to restart heart

B. Performing conventional CPR only

C. Delaying treatment to gather consent

D. Using extracorporeal membrane oxygenation (ECMO) during cardiac arrest to support gas exchange and perfusion until ROSC

Extracorporeal CPR uses extracorporeal membrane oxygenation (ECMO) to take over heart and lung function during a cardiac arrest. By circulating and oxygenating blood outside the body, it maintains perfusion to vital organs and gas exchange while clinicians treat reversible causes or await recovery. This bridging approach is used in select, specialized centers when conventional CPR alone is unlikely to restore circulation quickly. The other ideas describe different approaches or actions that aren't what extracorporeal CPR entails. ECMO-based support is about providing temporary, external circulation and oxygenation, not just rapid drug administration, not limited to manual chest compressions, and it shouldn't be delayed for consent.

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6. A family member informed the nurse that the client is Roman Catholic and they need a sacrament from a priest as death approaches. What is the BEST action by the nurse to respect this request?

A. Help the family to contact a priest near the client's end of life.

B. Perform the last rites.

C. Deny the request.

D. Arrange a meeting with a counselor.

Meeting spiritual needs at the end of life by arranging access to a priest is essential. The best action is to help the family contact a priest so the dying client can receive the sacrament they request. A priest can administer the rites Catholics seek near death, such as Anointing of the Sick and Holy Communion (Viaticum), and, if possible, Reconciliation. The nurse should facilitate contact and coordinate with the hospital chaplain or on-call priest, because these rites must be administered by a priest. This supports the patient's comfort, peace, and faith alignment at end of life. Denying the request would disregard beliefs, and while arranging counseling offers support, it does not fulfill the sacramental need.

7. What is the BEST response when a partner asks not to give pain medication near death due to fear it will hasten death?

A. Tell me more about your concerns for how the pain medication might hasten death.

B. Pain meds never hasten death; continue as usual.

C. If you refuse, we will still give pain meds anyway.

D. I understand your concern, but we must always treat pain with maximum doses.

When supporting a family at end of life, the priority is to listen first and acknowledge their fear. The best response opens a nonjudgmental conversation that invites them to share what worries them about giving pain medication. Saying "Tell me more about your concerns for how the pain medication might hasten death" shows empathy, validates their feelings, and creates a safe space to discuss expectations, myths, and specific worries. This approach keeps the focus on the patient's comfort while addressing the family's values and beliefs, and it sets up a collaborative plan to manage pain safely. From there, you can explain how pain relief is used to improve quality of life, how dosing is carefully titrated for comfort with ongoing assessment, and how clinicians monitor for any effects while prioritizing the goal of relief. Dismissing concerns or pushing aggressive treatment without listening can undermine trust, and statements that pain meds never hasten death or that maximum doses must always be used ignore the family's values and the need for individualized care.

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8. In caring for a dying child, which parental need should be acknowledged?

A. The parent's need to be a perfect parent

B. The parent's need to maintain privacy only

C. Parents should not be involved

D. The parent's need to be a good parent

Acknowledging the parent's need to be a good parent is essential when caring for a dying child. Families want to stay in control of their parental role and feel they are doing their best for their child, even in the face of illness. Recognizing this need supports their emotional well-being, helps them participate in care decisions, and allows them to provide comfort and presence in meaningful ways. It also helps reduce guilt and anxiety by validating their efforts and guiding the care team to partner with them. Perfection is an unattainable standard, and emphasizing it can lead to overwhelming guilt if they feel they fall short. Limiting care to privacy only misses the chance to involve parents in comforting the child and making informed choices. Excluding parents from involvement undermines family-centered care and can leave them disconnected at a time when their support is most needed. Focusing on helping parents feel competent and involved aligns with compassionate, patient- and family-centered end-of-life care.

9. Which statement best captures the ELNEC framework's emphasis on patient and family education about end-of-life options?

A. Clear, compassionate, and culturally appropriate education to support informed decision making

B. Hiding prognosis from patients

C. Ignoring cultural considerations

D. Focusing exclusively on legal forms

Clear, compassionate, and culturally appropriate education that supports informed decision making is central to the ELNEC framework's approach to end-of-life care. This emphasis helps patients and families understand prognosis, the range of options (such as palliative care, hospice, or different treatments), and the potential benefits and burdens of each path. When information is conveyed in plain language, with empathy, and in a way that respects cultural, spiritual, and personal values, patients can make choices that align with their goals and preferences. Ongoing, open conversations build trust and ensure decisions reflect what matters most to the patient and family. Options that hide prognosis undermine autonomy and trust. Ignoring cultural considerations can lead to misalignment with values and preferences. Focusing only on legal forms neglects the meaningful understanding and conversations that guide true informed decision making.

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10. Which statement best describes the ethical basis for using high-dose analgesia near death when it relieves suffering?

A. It is always unethical, as it hastens death.

B. The patient must be cured first.

C. The best effective care is to relieve suffering, even if death might occur as a side effect.

D. It should never be discussed with family.

Relieving suffering through high-dose analgesia near the end of life rests on the principle that the primary intention is to ease pain and distress, even if that treatment carries a possible, unintended risk of shortening life. This is the double effect idea: the good outcome (pain relief) is the intended goal, while any potential life-shortening effect is a foreseen but undesired side effect, not the aim of the intervention. In practice, this means using opioids or other analgesics at doses sufficient to relieve severe suffering, with careful monitoring and in discussion with the patient (and family or surrogates), ensuring the treatment is appropriate, proportionate, and aimed at comfort rather than hastening death. Choice that emphasizes always unethical to relieve suffering is not consistent with palliative ethics, which prioritize comfort; the idea that cure must come first ignores the reality that relief of suffering can be the immediate and ethically sound goal. The notion that discussions should never involve family conflicts with principles of shared decision-making and informed consent, which are integral to respectful end-of-life care.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://elnecmodule6.examzify.com

We wish you the very best on your exam journey. You've got this!

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