Batool Tarawneh ♥ Chat GPT

Unit 4 — Anxiety and Psychosomatic Illness

Summary (Exam-Focused)

- **Anxiety**: Emotional state of unease, worry, or fear, often with physical symptoms (increased heart rate, sweating, muscle tension).
- **Types**:
  - **Generalized Anxiety Disorder (GAD)** – excessive, persistent worry about various aspects of life.
  - **Panic Disorder** – sudden intense fear, physical symptoms mimic heart attack.
  - **Phobias** – irrational fear of specific object/situation.
  - **Social Anxiety Disorder** – fear of social situations.
  - **Obsessive-Compulsive Disorder (OCD)** – intrusive thoughts (obsessions) and repetitive behaviors (compulsions).
  - **Post-Traumatic Stress Disorder (PTSD)** – after traumatic event, re-experiencing, avoidance, hyperarousal.
- **Symptoms**: Physical (tachycardia, dyspnea, GI upset), cognitive (racing thoughts), behavioral (avoidance).
- **Causes**:
  - Biological – genetic predisposition, neurotransmitter imbalance (GABA, serotonin).
  - Psychological – learned behaviors, cognitive distortions.
  - Environmental – stress, trauma.
- **Psychosomatic Illness**:
  - Physical symptoms significantly influenced by psychological factors.
  - Examples: Irritable bowel syndrome, tension headaches, chronic fatigue, hypertension.
  - Not "imaginary" — real physiological changes occur.
- **Mechanisms**:
  - Stress → activation of hypothalamic-pituitary-adrenal (HPA) axis → cortisol release → immune and cardiovascular effects.
  - Autonomic nervous system dysregulation.
- **Management**:
  - **Psychological interventions** – CBT, relaxation training, mindfulness.
  - **Medical management** – medications (SSRIs, benzodiazepines for short term).
  - **Lifestyle** – exercise, sleep hygiene, social support.
- **Healthcare implications**:

- Recognizing anxiety’s impact on physical health.
- Avoiding dismissing psychosomatic symptoms as “not real”.
- Integrating psychological care in medical treatment.

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35 MCQs — Unit 4

(One correct answer, 5 options)

1. Generalized Anxiety Disorder is characterized by:
A) Sudden intense panic attacks only
B) Excessive worry about multiple life areas for at least 6 months
C) Fear of specific objects only
D) Avoidance of social interaction
E) Recurrent intrusive memories of trauma

2. Panic disorder often presents with symptoms similar to:
A) Stroke
B) Myocardial infarction
C) Diabetes
D) Appendicitis
E) Migraine

3. An irrational fear of spiders is:
A) Social anxiety disorder
B) OCD
C) Specific phobia
D) PTSD
E) GAD

4. OCD is defined by:
A) Fear of public speaking
B) Flashbacks to trauma
C) Persistent worry about health
D) Intrusive thoughts and repetitive behaviors
E) Panic attacks

5. PTSD typically develops after:
A) Gradual exposure to stress
B) A traumatic event
C) Chronic illness
D) Social isolation
E) Genetic mutation

6. Physical symptoms like tachycardia and sweating in anxiety are due to:
A) Limbic system suppression
B) Autonomic nervous system activation
C) Cortisol deficiency
D) Reduced adrenaline
E) Hippocampal enlargement

7. The primary inhibitory neurotransmitter implicated in anxiety disorders is:
A) Dopamine
B) Serotonin
C) GABA
D) Acetylcholine
E) Glutamate

8. Psychosomatic illness means:
A) The patient imagines symptoms
B) Physical symptoms caused or worsened by psychological factors
C) Only mental symptoms are present
D) Physical illness causes psychological distress only
E) Pain without any biological mechanism

9. Which is an example of psychosomatic illness?
A) Pneumonia
B) Tension headaches
C) Influenza
D) Broken bone
E) Epilepsy

10. Activation of the HPA axis results in increased:
A) Adrenaline only
B) Cortisol

C) Dopamine
D) Endorphins
E) Melatonin

11. Chronic high cortisol can lead to:
A) Enhanced immunity
B) Hypertension
C) Hypotension
D) Bradycardia
E) Low blood sugar only

12. Which therapy is most effective for anxiety disorders?
A) Electroconvulsive therapy
B) Cognitive Behavioral Therapy
C) Psychoanalysis only
D) Acupuncture
E) Hypnosis

13. SSRIs are primarily used to:
A) Increase dopamine release
B) Inhibit serotonin reuptake
C) Block GABA receptors
D) Increase acetylcholine
E) Reduce adrenaline

14. Benzodiazepines act mainly by:
A) Blocking dopamine
B) Enhancing GABA activity
C) Reducing serotonin
D) Increasing glutamate
E) Blocking acetylcholine

15. A patient with IBS symptoms during exams likely has:
A) Factitious disorder
B) Psychosomatic illness
C) Conversion disorder
D) Somatic symptom disorder unrelated to stress
E) Depression only

16. The fight-or-flight response in anxiety is mediated by:
A) Parasympathetic activation
B) Sympathetic activation
C) Central sulcus
D) Wernicke's area
E) Hippocampal gyrus

17. Mindfulness is used to:
A) Increase muscle tension
B) Reduce rumination and stress
C) Increase cortisol
D) Block neurotransmitters
E) Activate panic response

18. Psychosomatic symptoms are:
A) Always voluntary
B) Caused only by structural damage
C) Real physical symptoms influenced by mental state
D) Imaginary
E) Due to malingering

19. Autonomic dysregulation in psychosomatic illness can affect:
A) Heart rate
B) Blood pressure
C) Gastrointestinal function
D) All of the above
E) None of the above

20. Which condition involves avoiding social situations due to fear of embarrassment?
A) OCD
B) Social anxiety disorder
C) Panic disorder
D) GAD
E) PTSD

21. Cognitive distortions are:
A) Accurate thoughts

B) Misinterpretations or biases in thinking
C) Emotional numbness
D) Logical reasoning errors caused by medication
E) Hallucinations

22. Which is NOT a typical anxiety symptom?
A) Sweating
B) Muscle tension
C) Bradycardia
D) Restlessness
E) Hyperventilation

23. A patient has sudden palpitations and fear of dying, lasting 10 minutes. Most likely:
A) GAD
B) Panic attack
C) PTSD
D) Social phobia
E) OCD

24. Chronic anxiety can impair:
A) Immune function
B) Wound healing
C) Cardiovascular health
D) All of the above
E) None of the above

25. The placebo effect in psychosomatic illness demonstrates:
A) Symptoms are fake
B) Mind-body connection can influence physical outcomes
C) Patients are malingering
D) Only anxiety improves
E) Illness is purely psychological

26. Which brain structure is most involved in fear processing?
A) Amygdala
B) Hippocampus
C) Thalamus
D) Cerebellum

E) Medulla

27. Progressive muscle relaxation helps anxiety by:
A) Increasing sympathetic output
B) Reducing muscle tension and activating parasympathetic system
C) Increasing cortisol
D) Blocking GABA
E) Increasing adrenaline

28. Which statement is TRUE about psychosomatic illness?
A) It is imaginary
B) Physical tests always show abnormalities
C) Stress can worsen symptoms
D) It only occurs in depression
E) It is cured by surgery

29. Exposure therapy for phobias works by:
A) Avoidance
B) Gradual exposure to feared stimulus
C) Medication only
D) Hypnosis
E) Dream analysis

30. Anxiety disorders are more common in:
A) Women
B) Men
C) Equal in both
D) Children only
E) Elderly only

31. Which is an example of emotion-focused coping?
A) Studying more before exam
B) Talking to a friend about stress
C) Making a to-do list
D) Solving the problem directly
E) Scheduling a doctor appointment

32. Hypervigilance is most associated with:

A) PTSD
B) OCD
C) Social anxiety
D) GAD
E) Phobia

33. Which factor can predispose someone to psychosomatic illness?
A) Chronic stress
B) Poor coping skills
C) Trauma history
D) All of the above
E) None of the above

34. Which statement is FALSE about benzodiazepines?
A) Risk of dependence with long-term use
B) Enhance GABA
C) First-line for chronic anxiety
D) Useful for acute anxiety
E) Can cause sedation

35. Which lifestyle factor helps in both anxiety and psychosomatic illness?
A) Sleep hygiene
B) Social support
C) Exercise
D) All of the above
E) None of the above

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Answer Key – Unit 4

1-B
2-B
3-C
4-D
5-B
6-B
7-C

8-B
9-B
10-B
11-B
12-B
13-B
14-B
15-B
16-B
17-B
18-C
19-D
20-B
21-B
22-C
23-B
24-D
25-B
26-A
27-B
28-C
29-B
30-A
31-B
32-A
33-D
34-C
35-D

Unit 5 — The Psychology of Pain Management

Summary (Exam-Focused)

- **Pain**: An unpleasant sensory and emotional experience associated with actual or potential tissue damage.
- **Types**:
  - **Acute pain** – sudden onset, short duration, protective function.
  - **Chronic pain** – persists beyond healing (>3–6 months), may lose protective function.
  - **Neuropathic pain** – nerve damage or dysfunction.

- **Nociceptive pain** – tissue injury activating nociceptors.
- **Pain perception**:
  - **Biological factors** – nociceptor activation, spinal cord transmission, brain processing.
  - **Psychological factors** – attention, emotion, past experience, expectation.
  - **Social factors** – cultural attitudes, family support, work environment.
- **Gate Control Theory** (Melzack & Wall): Pain signals can be "gated" in the spinal cord — psychological factors like attention or mood can open or close the gate.
- **Role of attention**: Focusing on pain increases intensity; distraction reduces it.
- **Emotional impact**: Depression and anxiety can worsen pain perception.
- **Placebo effect**: Expectation of relief can activate endogenous opioids and reduce pain.
- **Pain assessment**:
  - Self-report scales (VAS, numeric rating, faces scale).
  - Behavioral observation.
  - Physiological indicators (HR, BP).
- **Management**:
  - **Pharmacological**: analgesics, NSAIDs, opioids, antidepressants for neuropathic pain.
  - **Psychological**:
  - Cognitive Behavioral Therapy (CBT) – change pain-related thoughts and behaviors.
  - Relaxation training – progressive muscle relaxation, breathing exercises.
  - Mindfulness and acceptance-based therapies.
  - Biofeedback – learning to control physiological responses.
  - Distraction and imagery techniques.
  - **Multidisciplinary approach** – combining medical, psychological, and physical therapies.
- **Healthcare implications**:
  - Recognizing the mind-body connection in pain.
  - Avoiding over-reliance on medications.
  - Supporting patient self-management and coping.

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35 MCQs — Unit 5

(One correct answer, 5 options)

1. Acute pain serves to:
A) Warn of tissue damage
B) Persist without injury
C) Cause depression only
D) Provide no biological benefit
E) Reduce healing speed

2. Pain lasting more than 3–6 months is:
A) Acute pain
B) Chronic pain
C) Phantom pain
D) Referred pain
E) Incident pain

3. Neuropathic pain results from:
A) Tissue inflammation
B) Nerve damage
C) Muscle fatigue
D) Joint stiffness
E) Poor circulation

4. Nociceptive pain is caused by:
A) Dysfunction in pain processing
B) Tissue injury activating pain receptors
C) Brain lesions
D) Emotional distress only
E) Poor posture

5. According to the Gate Control Theory, the “gate” is located in the:
A) Brainstem
B) Dorsal horn of the spinal cord
C) Peripheral nerves
D) Cerebral cortex
E) Thalamus

6. Focusing attention on pain usually:
A) Reduces perceived intensity
B) Increases perceived intensity
C) Eliminates pain
D) Has no effect
E) Activates endogenous opioids

7. Distraction can reduce pain by:
A) Opening the pain gate
B) Closing the pain gate
C) Damaging nociceptors
D) Increasing inflammation
E) Decreasing neurotransmitter release

8. Depression and anxiety in pain patients often:
A) Reduce pain perception
B) Have no impact on pain
C) Increase pain perception
D) Cause only neuropathic pain
E) Block spinal gating

9. Expectation of pain relief producing real analgesia is:
A) Nocebo effect
B) Placebo effect
C) Phantom effect
D) Suggestion-only effect
E) Illusory comfort

10. Endogenous opioids include:
A) Dopamine
B) Endorphins
C) GABA
D) Serotonin
E) Glutamate

11. Which is NOT a self-report pain scale?
A) Visual Analog Scale

B) Numeric Rating Scale
C) Faces Pain Scale
D) Reflex arc test
E) All of the above are self-report scales

12. Biofeedback helps by:
A) Measuring only brain activity
B) Teaching patients to control physiological processes
C) Stimulating the spinal cord
D) Blocking all pain signals
E) Replacing medication

13. CBT in pain management works by:
A) Altering pain-related thoughts and behaviors
B) Blocking nociceptors
C) Increasing neurotransmitter release
D) Stimulating spinal gating directly
E) Removing the pain source physically

14. Mindfulness in pain management focuses on:
A) Ignoring pain entirely
B) Accepting sensations without judgment
C) Distraction only
D) Analyzing pain causes
E) Emotional suppression

15. Which medication is often used for neuropathic pain?
A) NSAIDs
B) Antidepressants
C) Antihistamines
D) Anticoagulants
E) Muscle relaxants

16. Which factor can open the pain gate?
A) Positive emotions
B) Relaxation
C) Fear and anxiety
D) Distraction

E) Massage

17. Which factor can close the pain gate?
A) Worry
B) Catastrophizing
C) Positive mood
D) Anger
E) Social isolation

18. Behavioral observation of pain may include:
A) Heart rate
B) Grimacing
C) Blood pressure
D) Temperature
E) Lab values

19. Which is a physiological indicator of pain?
A) Crying
B) Increased heart rate
C) Facial expression
D) Guarding movement
E) Posture changes

20. Phantom limb pain is:
A) Imaginary
B) Pain in a limb that has been amputated
C) Caused by local inflammation
D) Psychosomatic only
E) Caused by poor circulation

21. Over-reliance on opioids in chronic pain can lead to:
A) Addiction
B) Tolerance
C) Hyperalgesia
D) All of the above
E) None of the above

22. Which therapy teaches control over muscle tension?

A) CBT
B) Biofeedback
C) Relaxation training
D) Hypnosis
E) Acupuncture

23. The nocebo effect is when:
A) Pain decreases with positive expectation
B) Pain increases with negative expectation
C) Pain perception is unaffected
D) Only placebo pills are used
E) All of the above

24. Which is part of a multidisciplinary pain management approach?
A) Medical treatment
B) Psychological therapy
C) Physical therapy
D) All of the above
E) None of the above

25. Which is NOT a common chronic pain-related psychological factor?
A) Catastrophizing
B) Hopelessness
C) Anger
D) Increased optimism
E) Depression

26. Relaxation training reduces pain partly by:
A) Increasing sympathetic activation
B) Decreasing muscle tension
C) Blocking serotonin
D) Damaging nerves
E) Decreasing oxygen

27. Which best describes nociceptors?
A) Nerve endings detecting tissue damage
B) Pain-processing brain cells
C) Hormone-secreting glands

D) Pain gate neurons
E) Muscle receptors

28. A patient imagining themselves in a peaceful forest to reduce pain is using:
A) Distraction
B) Imagery
C) Mindfulness
D) Hypnosis
E) Denial

29. Cultural beliefs about expressing pain influence:
A) Pain threshold only
B) Pain tolerance and expression
C) Nociceptor density
D) Neurotransmitter release
E) Spinal cord gating only

30. The pain gate can be closed by stimulating:
A) Large nerve fibers
B) Small pain fibers
C) Limbic system
D) Hypothalamus
E) Amygdala

31. Which therapy helps patients reinterpret their pain experience?
A) CBT
B) Surgery
C) Opioids
D) Acupuncture
E) Physical therapy

32. Which factor increases chronic pain risk after injury?
A) Effective coping
B) Depression
C) Physical therapy
D) Social support
E) Distraction

33. Which is NOT an example of chronic pain?
A) Arthritis pain
B) Pain from old injury lasting years
C) Migraine over months
D) Post-surgical pain lasting 2 days
E) Low back pain for 6 months

34. Endorphin release can be stimulated by:
A) Exercise
B) Laughter
C) Positive expectation
D) All of the above
E) None of the above

35. Which is the best definition of pain from a psychological perspective?
A) Purely physical sensation
B) A sensory and emotional experience related to tissue damage
C) Imaginary discomfort
D) Reflexive motor response
E) Purely biological process

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Answer Key – Unit 5

1-A
2-B
3-B
4-B
5-B
6-B
7-B
8-C
9-B
10-B
11-D
12-B
13-A

14-B
15-B
16-C
17-C
18-B
19-B
20-B
21-D
22-C
23-B
24-D
25-D
26-B
27-A
28-B
29-B
30-A
31-A
32-B
33-D
34-D
35-B

Unit 6 — Interpersonal Skills for Healthcare Providers

Summary (Exam-Focused)

- **Importance**: Effective interpersonal skills improve patient satisfaction, adherence, and outcomes; reduce errors and complaints.
- **Core skills**:
  - **Active listening** – full attention, minimal interruption, summarizing, reflecting feelings.
  - **Empathy** – understanding and sharing the patient's emotional experience.
  - **Verbal communication** – clarity, appropriate language for the patient's understanding.
  - **Non-verbal communication** – eye contact, body language, tone of voice.
  - **Rapport building** – trust and comfort in the relationship.
- **Barriers to effective communication**:

    - Jargon, interruptions, distractions, cultural and language differences.
- **Patient-centered communication**:
    - Involves shared decision-making, respecting autonomy, eliciting patient concerns.
- **Conflict management**:
    - Recognizing sources (miscommunication, unmet expectations, stress).
    - Strategies: active listening, finding common ground, de-escalation.
- **Giving bad news**:
    - Use protocols like SPIKES (Setting, Perception, Invitation, Knowledge, Empathy, Summary/Strategy).
- **Cultural competence**:
    - Awareness, respect, and adaptation to different cultural norms and beliefs.
- **Team communication**:
    - Clear role definition, SBAR (Situation, Background, Assessment, Recommendation) for handovers.
- **Self-awareness**:
    - Recognizing one's own emotions, biases, and their effect on interactions.
- **Professional boundaries**:
    - Avoid over-involvement or under-involvement; maintain trust.

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35 MCQs — Unit 6

(One correct answer, 5 options)

1. Active listening involves:
A) Speaking more than the patient
B) Giving full attention without frequent interruption
C) Avoiding eye contact
D) Writing while the patient talks
E) Using medical jargon

2. Which is the BEST example of empathy?
A) "I understand you're feeling anxious about this procedure."
B) "You shouldn't worry so much."

C) “It will be fine, don’t think about it.”
D) “The statistics show this is safe.”
E) “Just trust me.”

3. Non-verbal communication includes:
A) Tone of voice
B) Eye contact
C) Facial expression
D) Body posture
E) All of the above

4. Which is a barrier to effective communication?
A) Using simple language
B) Using medical jargon
C) Listening actively
D) Allowing questions
E) Clarifying instructions

5. Patient-centered communication emphasizes:
A) Physician authority
B) Shared decision-making
C) Minimizing patient input
D) Fast diagnosis only
E) Avoiding sensitive topics

6. Rapport building involves:
A) Giving orders
B) Establishing trust and comfort
C) Avoiding personal connection
D) Speaking only about facts
E) Ignoring patient emotions

7. Which is part of the SPIKES protocol for giving bad news?
A) Setting up the interview
B) Ignoring emotions
C) Speaking quickly
D) Avoiding questions
E) None of the above

8. SBAR stands for:
A) Situation, Background, Action, Response
B) Situation, Background, Assessment, Recommendation
C) Setting, Behavior, Analysis, Review
D) Subject, Background, Analysis, Report
E) Statement, Background, Action, Result

9. Cultural competence requires:
A) Knowing all cultures perfectly
B) Awareness and respect for cultural differences
C) Avoiding patients from different cultures
D) Using only one language
E) Ignoring cultural beliefs

10. In conflict resolution, finding common ground is part of:
A) Escalating tension
B) Effective management
C) Avoiding the issue
D) Ignoring the problem
E) Passive listening

11. Which is an example of poor listening?
A) Summarizing patient's concerns
B) Checking phone while they talk
C) Reflecting feelings
D) Asking clarifying questions
E) Nodding appropriately

12. When handing over patients, the SBAR "Assessment" step involves:
A) Reviewing patient's history
B) Giving your clinical impression
C) Asking for recommendations
D) Summarizing patient's perception
E) Scheduling follow-up

13. Which is NOT part of active listening?
A) Paraphrasing

B) Interrupting frequently
C) Maintaining attention
D) Avoiding judgment
E) Reflecting emotions

14. Which can help overcome language barriers?
A) Speaking louder
B) Using a qualified interpreter
C) Using complex terminology
D) Avoiding diagrams
E) Speaking faster

15. Professional boundaries are important because:
A) They maintain trust and ethical standards
B) They reduce patient recovery
C) They create distance and coldness
D) They prevent all emotional involvement
E) They avoid any empathy

16. Which is an example of closed-ended question?
A) “How are you feeling today?”
B) “Can you show me where it hurts?”
C) “Tell me about your symptoms.”
D) “What has been worrying you most?”
E) “How has your sleep been lately?”

17. Which of the following can improve team communication?
A) Clear role definition
B) Interrupting colleagues
C) Avoiding written documentation
D) Speaking without confirmation
E) Ignoring hierarchy

18. A physician aware that their own frustration is affecting tone is demonstrating:
A) Lack of empathy
B) Self-awareness
C) Cultural bias
D) Poor boundaries

E) Active listening

19. The “Invitation” step in SPIKES involves:
A) Asking patient how much they want to know
B) Giving all details immediately
C) Avoiding discussion
D) Explaining medical terms
E) Scheduling follow-up

20. Which statement demonstrates cultural competence?
A) “I’ll ignore your traditions to focus on medicine.”
B) “Can you tell me how your beliefs may affect your care?”
C) “We do things this way here, no exceptions.”
D) “I only follow my own culture’s rules.”
E) “I can’t treat you if you don’t agree.”

21. When a patient is upset and speaking loudly, the provider should first:
A) Interrupt immediately
B) Raise their own voice
C) Listen and acknowledge emotions
D) Walk away
E) Correct the patient

22. In SBAR, “Recommendation” means:
A) Suggesting next steps or actions
B) Reviewing patient history
C) Giving diagnosis
D) Summarizing findings only
E) Asking patient’s opinion

23. Which is a feature of non-verbal empathy?
A) Avoiding eye contact
B) Neutral facial expression always
C) Nodding while listening
D) Looking away frequently
E) Speaking quickly

24. Poor interpersonal skills can lead to:

A) Increased adherence
B) More patient complaints
C) Higher satisfaction
D) Better teamwork
E) None of the above

25. Using medical jargon with patients often results in:
A) Better understanding
B) Confusion
C) Clarity
D) Trust
E) Motivation

26. The "Knowledge" step in SPIKES involves:
A) Delivering medical information clearly and at patient's pace
B) Asking about prior understanding
C) Avoiding all details
D) Speaking only to relatives
E) Using complex language

27. Which improves rapport?
A) Interrupting the patient
B) Remembering personal details they shared
C) Looking at a computer most of the visit
D) Using only closed questions
E) Avoiding small talk

28. Team handovers are safest when:
A) Using standardized tools like SBAR
B) Informal conversations only
C) Skipping background info
D) Sending a short text message
E) Avoiding assessments

29. Which is an example of respecting autonomy?
A) Making decisions without input
B) Explaining options and letting the patient choose
C) Avoiding discussion of choices

D) Giving one treatment only
E) Overruling patient preference

30. Which is the BEST first step in de-escalating conflict?
A) Identify and acknowledge emotions
B) Assign blame immediately
C) Threaten consequences
D) Ignore the patient
E) Raise your voice

31. Which non-verbal cue may indicate discomfort?
A) Leaning forward
B) Crossing arms tightly
C) Open palms
D) Relaxed shoulders
E) Steady eye contact

32. Which communication strategy reduces misunderstanding?
A) Summarizing and clarifying
B) Speaking faster
C) Using technical terms only
D) Avoiding questions
E) Ignoring non-verbal cues

33. In SPIKES, “Perception” means:
A) Exploring what the patient already understands about their condition
B) Delivering the diagnosis
C) Giving recommendations
D) Asking how much they want to know
E) Scheduling follow-up

34. Which is a sign of poor cultural competence?
A) Asking about patient’s traditions
B) Adapting treatment plan for cultural needs
C) Stereotyping based on ethnicity
D) Using interpreter services
E) Learning about community customs

35. Emotional intelligence in healthcare includes:
A) Self-awareness and empathy
B) Ignoring emotions
C) Suppressing feelings completely
D) Avoiding emotional topics
E) Using logic only

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Answer Key – Unit 6

1-B
2-A
3-E
4-B
5-B
6-B
7-A
8-B
9-B
10-B
11-B
12-B
13-B
14-B
15-A
16-B
17-A
18-B
19-A
20-B
21-C
22-A
23-C
24-B
25-B
26-A
27-B

28-A
29-B
30-A
31-B
32-A
33-A
34-C
35-A

Unit 7 — Burnout in Healthcare: Symptoms and Self-Care Strategies

Summary (Exam-Focused)

- **Definition**:

Burnout = a work-related syndrome characterized by **emotional exhaustion**, **depersonalization (cynicism/detachment)**, and **reduced personal accomplishment**.

Common in healthcare due to high workload, responsibility, and emotional demands.

- **Causes/Risk factors**:
  - Excessive workload, long shifts, lack of support.
  - Role conflict, poor communication, lack of autonomy.
  - Emotional burden of patient care, exposure to suffering.
- **Symptoms**:
  - **Emotional** – fatigue, irritability, loss of empathy.
  - **Behavioral** – withdrawal, reduced performance, absenteeism.
  - **Physical** – headaches, sleep disturbance, GI problems.
- **Consequences**:
  - Impaired quality of care, increased medical errors.
  - Higher absenteeism and turnover.
  - Depression, substance abuse, suicidal ideation.
- **Prevention and self-care strategies**:
  - **Individual level**: stress management, mindfulness, exercise, healthy sleep, supportive relationships.
  - **Professional boundaries**: avoiding over-involvement, learning to say no.
  - **Organizational level**: workload management, supportive leadership, team culture, access to mental health support.
  - **Resilience training**: developing coping strategies.
- **Healthcare implications**:
  - Burnout not only affects providers but also **patient safety** and outcomes.

- Requires systemic as well as individual solutions.

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35 MCQs — Unit 7

(One correct answer, 5 options each)

1. Burnout in healthcare is primarily characterized by:
A) Emotional exhaustion, depersonalization, and reduced personal accomplishment
B) Depression, anxiety, and insomnia
C) Fatigue, hunger, and stress
D) Cynicism only
E) Physical illness only

2. Which is a common cause of burnout?
A) High workload and long shifts
B) Adequate rest
C) Supportive leadership
D) Positive work environment
E) Clear role definition

3. Depersonalization in burnout refers to:
A) Loss of identity
B) Cynicism and detachment from patients
C) Complete memory loss
D) Physical exhaustion only
E) Depression

4. A nurse losing empathy for patients shows:
A) Professionalism
B) Depersonalization
C) Resilience
D) Burnout prevention
E) Boundary setting

5. Which is a physical symptom of burnout?
A) Headache

B) Empathy loss
C) Irritability
D) Withdrawal
E) Reduced motivation

6. Which consequence is most linked to burnout?
A) Increased patient safety
B) Improved teamwork
C) Increased medical errors
D) Higher resilience
E) Longer retention

7. Emotional exhaustion is best described as:
A) Physical weakness only
B) Feeling drained and overwhelmed emotionally
C) Loss of memory
D) Reduced empathy
E) Gastrointestinal problems

8. Which is NOT a component of burnout?
A) Emotional exhaustion
B) Depersonalization
C) Reduced accomplishment
D) Increased resilience
E) Cynicism

9. Which is a self-care strategy for burnout prevention?
A) Sleep hygiene
B) Regular exercise
C) Supportive relationships
D) Mindfulness
E) All of the above

10. Poor communication and role conflict in a hospital contribute to:
A) Resilience
B) Burnout risk
C) Higher morale
D) Reduced errors

E) Patient satisfaction

11. An early sign of burnout is:
A) Improved empathy
B) Increased energy
C) Irritability and fatigue
D) Higher resilience
E) More productivity

12. Burnout increases risk of:
A) Depression
B) Substance abuse
C) Suicide
D) All of the above
E) None of the above

13. Organizational strategies against burnout include:
A) Supportive leadership
B) Workload management
C) Mental health support access
D) Team culture improvement
E) All of the above

14. A doctor who feels ineffective and doubts their competence is experiencing:
A) Depersonalization
B) Reduced personal accomplishment
C) Emotional exhaustion
D) Resilience
E) Anxiety disorder

15. Burnout differs from depression mainly because:
A) Burnout is always genetic
B) Burnout is job-related, depression can occur in any context
C) Burnout is only physical
D) Depression never overlaps with burnout
E) Burnout always improves with medication

16. Which is a behavioral symptom of burnout?

A) Headache
B) Withdrawal from work
C) Sleep disturbance
D) Irritability
E) GI upset

17. Which group is especially vulnerable to burnout?
A) Healthcare providers
B) Students
C) Farmers
D) Athletes
E) Politicians

18. Professional boundaries help prevent burnout by:
A) Increasing over-involvement
B) Reducing emotional overload
C) Encouraging cynicism
D) Limiting empathy completely
E) Avoiding teamwork

19. Mindfulness in burnout prevention works by:
A) Eliminating stress entirely
B) Increasing awareness and reducing reactivity to stress
C) Avoiding all emotions
D) Focusing on fatigue
E) Ignoring patients

20. Which is a workplace factor that reduces burnout?
A) Lack of autonomy
B) Supportive team culture
C) Excessive workload
D) Emotional burden
E) Role conflict

21. Burnout can lead to:
A) Higher job satisfaction
B) Increased absenteeism and turnover
C) Better coping skills

D) Improved resilience
E) Lower errors

22. Which is a systemic solution to burnout?
A) Longer shifts
B) Better workload distribution
C) Ignoring stressors
D) Avoiding staff input
E) Emotional suppression

23. Resilience training aims to:
A) Avoid stress completely
B) Develop effective coping strategies
C) Increase workload capacity only
D) Eliminate emotional involvement
E) Reduce physical symptoms only

24. Which is an emotional symptom of burnout?
A) Fatigue and irritability
B) Headaches
C) Absenteeism
D) GI upset
E) Reduced performance

25. Which is a consequence for patients when providers are burnt out?
A) Higher safety
B) More empathy
C) Reduced quality of care
D) Better adherence
E) Improved satisfaction

26. A resident with chronic stress, poor sleep, and irritability is showing:
A) Burnout symptoms
B) Professional growth
C) Resilience
D) Normal adjustment
E) Cognitive development

27. Which is NOT a burnout self-care strategy?
A) Adequate sleep
B) Healthy diet
C) Ignoring stressors
D) Supportive social connections
E) Exercise

28. Burnout is primarily considered a:
A) Neurological disease
B) Work-related syndrome
C) Genetic disorder
D) Psychosomatic illness
E) Acute stress reaction

29. Which emotion is MOST linked with depersonalization?
A) Empathy
B) Cynicism
C) Hope
D) Compassion
E) Motivation

30. Which leadership style can reduce burnout?
A) Supportive and communicative leadership
B) Authoritarian leadership
C) Absent leadership
D) Overly controlling leadership
E) Punitive leadership

31. Sleep disturbance in burnout is classified as a:
A) Physical symptom
B) Emotional symptom
C) Behavioral symptom
D) Social symptom
E) Organizational factor

32. A provider who starts calling patients “cases” instead of names is showing:
A) Empathy
B) Depersonalization

C) Professional boundary
D) Resilience
E) Patient-centered care

33. Which intervention helps providers recover from burnout?
A) Social support
B) Rest
C) Exercise
D) Therapy
E) All of the above

34. Burnout negatively impacts:
A) Patient outcomes
B) Healthcare systems
C) Provider well-being
D) All of the above
E) None of the above

35. Which is the BEST prevention strategy against burnout?
A) Ignoring symptoms until they worsen
B) Combining individual coping with organizational support
C) Relying only on medication
D) Isolating providers
E) Avoiding patient interaction

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Answer Key – Unit 7

1-A
2-A
3-B
4-B
5-A
6-C
7-B
8-D
9-E

10-B
11-C
12-D
13-E
14-B
15-B
16-B
17-A
18-B
19-B
20-B
21-B
22-B
23-B
24-A
25-C
26-A
27-C
28-B
29-B
30-A
31-A
32-B
33-E
34-D
35-B

Integrated Exam — Units 4–7 (40 MCQs)

1. Which anxiety disorder is most often mistaken for a heart attack in emergency rooms?
A) GAD
B) Panic disorder
C) Social anxiety disorder
D) PTSD
E) OCD

2. A patient develops hypertension after years of chronic stress. This is best described as:
A) Conversion disorder
B) Psychosomatic illness

C) Factitious disorder
D) Illness anxiety disorder
E) Malingering

3. Which neurotransmitter imbalance is MOST associated with heightened anxiety?
A) Excess acetylcholine
B) Reduced GABA activity
C) Increased dopamine
D) Reduced histamine
E) Excess norepinephrine only

4. Which coping style is LEAST effective for chronic anxiety?
A) Avoidance
B) Problem-solving
C) Relaxation training
D) Social support
E) Mindfulness

5. A patient with recurrent abdominal pain triggered by exams, but no structural disease, most likely has:
A) Irritable bowel syndrome (psychosomatic)
B) Appendicitis
C) Gastric ulcer
D) Renal colic
E) Hepatitis

6. The placebo effect in pain management demonstrates the role of:
A) Patient expectation
B) Reduced spinal transmission
C) Nociceptor density
D) Purely biochemical healing
E) Genetic predisposition

7. Which psychological factor is MOST likely to worsen chronic pain perception?
A) Catastrophizing
B) Positive reframing
C) Social support
D) Relaxation

E) Mindfulness

8. The Gate Control Theory highlights interaction between:
A) Peripheral inflammation and infection
B) Small and large nerve fibers in pain transmission
C) Brainstem and limbic system
D) Sympathetic and parasympathetic systems
E) Cortisol and adrenaline levels

9. Which type of pain is best described as arising from nerve injury?
A) Acute nociceptive
B) Neuropathic
C) Phantom limb
D) Chronic inflammatory
E) Somatic pain

10. Imagery techniques in pain management primarily act by:
A) Altering nociceptor threshold
B) Redirecting cognitive focus
C) Blocking spinal reflexes
D) Increasing opioid tolerance
E) Modifying neurotransmitter metabolism

11. Which method BEST reduces miscommunication during patient handovers?
A) Casual conversations
B) SBAR protocol
C) Skipping background details
D) Emailing minimal notes
E) Relying on memory only

12. The “Perception” step in SPIKES protocol ensures:
A) Exploring the patient’s current understanding
B) Delivering prognosis immediately
C) Avoiding discussion of patient views
D) Setting the follow-up date
E) Giving recommendations directly

13. Which of the following is an example of poor non-verbal communication?

A) Maintaining eye contact
B) Crossing arms while patient speaks
C) Nodding in agreement
D) Sitting at patient’s level
E) Calm tone of voice

14. Cultural competence in healthcare communication requires:
A) Ignoring cultural practices
B) Rigidly applying one’s own beliefs
C) Respect and adaptation to patient’s culture
D) Avoiding interpreter services
E) Speaking only medical jargon

15. Professional boundaries protect providers from:
A) Burnout and over-involvement
B) Patient trust
C) Empathy development
D) Effective teamwork
E) Medical knowledge gaps

16. Which communication skill involves reflecting both content and emotion of what the patient said?
A) Active listening
B) Passive observation
C) Closed questioning
D) Authority assertion
E) Summarizing only facts

17. A healthcare worker showing irritability, chronic fatigue, and detachment from patients is MOST likely experiencing:
A) Burnout
B) Panic disorder
C) GAD
D) Depression unrelated to work
E) OCD

18. Which component of burnout is defined as loss of empathy and cynical attitude toward patients?

A) Emotional exhaustion
B) Depersonalization
C) Reduced accomplishment
D) Resilience
E) Work engagement

19. Which symptom best represents reduced personal accomplishment?
A) Feeling drained after work
B) Believing one's work makes little difference
C) Detachment from patients
D) Headaches and GI upset
E) Increased absenteeism

20. Burnout increases risk of which system-level problem?
A) Fewer medical errors
B) Improved teamwork
C) Increased staff turnover
D) Stronger resilience
E) Enhanced morale

21. Which individual-level strategy helps prevent burnout?
A) Over-involvement with patients
B) Ignoring stress
C) Regular exercise and rest
D) Working longer hours
E) Avoiding all social contact

22. Which organizational change reduces burnout?
A) Increasing shift length
B) Supportive leadership and workload balance
C) Discouraging staff input
D) Ignoring emotional needs
E) Strict authoritarian management

23. Which of the following is a behavioral symptom of burnout?
A) Fatigue
B) Absenteeism
C) Sleep disturbance

D) Irritability
E) Headaches

24. Mindfulness in burnout prevention works by:
A) Eliminating stress completely
B) Enhancing awareness and reducing reactivity
C) Ignoring patients' needs
D) Avoiding emotions
E) Suppressing empathy

25. Which is NOT a direct physical symptom of burnout?
A) GI problems
B) Sleep disturbance
C) Headache
D) Fatigue
E) Increased empathy

26. Which patient statement reflects anxiety-related cognitive distortion?
A) "I think this pain will definitely kill me."
B) "I know it might be stress-related."
C) "The doctor said it's minor, so I'll rest."
D) "It's temporary; I'll cope."
E) "Exercise usually helps."

27. Which factor most strongly predicts chronic psychosomatic illness development?
A) Adequate coping strategies
B) Chronic stress without relief
C) High resilience
D) Short-term workload
E) Genetic perfection

28. Which therapy directly trains patients to control physiological functions like heart rate?
A) CBT
B) Biofeedback
C) Hypnosis
D) Psychodynamic therapy
E) Surgery

29. Which element of pain management relies most on reframing negative beliefs?
A) Opioid therapy
B) CBT
C) Massage
D) Exercise
E) Acupuncture

30. Which type of question is most useful for encouraging patients to express concerns?
A) Closed-ended
B) Multiple choice
C) Open-ended
D) Leading question
E) Yes/No

31. The best initial response to a patient expressing anger due to delays is:
A) Defend the system immediately
B) Ignore the complaint
C) Acknowledge and validate emotions
D) Escalate the conflict
E) Walk away

32. Which is a long-term consequence of untreated burnout in healthcare providers?
A) Improved patient safety
B) Reduced empathy
C) Increased medical errors
D) High turnover
E) All of the above

33. Which physical system is MOST affected by chronic stress contributing to psychosomatic illness?
A) Cardiovascular system
B) Integumentary system
C) Skeletal system
D) Lymphatic system
E) Muscular system only

34. Which psychological intervention is MOST effective for treating phobias?
A) Psychoanalysis

B) Exposure therapy
C) Biofeedback
D) Hypnosis only
E) Surgery

35. A patient reports chronic back pain but continues to work productively with relaxation and CBT. This demonstrates:
A) Maladaptive coping
B) Resilience
C) Burnout
D) Depersonalization
E) Catastrophizing

36. Which is NOT a typical barrier to effective provider–patient communication?
A) Medical jargon
B) Cultural differences
C) Active listening
D) Interruptions
E) Distractions

37. In pain management, the nocebo effect occurs when:
A) Pain decreases with positive expectation
B) Pain increases with negative expectation
C) Pain disappears entirely
D) Placebo pills always fail
E) Nociceptors are destroyed

38. Which stress hormone contributes most to psychosomatic illness through HPA activation?
A) Melatonin
B) Cortisol
C) Dopamine
D) Endorphins
E) Oxytocin

39. Which factor distinguishes burnout from acute stress reaction?
A) Work-related chronicity
B) Presence of fatigue
C) Emotional involvement

D) Occasional irritability
E) Sleep disturbance

40. Which is the BEST overall prevention approach for burnout?
A) Medication alone
B) Individual coping + organizational support
C) Ignoring early signs
D) Strict discipline
E) Reducing empathy

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Answer Key – Integrated Exam (Units 4–7)

1-B
2-B
3-B
4-A
5-A
6-A
7-A
8-B
9-B
10-B
11-B
12-A
13-B
14-C
15-A
16-A
17-A
18-B
19-B
20-C
21-C
22-B
23-B
24-B

25-E
26-A
27-B
28-B
29-B
30-C
31-C
32-E
33-A
34-B
35-B
36-C
37-B
38-B
39-A
40-B