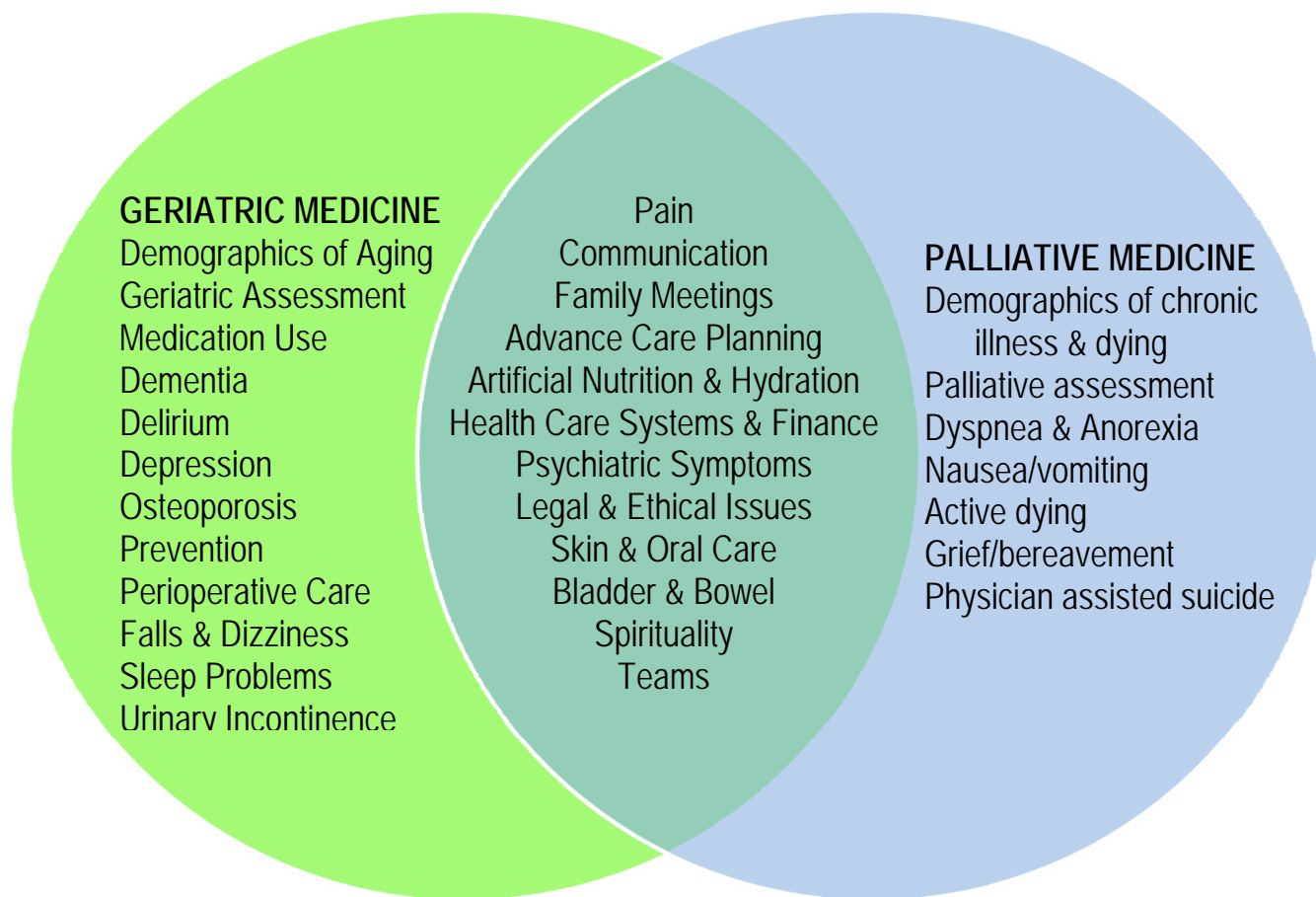


Geriatric & Palliative Medicine

2007/2008

Curriculum Handbook for
4th-Year Medical Students



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**Geriatric & Palliative Medicine Rotation
2007-08**

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Welcome to Geriatric & Palliative Medicine 2007-08

DESCRIPTION

This four-week rotation provides medical students with a balanced overview of Geriatric and Palliative Medicine in the outpatient, inpatient, home care, and nursing home settings. A variety of instructional methods will be utilized, including clinical experiences and seminar sessions.

Seminar sessions on core geriatric and palliative medicine topics are held on Tuesday and Thursday mornings at the Kuakini HPM-9 Conference Room. Please see your didactic calendar for details.

At the beginning of the rotation, you will be given general daily schedules and a didactic calendar. Please keep in mind that schedules may need to be flexible depending on patient care needs and other special educational activities – always consult with your supervising fellow/attending (see last page for pager/phone numbers).

GERIATRIC AND PALLIATIVE MEDICINE CURRICULUM

This rotation requires a **shift in thinking** from simple mastery to full engagement.

- Caring for the “whole patient” requires the “whole physician”.
- Often a clear answer is not apparent. Complex thinking and problem solving is required.
- Be open and willing to struggle.

The **student role** is valued.

- You are in a unique position to spend time with patients & families and gain important information, understanding, and insights that contribute to patient care.
- You are given the tools and time to ponder and research clinical questions.
- You are given the time and support to search for new information and insights.
- You are the member of our team who is closest to the foundation of medical education and we see you as both a learner and a teacher.

As a learner, you are responsible for:

- Negotiating & managing your learning agenda
- Mastering course content
- Building a framework for your growing expertise
- Reflecting on and learning from your experience

As a teacher, you are charged with:

- Contributing to patient/family learning
- Contributing to interdisciplinary learning
- Contributing to learning of other students
- Contributing to improvement of this rotation
- Laying the foundation for future teaching roles

- This rotation offers a body of geriatric medicine and palliative medicine **knowledge**.
 - Learn it.
 - Use it.
 - Share it.
- This rotation introduces **skills** that are part of a model of good care.
 - Learn them.
 - Practice them.
 - Incorporate them into your practice of medicine.
- This rotation introduces key **attitudes and beliefs** for caring for geriatric and palliative populations.
 - Reflect on them.
 - Contribute your thoughts.
 - Consider how they apply to your current & future practice.

COURSE OBJECTIVES

Upon conclusion of this rotation, medical students will

Develop the following attitudes:

1. Recognize the importance and value of aging in adult development.
2. Recognize the unique strengths and talents of older individuals.
3. Recognize the great variability in mental and physical functioning that occurs with increasing age.
4. Recognize the need for life-long learning in the care of older people, the seriously, chronically, and terminally ill.
5. Value patient-centered medical care and relationship-centered communication.
6. Understand self awareness and personal insight as being the core of one's integrity and professionalism.
7. Identify and address personal attitudes regarding aging, serious and chronic illness, and death.
8. Consider identifying the goals of care as the basic task of patient care.
9. Consider psychological and spiritual aspects of care as part of the scope of your practice.
10. Consider active engagement in the interdisciplinary process of care as part of your practice.
11. Value non-curative interventions such as improving functional status, symptom and quality of life management.
12. Accept that medical care of the older and dying patients is personal, dynamic, and involves a great deal of uncertainty.

Demonstrate basic skills of:

1. Managing medical complexity associated with multiple illnesses.
2. Diagnosing and treating the major medical and psychiatric illnesses of late life
3. Evaluating atypical presentations of illness and geriatric syndromes in older patients.
4. Identifying iatrogenesis and medication side effects in older and seriously ill patients.
5. Providing a comprehensive geriatric patient assessment, including medical, psychiatric, functional and social aspects.
6. Performing a Mini-Mental Status Examination (MMSE).
7. Performing a depression screen (e.g. Geriatric Depression Screen or GDS).
8. Active listening.
9. Sharing bad news.
10. Using the GOOD acronym to address goals of care.
11. Responding to conflict.
12. Death pronouncement.
13. Responding to requests and inquiries about a possible hastened death.
14. Discussing artificial nutrition and hydration.
15. Performing a basic spiritual assessment.
16. Discussing advance directives.
17. Pain assessment and management.
18. Identifying types of nausea and appropriate therapy.
19. Using palliative measures for the treatment of dyspnea.
20. Distinguishing between grief and depression.
21. Distinguishing and treating terminal and non-terminal delirium.
22. Managing care when a patient is actively dying.

Acquire the basic knowledge of:

1. The social, demographic, and cultural issues in the aging population and their impact on medical practice.
2. The differences between chronological and physiologic aging.
3. The differences between normal aging and disease.
4. Pharmacology in older people: appropriateness, dosing, adverse effects, interactions, compliance, costs, errors, etc.
5. Health care costs and financing and their impact on the health of older people.
6. Recommendations for health maintenance in older patients.
7. The demographic and economic issues associated with chronic and terminal illness.
8. Dying trajectories and basics of prognostication.
9. The philosophies and delivery of hospice and palliative care.
10. Pain management.
11. Non-pain symptom management.
12. Management of active dying.
13. Relationship based communication.
14. Advance care planning.
15. Artificial hydration and nutrition at the end of life.
16. Grief, bereavement, and spiritual aspects of care.

ROTATION MAP & SEMINAR SCHEDULE

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1					
AM	*Orientation*	Topic review: <i>*Demography & Biology of Aging</i> <i>*Geriatric Assessment</i> <i>*Medication Use in the Elderly</i> <i>*Healthcare Systems & Finance, Hospice</i>	Nursing Home	Debrief of Week 1 Introduction to templates (Appendix B) Topic review: <i>*Introduction to Palliative Medicine</i> <i>*Pain Management</i> <i>*Communication</i> <i>*Spirituality</i>	Nursing Home
PM	Nursing Home	Palliative Clinical	Nursing Home	Palliative Clinical	Nursing Home
Week 2					
AM	Nursing Home	Topic review: <i>*Dementia</i> <i>*Delirium</i> <i>*Depression</i>	Nursing Home	Debrief of Week 2 Narrative writing Pain problems Topic review: <i>*Family Meeting</i> <i>*Managing Nausea & Vomiting</i> <i>*Bowel & Bladder Care</i> <i>*Managing Active Dying</i>	Nursing Home
PM	Nursing Home	Palliative Clinical	Nursing Home	Palliative Clinical	Nursing Home
Week 3					
AM	In/Out-Patient	Topic review: <i>*Urinary Incontinence</i> <i>*Falls & Dizziness</i> <i>*Osteoporosis</i> <i>*Legal & Ethical Issues, Elder Abuse</i>	In/Out-Patient	Debrief of Week 3 Narrative writing Pain problems Topic review: <i>*Advance Care Planning</i> <i>*Responding to Requests for PAS</i> <i>*Managing Dyspnea & Anorexia</i> <i>*Artificial Nutrition & Hydration</i>	In/Out-Patient
PM	In/Out-Patient	Palliative Clinical	In/Out-Patient	Palliative Clinical	*Clinical Skills Exam*
Week 4					
AM	In/Out-Patient	Topic review: <i>*Pressure Ulcers</i> <i>*Preventive Health</i> <i>*Perioperative Care & Rehabilitation</i> <i>*Sleep Problems</i>	In/Out-Patient	Debrief of Week 4 Narrative writing Pain problems Topic review: <i>*Managing Psychiatric Symptoms</i> <i>*Grief & Bereavement</i> <i>*Skin & Oral Care</i> <i>*Teams</i>	*Final Written Exam*
PM	In/Out-Patient	Palliative Clinical	In/Out-Patient	Palliative Clinical	*Exit Interview*

CLINICAL EXPERIENCE

You will be given 3 clinical assignments:

1. **Geriatric Medicine Long Term Care Placement**
6 half days per week x 2 week placement
Caring for patients in single or multiple nursing home settings
2. **Geriatric Medicine In-patient or Out-patient**
6 half days per week x 2 week placement
Caring for patients in a hospital setting or clinic and/or home care settings
3. **Palliative Medicine**
2 half days per week x 4 weeks
Caring for patients in hospital, nursing home, hospice facility, or home setting

Clinical assignments are given on the first day of the rotation.
See page---- for *site specific details*

A series of templates have been developed to facilitate your learning at the clinical sites. These are detailed in your TEMPLATE PACKET and you will also receive additional information during Seminar 2.

There is no on-call duty during this rotation and patient care responsibility is intentionally limited in order to allow full engagement in all rotation activities. Our expectation is that you will use this time to learn more about your patients and complete assigned readings and templates.

In addition to a range of clinical settings and patient experiences, this rotation also involves a range of interdisciplinary teachers such as nurses, social workers and chaplains. Teaching and learning across disciplines is a key component of both geriatric and palliative medicine.

TOPIC REVIEW

The core content of our curriculum is contained in a series of **slide sets** which will be e-mailed to you on the first day of the rotation. Individual slide sets correspond to the topics listed in the Seminar Session Schedule.

You must read the slide sets prior to seminar sessions and come to sessions prepared to discuss the topics. In addition to the slide sets, you are **required** to read one article, The 4 Habits. A set of **optional** articles is also included.

Faculty will make brief presentations on each topic. Faculty should be seen as a resource to clarify any learning issues or address any questions that arise from your reading.

PAIN PROBLEMS

During Sessions 4, 6, and 8, we will be working as a group to solve a series of pain management problems. This is a chance to practice the guiding principles of pain management introduced in session 2.

REFLECTION

- Training in geriatric and palliative medicine is complex, addressing physical, emotional, social, and spiritual aspects of the patient. How you process your training experience affects how you may respond to similar experiences in your future practice.
- One way to help process the impact of experiences is through self reflection. Being reflective is critical to understanding how your experiences influence learning and other aspects of your professional life.
- When self reflection becomes a regular practice, it enables you to:
 - Deepen and clarify your clinical thinking.
 - Facilitate better understanding of your response to patients, colleagues, clinical situations.
 - Bring your whole self to your practice of medicine, putting into practice the things that you know about yourself. This “wholeness” forms the core of our professional integrity.
 - Be a better physician, more compassionate caregiver, more effective colleague, and a more fully developed human being.
 - Prevent burnout.

To promote self reflection, we use weekly debriefing and 3 writing activities:

Weekly Debriefing:

At the start of Seminar Sessions 2, 4, 6, and 8, there will be time devoted to sharing of thoughts and feelings related to the week’s experiences. This is an opportunity for the group to identify themes and address growth and progress.

Writing Activities:

1. Insight of the week (see top box of journal page template)

We ask that you keep a personal journal throughout this rotation. This is an opportunity to incorporate reflective practice into your clinical experience. Write about your experience with patients, colleagues, and how your interactions with the people and environment of this clinical training affect you as a developing physician. **This is not a reporting of events.**

We are asking you to work at:

- ✓ **Perceiving the unobvious**
- ✓ **Interpreting the unspoken**
- ✓ **Sensing the impact of your actions and the actions of others**

2. Words that work (see bottom box of journal page template)

While at your clinical site, you will be exposed to many communication styles and many approaches to talking with patients, families, and colleagues. As an active observer, we ask you to note “words that work,” effective words that help to establish and maintain good relationships and/or help to address conflict or misunderstandings.

3. Narrative assignments

During Seminar Sessions 4, 6, and 8, you will be asked to take 20 minutes to write a personal response to a specific discussion topic. More specific instructions will be given at that time.

CLINICAL TRAINING SITES

Geriatric Medicine Training Sites

HAWAII MEDICAL CENTER - East (HMC)

Students are assigned to HMC as a single clinical placement as this clinical site provides experience in long-term care, hospital consultations and palliative care. Specifically you will gain experience in nursing home and hospital consults, nursing home admissions, dictating and writing notes in a timely fashion; observe family meetings & advance directive discussions; and participate in de-briefing sessions. *Attending: Aida Wen, MD*

LEAHI OUTPATIENT GERIATRICS CLINIC (LOGC)

The LOGC provides experience in primary care (including preventive care) for elderly patients in the outpatient setting. An interdisciplinary care team provides comprehensive geriatrics consultations for older people who have complex medical and social problems. *Attending: Oleksandr "Alex" Pishchalenko, MD*

THE QUEEN'S MEDICAL CENTER (QMC)

This inpatient experience primarily provides hospital consultations. You will gain experience in comprehensive inpatient geriatric evaluation, end of life/palliative care, and managing delirium, dementia, and depression. There are also interdisciplinary team rounds with the geriatric psychiatry service. *Attendings: Shari Kogan, MD, Lam Nguyen, MD, Kentaro Nishino, MD, Elizabeth Rhee, MD*

TEACHING NURSING HOME SERVICES (TNH1, 2, 3)

These services provide primary care and consultations to patients at several nursing homes. Clinical experiences will include rehabilitation, end-of-life and palliative care, and the hospice program. Your experience will help you appreciate various settings of long term care; be familiar with social & medical issues particular to nursing home residents; have experience in inpatient nursing home care of geriatric patients (new admissions for post-acute patients); understand caregiver stress; and gain experience in wound care. *Attendings: TNH1- Samina Ahsan, MD, Dalia Elsemary, MD & Patricia Laurel, MD; TNH2: Robert Gries, MD; TNH3: Bruce Tamura, MD*

VA CENTER FOR AGING (CFA)

The CFA is an extended care facility that offers sub-acute, rehabilitation, palliative and long-term care for elders within the VA system, located on the grounds of Tripler hospital. *Fellows serve as primary teachers at the VA-CFA.*

VA AMBULATORY CARE CLINIC (VA-ACC)

Geriatricians at the VA outpatient provide primary care and consultations to elderly veterans. Students will have the opportunity to learn outpatient geriatric assessments, make home visits on homebound elderly veterans via the Home Based Primary Care program and gain experience in interdisciplinary team care of elders. *Attendings: Michael Carethers, MD, Craig China, MD, James Epure, MD, Lavonda Mee-Lee-Nakamoto, MD*

Palliative Medicine Training Sites

HOSPICE HAWAII (HH)

Hospice Hawaii has a mission to provide a special kind of care in the home setting for terminally ill people and their families, to help ensure their quality of life, to help them prepare for death, and to educate our community about the hospice philosophy. Hospice Hawaii's program of care is community-based and is integrated and collaborative within Oahu's health care continuum. Hospice Hawaii opened a 5-bedroom hospice home in Kailua in 1995, which offers hospice patients care in a beautiful, tranquil residential neighborhood setting. Your experience will include an interdisciplinary team meeting; patient visits with case managers (RN's) and patient visits with social workers (MSW's). *Primary Point of Contact: Joy Griffith, RN*

KAISER PERMANENTE HOSPICE (KAI-P)

The Palliative Care Program at Kaiser Permanente provides home based medical care to patients with advanced and terminal illness. This program began as a research and demonstration project, providing home-based care to patients with advanced illness including cancer, CHF, and COPD. *Attending: Rae Seitz, MD*

KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN PALLIATIVE SERVICE (KAP)

The palliative care program at Kapiolani Medical Center for Women and Children provides pediatric inpatient care focused on neonatology, perinatology, pediatric hem-onc and the medically complex. The medical student will work with the interdisciplinary palliative care team including a nurse practitioner, behavioral health specialists, child life services, rehabilitation services and pastoral care. *Attending: Raji Adhikary, DO*

KOKUA KALIHI VALLEY PALLIATIVE CARE SERVICE (KKV-P)

The Kokua Kalihi Valley (KKV) Clinic is a community health center that serves an indigent population in the Kalihi Valley area. Frail elderly, homebound and terminally ill patients receive home visits by an interdisciplinary team. Your experience will help you understand the delivery of home-based palliative care services; workings of an interdisciplinary team (case management); use appropriate palliative scales and tools; and provide palliative care to underserved populations. *Attending: Ritabelle Fernandes, MD*

THE QUEEN'S MEDICAL CENTER, HOME CARE SERVICE (QMC-HC)

The Queen's Medical Center Home Care service is run by Dr. Bret Flynn, and provides palliative care to patients in their own homes. Many visits may be to rural areas of Oahu. Your experience will help you understand the reasons for home visits; the criteria for hospice; and aspects interdisciplinary team meetings. *Attending: Bret Flynn, MD*

THE QUEEN'S MEDICAL CENTER, PAIN & PALLIATIVE CARE DEPARTMENT (QMC-PP)

The Queen's Medical Center Pain Management Department was established in 1989 to promote an institutional commitment to providing high quality and safe pain management to all patients. In 2004, it was expanded to a Pain and Palliative Care Department under the leadership of Dr. Daniel Fischberg. It is available to all inpatients of the Queen's Medical Center and patients seen in outpatient Oncology and Radiation Oncology. A physician and five nurses with special training in pain and symptom management staff the program seven days a week. The department advocates a comprehensive patient/family-centered approach to care. The department works closely with professional colleagues in a number of disciplines including: anesthesiology, rehabilitation services, nutrition, chaplaincy, social work, and pharmacy. Your experience will facilitate increased knowledge and skill regarding opioid therapy; increased skill in performing a comprehensive pain assessment; increased understanding of functioning of an interdisciplinary team; and increased understanding of the

role of palliative care in caring for those with advanced illness. *Attending: Daniel Fischberg, MD*

THE QUEEN'S MEDICAL CENTER, CANCER PROGRAM (QMC-T)

This rotation is an administrative experience. Students who elect this rotation will shadow the Director of the Cancer Program, Dr. Diane Thompson, during meetings and individual planning sessions regarding the development of clinical services, research and educational programs. *The day may contain: meetings with physicians or other hospital staff to discuss the status of the cancer center; community meetings and talks to promote cancer prevention and the cancer center; readings (journal articles) about cancer and issues regarding mood, anxiety, navigation and survivorship; and/or meet with the cancer research team and work on issues regarding current cancer trials and trail promotion. Attending: Diane Thompson, MD*

ST. FRANCIS HOSPICE (SF)

St. Francis Hospice is the oldest, largest Hospice program in the state. The goals of St. Francis Hospice are to ease physical discomfort of the terminally ill patient, to meet patients' spiritual needs, and to provide grief and bereavement counseling for survivors. It provides care and comfort for the terminally ill through Home Care, Continuous Care, and Inpatient Care at its two facilities, The Sister Maureen Keleher Center (12-bed) and the Maurice J. Sullivan Family Hospice Center (24-bed). *Primary Point of Contact: Sally Pekelo*

STRAUB

The palliative care service at Straub provides in-patient care in the Critical Care setting. The learning experience at this site may include delivering bad news; patient based medicine; how to hold family conferences; improving end-of-life care; communication skills; and symptom control. *Attending: Stephen Hale, MD*

ON-LINE RESOURCES

GERIATRIC MEDICINE USEFUL LINKS

PALLIATIVE MEDICINE USEFUL LINKS

Geriatrics At Your Fingertips – Download PDA version for free
<http://www.geriatricsatyourfingertips.org>

UCSD: A Practical Guide to Clinical Medicine
<http://medicine.ucsd.edu/clinicalmed/>

1. American Geriatrics Society
<http://www.americangeriatrics.org/>
2. Gerontological Society of America
<http://www.geron.org/>
3. American Medical Directors Association (NH medical directors)
<http://www.amda.com/>
4. Alzheimer's Association
<http://www.alz.org/>
5. National Institute on Aging, National Institutes of Health
<http://www.nia.nih.gov/>
6. National Institutes of Health – Health Information for Older Adults
<http://nihseniorhealth.gov/>
7. CDC – Immunization Recommendations
<http://www.cdc.gov/vaccines/>
8. American Federation for Aging Research
<http://www.afar.org/>

1. EPERC: Fast Facts
http://www.eperc.mcw.edu/ff_index.htm
2. American Academy of Hospice and Palliative Medicine Homepage
<http://www.aahpm.org/>
3. Hospice Foundation of America
<http://www.hospicefoundation.org/>
4. Integrative Pain Management: Introduction
<http://www.healingchronicpain.org/content/introduction/default.asp>
5. Palliative Care (patient website)
<http://www.getpalliativecare.org/>
6. Providing palliative and end-of-life care for children : Pediatric Advanced Care Team (PACT) - Children's Hospital of Philadelphia
<http://www.chop.edu/consumer/jsp/division/generic.jsp?id=84867>
7. Initiative for Pediatric Palliative Care (IPPC): Curriculum
<http://www.ippcweb.org/>
8. Kokua Mau: A partnership improving care at the end of life.
<http://www.kokuamau.org/index.htm>

EVALUATION CRITERIA

During the 4 weeks of this rotation, you will be evaluated in order to determine how you are progressing toward achieving the basic goals of the rotation and ultimately, whether or not you achieve the basic goals at the end of the rotation.

Evaluation of clinical performance (includes completion of TEMPLATES)	40%
Final written examination	20%
Final clinical skills examination	20%
Participation in seminars	20%
	<hr/>
	100%

EVALUATION OF CLINICAL PERFORMANCE: 40% of your final grade

We use the standard form provided by JABSOM to evaluate your clinical performance. Your evaluation is a composite comprised of input from all the attending physicians & fellows you have worked with, as well as completion of the required templates. It is a combined evaluation for both the geriatric and palliative medicine components. If you do not achieve satisfactory performance at our clinical sites, you will be required to re-take the rotation.

PARTICIPATION IN SEMINARS: 20% of your final grade

Your punctual attendance is required for seminars sessions two ½ days each week. Seminar leaders will provide qualitative comments about your degree of preparation and contribution to seminar discussions and activities. You are expected to study the slides and complete any assigned readings on your own prior to seminar sessions.

FINAL CLINICAL SKILLS EXAM: 20% of your final grade

You are required to take a clinical skills examination consisting of 6 patient scenarios. Four of are geriatric medicine cases and two are palliative medicine cases. Please arrive on time as you will not be able to make up any missed stations. You will receive a memo from the Center for Clinical Skills with more details. Should you fail pass the exam, you will be required to re-take it within two months. Should you fail a second time, you will have one additional chance to re-take the exam. If you fail to pass the third exam, you will be required to re-take the rotation. Passing score for the exam is 55% (borderline pass 55-59%).

FINAL WRITTEN EXAM: 20% of your final grade

You are required to take a written final exam. The 60 question exam is in multiple choice format with 48 questions covering the core geriatric medicine topics and 12 covering palliative medicine topics. Should you fail pass the exam, you will be required to re-take it within two months. Should you fail a second time, you will have one additional chance to re-take the exam. If you fail to pass the third exam, you will be required to re-take the rotation. Your exam date is located in your personalized daily schedule (usually on the last day of your rotation). Passing score for the exam is 55% (borderline pass 55-59%).

MEDICAL STUDENT GRADING

Credit will be given to students demonstrating satisfactory performance in all areas: specifically, a passing score on the final written examination, a passing score on the final clinical skills examination, and an evaluation score in the credit/satisfactory range for each of the other evaluation measures listed. Borderline pass grades will be designated.

No credit/Incomplete will be given to students with unsatisfactory performance in any of the evaluation measures listed. **Remediation:** Students will be required to demonstrate satisfactory performance in each of the unsatisfactory areas and in any additional make-up work as deemed necessary by the clerkship director.

FEEDBACK

You will receive feedback about your clinical and seminar performance at a **Mid-Rotation Meeting**. At that time we will also be checking on how the rotation is going for you so that we can address any issues if needed. We invite your feedback at any time throughout the rotation. Please be proactive about telling us how things are going. If you are experiencing any problems, please report them immediately and do not wait for the mid-rotation meeting,

END OF ROTATION FEEDBACK

Your feedback is important to us!

We will need your help in evaluating and improving this rotation for the future. We need to hear about both the good and the not so good. During the fourth week of the rotation, you will get a take home **Comprehensive Rotation Survey** which you are required to return prior to your final written exam.

Following your final exam, you will have an **Exit Interview** and receive your clinical and written exam scores. This is also an opportunity to provide any additional feedback to use about your rotation experience.

HOUSEKEEPING ITEMS

- **KUA parking** - \$2.75 all day validation is available from the Kuakini Education Services office in the basement level of the main parking structure. DIRECTIONS: The basement level is accessible via the elevator or stairs in the parking structure. When you get to the basement, turn left and go down the uncarpeted hallway. The Education Services office is the second set of double doors on your left.
- There is **no weekend or night call** on this rotation.
- If you need to **call in sick**, please inform the respective fellow or attending **and** also leave a message for Misty Yee. Do **NOT** leave a voice message for anyone. You must speak to a person.

IMPORTANT CONTACT INFORMATION

Misty Yee, MS (Resident & Medical Student Education Coordinator)	523-8461
mistyy@hawaii.edu	
Kamal Masaki, MD (Course Director)	523-8461
km1@hawaii.rr.com	
Diane Faran, MD (Course Co-Director) (starting 9/1/07)	523-8461
faran@hawaii.edu	
Emese Somogyi-Zalud, MD (Palliative Med Course Director)	523-8461
emesesz@msn.com	

DEPARTMENT TEACHING FACULTY

Samina Ahsan, M.D.

Assistant Professor of Geriatric Medicine
Areas of Interest: Medical Education, Skin & Wound Care, C. Difficile Infection in LTC

Christina Bell, M.D.

Assistant Professor of Geriatric Medicine
Areas of Interest: Medical Decision Making, Geriatric Education, Palliative Care

Patricia Lanoie Blanchette, M.D., M.P.H.

Professor & Chair, Department of Geriatric Medicine;
Director, John A. Hartford Center of Excellence in Geriatrics
Areas of Interest: Medical Administration, Geriatric Education, Alzheimer's Disease

Michael Carethers, M.D.

Clinical Professor of Geriatric Medicine
Acting Associate Chief of Staff for Geriatrics, Dept. of Veterans Affairs
Areas of Interest: Geriatric Medicine, Vitamin B12, Preventive Medicine, Hypertension

Craig T. China, M.D.

Clinical Assistant Professor of Geriatric Medicine
Geriatrician, Department of Veterans Affairs
Areas of Interest: Geriatric Education, End-of-life Care

Dalia Elsemary, M.D.

Assistant Professor of Geriatric Medicine
Areas of Interest: Long-Term Care, Home Care, Ambulatory Care

James Epure, M.D.

Clinical Associate Professor of Geriatric Medicine
Geriatrician, Department of Veterans Affairs
Areas of Interest: Nursing Home Administration, Osteoporosis, Medical Informatics

Diane Faran, M.D.

Assistant Professor of Geriatric Medicine
Areas of Interest: Communication, Palliative Medicine, Medical Education

Ritabelle Fernandes, M.D., M.P.H.

Clinical Assistant Professor of Geriatric Medicine
Staff Geriatrician, Kokua Kalia Valley Clinic
Areas of Interest: Immunization in the Elderly, End-of-Life Care, Community Education, Psychosis in Alzheimer's Disease

Daniel Fischberg, M.D., Ph.D.

Associate Professor, Geriatric Medicine
Medical Director, Pain & Palliative Care Department, The Queen's Medical Center
Areas of Interest: Palliative Care, Pain Management

Bret Flynn, M.D., M.P.H.

Clinical Assistant Professor of Geriatric Medicine
Staff Geriatrician, Queen's Medical Center
Areas of Interest: Home Care, Palliative/Hospice Care, Dementia, Caregiver Issues

Robert Gries, M.D.

Assistant Professor of Geriatric Medicine; Director, Teaching Nursing Home Service 2
Areas of Interest: Nursing Home Medicine, Geriatric Education, Palliative Care

Shari Kogan, M.D.

Clinical Assistant Professor of Geriatric Medicine
Director of Geriatrics, Queen's Medical Center
Areas of Interest: Frail Elders, Delirium, Dementia, Pain Management

Patricia Rios Laurel, M.D.

Assistant Professor of Geriatric Medicine
Areas of Interest: Home Care, Palliative Care, Long-Term Care

Kamal Masaki, M.D.

Professor & Associate Chair, Department of Geriatric Medicine
Director, Geriatric Medicine Fellowship Program; Clinical Director for Research Programs: Honolulu Heart Program & Honolulu-Asia Aging Study, Lifespan Study, Women's Health Initiative Hawaii Center; PI: WHI Memory Study Hawaii Center;
Director, National training Center for Aging Research for Medical Students
Areas of Interest: Geriatric Education, Dementia, Successful Aging, Cardiovascular Disease in Elderly, Orthostatic Hypotension, Osteoporosis, Women's Health

Lavonda Mee-Lee Nakamoto, M.D.

Assistant Professor of Geriatric Medicine; Director, Teaching Nursing Home Service 1
Areas of Interest: Nursing Home Medicine, Geriatric Education,

Rachel Murkofsky M.D., M.P.H.

Assistant Professor of Geriatric Medicine
Areas of Interest: Home Care, House Calls, Health Care Policy

Dawn Minaai, M.D.

Clinical Assistant Professor of Geriatric Medicine
Staff Geriatrician, Kaiser Permanente
Areas of Interest: Primary Care Geriatrics, Mental Health Issues in the Elderly

Lam Nguyen, M.D.

Clinical Assistant Professor of Geriatric Medicine
Staff Geriatrician, The Queen's Medical Center
Areas of Interest: Medical Education, Palliative Care, Inpatient Geriatric Medicine

James H. Pietsch, J.D.

Professor of Law, Adjunct Professor of Geriatric Medicine
Areas of Interest: Legal and Ethical Issues in Aging

Oleksandr "Alex" Pishchalenko, M.D.

Associate Professor of Geriatric Medicine; Director, Leahi Outpatient Geriatrics Clinic
Areas of Interest: Nursing Home Care & Management, Geriatric Medical Education, Behavioral Disturbance in Dementia Patients, Cross-Cultural Geriatrics (Pacific Region emphasis)

Elizabeth Rhee, M.D.

Assistant Clinical Professor of Geriatric Medicine
Staff Geriatrician, The Queen's Medical Center
Areas of Interest: Healthy Aging & Ethnogeriatrics, Palliative Medicine, Osteoporosis, Caregiver Issues

Sherry Saito, M.D.

Clinical Assistant Professor of Geriatric Medicine
Staff Geriatrician, Kaiser Permanente
Areas of Interest: Palliative Medicine & Hospice Care, Frail Elderly, & Home Care

Rae Seitz, M.D.

Clinical Assistant Professor of Geriatric Medicine
Staff Physician, Kaiser Permanente
Areas of Interest: Chronic Disease Management, Palliative Care, Communication, Pediatrics, Internal Medicine

Emese Somogyi-Zalud, M.D.

Associate Professor of Geriatric Medicine; Division Chief, Palliative Medicine;
Associate Medical Director, Hospice Hawaii
Areas of Interest: Ethical Issues, End-of-Life Care

Bruce Tamura, M.D.

Assistant Professor of Geriatric Medicine, Director, Teaching Nursing Home Service 3
Areas of Interest: Long-Term Care

Marianne Tanabe, M.D.

Associate Professor of Geriatric Medicine; Director, Kuakini Inpatient Service
Areas of Interest: Medical Education, Cultural Competency, Inpatient Geriatric Care

Diane Thompson, M.D.

Clinical Assistant Professor of Geriatric Medicine; Director, Cancer Program at The Queen's Medical Center, Department of Oncology
Areas of Interest: Psychiatric Oncology, Quality of Life in Cancer Care, Women's health, Hospital Program Development

Liane Tokushige, M.D.

Clinical Assistant Professor of Geriatric Medicine
Staff Geriatrician, Kaiser Permanente
Areas of Interest: Rehabilitation in the Elderly, Rheumatology in the Elderly, Pain Management in the Elderly, Hospice, Palliative Medicine

Aida Won, M.D.

Assistant Professor of Geriatric Medicine
Areas of Interest: Long-Term Care Medical Direction, Palliative Care, Dementia

Warren F. Wong, M.D.

Clinical Professor of Geriatric Medicine
Director of Geriatrics, Kaiser Permanente
Areas of Interest: Dementia, Models of Population Management

Vicki Woolford, M.S.W.

Geriatric Social Worker, Department of Geriatric Medicine
Areas of Interest: Community Resources, Caregiver Support, Interdisciplinary Teams

Kenneth Zerl, R.N., M.S.

Clinical Instructor
President & Chief Professional Officer, Hospice Hawaii
Areas of Interest: Palliative Care & Hospice