

UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE  
**Geriatric Medicine & Palliative Medicine Rotation**  
**Comprehensive Rotation Survey**

For Department Use Only.  
GED

Name \_\_\_\_\_ Date \_\_\_\_\_

- Level of Training:**
- 4th-Year JABSOM Medical Student
  - Level 1 HRP Psychiatry Resident
  - Level 2 HRP Internal Medicine Resident
  - Level 2 HRP Family Medicine Resident
  - Other: \_\_\_\_\_

**SECTION I. CLINICAL TRAINING**

*A. Please rate your clinical experiences.*

CLINICAL SITE	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NOT APPLICABLE
Hawaii Medical Center	5	4	3	2	1	NA
HINOA (Hawaii Neighborhood Outreach to the Aged) Home Care Program	5	4	3	2	1	NA
Hospice Hawaii	5	4	3	2	1	NA
Kaiser Honolulu Clinic	5	4	3	2	1	NA
Kaiser Hospital	5	4	3	2	1	NA
Kaiser Palliative & Hospice	5	4	3	2	1	NA
Kapiolani Palliative	5	4	3	2	1	NA
Ko'ua Kalihi Valley Elder Care Service	5	4	3	2	1	NA
Ko'ua Kalihi Valley Palliative Service	5	4	3	2	1	NA
Kuakini Medical Center	5	4	3	2	1	NA
Leahi Outpatient Geriatrics Clinic	5	4	3	2	1	NA
Queen's Medical Center Inpt Consults	5	4	3	2	1	NA
QMC Palliative Home Care (Flynn)	5	4	3	2	1	NA
QMC Pain & Palliative Care (Fischberg)	5	4	3	2	1	NA
QMC Palliative Cancer Center (Thompson)	5	4	3	2	1	NA
St. Francis Hospice	5	4	3	2	1	NA
Straub Critical Care	5	4	3	2	1	NA
Teaching Nursing Home 1	5	4	3	2	1	NA
Teaching Nursing Home 2	5	4	3	2	1	NA
Teaching Nursing Home 3	5	4	3	2	1	NA
VA Ambulatory Care Clinic	5	4	3	2	1	NA
VA Center for Aging	5	4	3	2	1	NA
Other:	5	4	3	2	1	NA
Other:	5	4	3	2	1	NA
Other:	5	4	3	2	1	NA
<b>Overall rating of clinical experiences</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>NA</b>

*Comments (please explain if rated anything 2 or below):*

**B. Please rate the CLINICAL (BEDSIDE) teaching skills of the faculty.**

<b>FACULTY</b>	<b>EXCELLENT</b>	<b>VERY GOOD</b>	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>	<b>NOT APPLICABLE</b>
Ahsan, Samina	5	4	3	2	1	NA
Bell, Christina	5	4	3	2	1	NA
Carethers, Michael	5	4	3	2	1	NA
China, Craig	5	4	3	2	1	NA
Elsemary, Dalia	5	4	3	2	1	NA
Epure, James	5	4	3	2	1	NA
Faran, Diane	5	4	3	2	1	NA
Fernandes, Ritabelle	5	4	3	2	1	NA
Flynn, Bret	5	4	3	2	1	NA
Fischberg, Daniel	5	4	3	2	1	NA
Gries, Robert	5	4	3	2	1	NA
Kogan, Shari	5	4	3	2	1	NA
Laurel, Patricia (Rios)	5	4	3	2	1	NA
Liu, Clarence	5	4	3	2	1	NA
Mee-Lee Nakamoto, Lavonda	5	4	3	2	1	NA
Minaai, Dawn	5	4	3	2	1	NA
Nguyen, Lam	5	4	3	2	1	NA
Nishino, Kentaro	5	4	3	2	1	NA
Pishchalenko, Oleksandr	5	4	3	2	1	NA
Rhee, Elizabeth	5	4	3	2	1	NA
Saito, Sherry	5	4	3	2	1	NA
Seitz, Rae	5	4	3	2	1	NA
Tamura, Bruce	5	4	3	2	1	NA
Tanabe, Marianne	5	4	3	2	1	NA
Thompson, Diane	5	4	3	2	1	NA
Tokushige, Liane	5	4	3	2	1	NA
Won, Aida	5	4	3	2	1	NA
Wong, Warren	5	4	3	2	1	NA
Other:	5	4	3	2	1	NA
Other:	5	4	3	2	1	NA
Other:	5	4	3	2	1	NA
Other:	5	4	3	2	1	NA
Other:	5	4	3	2	1	NA
<b>Comments (please explain if rated anything 2 or below):</b>						

Please nominate 1 attending faculty member for an excellence in teaching award: \_\_\_\_\_

***C. Please rate the teaching skills of the fellows.***

<b>FELLOWS</b>	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NOT APPLICABLE
Barry, Jessica	5	4	3	2	1	NA
Cholitkul, Suteevan	5	4	3	2	1	NA
Cholitkul, Suwitda	5	4	3	2	1	NA
Chung, Sze Mei	5	4	3	2	1	NA
Harada, Nobuharu	5	4	3	2	1	NA
Kwon, Joong	5	4	3	2	1	NA
Lorenzo, Pia	5	4	3	2	1	NA
Lubimir, Karen	5	4	3	2	1	NA
Rosas, Gary	5	4	3	2	1	NA
Tiengburanatarm. Korsin	5	4	3	2	1	NA
Yamasaki, Koichiro	5	4	3	2	1	NA
Ziegler, Laura	5	4	3	2	1	NA

**Comments** *(please explain if rated anything 2 or below):*

## SECTION II. DIDACTIC TRAINING

### A. Please rate your didactic training experiences.

GERIATRICS TOPICS	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NOT APPLICABLE
Delirium	5	4	3	2	1	NA
Dementia	5	4	3	2	1	NA
Demography & Biology of Aging	5	4	3	2	1	NA
Depression	5	4	3	2	1	NA
Falls & Dizziness	5	4	3	2	1	NA
Geriatric Assessment	5	4	3	2	1	NA
Legal & Ethical Issues, Elder Abuse	5	4	3	2	1	NA
Healthcare Financing & Community Resources	5	4	3	2	1	NA
Medication Use in the Elderly	5	4	3	2	1	NA
Osteoporosis	5	4	3	2	1	NA
Perioperative Care & Rehabilitation	5	4	3	2	1	NA
Pressure Ulcers	5	4	3	2	1	NA
Preventive Health	5	4	3	2	1	NA
Sleep Disorders	5	4	3	2	1	NA
Urinary Incontinence	5	4	3	2	1	NA
<b>Percentage of the geriatrics material that was new to you:</b>	_____ %					
<b>Overall rating of geriatrics didactics</b>	5	4	3	2	1	NA

Comments *(please explain if rated anything 2 or below):*

PALLIATIVE TOPICS	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NOT APPLICABLE
Advance Care Planning	5	4	3	2	1	NA
Bowel and Bladder Care	5	4	3	2	1	NA
Communication	5	4	3	2	1	NA
Grief & Bereavement	5	4	3	2	1	NA
Introduction to Palliative Medicine	5	4	3	2	1	NA
Managing Active Dying	5	4	3	2	1	NA
Hospice Care	5	4	3	2	1	NA
Managing Dyspnea and Anorexia	5	4	3	2	1	NA
Managing Nausea and Vomiting	5	4	3	2	1	NA
Managing Psychiatric Symptoms	5	4	3	2	1	NA
Pain Management	5	4	3	2	1	NA
Skin & Oral Care	5	4	3	2	1	NA
Spirituality	5	4	3	2	1	NA
Teams	5	4	3	2	1	NA
Family Meetings	5	4	3	2	1	NA
Responding to Requests for PAS	5	4	3	2	1	NA
Artificial Nutrition and Hydration	5	4	3	2	1	NA
<b>Percentage of the palliative material that was new to you:</b>	_____ %					
<b>Overall rating of palliative didactics</b>	5	4	3	2	1	NA

Comments *(please explain if rated anything 2 or below):*

### SECTION III: ATTITUDES & SKILLS

*A. Please indicate your level of agreement by circling the appropriate response for the following items: (Scale: 1=Strongly disagree, 3=Neutral, 5=Strongly agree)*

LEVEL OF AGREEMENT:		BEFORE ROTATION	CURRENTLY
1	Treating a dying patient is one of the most unpleasant aspects of the medical profession	1 2 3 4 5	1 2 3 4 5
2	I will need ongoing education and training in the care of the seriously, chronically, and terminally ill	1 2 3 4 5	1 2 3 4 5
3	Medical care should be centered around the patients' medical, emotional, and psychosocial needs	1 2 3 4 5	1 2 3 4 5
4	Non-curative interventions play a very important role in medicine	1 2 3 4 5	1 2 3 4 5
5	I feel uncomfortable around patient with incurable or terminal illness	1 2 3 4 5	1 2 3 4 5
6	Uncertainty is an integral part of medical practice	1 2 3 4 5	1 2 3 4 5
7	Exploring my personal attitudes regarding death is essential in developing my professionalism	1 2 3 4 5	1 2 3 4 5
8	Talking to the patient's caregivers and families is usually a waste of my time	1 2 3 4 5	1 2 3 4 5
9	Skilled pain management is not an important aspect of general medical practice	1 2 3 4 5	1 2 3 4 5
10	I am comfortable using high doses of opioids when necessary for pain relief	1 2 3 4 5	1 2 3 4 5
11	Communication skills are one of the basic tools used by health care providers	1 2 3 4 5	1 2 3 4 5
12	Communication skills can be learned	1 2 3 4 5	1 2 3 4 5
13	Discussion and documentation of the goals of care is one of the central tasks for clinicians	1 2 3 4 5	1 2 3 4 5
14	I am willing to explore the cognitive and emotional context of physical symptoms	1 2 3 4 5	1 2 3 4 5
15	Treating symptoms is as important as treating the disease	1 2 3 4 5	1 2 3 4 5
16	Most patients should receive IV hydration while dying	1 2 3 4 5	1 2 3 4 5
17	Physicians need to grieve the loss of their patients	1 2 3 4 5	1 2 3 4 5
18	Eligibility determination for hospice and home care is best left to the social worker	1 2 3 4 5	1 2 3 4 5
19	The best way to deal with a language barrier is to use a professional translator	1 2 3 4 5	1 2 3 4 5
20	Most old people are pleasant to be with	1 2 3 4 5	1 2 3 4 5
21	The federal government should reallocate money from Medicare to research on AIDS or pediatric diseases	1 2 3 4 5	1 2 3 4 5
22	If I have the choice, I would rather see younger patients than elderly ones	1 2 3 4 5	1 2 3 4 5
23	It is society's responsibility to provide care for its elderly persons	1 2 3 4 5	1 2 3 4 5
24	Medical care for old people uses up too much human and material resources	1 2 3 4 5	1 2 3 4 5
25	Normal aging is associated with people becoming less organized and more confused	1 2 3 4 5	1 2 3 4 5
26	Elderly patients tend to be more appreciative of the medical care they receive than are younger patients	1 2 3 4 5	1 2 3 4 5

LEVEL OF AGREEMENT:		BEFORE ROTATION					CURRENTLY				
27	Taking a medical history from elderly patients is frequently an ordeal	1	2	3	4	5	1	2	3	4	5
28	I tend to pay more attention and have more sympathy towards elderly patients than younger patients	1	2	3	4	5	1	2	3	4	5
29	Old people in general do not contribute much to society	1	2	3	4	5	1	2	3	4	5
30	Treatment of chronically ill old patients is hopeless	1	2	3	4	5	1	2	3	4	5
31	Old persons don't contribute their fair share towards paying for their health care	1	2	3	4	5	1	2	3	4	5
32	In general, old people act too slow for modern society	1	2	3	4	5	1	2	3	4	5
33	It is interesting listening to old people's accounts of their past experiences	1	2	3	4	5	1	2	3	4	5
34	I feel comfortable working with elderly adults	1	2	3	4	5	1	2	3	4	5
35	Most elders feel uncomfortable discussing the issue of death and dying with their physicians	1	2	3	4	5	1	2	3	4	5

**B. Please rate your confidence in performing the skills listed below before completing the rotation & currently:  
(1=Low Confidence, 3=Intermediate, 5=High Confidence)**

CONFIDENCE IN PERFORMING THESE SKILLS:		BEFORE ROTATION					CURRENTLY				
1	Determining whether a patient is actively dying	1	2	3	4	5	1	2	3	4	5
2	Treating a dying patient in pain	1	2	3	4	5	1	2	3	4	5
3	Choosing between different opioids	1	2	3	4	5	1	2	3	4	5
4	Giving bad news	1	2	3	4	5	1	2	3	4	5
5	Pronouncing death	1	2	3	4	5	1	2	3	4	5
6	Matching treatment to the specific cause of nausea	1	2	3	4	5	1	2	3	4	5
7	Treating terminal delirium	1	2	3	4	5	1	2	3	4	5
8	Determining hospice eligibility	1	2	3	4	5	1	2	3	4	5
9	Conducting a family conference	1	2	3	4	5	1	2	3	4	5
10	Analyzing the physical, emotional, cognitive, and spiritual dimensions of symptoms	1	2	3	4	5	1	2	3	4	5
11	Converting opioids	1	2	3	4	5	1	2	3	4	5
12	Explaining the definition of palliative medicine	1	2	3	4	5	1	2	3	4	5
13	Treating anxiety and depression in a terminally ill patient	1	2	3	4	5	1	2	3	4	5
14	Using opioids for the treatment of dyspnea	1	2	3	4	5	1	2	3	4	5
15	Preventing and treating opioid induced constipation	1	2	3	4	5	1	2	3	4	5
16	Discussing the risks and benefits of tube feeding	1	2	3	4	5	1	2	3	4	5
17	Discussing the goals of care including advance directives	1	2	3	4	5	1	2	3	4	5
18	Identifying appropriate interventions for anorexia	1	2	3	4	5	1	2	3	4	5
19	Treating a patient in acute pain	1	2	3	4	5	1	2	3	4	5
20	Explore the cultural context of my patients	1	2	3	4	5	1	2	3	4	5
21	Knowing differences between healthy aging & pathology	1	2	3	4	5	1	2	3	4	5
22	Performing a complete geriatric assessment	1	2	3	4	5	1	2	3	4	5
23	Performing assessment of functional status	1	2	3	4	5	1	2	3	4	5
24	Recognizing sensory impairment and optimizing function	1	2	3	4	5	1	2	3	4	5
25	Knowing how to safely use medications in the elderly	1	2	3	4	5	1	2	3	4	5
26	Assessment and treatment of urinary incontinence	1	2	3	4	5	1	2	3	4	5
27	Assessment of falls & dizziness, including gait assessment	1	2	3	4	5	1	2	3	4	5
28	Screening, diagnosing, and treating osteoporosis	1	2	3	4	5	1	2	3	4	5
29	Assessment and treatment of pressure ulcers	1	2	3	4	5	1	2	3	4	5
30	Caring for patients with dementia	1	2	3	4	5	1	2	3	4	5
31	Assessing caregiver stress	1	2	3	4	5	1	2	3	4	5
32	Performing a Mini-Mental Status Examination (MMSE)	1	2	3	4	5	1	2	3	4	5
33	Diagnosis and treatment of delirium	1	2	3	4	5	1	2	3	4	5
34	Caring for older patients in the perioperative period	1	2	3	4	5	1	2	3	4	5
35	Principles of rehabilitation in the elderly	1	2	3	4	5	1	2	3	4	5
36	Assessment and treatment of sleep complaints	1	2	3	4	5	1	2	3	4	5
37	Assessing and treating older patients for depression	1	2	3	4	5	1	2	3	4	5
38	Performing a screening test for depression (e.g. GDS)	1	2	3	4	5	1	2	3	4	5
39	Assessing and treating older patients for anxiety	1	2	3	4	5	1	2	3	4	5
40	Appropriate health maintenance for elderly patients	1	2	3	4	5	1	2	3	4	5
41	Knowledge of the role of proper nutrition & exercise for older	1	2	3	4	5	1	2	3	4	5
42	Health care financing in the elderly	1	2	3	4	5	1	2	3	4	5
43	Proper use of community resources	1	2	3	4	5	1	2	3	4	5
44	Getting a good social history for elderly patients	1	2	3	4	5	1	2	3	4	5
45	Discussing advance directives with patients and families	1	2	3	4	5	1	2	3	4	5
46	Dealing with elder abuse or neglect	1	2	3	4	5	1	2	3	4	5



**Describe the most important impact the rotation had on you:**

GERIATRIC MEDICINE:

PALLIATIVE MEDICINE:

**How could this experience have been made more effective for you?**

*Please rate your overall training experience.*

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NOT APPLICABLE
<b>Geriatric Medicine Experience</b>	5	4	3	2	1	NA
<b>Palliative Medicine Experience</b>	5	4	3	2	1	NA

**Comments** *(please explain if rated anything 2 or below):*

***Mahalo!***