Thank you for participating in the Connecticut Older Adult Collaborative for Health (COACH) program. By submitting the answers to these questions you imply consent for your participation in the educational study of the impact of training on healthcare providers. There are no risks to your participation and outcomes will be reported in aggregate. No individual identifiers will be reported. Your honest participation is critical to the success of the program and the overall goal of improving healthcare for geriatrics patients (patients over 65 years of age).

1. Net ID:

2. A 92 year-old male who lives alone, is estranged from family, dependent in all IADLs and ADLs except for transfers and feeding is admitted to the hospital following a fall from a recliner. This is his third hospitalization in 8 months. He has a history of falls and has sustained a humeral fracture to the left arm 1 year ago and had refused surgical interventions at that time. He is right handed. He is found to be bradycardic to 40s and cardiology recommends pacemaker placement. How should the treatment team proceed?

○ Apply for Title 19 and look into long term care since the patient is not safe to live alone

○ Proceed with pacemaker placement and then pursue long term care

○ Discuss hospice care with the patient

○ Elicit the patient's desired outcomes and what matters most to him

3. Non disease associated prognostic factors are:

○ Age, gender and functional status

○ Age, functional status and cognitive status

○ Age, functional status and comorbidities

○ Age, gender and cognitive status

4. Goals of Care is defined as

◯ Physician directed multidisciplinary care

◯ Communication regarding desired health care plans based upon clinical condition and medical options

◯ Inter-professional care focusing on advance directives such as DNR orders

◯ Documentation of medical orders for life sustaining treatment (MOLST)

5. SPIKES is a tool used to deliver bad news to patients and families. What is the order of the steps that this tool recommends?

◯ Summarize information, Assessing the patient's perception, Obtaining the patient's invitation, Providing knowledge and information to the patient, Addressing the patient's emotions with empathic responses, Providing a summary to the patient

◯ Setting up the interview, Assessing the patient's perception, Obtaining the patient's invitation, Providing knowledge and information to the patient, Addressing the patient's emotions with empathic responses, Providing a summary to the patient

◯ Setting up the interview, Assessing the patient's perception, Providing knowledge and information to the patient, Addressing the patient's emotions with empathic responses, Providing a summary to the patient

◯ Obtaining the patient's invitation, Assessing the patient's perception, Providing knowledge and information to the patient, Addressing the patient's emotions with empathic responses, Providing a summary to the patient

6. It is important to provide patients and families with emotional support while you are sharing bad news. One tool to use while proving this support is NURSe.

◯ Name the emotion, Express Understanding, Respect the Patient, Support the patient and family

◯ Notice something is going on, Express Understanding, Repeat the information, Summarize information

◯ Name the emotion, Explain normalcy, Redirect the patient, Support the patient and family

◯ Name the emotion, Express Understanding, Respect the Patient, Summarize information

7. Please rate the following statements on a 5 point scale:

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
Most old people are pleasant to be with.	◯	◯	◯	◯	◯
The federal government should reallocate money from Medicare to research AIDS or pediatric diseases.	◯	◯	◯	◯	◯
If I have a choice, I would rather see younger patients than elderly ones.	◯	◯	◯	◯	◯

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
It is society's responsibility to provide care for its elderly persons.	◯	◯	◯	◯	◯
Medical care for old people uses up too much human and material resources.	◯	◯	◯	◯	◯
As people grow older, they become less organized and more confused.	◯	◯	◯	◯	◯
Elderly patients tend to be more appreciative of the medical care I provide than are younger patients.	◯	◯	◯	◯	◯
Taking a medical history from elderly patients is frequently an ordeal.	◯	◯	◯	◯	◯
I tend to pay more attention and have more sympathy towards my older patients than my younger patients.	◯	◯	◯	◯	◯
Old people in general do not contribute much to society.	◯	◯	◯	◯	◯
Treatment of chronically old patients is hopeless.	◯	◯	◯	◯	◯
Old persons don't contribute their fair share towards paying for their healthcare.	◯	◯	◯	◯	◯
In general, old people act too slow for modern society.	◯	◯	◯	◯	◯
It is interesting listening to old people's accounts of their past experiences.	◯	◯	◯	◯	◯