

## **McGill Family Medicine Residents' Preparedness for Geriatric Care Survey**

Your participation in this study is voluntary and anonymous. You may skip any questions on this questionnaire. Thank you for your time! Your participation is greatly appreciated.

Date:\_\_\_\_\_

\*The terms “elderly”, “geriatric” and “older persons” refer to people over the age of 75.

*1. How many months of residency training (in Family Medicine) have you completed?*

- ☐ 0-6 months
- ☐ 7-12 months
- ☐ 13-18 months
- ☐ 19-24 months
- ☐ More than 24 months

*2. What is your age? \_\_\_\_\_*

*3. What is your gender?*

- ☐ Male
- ☐ Female

*4. Have you completed your Geriatrics rotation in residency?*

- ☐ Yes
- ☐ No

*5. At which Family Medicine Unit (training site) are you based?*

- ☐ St-Mary's (includes Queen Elizabeth Health Centre)
- ☐ Herzl
- ☐ CSSS De la Montagne (includes CLSC Cote-des-Neiges & Metro)
- ☐ Gatineau
- ☐ Chateauguay
- ☐ Val D'Or

6. Please check the box that corresponds to your level of agreement with each statement.

	<i>Strongly disagree</i>	<i>Somewhat disagree</i>	<i>Neutral</i>	<i>Somewhat agree</i>	<i>Strongly agree</i>
If I have the choice, I would rather see younger patients than elderly ones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is society's responsibility to provide care for its elderly persons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical care for old people uses up too much human and material resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elderly patients tend to be more appreciative of the medical care I provide than are younger patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking a medical history from elderly patients is frequently an ordeal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tend to pay more attention and have more sympathy towards my elderly patients than my younger patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is interesting listening to old people's accounts of their past experiences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. ***\*PRIOR TO RESIDENCY\****, how ***prepared*** did you feel in managing the following ***geriatric problems***?

	<i>Not at all prepared</i>	<i>Under-prepared</i>	<i>Somewhat prepared</i>	<i>Mostly prepared</i>	<i>Very prepared</i>
Falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary Incontinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delirium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polypharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional decline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioural problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Rate your skill level **PRIOR TO RESIDENCY**, in performing the following tasks or services for elderly patients.

	<i>Not at all skillful</i>	<i>Somewhat unskillful</i>	<i>Somewhat skillful</i>	<i>Skillful</i>	<i>Very skillful</i>
Discussing advance directives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing a physical exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessing functional status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussing and assisting with changes in living environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optimizing medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizing elder abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending to elder abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizing caregiver stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending to caregiver stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessing mental capacity for ADLs and IADLs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying red flags in capacity to drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussing concerns over patients with dementia with families and caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referring patients to appropriate community resources to optimize their care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborating with other health care professionals in the community (pharmacist, nurse, social worker, occupational therapist, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How **prepared** do you **CURRENTLY** feel caring for the elderly in the following setups? (Please check your level of comfort)

	<i>Not at all prepared</i>	<i>Under-prepared</i>	<i>Somewhat prepared</i>	<i>Mostly prepared</i>	<i>Very prepared</i>
Office setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long term care (nursing home, CHSLD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How **prepared** do you **CURRENTLY** feel in managing the following geriatric problems? (Please check your level of comfort)

	<i>Not at all prepared</i>	<i>Under-prepared</i>	<i>Somewhat prepared</i>	<i>Mostly prepared</i>	<i>Very prepared</i>
Falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary Incontinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delirium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polypharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional decline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioural problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Rate your **CURRENT** skill level in performing the following tasks or services for elderly patients.

	<i>Not at all skillful</i>	<i>Somewhat unskillful</i>	<i>Somewhat skillful</i>	<i>Skillful</i>	<i>Very skillful</i>
Discussing advance directives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing a physical exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessing functional status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussing and assisting with changes in living environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optimizing medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizing elder abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending to elder abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizing caregiver stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending to caregiver stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessing mental capacity for ADLs and IADLs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying red flags in capacity to drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussing concerns over patients with dementia with families and caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referring patients to appropriate community resources to optimize their care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborating with other health care professionals in the community (pharmacist, nurse, social worker, occupational therapist, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Throughout your training (medical school and residency), which of the following **types of geriatric settings** have you experienced? Please check all that apply, and specify whether or not you experienced them in medical school and/or residency.

	<i>Medical School</i>	<i>Residency</i>
Office / Ambulatory visits	<input type="checkbox"/>	<input type="checkbox"/>
Emergency room consultation service	<input type="checkbox"/>	<input type="checkbox"/>
In-patient consultation service	<input type="checkbox"/>	<input type="checkbox"/>
Ward (in-patient care)	<input type="checkbox"/>	<input type="checkbox"/>
Long-term care (nursing home, CHSLD)	<input type="checkbox"/>	<input type="checkbox"/>
Home visits / Home care	<input type="checkbox"/>	<input type="checkbox"/>
Geriatrics clinic	<input type="checkbox"/>	<input type="checkbox"/>
Geriatric day hospital	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>

13. To what degree have you managed the following cases throughout your residency?

	<i>None</i>	<i>Very little</i>	<i>Some</i>	<i>A good amount</i>	<i>Too much</i>
Falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary Incontinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delirium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polypharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional decline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioural problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



14. How much **training** did you receive during residency for the following skills?

	<i>None</i>	<i>Very little</i>	<i>Some</i>	<i>A good amount</i>	<i>Too much</i>
Discussing advance directives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing a physical exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessing functional status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussing and assisting with changes in living environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optimizing medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizing elder abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending to elder abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizing caregiver stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending to caregiver stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessing mental capacity for ADLs and IADLs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying red flags in capacity to drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussing concerns over patients with dementia with families and caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referring patients to appropriate community resources to optimize their care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborating with other health care professionals in the community (pharmacist, nurse, social worker, occupational therapist, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. How many **home care patients** have you had in your residency?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more
- ☐ None

16. How many **home care visits** have you made during residency so far?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9 or more
- ☐ None

17. On average, what percentage of the time you spend in your family medicine clinic is devoted to caring for elderly patients?

\_\_\_\_\_ %

*18. In your family medicine clinics, how do you rate the overall quality of preceptorship (or supervision) when dealing with elderly patients?*

- ☐ Poor
- ☐ Less than adequate
- ☐ Adequate
- ☐ Very Good
- ☐ Excellent

*19. During your residency, how much exposure have you had to Long-Term Care (Nursing homes, CHSLD)?*

- ☐ 1-3 days
- ☐ 4-7 days
- ☐ 7-14 days
- ☐ More than 14 days
- ☐ None

*20. How do you rate the overall quality of preceptorship in the Long-Term Care Institutions?*

- ☐ Poor
- ☐ Less than adequate
- ☐ Adequate
- ☐ Very Good
- ☐ Excellent
- ☐ Not applicable

21. How many **role models or mentors** have you had that you thought were good in the following areas of geriatric medical practice?

	<i>None</i>	<i>One</i>	<i>Two</i>	<i>Three</i>	<i>Four or more</i>
Home care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long term care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring for the elderly (in the office)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient care (hospital wards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. What in your opinion are the limiting factors in providing excellent care to your patients over 75 in your family medicine clinics? (check all that apply)

- ☐ Lack of time booked with patients
  - ☐ Lack of formal training (lectures, case discussion in groups, academic half days)
  - ☐ Lack of interdisciplinary collaboration with other health care professionals (Nursing, Physiotherapy, Occupational Therapy, Pharmacist, Social Services)
  - ☐ Lack of preceptor's knowledge
  - ☐ Lack of time spent discussing with preceptors
  - ☐ Family disagreement
  - ☐ Patient Resistance
  - ☐ Other: (please specify)
-

*23. Do you plan to include the following types of geriatric care in your practice within five years of finishing your residency?*

	<i>Yes</i>	<i>No</i>
Long-term care	<input type="checkbox"/>	<input type="checkbox"/>
Home care visits	<input type="checkbox"/>	<input type="checkbox"/>
Patients over 75 years in the office	<input type="checkbox"/>	<input type="checkbox"/>
Patients over 85 years in the office	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient care (hospital wards)	<input type="checkbox"/>	<input type="checkbox"/>

24a. If you plan on providing care for the above types of geriatric patients, what are the reasons?

---



---



---

24b. If you do **NOT** plan on providing care for the above types of geriatric patients, what are the reasons?

---



---



---

*25. Overall, how would you rate your training in caring for the elderly as a means of preparing you for your future practice?*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10
Useless										Extremely helpful

*26. Please describe any positive experiences you have had in caring for the elderly during your training in medical school or residency that you think is worth highlighting.*

---

---

---

---

*27. Please describe any negative experiences you have had in caring for the elderly during your training in medical school or residency that you think is worth highlighting.*

---

---

---

---

*28. What recommendations do you have to help prepare family medicine residents for the care of the elderly population?*

---

---

---

---

---

---

---