

Team Meeting: Care Planning: Scenario



The *Team Meeting: Care Planning* videos provide one example of a team meeting taking place, and the type of feedback that might be given. The team meetings you do in INT D 410, including for your TOSCE (Team Objective Structured Clinical Exam), will be different in some important ways. For example, a real TOSCE is about twice the length of this video, and **your instructions and patient scenario will be different**. For example, your scenario may be tailored to the particular disciplines represented in your class, and some scenarios may involve a workplace issue rather than a patient. Since your TOSCE counts for a big part of your INT D 410 mark, **be sure to read your scenario and instructions carefully** when you do your TOSCE!

Here are the instructions and patient scenario used for these videos.

Instructions

You are playing the role of a geriatric assessment team in an Edmonton clinic. Mrs. June Carlson's physician requested a geriatric assessment following exacerbation of her rheumatoid arthritis. She was referred to your team.

Your team has completed the assessment, including a home visit. Mrs. Carlson has presented as pleasant and has been very engaged in the process. You're now holding a team conference to discuss the assessment. Mrs. Carlson is not part of the conference, but you should assume that one or more members of your team will meet with her following this conference.

The purpose of this conference is to:

1. Identify concerns about Mrs. Carlson's health.
2. Prioritize three of the most important concerns.
3. Develop a care plan around those priorities.

Scenario

Mrs. June Carlson is a 65-year-old female living alone in a single-story, main-floor condominium in downtown Edmonton. Her husband passed away 6 months ago, and she has no caregiver. She doesn't drive; she walks or takes the bus to access services. She previously attended a seniors' exercise group, often visited with friends, and has been active in her church. She has one daughter who lives in Detroit. The daughter is single, has no children, and visits Mrs. Carlson four times per year.

Mrs. Carlson had been functioning well until she experienced an exacerbation of rheumatoid arthritis. After this, her physician adjusted her medications and suggested ongoing physical therapy and pain management techniques. He also requested a geriatric assessment.

Mrs. Carlson still experiences minor flare-ups of her rheumatoid arthritis and significant physical weakness and mobility issues. She is now often unable to get around town, or to continue most of her previous activities, and she reports that she "doesn't eat much anymore." She mostly eats toast and tea, and she is choking a bit after drinking tea or coffee. Her decreased mobility makes it more difficult to go shopping or cook for herself. She may need help organizing her new medications, and she mentioned having trouble swallowing some of her pills. The assessment team notices that she speaks with a breathy voice. Throw rugs present a tripping hazard in her home, and she may have need of a mobility aid. She's not following exercise recommendations, and pain could be a serious barrier to healthy exercise and activity.

Your team members have made the following observations.

Exercise Physiology	Need for a mobility aid, such as a walker or cane, at least. High potential for falls and mobility limitations with flare-ups. Patient not following exercise recommendations. Pain could be a serious barrier to healthy exercise and activity.
Medicine	Follow up required for rheumatoid arthritis.
Nursing	Patient may not be coping well mentally/emotionally with new life situation as a widow. Potential for social isolation given new mobility issues. Difficulty in getting to and from follow-up appointments. The walk downtown will be too far with new mobility and pain issues, patient no longer holds a driver's license. Not eating well.
Nutrition	Patient reports that she "doesn't eat much anymore." Concern regarding nutritional intake, patient reports eating mainly toast with tea. Decreased mobility makes it more difficult to go shopping or cook for herself. She coughs a lot and feels she is choking a bit after drinking tea or coffee.
Occupational Therapy	Throw rugs and other tripping hazards throughout the home. Lack of grab bars in the bathroom, etc. Patient needs assistance with medication management and is having trouble swallowing pills. Possible social isolation due to decreased mobility. Patient is having difficulty with oral health care, including brushing teeth.
Pharmacy	Possible issues with medication management: A lot of new medications, no system for organizing medication, many of the old medications around the house.

