

Team Meeting: Care Planning: Video Transcripts

	Name	Discipline	Team Role
Students	Yukari	Nursing Student	Initiator
	Carlos	Pharmacy Student	Energizer
	Melissa	Medicine Student	Advocate
	David	Nutrition Student	Process Analyst & Timekeeper
	Nina	Occupational Therapy Student	Recorder
	Jet	Exercise Physiology Student	Participant
Facilitators	Marja		
	Leo		

Yukari: Welcome, everyone, to our TOSCE exam. My name is Yukari, I'm a Nursing student, and I'm our Initiator today.

Carlos: I'm Carlos and I'm a Pharmacy student. I'm taking the role of Energizer.

Melissa: My name's Melissa and I'm a Med student. I'm the Advocate today.

David: My name's David and I'm a Nutrition student. I'll be providing feedback on our processes, and keeping track of time.

Nina: Hi, I'm Nina and I'm in Occupational Therapy. I'm the Recorder.

Jet: Hi, my name is Jet and I am in Exercise Physiology. I'm taking the role of Participant, so I'll be watching for times when I can supplement the other roles as needed.

Yukari: Okay, great. We need to identify and rank our top three health concerns for Mrs. June Carlson, then choose a goal and come up with an interdisciplinary care plan. Finally, we'll debrief.

David: We have seven minutes, so ideally we'll take five minutes to get to the care plan, then two minutes to debrief.

Nina: I'll keep track of what we're talking about.

All: Yep, that sounds good.

Yukari: Let's start by sharing what we found when we met with Mrs. Carlson and assessed her. Carlos, can you start us off?

Carlos: For sure. Mrs. Carlson is having some issues with managing her new medications; one of the things we could suggest is some sort of blister package or dosing aid. That will help her take her medications and organize them better.

Melissa: Another thing she discussed was pain. That's a significant limitation to her daily life and her quality of life, so I propose pain management as one of the three health concerns to address.

David: It also looks like she's not eating much anymore - mainly toast and tea. Her decreased mobility is affecting her ability to get groceries and prepare meals. We can get her more food through Meals on Wheels or the Sage Savories program, and maybe look at nutritional supplements like Boost.

Nina: I understand there are several throw rugs, which are a tripping hazard. I recommend an in-depth home assessment to come up with recommendations to reduce her risk of falls. She might also

benefit from some extra safety equipment, like grab bars in the bathroom, to help keep her independent.

Carlos: For sure, those are some good ideas.

Jet: To address her mobility issues, we could do another home visit and help her do some simple exercises or see what other types of activities she might be interested in, with the goal of getting her back into her senior's exercise group.

Yukari: Because her arthritis sometimes flares up, or for those times she feels a bit weaker or less mobile, we could look into services such as Driving Miss Daisy or Nurse Next Door that can help cook meals in her home or get her to her appointments on time.

Carlos: Does anyone have anything else they want to add?

David: The team noted Mrs. Carlson's breathy voice and she might also have dysphagia, so we might need to get a speech language pathology consult to assess her swallowing ability and voice quality. The problems might be related.

Tip

Other professions that might be consulted include med lab science and physiotherapy.

Nina: I also suggest a social work consult, as her husband passed away six months ago, she has no caregiver, and her only child lives 3,000 kilometres away.

Jet: These are all great suggestions. Yukari, may we look at what we've got so far. (Yukari nods, yes.)

Recorder's Notes: Identify Health Concerns

<u>Health concern</u>	<u>Care plan</u>
Managing meds	Blister pack
Pain	Pain management
Nutrition, access to food	Meal delivery, nutritional supplements
Safety, reduce falls	Home assessment
Mobility	Home exercises, senior's exercise group
Mobility	Seniors' transportation, home assistance
Dysphagia	Consult SLP
Isolation	Consult social worker

David: We have 2 minutes, 10 seconds left for the care plan.

Yukari: Okay, so next we need to decide our top 3 concerns, in order.

Carlos: I feel like her mobility is the top issue.

Yukari: I agree. And making sure she's able to manage her medications, and that the side-effects are not too big of an issue.

Nina: And making sure that her new medications are working effectively to manage her pain.

Jet: Talking to a social worker and getting access to services is also important.

David: We want to make sure the social worker looks into the financial part of it, because Meals on Wheels, Sage, Driving Miss Daisy... they're all expensive. They all add up.

Nina: So it sounds like our top three concerns are mobility, pain management, and referrals to a social worker and community services.

All: Nodding, yes.

Yukari: So let's make a care plan for her mobility concerns.

Nina: Jet, you were saying you could come to her home to show her some exercises, and I could look at her needs in terms of adding safety rails or removing the throw rugs. We could go together.

Tip

This is an excellent example of addressing role overlap.

Jet: Yes, ok.

All: Nodding, yes.

Yukari: And what about pain management? What's our plan?

Carlos: I'll review her medications, see what she's taking. I'll ask her if they're working and if she's having any side effects.

Jet: She might have trouble coming to the pharmacy to meet you.

Carlos: I'll do a home visit since she's having mobility issues.

Melissa: Then we'll assess whether the change in her meds is controlling her rheumatoid arthritis and her pain.

Yukari: What about non-pharmacological methods?

Jet: Some exercises can be used therapeutically to address her pain. When I visit her, I'll see if she'd like to try some yoga therapy.

Nina: So I think we have a plan?

All: Nodding, yes.

Yukari: And then, referral to community resources?

David: I'll see what kinds of foods she has available at home, and I'll coordinate with pharmacy in case she does need Boost or Ensure and see if she can get that covered under her senior's Blue Cross.

Yukari: It would be useful to have a social worker come in, and you [*looking at David*] could work with them to arrange Meals on Wheels or Sage Savories.

David: Definitely.

Yukari: I'll make the referral.

Nina: So here's our care plan. We should show it to her, and maybe she can see if she agrees with our list or wants to change it or reorder it.

Melissa: I'll contact her daughter as well. She might have some insight into her mother's home situation and mental health.

Carlos: Yeah that's very good.

Yukari: I think we're in agreement?

Recorder's Notes: Identify Top Priorities and Create a Care Plan

<u>Priorities</u>	<u>Care plan</u>
#1: Mobility	OT, exercise, home visit
#2: Pain management	Pharmacy home visit, medicine and pharmacy medication review, yoga therapy
#3: Referrals and services	Nutrition home visit, referral to social work, call daughter

All: Yes.

David: We're at the end of our five minutes for the care plan.

Jet: Are we ready to debrief, Yukari? (Yukari nods.)

David: So in terms of the whole team functioning, how does everyone think that went?

Carlos: I think it went pretty well. We seemed to listen to each other and participate.

Jet: And especially building off of each other's comments. I think that was pretty good for not really knowing each other that well. We kind of just did it naturally and it worked.

All: Yes.

Yukari: It was really fast-paced and coherent.

David: Yeah I liked that. How well do we think we incorporated the patient into the scenario?

Melissa: To the best of our abilities we tried to incorporate multiple perspectives of the patient's life, considering things like how she was doing psychologically and physically.

Carlos: Yeah, and I think you [Melissa] talking to her daughter brings in the patient's perspective.

Nina: It would be optimal to have the patient here, but we're going to address that by going to her house for a home visit.

David: So in terms of a team process, do we think our roles helped our discussion?

Nina: I definitely think so.

Yukari: It was useful to have the recorder keep track and summarize.

Jet: David, I liked how you kept us on track with the time.

All: Yes.

David: And professional contributions, does everyone think that their profession was well represented?

Tip

As early learners, you aren't expected to have a full command of your profession. But you should still provide some discipline-specific contributions.

All: Yes.

David: And how do you think this interaction would impact how we interact with other healthcare professionals in the future, whether it be family conferences or one-on-one interactions with other health professionals?

- Yukari:** I think it's just great to have an idea of who might have more knowledge in a specific area. Like in nursing, you have a general idea of a lot of things but not very specific knowledge unless you choose to be specialized in a certain area. It's great to know who to go to if you want more information.
- Nina:** Yeah and understanding each other's roles comes out in patient conferences because, when we're not sure who can do what, someone will say, "Oh that falls in my scope of practice." Or maybe there's overlap and you can work together.
- David:** And I think we managed the overlapping of roles really well.
- All:** Yes.
- David:** We're at the end of our two minutes, but does anyone have anything to quickly add to the debrief?
- All:** No, nope, etc.
- Nina:** Here are my notes from our team debrief. Did I get it all?

Recorder's Notes: Team Debrief
<ul style="list-style-type: none">• We listened to each other• We collaborated well• Patient's perspective was considered• Team roles were used effectively• Professional roles were represented• We learned more about each other's professional roles

- Melissa:** Yeah. Good job everyone.
- All:** Good job, everyone.

[End of "Team Meeting: Care Planning" video. Start of "Facilitator Feedback" video.]

- Marja:** As you noted in your reflective debrief, building on the ideas of other team members is an effective way of moving the process forward, and letting each member know that he or she has been heard. We had a fantastic example of a recorder here today, periodically reviewing what was going on, what the decisions were. The initiator at the beginning, you set a clear agenda and time flow as to how the meeting would go. Lots of good things. Excellent. I noticed a bit of jargon, when David mentioned dysphagia. The advocate, or David himself as the process analyst, might have spoken up there and asked him to explain that term. You addressed most of the issues in the scenario. You recognized that a speech language pathologist wasn't here but would be helpful.
- Jet:** And, Nina, you brought social work into it, and Meals on Wheels.
- Marja:** Yeah, it's great that you think about how you could involve other kinds of health professionals. I would caution you to make sure you're bringing in people who can address your patient's top health concerns, rather than trying to hit every possible need. But otherwise, excellent.
- Leo:** Most of you seemed confident in your roles. David, as the process analyst you did a great job with the debrief, asking good questions and getting people talking.

Jet, I noticed you supporting the different roles as needed. That's a key part of being a participant, and that's the role we all play most often in the real world.

Melissa, I noticed you didn't speak up as often as the others, and no one directly invited you to speak, which they could have done. But near the end you had that great idea to call Mrs. Carlson's daughter, so you definitely have good contributions. I would have liked to hear you make those contributions more often.

Nina, you said that after we have this discussion, we should let the patient review the identified priorities. That was a really nice point as well. It shows that you're focused on the patient as a person.

As a team, you had a really good dynamic. No one interrupted anyone. I wonder how you might have dealt with a bit of conflict or difference of opinion.

Yukari: Actually, I was thinking about speaking up about the blister packs, because my friend's mom has arthritis and she finds it hard to open them. I wanted to challenge Carlos about it, "Oh, do you think those would be the best for her?"

Carlos: Hmm, I never thought about arthritis making blister packs a problem. That would have been a good discussion to have.

Marja: Is there anything else that anyone wanted to bring up, talk about, or ask?

Nina: Here are my notes from the feedback we've received. Did I get it all?

Recorder's Notes: Facilitator Feedback	
<u>What we did well</u>	<u>What we need to work on</u>
<ul style="list-style-type: none">• Collaboration, noting professional role overlap• Attended to team function• Bring in other professions• Effective debrief• Patient centred• Clear communication	<ul style="list-style-type: none">• Define any jargon we use• Invite everyone to participate• Offer differences of opinion

All: Yes

Marja: You've got it! Thanks, everyone.

Leo: Yes, thank you. Good work.

[End of video.]

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