

Challenging Patients Curriculum Instructor Guide

Older Patient with Multiple Co-Morbidities

Goals:

A PGY-2 resident will be able to incorporate components of the patient-centered clinical method into the care of older patients and will be able to incorporate components of functional assessment into the care of older patients.

Patient Care

- Demonstrate an ability to identify an older patient's goals of care
- Develop a prioritized list of functional assessment tools to administer to an older patient

Medical Knowledge

- Describe the patient-centered clinical method
- Describe the components of comprehensive geriatric assessment
- Identify domains of function and instruments to assess each domain

Professionalism

- Demonstrate compassion and empathy in the care of the older patient with multiple medical problems

Systems-based Practice

- Identify other health professionals that can aid the family physician in assessing an older patient's function and in addressing functional defects

Session Guide

Time Needed: Two separate sessions. First session focuses on introduction of the patient centered clinical method and requires 60 to 90 minutes. The second session focuses on comprehensive geriatric assessment and requires 2 hours.

Session 1: Introduction to Patient Centered Clinical Method

Total time: 90 minutes

Equipment needed:

- Large note pad
- Markers

Instructor Preparation

1. Review chapters 2, 3, 4, 5, 6, 7, 8, 9 and 10 in Patient Centered Clinical Method, 2nd Edition, Stewart, M, Brown, JB, Weston, et al., Radcliffe Medical Press, 2003.
2. Be familiar with the diagrammatic representation of the Patient Centered Clinical Method.

Session

- A. The instructor's objective for this session is to describe the Patient-Centered Clinical Method.
- B. Intro: Ask participants to think of a patient interaction they have had in the past several months that had a very good outcome. This could be a single interaction in the clinic, a hospitalization or a patient seen over several visits in the clinic. Write down a brief description of the patient, the situation and what factors contributed to the positive outcome
- C. Discussion: Ask participants to share stories about their patient. Instructor acts as scribe, writing down key information. It is important to write down this information on a white board so that the information is laid out in the same arrangement as the Patient-Centered Clinical Method
- D. Hand out diagram of patient-centered clinical method. Using the information provided by the residents, describe the components of the patient-centered clinical method.
- E. Briefly describe the positive outcomes associated with the patient-centered clinical method

Handouts

1. Diagram of patient-centered clinical method
2. Article: Brown JB, Stewart M, McWilliam CL. Using the patient-centered method to achieve excellence in care for women with breast cancer. Patient Education and Counseling 38 (1999) 121-129

Session 2: Comprehensive Geriatric Assessment

Total time: 90 minutes

Equipment needed

- Computer and LCD projector
- Geri-Cards Assessment Game
 - Instructions (provided below)
 - Geriatric Assessment Cards - 1 set for each participant
 - Patient scenarios

Instructor Preparation

1. Review Presentation
2. Review Instructions for Geri-Cards Assessment Game

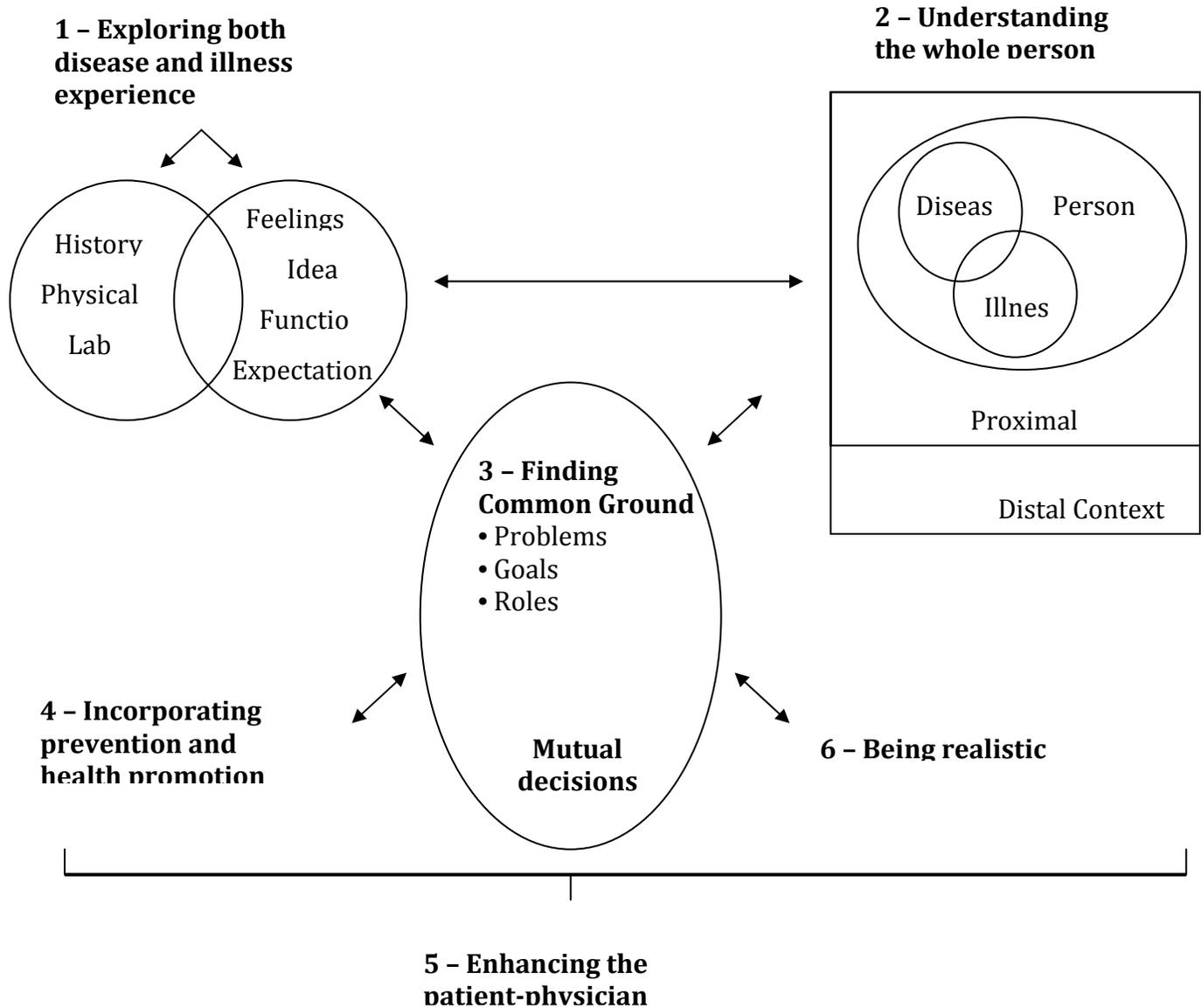
Session

- A. Introduce the format for the session – a brief lecture followed by an interactive exercise.
- B. Present “Comprehensive Geriatric Assessment” – 30 minutes
- C. Take a brief (5 minute) break
- D. Geri-Cards Assessment Game (50 minutes)
- E. Wrap-up session – whip around with each participant stating one important take-away point gleaned from the session.

Handouts/Suggested Reading

1. Gazewood, JD. Assessment of the older patient, in Reichel’s Care of the Elderly, 6th ed., Arenson et al, ed., Cambridge University Press, 2009.
2. Elsayy, B, Higgins, KE. The geriatric assessment. *Am Fam Physician*. 2011 Jan 1;83(1):48-56.

Patient-Centered Clinical Method



Patient-Centered Medicine:
Transforming the Clinical Method – 2nd
Ed. Stewart, M. Brown, JB et al. 2003.

Geri-Cards Assessment Game - Instructions

Goal: Residents will gain additional competence in selecting assessment tools and interventions that can be performed and/or recommended in a brief office visit.

I. Equipment

- A. Geriatric assessment cards – 1 set of cards for each 1 or 2 participants
 - i. Cards with black text represent geriatric assessment instruments
 - ii. Cards with blue text represent other health professionals who can assist with either assessment or an intervention aimed at a functional deficit
- B. Patient scenarios
 - i. Present a very brief clinical vignette – read by instructor, embellish as needed
 - ii. A list of indicated assessments and/or interventions (represented by the black text cards)
 - iii. A list of who provides the indicated assessments and/or interventions. Each potential person(s) who provides the assessment or intervention is named, followed by the assessments or interventions they could provide (represented by the blue text cards). The assessment and interventions are indicated by the letters corresponding to indicated assessment in b.
 - iv. Example:

Clinical Vignette

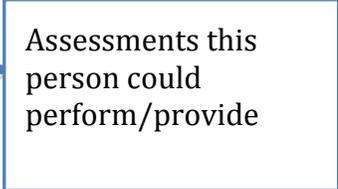
86 y/o woman with recent frequent falls, several contusions.
H/o HTN, DJD, cataracts

Indicated assessments and interventions

- a. Gait and mobility
- b. Social
- c. Environment
- d. Vision

Providers of indicated assessments

Clinic staff or
Physician (a,b,c)
Home health (b,c)
Physical therapy (a,c)
Clinic staff or referral (d)



Assessments this
person could
perform/provide

II. “Playing” the game

- A. Pass out a set of cards to each participant, or have learners break up into groups of 2, and pass out a set of cards for each 2 participants.
- B. Instructions for the residents – for each scenario, select 4 cards – 2 “black cards” and then 2 “blue cards.” (No blue card is needed for assessments that the physician will perform.) Be prepared to discuss your rationale for cards you have selected.
- C. The instructor reads a scenario and asks the participants to take several minutes to select their cards.
- D. The instructor asks for each participant or group of participants to put their cards on the table.
- E. The instructor asks for a volunteer, or selects a participant, to read their cards and discuss their reasoning for their selection. The instructor may comment upon this as needed. The instructor then asks for additional volunteers, especially for those who have selected different cards than those who have already discussed their selection. Once all of the different selections have been discussed, take a few minutes to discuss how you, as the experienced clinician, would prioritize selection of assessment and/or interventions for the patient in this scenario.
- F. Move on to the next scenario

TIP: Typically, there will only be a few different cards selected by all of the participants. Instead of going around the group and having each person/group discuss their selection for each card, focus instead on bringing out groups who have made different selections. Keep things moving – try to limit discussion to no more than 10 minutes per scenario.

Patient Scenarios

1. An 82 y/o woman with moderate Alzheimer's dementia, hypertension and congestive heart failure, brought in by her daughter. She reports no problems with her breathing. She is in a wheel-chair.
 - a. ADL's
 - b. Mobility Assessment
 - c. Continence
 - d. Caregiver stress

Caregiver (a,c,e) Clinic staff (b)

2. A 80 year old man who fell two years ago and suffered several rib fractures. He has A fib s/p pacemaker implantation, HTN, HLD, hypothyroidism.
 - a. Gait and mobility
 - b. ?IADL's
 - c. Environment

Clinic staff (a and b)
Self-report (b,c)
Caregiver (b,c)
Home health (c)

3. A 75 year-old-man, previously quite dapper, who now appears somewhat disheveled, and who seems to be having trouble with his medicines.
 - a. Cognition
 - b. Affect
 - c. Social
 - d. Nutrition
 - e. IADL's
 - f. ADL's

Clinic staff (a,b,c,d,e,f)
Caregiver (c,d,e,f)
Social worker (c,d,e,f)
Home health agency (c,d,e,f)

4. 72 y/o woman with Alzheimer's disease, lives with son, multiple admissions for COPD exacerbations.
 - a. Cognition
 - b. IADL's
 - c. Social
 - d. Environment

Clinic staff (a,b,c)
Social worker (b, c)
Home health (c)

5. 86 y/o woman with recent frequent falls, several contusions. H/o HTN, DJD, cataracts
 - a. Gait and mobility
 - b. Social
 - c. Environment

Clinic staff (a,b,c)

Home health (b,c)

Physical therapy (a,c)

6. 84 year-old woman lives alone. Family concerned about weight loss.
 - a. Nutrition
 - b. Cognition
 - c. Affect
 - d. IADL's
 - e. Social
 - f. Environment

Clinic staff (a-e)

Family (d-f)

Social work (e-f)

Home health (e-f)

MMSE Or Mini-Cog	MMSE Or Mini-Cog

GDS	GDS

Vision and/or Hearing	Vision and/or Hearing

Nutrition	Nutrition

Contenance	Contenance

ADL and/or IADL	ADL and/or IADL

Gait and Balance	Gait and Balance

Social	Social

Home Safety Assessment	Home Safety Assessment

PT or OT	PT or OT

Office Nurse	Office Nurse

MD Consult	MD Consult

Social Work	Social Work

Home Health	Home Health

Dietitian	Dietitian

Mental Health	Mental Health

Caregiver	Caregiver
