



USC University of
Southern California

Interprofessional Education and Collaboration for Geriatrics IECG Wrap-Up

Friday, February 23, 2024
1:30 p.m. – 4:30 p.m.

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Keck School of Medicine of **USC**
Geriatric Healthcare Collective

Interprofessional Education and Collaboration for Geriatrics (IECG)



IECG Wrap-Up Agenda

1:35 pm – 1:45 pm	Welcome & IECG Post-survey reminder <ul style="list-style-type: none">• Wrap-up Session Objectives	Dawn Joosten-Hagye
1:45 pm – 2:45 pm	Case Introduction <ul style="list-style-type: none">• Small groups• Large group discussion	Jo Marie Reilly
2:45 pm – 2:55 pm	Break	
2:55 pm – 3:20 pm	Team Building Activity <ul style="list-style-type: none">• Instructions• Debrief	Cheryl Resnik
3:20 pm - 3:30 pm	Reflection of Learning	Ashley Halle
3:30 pm – 3:35 pm	Conclusion	Mitzi D'Aquila

Wrap-Up Session Objectives

Professor Joosten-Hagye

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Session # 3 - Objectives

- IECG course debrief
- Summarize what was learned
- Students, kindly complete the IECG post-survey that was emailed to you. Friendly reminder, each student has a unique link.



Complete the survey today!



Eduardo Jimenez Case Study

Professor: Jo Marie Reilly

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Case Introduction

Interprofessional Education (IPE) Case Study

Demographics	
Name	Eduardo Jimenez
Age	68 Years of Age
Race	Hispanic
Weight	180 lbs.
Height	5'8"
Setting	Outpatient Clinic/Office
Chief Complaint	Hospital discharge follow-up

History of Present Illness

Mr. Jimenez comes in today for a follow-up visit after being hospitalized two weeks ago for a mild ischemic stroke with some residual, persistent right-sided hand and leg weakness and some word finding difficulties that have impacted his activities of daily living (ADL's). He is right hand dominant. He is accompanied by his wife Mrs. Jimenez who is mainly Spanish-speaking, and she stays in the treatment room with him the entire time.

He was discharged from the hospital with two new medications which he says are Plavix and Lisinopril/Hydrochlorothiazide. He is not sure what his medications are for, and the directions are written in English, not his primary language, Spanish. He has no medication list but thinks he is over-medicated and wants to reduce the medications he takes. He especially thinks that the Parkinson's medication does not seem to control his increased hand shanking. The doctor ordered Home Health.

- What disciplines would this patient need from home health?

Past Medical/Surgical History

Hypertension (for 10 years), Hyperlipidemia (for 12 years), Parkinson's disease (for 3 years), Stroke (2 weeks ago Mr. Jimenez had sudden weakness of the right side of the body and was hospitalized for 3 days with a stroke diagnosis), Osteoarthritis, and Insomnia.

Medications

Atenolol 50 mg once a day (blood pressure), Lisinopril/Hydrochlorothiazide 20/12.5 mg once a day (blood pressure), Aspirin 81 mg once a day (cardiovascular protection), Plavix 75 mg once a day (post stroke), Lipitor 10 mg once a day, Carbidopa/Levodopa 10/100 mg 3 times/day

(Parkinson's), Ibuprofen 200 mg prn (for osteoarthritis), Zolpidem 5 mg at bedtime 3-4 times a week (insomnia), Tylenol PM 1 tab (as needed for pain and sleep).

You have the following prescription fill dates collected from the patient's medication bottles:

Medications

Medication	Last two fill dates	Quantity
Atenolol 50 mg daily	8/1/23	#90
Lisinopril/Hydrochlorothiazide 20/12/5 mg daily	9/6/23	#90
Aspirin 81 mg daily	9/6/23, 8/1/23	#30
Plavix 75 mg daily	9/6/23	#30
Lipitor 10 mg daily	Sample bottle from MD office	
Atorvastatin 10 mg daily	9/2/23, 8/1/23	#90
Carbidopa/Levodopa 10/100mg TID	9/2/23, 7/22/23	#90
Zolpidem 5 mg Qhs	9/2/23, 8/1/23	#90
Ibuprofen 200 mg as needed	Purchase over the counter	
Tylenol PM 1 Qhs	Purchase over the counter	



Allergies

Penicillin (Hives). The reaction was during childhood.

Psychosocial History

Patient is married and was self-employed as a roofing contractor until his diagnosis 3 years ago of Parkinson's Disease at which time his physical challenges prevented him from continuing in that role. Prior to his recent hospitalization for a stroke, he had been working at Target as a janitor. He has two adult children living in Mexico with his mother. He sends money to help support them when he can.

Patient used to smoke a pack of cigarettes per day for more than 25 years but quit 3 years ago. He drinks 3-4 beers per week.

Since his stroke and recent hospitalization, he has recently lost the ability to drive. He is unable to return to work or perform his previous duties. He was working at the local Target, earning \$7.75 per hour, 30 hours per week. His total monthly income is \$1,330.00 (\$900 from Target and \$400 Social Security). His rent is \$575.00 per month. His insurance is Medicare and Medi-cal. His spouse does not work. They have no savings and 1 car.

- What financial state and federal benefits would you explore to ensure financial security?

Psychosocial History Continuation

Mr. Jimenez has a recent history of becoming tearful when discussing his financial and social status. He reports he has difficulty sleeping, specifically he both lies in bed worrying about the future and not being able to provide financially for his family. His appetite has decreased, and he is having difficulty concentrating. He reports that he has daily episode of crying and fear about falling and becoming “dependent”. He stopped seeing his friends at the park or at church and feels very “sad, every day, throughout the day.” He indicates he will be seeing his priest this week for the Catholic Sacrament of Anointing of the Sick, he believes that “God will heal me, He has before.” He is concerned about not being able to get to church which he used to go to daily and help with the church collection.

Mr. Jimenez does not have a documented history of psychiatric problems and has never seen a psychologist or counselor in the past. He tells you that the idea of seeing a psychologist is "out of the question" because he does not want his family to think of him as "weak and not a leader." Although there are no clear indications in conversation with him that he is suicidal, you learn from his wife that he attempted suicide once when he was an adolescent for reasons that still were unclear to her.

Mrs. Jimenez expressed concern that he has not talked to her much recently because he doesn't want to worry her. She also reports he has become socially isolated due to difficulty communicating with others, his inability to drive, and his persistent weakness. He smiles and is socially appropriate in his communication. Mr. Jimenez admits he is dissatisfied with how he spends his time currently, as he is watching a lot of television. He feels frustrated by not being able to do as much for himself.

Oral Health and Nutrition

His wife cooks all his meals, and he has always had a high sodium diet with lots of rice, beans, tortillas and little fruit and vegetables. He admits he has hard stools regularly. Chewing has been difficult as he has multiple missing teeth and hasn't seen a dentist in many years.

He reports experiencing a slightly dry mouth for years. Mr. Jimenez struggles to clean his own teeth since his stroke and is worried that there is some bleeding of his gums when trying to brush. He disclosed how it had become too challenging to stand at the sink to do much else but rinse daily with some mouthwash to freshen his mouth. Mr. Jimenez feels his missing teeth are apparent to others and has become insecure about his smile and ability to talk comfortably with others. He admits he has a fear of going to the dentist and does not know how he would handle the expenses if he had to go.

Vitals

BP: Initial: 180/90 mmHg, large cuff, right arm, sitting.

1st re-check 178/88 mmHg, right arm, sitting.

2nd re-check 176/86 mmHg, large cuff, right arm, sitting.

Pulse: Initial: 78 bpm regular rhythm

1st recheck 76 bpm regular rhythm

2nd recheck 74 bpm regular rhythm

Respiration: 16 breaths/min, unlabored Temp: 96.8 F Pain: 0/10

Patient's BP was high at all readings and when asked, patient said he usually takes his medications in the morning but did not this morning because he rushed to his appointment without eating breakfast. He usually takes his pills with breakfast.

Cognition, Physical Function, and Home Safety Functional Cognition

Mr. Jimenez has persistent difficulty speaking and finding words (in both English and Spanish) but he understands the questions and answers them slowly, but appropriately. Mr. Jimenez signs all the medical forms and documents by himself. He initially denies concerns about his cognition, but later acknowledges struggling to pay attention to group conversations. His wife also reports it takes longer for him to remember things.

Physical Function

Mr. Jimenez ambulates slowly with effort using a straight cane now. His right side is still weak but getting better since his stroke 3 days ago. He enjoys walking to the nearby park but has not been able to do much walking for a few months now. He has problem with balance and is afraid that he will fall and injure himself. Client denies falls, but his wife contradicts this by stating that he fell 1 month ago in the kitchen, but the fall was unwitnessed. His wife heard him fall and found him on the floor. Despite taking his Parkinson's medications as directed, he continues to have resting tremors in his hands which are more pronounced on the left side.

Home Evaluation & Living Situation:

Mr. and Mrs. Jimenez live in a small one-bedroom apartment building on the second floor of their complex. There is no elevator, and he has difficulty going up and down the stairs. They have lived in this apartment for the past 15 years and are on good terms with their neighbors. Mrs. Jimenez reports that she is embarrassed about the amount of clutter and disarray in their home that has increased since her husband's health has deteriorated. He reports that he thinks the home looks fine, but Mrs. Jimenez is tearful when discussing their home, stating "I'm so overwhelmed I don't even know where to start, or want to start".

Entrance

There is a thick mat outside of the front door to the apartment, and a thinner one inside. The door does not fully open due to a side table and boxes that partially block the entrance.

Living Room:

Living room is small and dimly lit with minimal clutter. Floors are carpeted and cords from a lamp and fan cross frequently used pathways.

Kitchen & Dining Room:

Kitchen is brightly lit and there is a small dining table with 2 chairs in the kitchen. There is a mild, unpleasant odor and flies are present. There are dirty dishes in the sink, on the countertops, and on the stove. Mr. Jimenez reports that he mostly just uses the refrigerator and microwave and can access these safely. There are multiple unsecured throw rugs present.

Bedroom:

Bedroom is brightly lit and carpeted with minimal floor space due to multiple, large pieces of furniture (i.e., dressers, bed, bookcase, and mirror) being in a small room. Mr. and Mrs. Jimenez share a queen-sized bed that is on risers, with multiple storage bins and bags underneath. Due to the raised height of the bed, both Mr. and Mrs. Jimenez have plastic step stools so they can get in and out more easily. Mr. Jimenez admits he occasionally will lose his balance getting out of bed in the morning. There is significant clutter throughout the room. They have a small walk-in closet that is filled with hanging clothes, and various large items and boxes on the floor of the closet that prevent them from being able to enter the closet.

Bathroom:

Bathroom is brightly lit with linoleum flooring. There are multiple unsecured rugs present. There is a space heater in the bathroom, with the cord crossing in front of the toilet. There is a shower/tub combo with sliding glass doors that Mr. Jimenez needs to step into. A suction-cup grab bar is present in the shower. The showerhead is fixed to the wall, and he can turn the water on/off. Toilet is standard height. Mr. Jimenez states that he sits down and pulls himself up off the toilet using the towel rack on the opposite wall. He can flush the toilet and reach the toilet paper safely. He can turn the sink faucet on/off and access personal items for grooming.

Manual toothbrushes are present in the sink area with one showing excessive bristle wear. A bottle of alcohol base mouthwash is nearby; however, the cap is not securely screwed on. Mr. Jimenez states that he does this on purpose as he feels he sometimes does not have enough grip and pinch strength to twist it off.

Ambient Conditions/Other:

Mr. Jimenez can open/close and lock/unlock all doors and windows. He can turn on/off the space heater and ceiling fan. He has difficulty turning on/off the air conditioning, but he and his wife state they don't really use it because of how expensive it can be. He can hear the smoke alarm, doorbell, and telephone. Prescription vials are scattered throughout the home.

Reflection Questions

1. Create a problem list with this patient and prioritize the list.
 - What do you need to screen and assess for? What tests and measures have you learned during IECG that will help you assess the problems?
 - What are things you can act on, and who on your team can do them?
2. Do you have any team members who are missing, and what referrals should be made?
3. What tests and measures have you learned during IECG that will help you assess the problems?
4. What course concepts have you learned from the IECG course that applies to this case?
 - Is there anything you have learned from your conversation with your assigned older adult?
 - What have you learned from the didactic sessions?
 - What have you learned from your team partners?

Small Group Discussion



Large Group Discussion





10 Minute Break

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Team Building Activity

Professor: Cheryl Resnik

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Team Building Activity Instructions



Team Building Debrief



Reflection of Learning

Professor Ashley Halle

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Reflection Questions

1. What is one thing you learned from your older adult?
2. One thing you learned from your team members.
3. What did you learn about teamwork?



Conclusion

Professor Mitzi D'Aquila

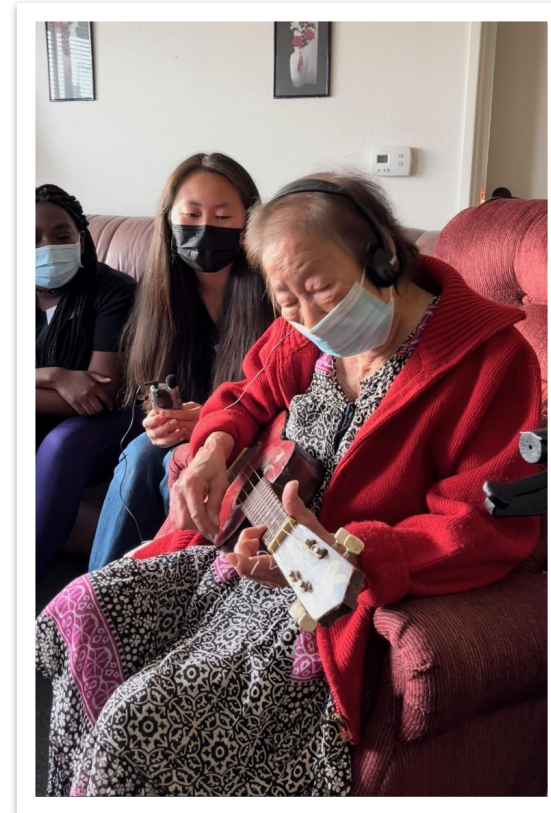
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Thank you for participating in the IECG Course



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Please review the full version of the resources which can be located by
accessing the GWEP website:

<https://gwep.usc.edu/programs/interprofessional-geriatrics-curriculum-egc-2023-2024/>