

FORM #2

**USC Interprofessional Geriatrics Clinical Experience
INTERPROFESSIONAL COLLABORATIVE PLAN**

Date: _____

Faculty Facilitator: _____

Team #: _____

This is a learning activity where students can discuss which team member(s) hypothetically could address the problems identified.

Resident's Name: _____ participated today in an interprofessional education and training with students and faculty from USC health professional schools. During the session the following were noted which may need further attention or follow-up:

List strengths of the resident's health, resources and living environment:

1. _____
2. _____
3. _____
4. _____

PROBLEM 1: _____

Recommendation

Discipline(s)⁺

PROBLEM 2: _____

Recommendation

Discipline(s)

PROBLEM 3: _____

Recommendation

Discipline(s)

PROBLEM 4: _____

Recommendation

Discipline(s)

+ include multiple disciplines when appropriate