

APPENDIX 12 (John A. Hartford Foundation Inc., 2001).

GITT Core Curriculum 2001

## **GITT Exercises: Topic 2**

### **Case Study: Overlapping Professions: Mr. Alex Green**<sup>18</sup>

You are part of a home care team consisting of a geriatric nurse practitioner, an occupational therapist, a medical social worker, and a primary care physician. Other disciplines, services, and service providers (for example, physical therapy, speech pathology, home health aide, homemaker service, pharmacy, and nutritionist) are available to participate on your team but must be invited to a team meeting on an as-needed basis. The philosophy of your home care agency is that patients and/or family members are also members of the health care team in that they must be part of setting goals and implementing any plans.

You have received a referral from a preferred provider organization (PPO) for Mr. Alex Green, a sixty-four year old man with congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease, hypertension, and diabetes.

Mr. Green has a history of presenting to the emergency room short of breath with fluid retention. He is sometimes admitted and sometimes treated as an outpatient by his primary physician. Little has been done to break the cycle of treatment failure. The PPO wants to try another approach. Out patient treatment will be authorized together, and bundled into one payment for the primary care physician, home care, and any other community-based care.

His current medications are as follows:

- Diltiazem hydrochloride (Cardizem) 240 mg four times per day
- Furosemide (Lasix) 40 mg four times per day
- Theophylline anhydrous (Theo-Dur) 200 mg three times per day
- Potassium chloride (K-Dur 20) 20 mEq every day
- Glipizide (Glucotrol) 5 mg twice per day
- Transdermal nitroglycerin system (Nitodisc) every 4-6 hours as needed for chest pain

Mr. Green is on a low-sodium diet with 1500-ml fluid restriction, but has not followed it in the past. He lives with his daughter, son-in-law, and their three children, ages seventeen, nineteen, and twenty-three. He also has a son who lives with his family in the neighborhood within easy walking distance. The daughter-in-law likes Mr. Green, but doesn't like his daughter and, as a result, refuses to visit him.

The family is described by emergency room staff as dysfunctional, unaware of the seriousness of Mr. Green's condition, and "unwilling to be a part of his treatment plan." They believe that it is too much trouble to prepare a special meal for Mr. Green and that the emergency room is an appropriate place to bring him for treatment after he has eaten a high-sodium and high-carbohydrate meals.

<sup>18</sup> (Long DM, Wilson NL, (eds.) *Houston Geriatric Interdisciplinary Team Training Curriculum*. Houston, TX: Baylor College of Medicine's Huffington Center on Aging; 2001; This case was adapted from one developed by the Rush Presbyterian-St. Luke's Medical Center, Rush Institute on Aging Geriatric Interdisciplinary Team Training Project

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There are also several smokers in the family, and they refuse to limit their smoking or smoke outside. They say, "It's our house; he is a guest. If he shouldn't be around smoke, then he should go outside."

The outpatient plan of care calls for the following services:

- Administer O2 @ 2L/nasal cannula
- Check O2 saturation readings per oximeter every week
- Draw SMA in one week
- Check of weight, abdominal girth, and pedal edema (coordinate with primary care physician) daily.
- Teach low-sodium diet and restricted fluid intake
- Evaluate home situation and family's ability to participate in the plan of care
- Teach energy conservation techniques
- Test pulmonary function and obtain X-ray
- Review and adjust medicine and improve compliance

The PPO will authorize \$800/month to cover the outpatient care (physician office, home care, community care) charges and is allowing the providers involved to distribute the money in a manner that best supports a plan to provide care to Mr. Green and reduce emergency room visits.

### *Discussion*

The questions central to this case include:

- What are the issues involved in this case?
- What disciplines should be involved in this case?
- What can each discipline contribute to the care plan development?

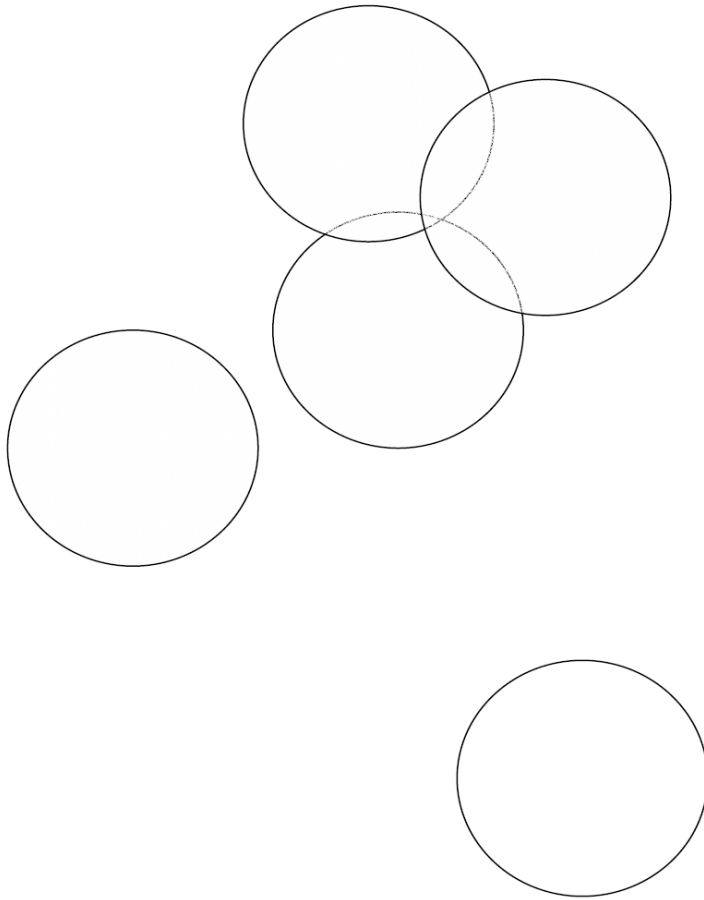
On the next page, you will find a case role map. This is a pictorial representation of who is involved in a case and which professional roles might overlap. On the Circles, write the names of the disciplines that need to be involved in the development of Mr. Green's care plan. Indicate the disciplines whose roles may overlap by writing their names in the circles that intersect. Some circles will need to be added and others may not be used. One possible solution is also appended.

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### **Case Role Map**

Fill in the circles with the names of the disciplines that need to be involved in Mr. Green's case. Indicate the disciplines whose roles overlap by writing their names in the circles that overlap. Add circles or ignore them as necessary. Circle size does not connote meaning.



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### **Questions About Team Involvement and Role Overlap**

From the previous case example and experience in identifying which disciplines should be involved, it can be seen that there may be different levels of involvement from team members, depending on the patient's needs. In addition to their professional roles, members of a team assume roles that characterize their personality, longevity with the team, sex, ethnicity and culture. Team members need to understand each other and respect the roles played by each professional.

There is always potential for role overlap between professionals, and the team members are responsible for deciding who does what when. Roles should and will change, depending on the needs of the patient and team. A team will continually need to clarify these role responsibilities.

Effective team members possess professional competence, have a patient's care as their highest priority and respect and trust other professionals on the team.

#### *Summary Questions<sup>3</sup>*

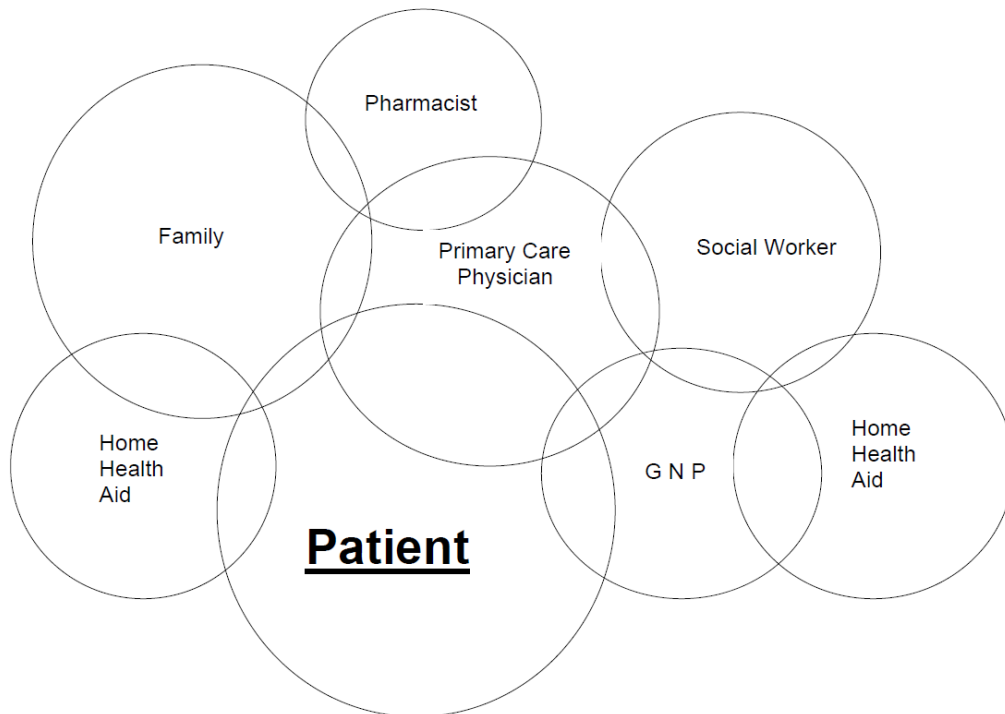
Answer the following multiple choice questions. Choose one answer for each question.

- \_\_\_1 The contributions of one discipline to a patient's health care plan can be understood by other disciplines by:
- A. Respecting each other as health care professionals
  - B. Listening to each other's health care plan concerns and comments
  - C. Recognizing the need for all contributions for the good of the patient
  - D. All of the above
- \_\_\_2. The discipline on the care team most likely to provide drug combination information to the care team would be:
- A. Primary care physician
  - B. Geriatric nurse practitioner
  - C. Pharmacist
- \_\_\_3 One discipline that is most likely to help with Mr. Greene's family becoming more involved with his case:
- A. Pharmacist
  - B. Social worker
  - C. Primary care physician

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### **Sample Answer for Case Role Map**<sup>19</sup>



<sup>19</sup> Long, D., Fay, V., & Wilson, N.L. (2001). Interdisciplinary teams: members and their roles. In D. Long, , & N. Wilson (Eds.). (2001). Houston geriatric interdisciplinary team training curriculum. Houston, TX: Baylor College of Medicine's Huffington Center on Aging. ([www.hcoa.org](http://www.hcoa.org), 713-798-5804).