Multiple Chronic Conditions Curricula and Training Materials

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College of Social Sciences, Health and Education
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Departments and Faculty:

Faculty from six different departments developed the Interprofessional Teaming Symposium and all materials used for the symposium.

Counseling- Michelle Hall;
Health Services Administration-Eddie Hooker;
Nursing- Barb Harland and Debra VanKuiken;
Occupation Therapy- Joan Tunningley;
Social Work- Shelagh Larkin and Jaylene Schaefer; and
Psychology- Renee Zucchero

Social Work Courses:

This event is suitable for either field or practice courses. Our program has used the field course for the last 4 years and this year we have transferred the event to the practice course which is taught in the junior year in order to give students this experience prior to entering the field. The planning committee has determined that tying the event directly to a course is best practice for attendance and active participation. The other departments have also integrated the symposium into curriculum and courses and in fact with regard to best practice it has been determined that the symposium is most successful when included in the syllabus.

SOCW 418- Field Instruction

For this course, students, as part of their field hours, attend the Annual Inter-professional Teaming Symposium along with student from other disciplines in which they attend a keynote address on effective teaming and participate in a mock treatment team discussing a client who is experiencing multiple chronic conditions. This curricular module targets developing competence in the CSWE 2008 EPAS core competency 2.1.10: Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities, and the corresponding practice behaviors as they relate specifically to working in teams.

SOCW 393- Social Work Practice and Methods II- Mezzo Practice
For this course, students attend the Annual Inter-professional Teaming symposium along with student from other disciplines in which they attend a keynote address on effective teaming and participate in a mock treatment team discussing a client who is experiencing multiple chronic conditions. This curricular module targets developing competence in the CSWE 2008 EPAS core competency 2.1.10: Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities, and the corresponding practice behaviors as they relate specifically to working in teams.

Format:

Annual Inter-professional Teaming Symposium
Description: Students from several disciplines come together on Xavier's campus and participate in a symposium in which they learn about effective teaming with clients with multiple chronic conditions, specifically dementia, and participate in a mock treatment team. This symposium has been happening for the last five years and annually several hundred students from up to seven different disciplines have participated. Participation varies depending on availability of students.

Symposium Materials:

Here are some of the materials generated by the committee to be used at the symposium.

Common Reading:

Each student who participates is asked to read this article.

Slone, D. (2002). A Team Effort for Treating Depression in Dementia. *Clinical Gerontologist*, 25 (3/4), 173-196.

In addition, there is a website that students are directed to for materials.
http://www.xavier.edu/teaming/.

Case Study:

All students are given the same case and asked to read and come prepared to discuss the client's needs in the treatment team. Some disciplines also provide additional discipline specific information sheets.
(Note: This case is a composite client developed by the committee. Over the five years the event has had several cases and some years multiple cases were used; however, it was determined that having only one case was the best practice.)

Demographic information:

Name: Afsana Hamid
Age: 84 years old woman of Middle Eastern descent
Diagnosis: 5 weeks status post right hip surgical repair, IDDM, Major Depression
Current living setting: Rehab unit of the skilled nursing facility at the Happy Home Retirement Community Assisted Living Unit (Afsana had been in independent living at Happy Home prior to her hip fracture)
Insurance/payer: Medicare

Medical history: Hypercholesterolemia, hypertension, osteoporosis, right hip fracture five weeks ago, diabetes, dementia, depression

Current medications and medical interventions: Lipitor, Lisinopril, Remeron, Boniva, Insulin on a sliding scale, Percocet. Currently receiving physical and occupational therapy but anticipate discharge soon due to continued limited progress.

Social history: Former schoolteacher, Widow for four years, four children, 14 grandchildren, 11 great-grandchildren.

Shortly after Afsana's husband died, she moved from her home into an independent living (IL) apartment at a Happy Home Retirement Community. She drove and enjoyed participating in the activities at the facility and in the community.

Six months ago, Afsana's family began to notice changes. Afsana forgot to take medications for depression and high cholesterol, which she had been taking for years. She made errors in taking her insulin, resulting in under and overdosing, and erratic blood sugar levels. She got lost a few times when driving in the community. Her daughter reports that she appeared confused recently and six weeks ago (just prior to the fall) found Afsana's purse in the refrigerator.

Five weeks ago, Afsana fell in her apartment, resulting in a right hip fracture. She was taken to the hospital for surgical pinning of the hip and released to the rehab unit of the skilled nursing facility at the Happy Home Retirement Community. She has been at the rehab unit for two weeks and progressing as noted by both physical and occupational therapy. Her status is only partial weight-bearing on the right leg and it is difficult for her to follow this precaution. Thus, she often uses a wheelchair.

Afsana's family members frequently visit her at the rehab unit and have noticed decline in her memory and are concerned about her ability to successfully rehab and question if she is receiving the correct amount of care from the nurses, physical therapist, occupational therapist and aids. As her decline accelerates, Afsana's oldest son has become increasingly demanding of the staff.

Behavioral/ emotional functioning: Afsana is not as active on the rehab uniting unit as she had been in her independent living apartment; she tends to stay to herself and does not socialize with other residents. One of her best friends in independent living recently had a major stroke and is in a coma and she has expressed concern for her friend. Afsana has stopped calling her children and seems disinterested when they call. She frequently complains that she is in pain and has demonstrated decreased appetite. She was previously impeccably dressed and well-groomed; however, she is typically in the same night gown for days and refuses assistance for daily living skills (e.g., to shower or get dressed). Afsana's short-term memory has notably declined since the fall.

Spirituality/ routines/ rituals: Muslim: Afsana regularly attended the mosque with her daughter and often spoke with staff about her faith. However, since returning from the hospital she resists any attempts to talk about her spirituality.

Current functioning for daily living and instrumental daily living tasks: Afsana requires max assistance for bed mobility and to move from supine to sit at the edge of her bed. She requires moderate assistance for upper body ADL (i.e., dressing and bathing) when seated at the edge of the bed or in her wheelchair. Afsana requires maximal assistance for all dressing and bathing ADLs for her legs. She requires maximal assistance of 1 for standing and all transfers or maximal assistance of two for steps (i.e. into the shower).

She has been incontinent of feces and urine several times in the past two weeks. Two other residents have complained about the smell. Afsana is verbalizing that the nurse is giving her the wrong medications. Afsana has convinced her son that one nurse's aide is trying to poison her. The nurse's aide has filed a complaint against Afsana's son for harassment.

Current concerns or issues: Decrease in strength for upper body dressing and wheelchair mobility, steady recent decline in cognitive functioning, incontinence, decrease in independence. Staff would like family to consider alternatives for additional care. The eldest son (with durable power of attorney) believes Afsana could be cared for more appropriately by the family and should be discharged to live with Afsana's daughter (his sister). The daughter, who has visited six times in the past two weeks, is not comfortable taking her mom home.

Role of Team Facilitators:

This is a handout given to the team facilitators to assist them in the processing of running the mock treatment team.

1. Review the common reading and case study prior to the event. Print the handouts for the keynote lecture if desired as printed copies will not be available at the seminar.

2. Arrive at least 20 minutes early to check in. Dress is business casual.

3. For the keynote lecture, open seating applies. You may sit in any location of your choosing. After a brief introduction, the keynote speaker will present for about 1.5 hours followed by a brief break.

4. After the break, groups will gather at their designated tables. The role of the faculty facilitator is to facilitate the group process only if the discussion starts to flounder or becomes unfocused. Ask some questions to keep the group moving. Many students have been provided discipline specific information to share as needed for the care planning for the client. The role of the community partner is as an expert in health care (i.e., evaluation, intervention, treatment planning, community resources, and follow-up care), not as the team leader or facilitator.

5. Most of the doctoral students in psychology and medicine will consult with 2 groups on the case. Their input will be available while they are with your group.

6. The small group discussion will last 75 minutes (3:00 – 4:15). Approximate time schedule:

> 3:00 – 3:15: Introductions by all team members and their professional role for clients. Ask community partner to introduce themselves and briefly describe their facility. Ascribe roles to students—team leader, recorder and time keeper.
>
> 3:15 – 4:00: Discussion about the case; encourage students to take the lead on care planning. Complete the Team Report Form. Encourage community partners as consultants when needed so students can find their own way.
>
> 4:00 – 4:15: Reflect on the teaming process using ½ page guiding questions in your group.
>
> There will be break from 4:15 – 4:45, during which light refreshments will be available. Networking is encouraged during this time.

7. The groups will reconvene into one large group (4:45 – 5:15) to review the case, and the teaming process focusing on the process used to determine best care for the case.

Team Report Form

This form is made available to students to use to document the outcome of the mock treatment team.

<table>
<tr>
<td>1.) Purpose of meeting:
Review and address concerns noted from other residents and staff regarding Afsana. Issues have been raised about her participation, her safety, behavior changes and her current level of care.

Meeting called by:
Administrator</td>
<td>2.)Team members present:
1.
2.
3.
4.
5.
6.
7.
8.
9.</td>
<td>3.)Consultants present:
1.
2.
3.</td>
</tr>
<tr>
<td colspan="2">4.)Problems:

Strengths/ resources:</td>
<td>5.)Priority concerns / goals:</td>
</tr>
<tr>
<td>6.)Solutions:</td>
<td colspan="2">7.)Priority Action Plan:

Responsible team member:</td>
</tr>
</table>

Follow up needed:

Instructions for filling out form:

- Identify the client and date

1) Review the purpose or reason for the meeting and who requested the meeting
2) List the members of the team (initials are sufficient for this symposium) and discipline/profession
3) List consultants and their credentials
4) Get input from each team member on problems and strengths/resources
5) After discussion by the team, establish what are the priority concerns and goals
6) Get input from each team member on potential solutions.
    - Evaluate potential solutions and choose the best one or integrate several into one
    - Determine roles of various disciplines for interventions
7) Summarize the plan and agree on distribution of tasks across team members.
8) Establish a plan for follow up. For example, evaluation of solution, communicating to family, reconvening of the team etc.

Template for Case Study Group Discussions:

Students are given this handout which provides some direction for running the mock treatment team.

I. Small groups
    a. Introduction of team members
        i. All participants introduce self
        ii. Each participant stated the role of their discipline for this client
        iii. Example: As a social worker for this client, I would …..
    b. Team roles
        i. Identify a time keeper
        ii. Identify a recorder
        iii. Identify a spokesperson to provide input to the large group
        iv. Identify a facilitator for discussion for the small group
    c. Consider your client's current functioning and concerns leading to this meeting
        i. What are the presenting problems from the perspective of your discipline?
        ii. What information, from your discipline's point of view, can help the inter-professional team understand the problems better? What were the underlying reasons that lead to the recent changes or current concerns? Being specific about the current behaviors or concerns can help to lead the team toward a plan.

iii. As a team, describe a plan of action with steps or recommendations that you can help the client and his/her family?
iv. Pragmatically, how can the action steps or recommendations be implemented? Who will be doing what?

d. Complete the Inter-professional Team Report Form

II. Large groups: Facilitator will facilitate discussion from small group participants to **FOCUS** on reviewing the inter-professional **PROCESS**

a. Inter-professional process
   i. How did it feel to be part of the team?
   ii. What were the advantages and disadvantages of the inter-professional team?
   iii. How do you advocate for your client, your profession while balancing the needs of all professionals on the team?
   iv. How are community settings using inter-professional teaming? What else needs to be done to facilitate this process?
   v. How practical/realistic is the teaming process for clients?

b. Use aspects of either case study as examples to support the inter-professional collaborative process
   i. Indicate how the process is time consuming and can be difficult
   ii. Recognize results of the teaming bring about more holistic, client-centered services for the client

Outcomes and Dissemination:

Faculty who have been serving on the planning committee have published several articles which have demonstrated the positive impact of this curricular event and presented the findings at several national conferences.

Publications:

Hooker, E. A., Zucchero, R. A., & Hill, V. A. (in press). Longitudinal outcomes of a brief interprofessional educational experience among health services administration and occupational therapy graduates. *The Journal of Health Administration Education*.

Zucchero, R. A., Hooker, E. A., Harland, B., Larkin, S., & Tunningley, J. (2011). Maximizing the impact of a symposium to facilitate change in student attitudes about interdisciplinary teamwork. *Clinical Gerontologist*, *34*, 399-412. doi: 10.1080/07317115.2011.588543

Zucchero, R. A., Hooker, E., Larkin, S. L. (2010). An Interdisciplinary Symposium on Dementia Care Improves Student Attitudes Toward Health Care Teams. *International Psychogeriatrics*, *22*, 312-320. doi: 10.1017/S1041610209991293

Presentations:

Harland, B., Moore, L. W., & King, M.O. (2011, January). Teaching interdisciplinary team skills to CNL students using an interactive symposium. The American Association of College of Nursing, CNL conference, Miami, FL.

Larkin, S. (2011, October). Bringing teaming to life: Developing students' competence in geriatric interdisciplinary practice with older adults experiencing dementia. Council on Social Work Education Annual Program Meeting, Atlanta, Georgia.

Tunningley, J., & Scheerer, C. (2009, October). Dementia: Applying clinical reasoning. Short course presented at the Ohio Occupational Therapy Association Annual Conference, Dayton, OH.

Tunningley, J., & Scheerer, C. (2010, May). Outcome of an interdisciplinary seminar on dementia care using components of problem-based and interprofessional learning. Short course presented at the American Occupational Therapy Association 90th Annual Conference, Orlando, FL.

VanKuiken, D., Toole, D., Mulcahey, M., Harland, B., Niehaus, L., Browne, F., Dole, D., Hill, V., Hall, M., & Schaefer, J. (2013, April). Journey toward an integrated program of interprofessional collaboration. Panel discussion at Murray State First Annual Collaborative Learning Unlimited Excellence Conference, Murray, KY.

Zucchero, R. A. (2013, March). The effect of a brief interprofessional educational experience on clinical psychology graduate students. Paper presented at the 2013 Association for Gerontology in Higher Education (AGHE) Annual Meeting, St. Petersburg, FL.

Zucchero, R. A., Hooker, E., Harland, B., King, M., Larkin, S., & Tunningley, J. (2011, March). Overcoming obstacles in implementing a brief interdisciplinary symposium on dementia care. Discussion presented at the 2011 Association for Gerontology in Higher Education Annual Meeting, Cincinnati, Ohio.