Seniors Assisting in Geriatric Education
Interprofessional Team-Based Training, Assignments & Grading

First and Second Year Interprofessional Graduate Healthcare Students

Reynolds Interprofessional Geriatric Education & Training in Texas
(Reynolds IGET IT)
University of North Texas Health Science Center
3500 Camp Bowie Blvd
Fort Worth, TX 76107

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OVERVIEW

Reynolds Interprofessional Geriatric Education and Training in Texas (IGET-IT) Program

SENIORS ASSISTING IN GERIATRIC EDUCATION

Reynolds Geriatric Education and Training in Texas (GET-IT)

Individuals sixty-five and over represent a rapidly growing portion of our population worldwide but the number of geriatricians falls far short of this need and the gap is continuing to widen. Older patients present highly complex medical issues and require physicians who are able to help maintain their quality of life, while also being able to discuss end of life planning and other concerns unique to these patients and their families (Institute of Medicine, 2008).

The Donald W Reynolds Foundation geriatric education grants were developed as a proactive effort to address the national shortage of Geriatricians and the medical needs of a growing geriatric population. A program grant was awarded to the University of North Texas Health Science Center (UNTHSC), Texas College of Osteopathic Medicine (TCOM) in 2009 for four years, and, renewed in 2013 in the form of a second four year grant. The program outlined and herein described has been supported by these two institutions.

Janice Knebl, D.O., Chief of Geriatrics at UNTHSC and the grant Primary Investigator believed that most physicians would be treating older adults as a part of their medical practice and that enhanced patient care should be promoted through increased training in geriatrics. The program “Seniors Assisting in Geriatric Education” or SAGE was an innovation that began with the first grant and continues today.

Seniors Assisting in Geriatric Education (SAGE) Phase I

The SAGE program design drew from mentor programs at the University of South Carolina School of Medicine (Roberts et al., 2006) and Thomas Jefferson University Center for Interprofessional Education (Thomas Jefferson University, 2016). As part of the UNTHSC Reynolds IGET-IT Program, SAGE was implemented as an educational model for preparing medical professions students to better serve older adults. SAGE partnered 1st and 2nd year medical profession students (physician, physician assistant, physical therapy, and pharmacy) with a senior citizen who either received home delivered meals through the Meals on Wheels Program or was a volunteer from the local community. Students make home visits as an interdisciplinary medical team where they apply their classroom education in the context and care of an older adult over a two year period.

The SAGE Program helps to address a growing demographic (aging adults) in the world today, as well as facilitating development of practice skill. It was selected by campus leadership and the Reynolds Foundation as an innovative way to increase medical student awareness in working with older adults, and introduce interprofessional competencies that will be required in future professional careers. The SAGE course does not follow a traditional classroom model. Students sometimes feel uncomfortable as they learn to navigate how the program works, the online course, and the complexities of if its unique design. It is a campus and community outreach model with volunteer faculty and senior mentors participating in the process.
**How SAGE Works**

During the first Reynolds Grant, the SAGE Program contained 24 contact hours with students working together in teams to make eight home visits with a senior citizen volunteer using pre-visit preparation and a competency based curriculum. The program sought to ensure that the medical professions students would have a level of familiarity and comfort in treating older patients. An in-person orientation is provided for each program, and all resources and materials for the visits are delivered through an online learning system. Students coordinate with pre-assigned team members to make home visits as an interdisciplinary medical team and apply their classroom education in the context and care of an older patient. Students practice and demonstrate basic clinical skills, such as taking histories, interviewing clients, conducting physical and cognitive assessments, advising the senior mentor on nutrition, home safety, and discussing community resources and advanced care planning. Faculty mentors use the online learning management system to review, grade assignments and provide feedback to the students as they progress through the 8 home visits.

**Seniors Assisting in Geriatric Education (SAGE) Phase II**

In the second grant from the SAGE program, goals were expanded to develop and implement partnerships to improve the ability of physicians to work in teams among various health care disciplines. SAGE moved beyond the UNTHSC TCOM (medical students), the School of Health Professions (PA and PT) and the UNT System College of Pharmacy students to another nearby institution. In a collaborative IPE partnership with Texas Christian University, the Harris College of Nursing and Health Sciences, Departments of Social Work and Nutritional Science students were added. This would bring the number of medical professions actively engaged in SAGE to a total of seven.

In addition, at this time SAGE completed a strategic plan that developed a formal mission, vision, values, and goals for the program.

**Mission:** To strengthen health professions students’ medical education in the development of competency in attitude, knowledge and skills in the care of older adults.

**Vision:** The SAGE Program will impact the way future doctors and other health care professionals care for older adults.

**Values:** Communication, Teamwork, and Empathy

**Goals:** (1) Health professions students will develop competency with older adults; (2) Strengthen health care students clinical applications of medical education through an Interprofessional team experience in the SAGE Program; (3) Health professions students learn from each other and appreciate each other’s professions

The course curriculum and student assignments were reviewed and updated by an interprofessional education and practice committee of the medical professions faculty represented in the program.

At this time the Vial of Life Program, a senior safety initiative, was added to the curriculum. The Vial of Life program is nationally recognized as saving countless lives each year by providing early responders with lifesaving medical information during an emergency should the patient not be able to speak or remember their medical information. During SAGE visits students record senior mentors’ medical information and place it in a prescription bottle that is placed in the refrigerator with an identifying decal on it. Another decal is placed on the front door or window of the seniors’ residence, which direct emergency personnel to where the information is kept. The Vial of Life is reviewed and updated as a service to the senior mentor at each of the SAGE home visits.
Geriatric Skills Lab

Collaborative interprofessional healthcare teams have been identified as a way to improve quality care and patient safety especially for at risk and marginalized populations. Often multiple healthcare providers are caring for the geriatric patients independently and/or in parallel with inadequate communication or a collaborative team work ethic. Effective healthcare for the geriatric population benefits from strong collaboration among those who are providing direct oversight to aging patients who often present with complex healthcare needs.

In response to this challenge, the UNTHSC Reynolds IGET-IT Program partnered with the campus Office of Interprofessional Education and Practice to provide early training to the seven medical professions students. Clinical faculty from each program helped plan and provide direction and instructional support. The Geriatric Skills Lab created an opportunity for healthcare professions students to learn about, from, and with each other, within the context of shared roles and responsibilities. (The American Geriatrics Society, 2015) The instruction provided in the Skills Lab included content and demonstrations that enhance the students’ knowledge of geriatric syndromes and provides early instruction in preparation for future SAGE home visits. Three training stations focus on quality care and patient safety in order to provide careful oversight for the geriatric population through team collaboration. Prior to participation in the Skills Lab, students have been exposed to an introduction to Team STEPPS communication and a case study activity with teams of interprofessional students. The Geriatric Skills Lab replaced the first semester of the SAGE Program, changing the number of home visits with senior adults in their home from eight to a total of six visits over three semesters.

Geriatric Skills Lab Overview*

Students were placed in interprofessional healthcare teams of 7-10 and rotated through (three) skill training stations. The overarching objectives of the exercise were early exposure to geriatric syndromes and to help students recognize the benefits of working collaboratively in the care of the geriatric patient. It was believed that effective collaboration on SAGE team would require a common mental model along with the understanding of the geriatric population.

Groups of 7-10 students rotated through the following stations:

- The **Falls Risk Assessment** station trained students in conducting a falls risk assessment. Instruction focused on recognizing the need for situation monitoring and education on the geriatric patient to assess their risk for falls and to develop strategies to help prevent falls.
- The **Medication Review** station sought to raise awareness of the issue of patient safety related to taking multiple medications often from several different providers. Medication review is an important factor in patient safety and an area in which healthcare professionals must collaborate, communicate, and cross monitor to make sure that it is effectively occurring.
- The **Cognitive Assessment** station provided training in the use of the Mini Mental Status Exam for cognitive assessment. The goal was to help students recognize that healthcare providers need to work collaboratively to assess the senior’s cognitive status, often across healthcare settings in order to provide care, services, and resources to the individual and family.

The Interprofessional Education Objectives that guide the program were drawn from the Interprofessional Education Collaborative Expert Panel Report and adapted for geriatrics. (Interprofessional Education Collaborative Expert Panel, 2011).
**Values/Ethics Competencies**

- Students will place the interests of patients and populations at the center of interprofessional healthcare delivery through creating a common mental model and understanding of the unique and shared needs of the geriatric population.
- Students will recognize the diverse and individual differences that characterize the geriatric population and the benefits of an interprofessional team in the assessment of physical, sensory, and cognitive function.

**Roles/Responsibilities Competencies**

- Students will recognize the need to engage diverse healthcare professionals to complement their own professional expertise, as well as the associated resources available to develop strategies to meet the needs of the geriatric population.

**Interprofessional Communication Competencies**

- Students will recognize a common language or terminology and process to use in discussing and assessing, medication reconciliation, ADLs, Falls Risk, and Cognitive Assessment in working collaboratively with other healthcare professionals with the geriatric population.

**Team and Teamwork Competencies**

- Students will recognize the need to engage other health professionals appropriate to the specific care situation (geriatric population) in shared patient/person-centered monitoring and cross-monitoring for improved quality of care and patient safety.

*See Geriatrics Skills Lab section for more specific information.*

**References**


Curriculum

INTERPROFESSIONAL
Seniors Assisting in Geriatric Education

Visit 1: Adult Health History
Goal: To learn to conduct and document a health history and patient-centered interview within an interprofessional health care team. This experience will also help the student recognize and respect the unique and common roles, training and expertise of other health care professions.

Visit 2: Home Environmental/Safety & Functional Assessment
Goal: To learn to prevent conditions that could result in falls or other injuries and to perform a comprehensive fall risk and functional assessment for an older adult.

Visit 3: Medications/Pharmacology Assessment
Goal: To conduct and document a medication and pharmacology assessment on an older adult, working within an interprofessional (IP) health care team. This experience will help students to recognize and respect the unique and common roles, training, and expertise of other healthcare professions.

Visit 4: Nutrition Assessment
Goal: To conduct and document a nutrition assessment on an older adult, working within an interprofessional (IP) health care team. This experience will also help students to recognize and respect the unique and common roles, training and expertise of other healthcare professions.

Visit 5: Community Resources & Advanced Care Planning
Goal: To identify the senior mentor’s current use of community resources and identify any additional services that may benefit the senior mentor. The students will also develop basic competency in discussing advance health care directives with a senior adult.

Visit 6: Health Literacy Project & Ending the Healthcare Professional/Patient Relationship
Goal: To carry out a teaching project with an older adult on a health or wellness topic. Students will identify the process for terminating the healthcare professional/patient relationship and formally ending the senior-student team relationship.
Visit 1: Adult Health History

Goal: Learn to conduct and document a health history and patient-centered interview within an interprofessional health care team. This experience will also help you recognize and respect the unique and common roles, training and expertise of other health care professions.

Attitudes
The student will be able to:
1. Appreciate the health history process for older people
2. Relate to the senior mentor’s experiences of working with various health care professionals and how they have felt about those experiences
3. Recognize the unique and common roles, education and expertise of other health care professionals when learning about a senior’s life and health history

Knowledge
The student will be able to:
1. Identify and apply the components of a geriatric focused health history
2. Discuss the unique health and psychosocial issues that have impacted the senior mentor’s quality of life
3. Develop communication skills in an interprofessional team collaboration
4. Describe the characteristics of a successful interprofessional team
5. Assess the interprofessional health care team’s performance and identify strategies for improvement

Behaviors and Skills
The student will be able to:
1. Conduct a health history of an older adult with appropriate documentation.
2. Measure and interpret a blood pressure, pulse (rate/quality/rhythm), respiration and pain.
3. Utilize patient-centered interviewing techniques, demonstrating respect and understanding of cultural diversity and individual differences that characterize seniors, and health care team members.
4. Communicate effectively with the senior using active and reflective listening.
5. Communicate with team members to clarify each member’s responsibility in executing the health history prior to the home visit.

SCHEDULING THE VISIT:

Work with your team members to find a time that is convenient for everyone. Have several options of dates and times available prior to contacting the senior mentor to schedule the visit. The SAGE visit should be based on your senior mentor’s availability and students’ schedules. Please arrange and complete your home visit with your senior mentor including ALL members of the team. Inform the senior mentor that your team will be completing a health history in order to help you get to know them better and practice your patient interviewing skills. Also, inform your senior mentor how many students will be coming for the visit.

If you are having trouble reaching your senior mentor after three attempts at least 24 hours apart, please email (SAGE@unthsc.edu) so someone can help the team to problem-solve the communication issues.
PREPARING FOR THE VISIT

Work with your interprofessional team members to discuss your pre-readings and to develop a plan for the upcoming visit to your senior mentor’s home. Review all readings and lecture notes your specific program uses that are applicable to this visit such as the documents below:


Although review of systems is an important component of a complete medical history, for this assignment it will not be conducted. During this visit, you will collect a lot of information and you may want to split up the sections and have one person to write up the medication list while the other person is asking questions.

Suggested preparation:
How do you feel about going into your senior mentor’s home? How do you think he/she feels about having you there? How can you make this experience comfortable for all team members? As a team, discuss your interview strategy for this visit and for interviewing your senior mentor. Following are some questions to consider before you interview the senior mentor:

1. Which team member will start the introductions? Will a leader be designated or will all team members share in the leadership role?
2. Which team member will review the purpose of the visit and how it will proceed? How will the team set the interview agenda? What will the team representative say?
3. What is your opener after the purpose of the visit?
4. Which team member will ask which questions on the Adult Health History Form? What order will each team member take in to make the interview flow smoothly?
5. Are there any questions that are missing from the Health History form that the team would like to include during the interview?
6. Which team member will welcome the senior mentor to the group or thank the senior mentor for welcoming them into their life? How will the rest follow?
7. How will team members utilize active listening skills? How will the team keep the interview from going “off track” and stick to the time allotted?
8. How will the team close and end the interview?

Work together to discuss each discipline represented to identify common or unique approaches to completing the health history and to establish each member’s responsibility for the home visit.

Team development:
Building a team takes time. Each team will have its own character and way of operating. Take time to identify common goals as a team during SAGE visits as it relates to each activity. Recognize each other’s strengths and/or weaknesses, be equitable and effective in the decision-making, and engage in regular communication while focusing on the senior mentor. The adult health history visit interview is a give and take and an interactive discussion. Let it go where it needs to go while discoveries are made during the visit.

Finally, please remember that the senior mentor is the teacher. Listen to what the senior mentor says is right or wrong in his/her condition and how it affects their life. The senior mentor may choose not to
answer certain questions due to sensitivity and/or discomfort, and that is okay! Please accept his/her response and move forward with the conversation. The team will need to document the senior refused or was uncomfortable answering a specific question. Most importantly, listen to his/her stories and HAVE FUN!

As you prepare for the SAGE visit, consider the following:
Please allocate at least 2 hours for the visit and pre & post write up (additional time for planning the visit). Discuss potential strategies to stay “on track” and on time. Discuss what items each team member will bring prior to the visit.

Equipment/Materials to take on the Visit (All documents are provided in the Canvas Course):
1. Writing Paper and Pen
2. Adult Health History Document
3. White Lab Coat/Professional Dress and name tag
4. Blood Pressure Cuff, Stethoscope
5. Laptop or iPad/tablet if desired
6. Universal Pain Scale document
7. Vial of Life Kit or paperwork (if needed and can be picked up by UNTHSC student)
8. Senior Mentor Blood Pressure Card

INSTRUCTIONS FOR STUDENTS DURING THE VISIT:

Step One: Visit the senior mentor. Introduce the team as healthcare professions’ students and identify each discipline from UNT Health Science Center/Texas Christian University in Fort Worth. Inquire if the senior has ever seen someone from your profession before for health care. Thank the senior mentor for participating in your education. Inform them that you are not their physician/healthcare professional and cannot give any health advice (always refer them to their primary physician/healthcare professional). Remind the senior mentor that the team will be completing a health history in order to help get to know them better and practice your interviewing skills. Ask if the senior mentor has any questions before getting started with the interview.

Step Two: Make certain that all the necessary material and equipment are present before examining the senior mentor. Begin the visit by assessing your mentor’s blood pressure (which arm and position), radial pulse (regularity and strength), respirations (quality and effort), and pain assessment score. Use the “Universal Pain Assessment Tool” document to assess the pain level of the senior. The universal pain tool is intended to help providers assess pain according to individual senior needs. Explain and use 0-10 scale for senior self-assessment. Identify location, timing, and any adjectives they might use to describe pain. Be sure to record the information on the senior mentor’s blood pressure card. You are no longer required to complete a team blood pressure card.

Step Three: During this visit, the team will also be completing or updating the Vial of Life information for the senior. When updating the information, place the updated form in the vial, and place it in the freezer/refrigerator. If this is the first time the senior mentor has participated in the Vial of Life Program, please take a few minutes to educate them on the program (see example script below).
“The Vial of Life has important instructions and information that is needed most during the first minutes of critical illness or accident in your home. This is a community outreach service that enables emergency responders to quickly locate helpful information regarding the senior’s health history. Emergency responders, fire fighters, paramedics and police are trained to look for the “Vial of Life” sticker and obtain information from the vial.”

(www.vialoflife.com)

The kit contains a vial in which a health information form and advanced directives are stored in the freezer or refrigerator door. A sticker is placed on the front door of the house and the front door of the freezer or refrigerator. SAGE teams will update the information at each SAGE visit.

Once you have educated the senior on the Vial of Life program, please complete the medical information form and if they have an advance directive, place them in the vial and into the freezer or refrigerator. To complete the kit, please place the stickers on the front door and freezer or refrigerator.

**Step Four:** Conduct a (2 hour) adult health history using the “Adult Health History” form. Use a patient-centered interviewing approach (active listening). Split the interview up so each student has time to engage in conversation with the senior during this activity.

**Step Five:** After the interview, reflect back on the experience of obtaining an adult health history. Address the following visit 1-assignment questions.
VISIT 1 ASSIGNMENT

Submit the team assignment in a word or PDF document and upload to Canvas for grading. Include the date of your visit, plus the names of the team members that were present. Make sure you also include any completed forms, checklists, or screening documents required for the visit. Answer the questions in the same format as below (Do not use a continuous essay format).

1. A) Document the date and time the team visited the senior mentor.
   B) Document the senior’s blood pressure (which arm and position), respirations (quality and effort), radial pulse (regularity and strength), pain level (0-10 severity scale, location, timing and adjectives to describe any pain), age, and ethnicity.
   C) Add any other information pertinent to the senior mentor’s status (Gender, overall appearance, and health the day of the visit. Identify any extenuating facts that appear to impact the patient’s health).

2. A) List the IP team number, names, school and roles of the SAGE team members for this visit (e.g. med, pharm, dietician, nursing, social work, etc.). Also list any member not physically present for the visit with the SAGE senior and IP team members (Email SAGE (sage@unthsc.edu) with the names of any member not present and why);
   B) Briefly identify the tasks of each team member and explain how individual roles were determined;
   C) Identify which team member will be submitting the assignment for the team;
   D) Provide an explanation of the contributions to the visit/assignment by each IP team member.

3. Complete and then summarize the Adult Health History form. Be sure to upload a copy of the form with the assignment submission.

4. A) List at least three (3) topics/concerns that surfaced during the interview that helped in the understanding of the senior mentor’s health history.
   B) Elaborate on how these have impacted the senior’s aging process, basically how they have dealt with their particular struggles in life.
   C) How have these issues caused the team think differently about the aging process?

5. In review of the Adult Health History Assessment visit, what other health care team members and/or community support systems could contribute to the senior mentor’s treatment or wellness plan? Explain why or why not?

6. How might this exercise help the team increase their skills as healthcare professionals? Other comments?

7. All SAGE Visits address different content. Based on the Adult Health History visit with the senior mentor:
   A) Describe any characteristics or behaviors that were barriers to conducting the assessment with the senior mentor.
   B) Describe whether the difficulties were related to the assessment environment and/or the senior mentor and how the challenges were resolved.
   C) Explain how the team could improve this type of visit in the future.
<table>
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<th>Assignment Question</th>
<th>Pass</th>
<th>Fail</th>
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<tr>
<td>1. A) Document the date and time the team visited the senior mentor. B) Document the senior’s blood pressure (which arm and position), respirations (quality and effort), radial pulse (regularity and strength), pain level (0-10 severity scale, location, timing and adjectives to describe any pain), age, and ethnicity. C) Add any other information pertinent to the senior mentor’s status (Gender, overall appearance, and health the day of the visit. Identify any extenuating facts that appear to impact the patient’s health).</td>
<td>IP Team provides documentation with explanation and other details pertinent to the visit about patient’s vital signs. Includes complete answers to A, B, and C as listed in question.</td>
<td>IP Team lacks documentation of the patient’s vital signs and gives minimal explanation and/or details. Misses all or parts of answers to A, B, and C.</td>
</tr>
<tr>
<td>2. A) List the IP team number, names, school and roles of the SAGE team members for this visit (e.g. med, pharm, dietician, nursing, social work, etc.). Also list any member not physically present for the visit with the SAGE senior and IP team members (Email SAGE (<a href="mailto:sage@unthsc.edu">sage@unthsc.edu</a>) with the names of any member not present and why; B) Briefly identify the tasks of each team member and explain how individual roles were determined; C) Identify which team member will be submitting the assignment for the team; D) Provide an explanation of the contributions to the visit/assignment by each IP team member.</td>
<td>Submission provides documentation of the IP team with explanation of tasks, roles and other pertinent details to the visit. Includes thorough answers to A, B, C and D in full sentences.</td>
<td>Submission does not document IP team, provide explanation of tasks, or other pertinent details to the visit. Lack of or minimal explanation to questions A, B, C and D.</td>
</tr>
<tr>
<td>3. Complete and then summarize the Adult Health History form. Be sure to upload a copy of the form with the assignment submission.</td>
<td>IP Team completes 70-100% of the adult health history and uploads a copy to Canvas.</td>
<td>IP Team completes less than 70% of the adult health history and fails to upload a copy to Canvas.</td>
</tr>
<tr>
<td>4. A) List at least three (3) topics/concerns that surfaced during the interview that helped in the understanding of the senior mentor’s health history. B) Elaborate on how these have impacted the senior’s aging process, basically how they have dealt with their particular struggles in life. C) How have these issues caused the team think differently about the aging process?</td>
<td>IP Team lists 3 or more topics/concerns with extensive elaboration and empathetic responses on aging of the senior mentor.</td>
<td>IP Team lists less than 3 topics/concerns and fails to elaborate on the topics/concerns related to the aging of the senior mentor.</td>
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5. In review of the Adult Health History Assessment visit, what other health care team members and/or community support systems could contribute to the senior mentor’s treatment or wellness plan? Explain why or why not?

| IP Team provides sufficient explanation of whether the senior’s support system is sufficient and explains; or if the support system is insufficient, provide recommendations. | IP Team fails to provide sufficient explanation as to the senior’s support system and does not provide any recommendations. |

6. How might this exercise help the IP Team increase their skills as healthcare professionals? Other comments?

| IP Team provides detailed description about how this exercise might help them as future healthcare professionals. | IP Team fails to provide detailed description about how this exercise might help them as future healthcare professionals. |

7. All SAGE Visits address different content. Based on the Adult Health History visit with the senior mentor:
   A) Describe any characteristics or behaviors that were barriers to conducting the assessment with the senior mentor.
   B) Discuss whether the difficulties were related to the assessment environment and/or the senior mentor and how the challenges were resolved.
   C) Explain how the team could improve this type of visit in the future.

| IP Team provides detailed description of behaviors or barriers experienced during the assessment. Elaborates any difficulties in the environment and provides suggestions on how to improve the visit. Follows A, B, & C format. | IP Team fails to provide detailed description of behaviors or barriers experienced during the assessment. Fails to elaborate on any difficulties in the environment or provide suggestions on how to improve the visit. Does not follow A, B, & C format. |

Resources


Visit 2: Home Environmental/Safety & Functional Assessment

Goal: Students learn to prevent conditions that could result in falls or other injuries and to perform a comprehensive fall risk and functional assessment for an older adult.

Attitudes:
The student will be able to:
1. Relate their own views of “home” to that of a senior
2. Discuss the value that seniors attribute to aging-in-place

Knowledge:
The student will be able to:
1. Discuss environmental risks for older adults
2. Describe how cognitive function affects ADL function for older adults generally and this adult specifically
3. Describe prevention strategies associated with home safety for this older adult
4. Define and describe ADL functional assessment of the older adult
5. Describe how older adults can develop strategies for successful aging-in-place
6. Explain how deficiencies found in the senior mentors MMSE and GDS would impact their quality of life and aging in place

Behaviors and Skills:
The student will be able to:
1. Complete a home environment assessment
2. Screen for depression using the Geriatric Depression Scale (GDS)
3. Evaluate an older adult’s risk of falls using the “Get Up and Go Test”
4. Measure and interpret blood pressure (rate/quality/rhythm), pulse, respiratory rate, and pain, if any
5. Perform a functional assessment (ADL and IADL) with analysis of findings
6. Perform a cognitive evaluation using the Mini-Mental State Exam (MMSE) and Clock Drawing Test
7. Summarize and teach the older person about the above assessment conclusions

SCHEDULING THE VISIT:
Work with your interprofessional (IP) team members to find a time that is convenient for everyone for the SAGE visit. Have several options of dates and times available prior to contacting the senior mentor to schedule the visit. The SAGE visit should be based on the senior mentor’s availability and students’ schedules; please arrange and complete the home visit with your senior mentor including ALL members of the IP team. Inform the senior mentor that your team will be completing a home safety assessment in order to help you get to know them better and practice patient interviewing skills. Also, inform the senior mentor how many students will be coming for the visit.

If you are having trouble reaching your senior mentor after three attempts at least 24 hours apart, please email (SAGE@unthsc.edu) so someone can help the team to problem-solve the communication issues.
PREPARING FOR THE VISIT

Work with the interprofessional team members to discuss the pre-readings and to develop a plan for the upcoming visit to the senior mentor’s house. Review all readings and lecture notes your specific program uses that are applicable to this visit such as:

- **Article: (available in Canvas)**
  - National Center for Injury Prevention and Control. Preventing Falls: How to Develop Community-based Fall Prevention Programs for Older Adults. Atlanta, GA: *Centers for Disease Control and Prevention*, 2008.

- **Videos and Additional Resources**
  - Video of Timed Get Up & Go Test: https://www.youtube.com/watch?v=s0nqzvt9JSs
  - Elder Care: A Resource for Providers: Falls in Elders

- **The following assessment tools and resources are available at this site:**
  - https://consultgeri.org/education-training/e-learning-resources:
    - Katz Index of Independence in Activities of Daily Living (ADL)
    - Mental Status Assessment of Older Adults: The Mini-Cog
    - The Geriatric Depression Scale (GDS)
    - Fall Risk Assessment
    - The Lawton Instrumental Activities of Daily Living (IADL) Scale
    - Assessment of Fear of Falling in Older Adults
    - The Falls Efficacy Scale-International (FES-I)

The team will be assessing an older adult’s home for environmental safety issues with particular attention for fall hazards within an interprofessional health care team. This experience will help the team understand the psychosocial issues related to a patient’s home environment and potential hazards within that environment. This assessment is meant to help team members recognize and respect the value that seniors place on their homes, familiar environments, and community. Seniors may not recognize potential hazards in their home, or may be aware of the hazards and do not have the resources or motivation to deal appropriately with them and report.

Seniors might not allow you to access other areas of their home besides the common areas, please document this if it happens. The senior mentor’s overall well-being may be negatively impacted by their environments and it is important as health care professionals that we understand home environments and their impact. Health care professionals will need to be aware of community resources available to patients to aid in addressing hazards in the home environment as part of overall health care plans.
The following are some questions to consider before you interview the senior mentor:

1. How do the team members feel about entering and walking around in the senior mentor’s home?
2. How do team members think the senior mentor feels about having you there?
3. How can the team members make this experience comfortable for everyone involved?
4. How will the senior mentor’s environment interact with his/her participation and activity now and in the future?
5. Watch the senior mentor as he/she is walking around? Do they walk close to the wall? Are they able to walk and talk?
6. What do falls, cognition, depression, and function have to do with each other?

The team will be assessing the seniors’ functional assessment which includes a Geriatric Depression Scale (GDS) and Mini Mental State Exam (MMSE) during this visit.

If the senior is having thoughts of death or suicide, it’s critical to get help immediately. MHMR offers a 24/7 Call Center where individuals may be screened by a qualified mental health professional for appropriate levels of care, services and referrals to the community. The Crisis Relief help number is 817-335-3022 or 800-866-2465. If the senior is in a crisis, the Mobile Crisis Outreach Team provides a combination of face to face and 24-hour crisis services.

If your senior is concerned they may be depressed they should talk to their doctor or healthcare professional. Depression is a medical condition that can be treated with antidepressants, psychotherapy and/or a combination that can help them feel better.

**Team development:**
Remember to work together as a team, discuss each discipline represented to identify common or unique approaches to completing the functional assessment, and to establish each member’s responsibility for the home visit.

Building a team takes time. Each team will have its own character and way of operating. Take time to identify your common goals as a team before, during, and after SAGE visits as it relates to each activity. Recognize each other’s strengths and differences, be equitable and effective in decision-making, and engage in regular communication while focusing on your senior mentor.

Please remember that the senior mentor is the teacher. Listen to what the senior mentor says is right or wrong in his/her condition and how it affects their life. The senior mentor may choose not to answer certain questions due to sensitivity and/or discomfort, and that is okay! Please accept his/her response and move forward with your conversation. The team will need to document if the senior refused or was uncomfortable answering the specific question and include in assignment. Most importantly, listen to his/her stories and HAVE FUN!

**As you prepare for the SAGE visit, consider the following:**
The entire visit should last no more than 2 hours, so discuss potential strategies to stay “on track” and on time. Amongst the IP team, and prior to the visit, discuss what items each team member will bring to the visit.
Equipment/Materials to take to the interview (all documents are provided on Canvas):
1. Laptop/iPad/tablet if desired
2. Writing paper and pen
3. Watch with second hand
4. Universal Pain Scale document
5. White medical coat and nametag
6. Blood pressure cuff, stethoscope
7. “Get Up and Go Test” instructions document
8. Geriatric Depression Scale (GDS) document
9. Mini Mental State Exam (MMSE) document
10. Home safety assessment checklist document (2 copies)
11. The Clock Drawing Test with instructions document
12. Copy of IADL and Katz Index of ADL forms document
13. Senior Mentor Blood Pressure Card (SAGE card)
14. Visit 1 Health History Form with Medications Listed

INSTRUCTIONS FOR STUDENTS DURING THE VISIT:

**Step One:** Visit the senior mentor. Introduce the team as healthcare professions students and identify each discipline from UNT Health Science Center/Texas Christian University in Fort Worth. Inquire if the senior has ever seen someone from your profession before for health care. Thank the senior mentor for participating in your education. **Inform them that you are not their physician/healthcare professional and you cannot give any health advice (always refer them to their primary physician/healthcare professional).** Remind the senior mentor that the team will be completing a home safety assessment and functional assessment in order to help you get to know them better and practice your interviewing skills. Ask if the senior mentor has any questions before getting started with the interview.

**Step Two:** Make certain that all the necessary material and equipment are present before examining the senior mentor. Begin the visit by assessing your mentor’s blood pressure (which arm and position), radial pulse (regularity and strength), respirations (quality and effort), and pain assessment score. Use the “Universal Pain Assessment Tool” document to assess the pain level of the senior. The universal pain tool is intended to help providers assess pain according to individual senior needs. Explain and use 0-10 scale for senior self-assessment. Identify location, timing, and any adjectives they might use to describe pain. Be sure to record the information on the senior mentor’s blood pressure card. **You are no longer required to complete a team blood pressure card.**

**Step Three:** Perform the Mini Mental State Examination, The Clock Drawing Test, and the 15-item Geriatric Depression Scale using the correct forms.

**Step Four:** Complete the ADL and IADL forms to evaluate the senior mentor’s function.

**Step Five:** Ask the senior mentor if they have had any falls in the past year. Perform the “Get Up and Go Test” with the senior mentor and record the time it takes them to complete the test and any observations about their gait (e.g. is he/she unsteady or need to use an assistive device such as a walker?).

**Step Six:** Discuss the findings with the senior mentor and explain what the team has learned from these assessments.
Get Up & Go Instructions

Instructions:
The senior may wear their regular footwear and can use any assistive device they normally use. Have the senior sit in the chair, with their back against the chair and their arms resting on the arm rests. Ask the senior to stand up from a standard chair and walk a distance of 10 ft. (3m).

Instructions to the senior:
When I say, “Go” I want you to:
1. Stand up from the chair
2. Walk to the line on the floor at your normal pace
3. Turn around
4. Walk back to the chair at your normal pace
5. Sit down again

Timing begins on the word “Go” when the person starts to rise from the chair and ends when he or she returns to the chair and sits down.

Observe the senior during the test for the following:
  a. Slow tentative pace
  b. Loss of balance
  c. Short strides/uneven step lengths
  d. Little or no arm swing
  e. Steadying oneself using the wall
  f. Shuffling gait pattern
  g. “en bloc” turning
  h. Incorrect use of an assistive device

Interpretation of results:
A time > or equal to 12 seconds indicates high risk of falling; less than 10 seconds indicates a high level of mobility; between 10 and 20 seconds is a variable area with patients mostly independent in mobility; 20-29 seconds indicates some limitations in mobility; greater than 30 seconds indicates impaired mobility. Observation of any of the above characteristics also indicates impairment in gait and/or balance.

Step Seven: Do an environmental/safety assessment of the senior mentor’s home. Explain to the mentor that the team must learn how to do a home safety inspection, an inspection mainly for fall hazards. Ask your mentor not to be offended when going through his or her home marking off your prevention checklist. Take the environmental assessment form out and proceed with the home safety inspection. If the senior mentor is uncomfortable with the team walking around their home, please assess the areas the senior allows the team to see and assess.

Step Eight: Review the environmental/safety checklist with the senior mentor. Are there items that surprise him/her? Talk with the mentor about the changes that they would like or need to make. What issues are involved in making these kinds of changes for the mentor? Make sure to provide the senior mentor with one of the copies of the Home Safety Assessment.
**Step Nine:** After the team has completed the home safety assessments, ask the senior mentor to **identify three safety changes** that he/she might like to make in the home and discuss a potential plan to reduce safety hazard(s) and build on existing strengths. NOTE: If the senior mentor and the team cannot find three potential safety hazards, please identify safety strengths in your mentor’s home instead.

**Step Ten:** During visit 1 you completed the health history form which included documenting the seniors list of current medications. Bring this list to visit 2 and verify with the senior if there are any changes in the current medications from visits 1. If changes have occurred document if any of the medications are related to falls risk. If this is a new senior you will need to document all of the seniors current medications with dosages and times taken to evaluate for falls risk.

**Step Eleven:** During this visit, the IP team will be completing or updating the Vial of Life information for your senior. When updating the information, place the updated form in the vial and replace it in the freezer/refrigerator. If this is the first time the senior mentor has participated in the Vial of Life Program, please take a few minutes to educate them on the program.

> “The Vial of Life has important instructions and information that is needed most during the first minutes of critical illness or accident in your home. This is a community outreach service that enables emergency responders to quickly locate helpful information regarding the senior’s medical history. Emergency responders, fire fighters, paramedics and police are trained to look for the “Vial of Life” sticker and obtain information from the vial.” (www.vialoflife.com)

The kit contains a vial in which a medical information form and advanced directives are stored in the freezer or refrigerator door. A sticker is placed on the front door and the outside corner of the freezer or refrigerator.

SAGE teams will update the Vial of Life information at each SAGE visit.

Once you have educated the senior on the Vial of Life program, please complete the medical information form, and if they have an advance directive, place them in the vial and into the freezer or refrigerator.

To complete the kit, please place the stickers on both the front door and freezer/refrigerator.

**Step Twelve:** After the interview, reflect back on the experience of completing a home environmental/safety assessment. Address the following Visit 2 assignment questions below as a team and select one person to submit the team’s answers.
VISIT 2 ASSIGNMENT

Submit the team assignment in a word or pdf document and upload to Canvas for grading. Include the date of your visit, plus the names of the team members that were present. Make sure you also include any completed forms, checklists, or screening documents required for the visit. Answer the questions in the same format as below (Do not use a continuous essay format).

1. A) Document the date and time the team visited the senior mentor.
   B) Document the senior's blood pressure (which arm and position), respirations (quality and effort), radial pulse (regularity and strength), pain level (0-10 severity scale, location, timing and adjectives to describe any pain), age, and ethnicity.
   C) Add any other information pertinent to the senior mentor’s status (Gender, overall appearance, and health the day of the visit. Identify any extenuating facts that appear to impact the patient’s health).

2. A) List the IP team number, names, school and roles of the SAGE team members for this visit (e.g. med, pharm, dietician, nursing, social work, etc.). Also list any member not physically present for the visit with the SAGE senior and IP team members (Email SAGE (sage@unthsc.edu) with the names of any member not present and why);
   B) Briefly identify the tasks of each team member and explain how individual roles were determined;
   C) Identify which team member will be submitting the assignment for the team;
   D) Provide an explanation of the contributions to the visit/assignment by each IP team member.

3. Document any changes to the medication list from visit 1. Ask the senior why changes to their medication were made. Note if the changes in medication are potentially related to falls risk.

4. A) Conduct a Mini Mental State Examination (MMSE). (Submit copy with assignment)
   B) Clock Drawing test with the senior mentor. Score and identify areas of the test in which the senior mentor has deficiencies. (Submit copy with assignment)
   C) Complete the 15 item Geriatric Depression Scale. Document and submit all scores and note any deficiencies. (Submit copy with assignment)

5. Complete IADL and ADL functional assessments; identify, explain, and document any areas of deficit(s). Submit copies of all assessments with assignment questions.

6. A) Differentiate between the IADL and ADL in regards to patient’s capabilities.
   B) Explain how the IADL score relates to the senior mentors health and well-being.

7. A) Conduct the “Get Up & Go” Test and document the results.
   B) Based on the results of the test, identify and explain if the senior is at risk of falls.

8. Conduct an Environmental/Safety Assessment of the senior mentor’s home:
   A) Describe 4 characteristics or other findings and identify and document if the findings promote safety OR increase risk.

9. A) Was the senior mentor accepting of the home environmental/safety assessment? Answer Yes or No, and explain why?
B) What were the factors that led to the success or detracted from the completion of the home/environmental safety assessment?

10. In review of the Home Environmental & Functional Assessment Visit, what other healthcare team members and/or community support could contribute to the senior mentor’s treatment? Explain why or why not?

11. All SAGE Visits address different content. Based on the Home/Environmental Safety & Functional Exam provide a summary of how the interprofessional (IP) team:
A) Dealt with any difficulties during the assessment process within the IP team;
B) Might improve communication and teamwork skills for the next visit;
C) Explain the importance of these types of communication and teamwork skills for future practice.
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<th>Assignment Question</th>
<th>Pass</th>
<th>Fail</th>
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<tr>
<td>1. <strong>A)</strong> Document the date and time the team visited the senior mentor. <strong>B)</strong> Document the senior’s blood pressure (which arm and position), respirations (quality and effort), radial pulse (regularity and strength), pain level (0-10 severity scale, location, timing and adjectives to describe any pain), age and ethnicity. <strong>C)</strong> Add any other information pertinent to the senior mentor’s status (Gender, overall appearance and health the day of the visit and identify any extenuating facts that appear to impact the patient’s health or well-being.)</td>
<td>IP Team provides documentation with explanation and other details pertinent to the visit about patient’s vital signs. Includes answers to A, B, and C as listed in question.</td>
<td>IP Team lacks documentation of the patient’s vital signs and any explanations or minimal explanation and details. Missing all or parts of answers to A, B, and C.</td>
</tr>
<tr>
<td>2. <strong>A)</strong> List the IP team number, names, school and roles of the SAGE team members for this visit (e.g. med, pharm, dietician, nursing, social work, etc.). <strong>Also list any member not physically present for the visit with the SAGE senior and IP team members (Email SAGE (<a href="mailto:sage@unthsc.edu">sage@unthsc.edu</a>) with the names of any member not present and why;</strong> <strong>B)</strong> Briefly identify the tasks of each team member and explain how individual roles were determined; <strong>C)</strong> Identify which team member will be submitting the assignment for the team; <strong>D)</strong> Provide an explanation of the contributions to the visit/assignment by each IP team member.</td>
<td>Submission provides documentation of the IP team with explanation of tasks, roles and other pertinent details to the visit. Includes thorough answers to A, B, C and D in full sentences.</td>
<td>Submission does not document IP team, provide explanation of tasks, or other pertinent details to the visit. Lack of or minimal explanation to questions A, B, C and D.</td>
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<td>3.</td>
<td>Document any changes to the medication list from visit 1. Ask the senior why changes to their medication were made. Note if the changes in medication are potentially related to falls risk.</td>
<td>IP team documents and explains any changes in the medication list and notes any medications that may be related to falls risk.</td>
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<td>4.</td>
<td>A) Submit Copy of completed Mini Mental State Examination (MMSE). B) Submit a copy of the senior mentor’s Clock Drawing test with the senior mentor. Score and identify areas of the test in which the senior mentor has deficiencies. C) Submit the complete the 15 item Geriatric Depression Scale. Document and submit all scores and note any deficiencies.</td>
<td>IP team completes all 3 functional assessments and provides results with detailed description of deficiencies and explanation of depressive symptoms the senior mentor endorsed. Includes answers to A, B, and C as listed in the question.</td>
</tr>
<tr>
<td>5.</td>
<td>Complete IADL and ADL functional assessments; identify, explain, and document any areas of deficits. Submit copies of assessments with assignment questions.</td>
<td>IP team completes all 3 functional assessments and provides results with detailed description of deficiencies and explanation of depressive symptoms the senior mentor endorsed. Includes answers to A, B, and C as listed in the question.</td>
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<td>6.</td>
<td>A) Differentiate between the IADL and ADL in regards to patient’s capabilities. B) Explain how the IADL score relates to the senior mentors health and well-being.</td>
<td>IP team documents and identifies any deficiencies, and explains how the IADL and ADL scores relate to the senior’s health and well-being.</td>
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<td>7.</td>
<td>A) Conduct the “Get Up &amp; Go” Test and document the results. B) Based on the results of the test, identify and explain if the senior is at risk of falls.</td>
<td>IP team documents results of the Get Up and Go test and a detailed explanation of any potential risk factors is provided.</td>
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<td>8.</td>
<td>Conduct an Environmental/Safety Assessment of the senior mentor’s home: A) Describe 4 characteristics or other findings and identify and document if</td>
<td>IP team documents and describes 4 or more findings from the Environmental/Home Safety Assessment and elaborates on how the</td>
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<td>the findings promote safety OR increase risk.</td>
<td>findings promote safety or increase risk.</td>
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| 9. | A) Was the senior mentor accepting of the home environmental & safety assessment? Answer Yes or No, and explain why?  
B) What were the factors that led to the success or detracted from the completion of the home safety assessment? | IP team provides description of the senior mentor’s acceptance of the home safety assessment experience. Provides explanation that details what led to success or detracted from the home safety assessment. | IP team fails to describe or provide detailed explanation of the home/environmental assessment. Fails to provide description of senior mentor’s acceptance or lack thereof. |
| 10. | In review of the Home Environmental & Functional Assessment Visit, what other healthcare team members and/or community support could contribute to the senior mentor’s treatment? Explain why or why not? | IP team makes recommendation for other healthcare team members and/or community support systems that could contribute to the senior mentor’s treatment or wellness plan. Explain why or why not. | IP team fails to make recommendation for other healthcare team members and/or community support systems that could contribute to the senior mentor’s treatment or wellness plan. Does not provide an explanation of why or why not. |
| 11. | All SAGE Visits address different content. Based on the Home/Environmental Safety & Functional Exam provide a summary of how the interprofessional (IP) team:  
A) Dealt with any difficulties during the assessment process within the IP team;  
B) Might improve communication and teamwork skills for the next visit;  
C) Explain the importance of these types of communication and teamwork skills for future practice. | IP Team provides an explanation of any difficulties experienced during the home/environmental safety assessment process; fully explains how to improve communication and teamwork skills for the next visit; and provides explanation of the importance of communication and teamwork skills for future practice. | IP Team fails to provide an explanation of any difficulties experienced during the home/environmental safety assessment process; Team fails to explain how to improve communication and teamwork skills for the next visit; and fails to explain the importance of communication and teamwork skills for future practice. |
Visit 2: Resources


National Center for Injury Prevention and Control. Preventing Falls: How to Develop Community-based Fall Prevention Programs for Older Adults. Atlanta, GA: *Centers for Disease Control and Prevention*, 2008.


University of South Carolina School of Medicine. Senior Mentor Program. Retrieved from http://ca.med.sc.edu/senior.mentor.program.asp
Visit 3: Medications/Pharmacology Assessment

**Goal:** To conduct and document a medication and pharmacology assessment on an older adult, working within an interprofessional (IP) health care team. This experience will help students to recognize and respect the unique and common roles, training, and expertise of other healthcare professions.

**Attitudes:**
The student will be able to:
1. Recognize the challenge of polypharmacy in older adults.
2. Respect the role of various health professionals in identifying the effectiveness of pharmacologic agents.
3. Identify personal opinions, values, and experiences influencing their own attitudes about medication management with patients.

**Knowledge:**
The student will be able to:
1. Identify side effects and interactions associated with selected drugs.
2. Describe three factors that promote medication non-compliance in older adults.
3. Describe pharmacologic changes in aging and the relevance to therapeutic decisions.
4. Apply unique and complementary abilities of all members of the IP team to optimize patient care.

**Behaviors and Skills:**
The student will be able to:
1. Perform a medication assessment and an in-home medication inspection.
2. Measure and interpret blood pressure, pulse (rate/quality/rhythm), respiration, and pain.
3. Utilize patient-centered interviewing techniques, demonstrate respect and understanding of cultural diversity and individual differences that characterize seniors, and healthcare team members.
4. Communicate effectively with the senior using active and reflective listening.

**SCHEDULING THE VISIT**
Work with your interprofessional (IP) team members to find a time that is convenient for everyone for the SAGE visit. Have several options of dates and times available prior to contacting the senior mentor to schedule the visit. The SAGE visit should be based on the senior mentor’s availability and students’ schedules; please arrange and complete the home visit with your senior mentor including ALL members of the IP team. Inform the senior mentor that your team will be completing a medications/pharmacology assessment in order to help you get to know them better and practice patient interviewing skills. Also, inform the senior mentor how many students will be coming for the visit.

If you are having trouble reaching your senior mentor after three attempts at least 24 hours apart, please email (SAGE@unthsc.edu) so someone can help the team to problem-solve the communication issues.

**PREPARING FOR THE VISIT**
Work with your interprofessional (IP) team members to discuss the pre-readings and to develop a plan for the upcoming visit to your senior mentor’s house. Review the supplemental education materials and
resources for your senior, and review all readings and lecture notes of your own program that are applicable to medication and pharmacology such as the articles below:

- Beers Criteria

Prior to the visit review the following as a way to approach this activity:

- Discuss with the IP teammates the training each of you have and will receive in pharmacology and medications within your healthcare profession.
- Discuss what each of your roles will be in the use of pharmacologic treatment screening of a patient.
- Discuss any personal values, opinions, or experiences that will influence your attitudes about the use of medications with patients.
- Decide how the IP team will approach the medication and pharmacology assessment with the senior taking care to involve all team members.

**Recap:** The most successful SAGE IP Teams review the visit expectations, information, and resources first then take steps to: set-up a team communication method, identify the roles and responsibilities of each member for the visit, identify who will contact the senior and set the appointment, who will confirm the appointment with the senior and send a reminder to the team, and who will summarize the visit results and submit the assignment into Canvas (only one submission for each team).

**As you prepare for the SAGE visit, consider the following:**
The entire visit should last no more than 2 hours, so discuss potential strategies to stay “on track” and on time. Amongst the IP team, and prior to the visit, discuss what items each team member will bring to the visit.

**Equipment/Materials to Take to the Interview**
1. Pain Scale
2. BEERS Criteria
3. White coat and nametag
4. Vial of Life Kit or paperwork (if updating)
5. Senior Mentor Blood Pressure card
6. “Medication Record” forms (you may need multiple copies)
7. Blood pressure cuff, stethoscope (for unusual size please check out cuff at the PCC 4th floor SAGE Offices)
8. Laptop or tablet if desired for recording information

**INSTRUCTIONS FOR STUDENTS DURING THE VISIT:**

**Step One:** Visit the senior mentor. Introduce the team as healthcare professions’ students and identify each discipline from UNT Health Science Center/Texas Christian University in Fort Worth. Inquire if the senior has ever seen someone from your profession before for health care. Thank the senior mentor for participating in your education. **Inform them that you are not their Primary Care Provider/healthcare professional and you cannot give any health advice (always refer the senior to their Primary Care Provider/healthcare professional).** Remind the senior mentor that the team will,
at each visit, be completing a vital signs check and addressing the Vial of Life information. Remind the 
reconsider that the IP team will be completing a medication assessment. Ask if the senior mentor has 
any questions before you get started.

**Step Two:** Make certain that all the necessary material and equipment are present before examining the 
senior mentor. Begin the visit by assessing your mentor’s blood pressure (which arm and position), radial 
pulse (regularity and strength), respirations (quality and effort), and pain assessment score. Use the 
“Universal Pain Assessment Tool” document to assess the pain level of the senior. The universal pain tool 
is intended to help providers assess pain according to individual senior needs. Explain and use 0-10 scale 
for senior self-assessment. Identify location, timing, and any adjectives they might use to describe pain. **Be 
sure to record the information on the senior mentor’s blood pressure card. You are no longer required 
to complete a team blood pressure card.**

**Step Three:** Have the senior mentor collect every single bottle/container of medication, both prescription 
and over-the-counter items, that he or she is taking regularly, and show it to the IP team. In addition, have 
the senior mentor get their PRN medications, those are the medications taken only on an as needed basis. 
If possible, go with the senior mentor to retrieve the medications so that they can show you where the 
medications are stored. Ask questions about the medications seen in their medicine cabinet, as this may 
help trigger their memory and, thus exclude omissions. Remind the senior mentor to inspect the bathroom, 
the bedroom, the kitchen, the living room, the refrigerator, and handbags.

This review should also include having the senior mentor show the IP team all his/her over-the-counter 
medications; i.e., aspirin bottles, Advil bottles, herbal remedies, antacids, allergy products, antiseptics, 
laxatives, calcium, vitamins, fiber, fish oil supplements, sleeping pills, inhalers, patches, eye drops and 
weight-reduction products and pills. Finally, ask the senior mentor to tell the IP team the cost of each of 
his/her medications during this visit. The senior mentor may only be responsible for the co-payment if he 
or she has drug insurance coverage. **Only record the out-of-pocket cost to the senior mentor.**

**Step Four:** Take out the “Medication Record” forms from the packet and begin filling in these records 
with the senior mentor. Interprofessional team members will fill in the:

- Name of the medication; both brand and generic
- Cost of the medication to the senior mentor
- Dosage taken and time of day taken
- Taken with or without food and types of food
- Number of times per day or week taken
- Side effects and date started taking the medication
- Reason for taking the medication.

**Note:** Some senior mentors take more medications than the form will accommodate, so the IP team 
may want to make copies of the form.

If the cost of a medication is unknown and the IP team wants this information call the pharmacy where 
purchased to inquire about the cost or look it up on ePocrates. If cost is unknown then write that on the 
Medication Record. Most importantly, do not leave any column item blank. If no medications are taken, 
then write this in the Medication Record. **Complete 2 copies of the form, one for the assignment and 
one for the senior mentor to keep with them for emergencies or to take to their Primary Care 
Provider or other healthcare professional. It may be helpful to include the Rx number and pharmacy 
number for the senior mentor’s convenience. These numbers are not necessary for your assignment.**
**Step Five:** When the “Medication Record” has been completed, leave one copy with the senior and take the other record back to school. As an interprofessional team, begin analyzing the medication record for drug interactions, appropriateness of dosage, appropriateness of cost, and food and drug interactions. Although there are many references available with which to perform this assignment, the suggested program is ePocrates. This program may be downloaded to your computer or to your tablet from the Internet by going to [www.epocrates.com](http://www.epocrates.com).

**The IP team will NOT be discussing with the senior mentor your analysis of his/her medication record, as the team is not authorized to give medical advice. Leave the completed “Medication Record” with the senior to share with their Primary Care Provider or Pharmacist.** Reassure the senior mentor that if he or she has any questions regarding their medications to please call his/her Primary Care Provider or other Healthcare Provider.

**Step Six:** During this visit, the IP team will be completing or updating the Vial of Life information for your senior. When updating the information, place the updated form in the vial and replace it in the freezer/refrigerator. If this is the first time the senior mentor has participated in the Vial of Life Program, please take a few minutes to educate them on the program.

“The Vial of Life has important instructions and information that is needed most during the first minutes of critical illness or accident in your home. This is a community outreach service that enables emergency responders to quickly locate helpful information regarding the senior’s medical history. Emergency responders, fire fighters, paramedics and police are trained to look for the “Vial of Life” sticker and obtain information from the vial.” ([www.vialoflife.com](http://www.vialoflife.com))

The kit contains a vial in which a medical information form and advanced directives are stored in the freezer or refrigerator door. A sticker is placed on the front door and the outside corner of the freezer or refrigerator. SAGE teams will update the Vial of Life information at each SAGE visit.

Once you have educated the senior on the Vial of Life program, please complete the medical information form, and if they have an advance directive, place them in the vial and into the freezer or refrigerator. To complete the kit, please place the stickers on both the front door and freezer/refrigerator.

**INSTRUCTIONS FOR STUDENTS AFTER THE VISIT:**
Team members should work together to complete the Visit 3 Assignment and submit to Canvas by September 30th at 11:59pm. All team members must play a role in the completion of the assignment. Only one student should submit the assignment to the Canvas course.
VISIT 3 ASSIGNMENT

Submit the team assignment in a word or pdf document and upload to Canvas for grading. Include the date of your visit, plus the names of the team members that were present. Make sure you also include any completed forms, checklists, or screening documents required for the visit. Answer the questions in the same format as below (Do not use a continuous essay format).

1. A) Document the date and time the team visited the senior mentor.
   B) Document the senior's blood pressure (which arm and position), respirations (quality and effort), radial pulse (regularity and strength), pain level (0-10 severity scale, location, timing and adjectives to describe any pain), age, and ethnicity.
   C) Add any other information pertinent to the senior mentor's status (Gender, overall appearance, and health the day of the visit. Identify any extenuating facts that appear to impact the patient’s health).

2. A) List the IP team number, names, school and roles of the SAGE team members for this visit (e.g. med, pharm, dietician, nursing, social work, etc.). Also list any member not physically present for the visit with the SAGE senior and IP team members (Email SAGE (sage@unhsc.edu) with the names of any member not present and why);
   B) Briefly identify the tasks of each team member and explain how individual roles were determined;
   C) Identify which team member will be submitting the assignment for the team;
   D) Provide an explanation of the contributions to the visit/assignment by each IP team member.

3. List all of the senior mentor’s prescription and non-prescription medications, including vitamin/minerals, etc. If using a brand name, also include the generic name. Use the Medication Record to document. Document for each medication:
   A) Trade/Generic Name
   B) Strength, labeled instructions (dose & frequency)
   C) Reasons for taking
   D) Date started & last taken
   E) Side-effects (mentor & student identified), either positive or negative, of drug therapy on co-morbid diseases (e.g. metoprolol is controlling their blood pressure, with no side-effects of lightheadedness; hydrocodone is controlling their chronic pain, but causes constipation)
   F) Cost to mentor
   G) Name of prescribing Primary Care Provider or other Healthcare Professional.

4. Based on the senior’s information collected in question #3, list at least three potential drug-drug and/or food-drug (nutrient-drug) interactions, either pharmacokinetic or pharmacodynamics.

5. Document and provide an explanation of any discrepancies between what the instructions on the bottle say and what the senior is taking, i.e., dosing schedule problems (for example, diuretics are shown as twice daily but the senior is only taking them once daily).
6. In review of the Medication and Pharmacology Assessment Visit, what other healthcare team members and/or community support systems could contribute to the senior mentor’s treatment? Explain why or why not?

7. All SAGE Visits address different content. Based on the Medication and Pharmacology assessment with the senior mentor:
   A) Describe any characteristics or behaviors that were barriers to conducting the assessment with the senior mentor.
   B) Discuss whether the difficulties were related to the assessment environment and/or the senior mentor and how the challenges were resolved.
   C) Explain how the team could improve this type of visit in the future.
### SAGE Visit 3 Rubric
#### Medication & Nutrition Assessment

<table>
<thead>
<tr>
<th>Assignment Question</th>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
</table>
| **1.** A) Document the date and time the team visited the senior mentor.  
B) Document the senior’s blood pressure (which arm and position), respirations (quality and effort), radial pulse (regularity and strength), pain level (0-10 severity scale, location, timing and adjectives to describe any pain), age and ethnicity.  
C) Add any other information pertinent to the senior mentor’s status (Gender, overall appearance and health the day of the visit and identify any extenuating facts that appear to impact the patient’s health or well-being.) | IP Team provides documentation with explanation and other details pertinent to the visit about patient’s vital signs. Includes answers to A, B, and C as listed in question. | IP Team lacks documentation of the patient’s vital signs and any explanations or minimal explanation and details. Missing all or parts of answers to A, B, and C. |
| **2.** A) List the IP team number, names, school and roles of the SAGE team members for this visit (e.g. med, pharm, dietician, nursing, social work, etc.). Also list any member not physically present for the visit with the SAGE senior and IP team members (Email SAGE (sage@unthsc.edu) with the names of any member not present and why;  
B) Briefly identify the tasks of each team member and explain how individual roles were determined;  
C) Identify which team member will be submitting the assignment for the team;  
D) Provide an explanation of the contributions to the visit/assignment by each IP team member. | Submission provides documentation of the IP team with explanation of tasks, roles and other pertinent details to the visit. Includes thorough answers to A, B, C and D. | Submission does not document IP team, provide explanation of tasks, or other pertinent details to the visit. Lack of or minimal explanation to questions A, B, C and D. |
| **3.** Lists all the senior mentor’s prescription and non-prescription medications including vitamin/minerals, etc. If using a brand name, also include the generic name. Use Medication Record to document. **Document for each medication:**  
A) Trade/Generic Name  
B) Strength, labeled instructions  
C) Reasons for taking  
D) Date started & last taken  
E) Side-effects (mentor & student identified), either positive or negative, of drug therapy on co-morbid diseases | The Medication Record contains all medications with complete names, strength, label instructions (dose & frequency); reasons for taking; date started & last taken; side effects; and the cost and name of prescriber. | The Medication Record fails or partially lists medications and fails to provide the name, strength, label instructions (dose & frequency); reasons for taking; date started & last taken; side effects; and the cost and name of prescriber. |
(e.g. metoprolol is controlling their blood pressure, with no side-effects of lightheadedness; hydrocodone is controlling their chronic pain, but causes constipation)

F) Cost to mentor
G) Name of prescribing Primary Care Provider or other Healthcare Professional.

4. Based on the senior’s information collected in question #3, list at least three potential drug-drug and/or food-drug (nutrient-drug) interactions, either pharmacokinetic or pharmacodynamics.

| IP Team lists 3 or more potential drug-drug and/or food-drug interactions and adequately describes the drug-drug and/or food-drug interactions. | IP Team fails to list 3 potential drug-drug and/or food-drug interactions and provides no description of interactions. |

5. Document and provide an explanation of any discrepancies between what the instructions on the bottle prescribe and what the senior is taking, i.e., dosing or schedule problems (for example, diuretics are shown as twice daily but the senior is only taking them once daily).

| IP Team provides detailed description of dosing schedule problems and elaborates on any discrepancy. | IP Team fails to provide detailed description of potential dosing schedule problems or document any potential discrepancy. |

6. In review of this Medication and Pharmacology Assessment, what other healthcare team members and/or community support systems could contribute to the senior mentor’s treatment? Explain why or why not?

| IP Team provides sufficient explanation of whether the senior’s support system is sufficient and explains; or if the support system is insufficient, provide recommendations. | IP Team fails to provide sufficient explanation as to the senior’s support system and does not provide recommendations. |

7. All SAGE visits address different content. Based on the Medication and Pharmacology assessment with the senior mentor:

   A) Describe any characteristics or behaviors that were barriers to conducting the assessment with the senior mentor.
   B) Describe whether the difficulties were related to the assessment environment and/or the senior mentor and how the challenges were resolved.
   C) Explain how the team could improve this type of visit in the future.

| IP Team provides detailed description of behaviors or barriers experienced during the assessment. Elaborates any difficulties in the environment and provides suggestions on how to improve the visit. Follows A, B, & C format. | IP Team fails to provide detailed description of behaviors or barriers experienced during the assessment. Fails to elaborate on any difficulties in the environment or provide suggestions on how to improve the visit. Does not follow A, B, & C format. |
Visit 3: SAGE Resources


Visit 4: Nutrition Assessment

Goal: To conduct and document a nutrition assessment on an older adult, working within an interprofessional (IP) health care team. This experience will also help students to recognize and respect the unique and common roles, training and expertise of other healthcare professions.

Attitudes:
The student will be able to:
1. Recognize the impact of solitude on nutritional intake of seniors.
2. Recognize the significance of nutritional deficiency as it affects older adult functioning and quality of life.
3. Identify personal opinions, values, and experiences influencing own attitudes about nutrition with patients.

Knowledge:
The student will be able to:
1. Discuss primary prevention strategies for the elderly targeting nutrition.
2. Delineate appropriate nutritional interventions based on health and age.
3. Apply the complementary abilities of all members of the IP team to optimize patient care.

Behaviors and Skills:
The student will be able to:
1. Estimate an older adult’s body mass index.
2. Determine a senior’s nutritional status.
3. Educate an older adult on nutritional balance.
4. Measure and interpret blood pressure, pulse (rate/quality/rhythm), respiration and pain.
5. Access and obtain valid nutritional material and a nutritional assessment and conduct an analysis on an older adult.
6. Determine differences in nutritional requirements associated with diets for selected health conditions.
7. Utilize patient-centered interviewing techniques with the IP team, demonstrating respect and understanding of cultural diversity and individual differences that characterize senior adults.
8. Communicate effectively with the senior using active and reflective listening.

SCHEDULING THE VISIT
Work with your interprofessional (IP) team members to find a time that is convenient for everyone for the SAGE visit. Have several options of dates and times available prior to contacting the senior mentor to schedule the visit. The SAGE visit should be based on the senior mentor’s availability and students’ schedules; please arrange and complete the home visit with your senior mentor including ALL members of the IP team. Inform the senior mentor that your team will be completing a nutrition assessment in order to help you get to know them better and practice patient interviewing skills. Also, inform the senior mentor how many students will be coming for the visit.

If you are having trouble reaching your senior mentor after three attempts at least 24 hours apart, please email (SAGE@unthsc.edu) so someone can help the team to problem-solve the communication issues.
PREPARING FOR THE VISIT

Work with the interprofessional (IP) team members to discuss the pre-readings and to develop a plan for the upcoming visit to your senior mentor’s house. Review the mentor’s medical history (if available) to see if there is a history of chronic disease or condition that needs therapeutic dietary intervention (e.g., diabetes requiring low carbohydrate diet or congestive heart failure requiring a low salt diet, etc.).

- Review the Mini Nutritional Assessment – Short Form
- Review the procedures for collecting 24-Hour Diet Recall.

Review the supplemental education materials and resources for your senior: MyPlate for Older Adults, Dietary Guidelines for Americans, 2015-2020; NIH Fact Sheets for Health Professionals (dietary supplements, vitamin D, vitamin B12, vitamin B6, calcium). Print handouts that would be beneficial to the senior; information from the www.choosemyplate.gov, www.eatright.org, or www.hsph.harvard.edu/nutritionsource sites. Review all readings and lecture notes from your own program that are applicable such as the articles below:

- 2015-2020 Dietary Guidelines

Prior to the visit review the following as a way to approach this activity:

- Discuss with your IP teammates the training each of you have and will receive regarding nutrition within your healthcare professions.
- Discuss what each of your roles will be in the use of nutrition screening of a patient.
- Discuss any personal values, opinions, or experiences that will influence your attitudes about the use of nutrition with patients.
- Decide how the IP team will approach the nutrition assessment with the senior taking care to involve all team members.

Recap: The most successful SAGE IP Teams review the visit expectations, information, and resources first then take steps to: set up a team communication method, identify the roles and responsibilities of each member for the visit, identify who will contact the senior and set the appointment, who will confirm the appointment with the senior and send a reminder to the team, and who will summarize the visit results and submit the assignment in to Canvas (only one submission for each team).

As you prepare for the SAGE visit, consider the following:

The entire visit should last no more than 2 hours, so discuss potential strategies to stay “on track” and on time. Prior to the visit discuss with the team what items each team member will bring to the home visit.

Equipment/Materials to Take to the Interview

1. BMI Table
2. Pain Scale
3. White coat and nametag
4. Nutrition Assessment Forms (Mini Nutritional Assessment)
5. Vial of Life Kit or paperwork (if updating)
6. Dietary Guidelines to give to the senior mentor
7. Procedure for Collecting 24-Hour Diet Recall
8. Senior Mentor Blood Pressure card (SAGE Senior Only – No Team Card)  
9. Blood pressure cuff, stethoscope (for unusual size please check out cuff at the Geri Annex building)  
10. Nutritional Health Screening Tool (2 copies- one for the team and one for the mentor to give to his/her Primary Care Provider if desired)  
11. Laptop or tablet if desired for recording of information

INSTRUCTIONS FOR STUDENTS DURING THE VISIT:

Step One: Visit the senior mentor. Introduce the interprofessional (IP) team as healthcare professions’ students and identify each discipline from UNT Health Science Center/Texas Christian University in Fort Worth. Inquire if the senior has ever seen someone from your profession before for health care. Thank the senior mentor for participating in your education. Inform them that you are not their Primary Care Provider/healthcare professional and you cannot give any specific health advice (always refer the senior to their Primary Care Provider or other healthcare professional). Remind the senior mentor that the IP team will be completing a nutrition assessment. Ask if the senior mentor has any questions before you get started.

Step Two: Make certain that all the necessary material and equipment are present before examining the senior mentor. Begin the visit by assessing your mentor’s blood pressure (which arm and position), radial pulse (regularity and strength), respirations (quality and effort), and pain assessment score. Use the “Universal Pain Assessment Tool” document to assess the pain level of the senior. The universal pain tool is intended to help providers assess pain according to individual senior needs. Explain and use 0-10 scale for senior self-assessment. Identify location, timing, and any adjectives they might use to describe pain. Be sure to record the information on the senior mentor’s blood pressure card. You are no longer required to complete a team blood pressure card.

Step Three: Prior to starting the nutritional assessment, ask the senior mentor if they receive home delivered meals from Meals on Wheels and/or some other meal delivery program. If not, do they make their own meals or does someone help them? Are they on a special diet? Keep a record of these details for completion of the assignment.

Step Four: Take out the “Procedures for Collecting 24-Hour Diet Recall” forms from the packet and follow the instructions as listed in the document. Explain to the senior that you need to know what she/he actually ate in the prior 24 hours. Make sure you ask if this was a typical day, and if not, gather additional information about what they usually eat. It is important not to be judgmental or make comments about the senior’s eating practices. Also, ask open-ended questions versus leading questions during the interview so that the senior does not feel that they “should” have had a certain food/beverage item and then say they did.

Get a complete list of all foods eaten without trying to determine amounts. Start with the most recent meal or snack that the senior consumed, then work backwards to cover all foods and beverages consumed in the last 24 hours. If this was not a typical day, list the type of foods/beverages that the senior usually consumes.
Describe accurately the kind of food recorded:

- State brand name whenever possible
- Type of milk used: whole, powdered, evaporated, etc. Mention whenever butter, milk, or sugar is used in cream sauce, recipes, etc.
- Differentiate between ice milk and ice cream
- Type of bread or cereal used: whole wheat, white, rye, cornflakes, oatmeal, etc.
- Method of cooking: boiled, fried, creamed, roasted, etc.
- State whether the food is canned, dried, fresh, or frozen product

After all foods/beverages are listed by the senior, go back over the list to get additional descriptions and amounts of food. In determining amounts, if possible use food models, measuring cups, measuring spoons, or comparison examples of portion sizes (see Health Portion Sizes document). Also, determine if all of the food was eaten or if some was left on the plate. After the senior has given a recall of foods/beverages and amounts for the entire 24 hours, read the list back to her/him and ask them to tell you anything else that they may have forgotten.

**Step Five:** Ask permission to look in the senior mentor’s cupboards, pantry, and/or refrigerator and freezer. Document if the IP team’s findings are consistent with the 24-hour food recall record. Is there adequate quantity of food? Is the food fresh or spoiled? If the senior does not allow the IP team to look in certain cupboards, pantry, and/or refrigerator and freezer, document it in the write up.

**Step Six:** Estimate the body mass index (BMI) of the senior mentor using their age, and estimated height and weight (ask them for their height & weight). The BMI table document is a tool to help the IP team estimate your senior mentors’ body fat. BMI is an estimate of body fat and a good measure of your patients’ risk for diseases that can occur with when overweight or obese. You will add the BMI score to the Mini Nutritional Assessment form in the next step.

**Step Seven:** Complete the Mini Nutritional Assessment form. Include the senior mentor’s age, gender, height, and weight (they can guess based on last weigh in). Next, complete the Determine Your Nutritional Health Screening Tool, and provide a copy to the senior mentor to share with their Primary Care Provider.

*Caution the senior mentor again, however, not to change his/her diet without first discussing his/her nutritional intake with his/her Primary Care Provider.*

**Step Eight:** During this visit, the IP team will be completing or updating the Vial of Life information for your senior. When updating the information place the updated form in the vial, and replace it in the freezer/refrigerator. If this is the first time the senior mentor has participated in the Vial of Life Program, please take a few minutes to educate them on the program.

“The Vial of Life has important instructions and information that is needed most during the first minutes of critical illness or accident in your home. This is a community outreach service that enables emergency responders to quickly locate helpful information regarding the senior’s medical history. Emergency responders, fire fighters, paramedics and police are trained to look for the “Vial of Life” sticker and obtain information from the vial.”

(www.vialoflife.com)
The kit contains a vial in which a medical information form and advanced directives are stored in the freezer or refrigerator door. A sticker is placed on the front door and the outside corner of the freezer or refrigerator.

SAGE teams will update the Vial of Life information at each SAGE visit.

Once you have educated the senior on the Vial of Life program, please complete the medical information form, and if they have an advance directive, place them in the vial and into the freezer or refrigerator. To complete the kit, please place the stickers on both the front door and freezer/refrigerator.

**INSTRUCTIONS FOR STUDENTS AFTER THE VISIT:**
Team members should work together to complete the Visit 4 Assignment and submit to Canvas by October 28th at 11:59pm. All team members must play a role in the completion of the assignment. Only one student should submit the assignment to the Canvas course.
VISIT 4 ASSIGNMENT

Submit the team assignment in a word or pdf document and upload to Canvas for grading. Include the date of your visit, plus the names of the team members that were present. Make sure you also include any completed forms, checklists, or screening documents required for the visit. Answer the questions in the same format as below (Do not use a continuous essay format).

1. A) Document the date and time the IP team visited the senior mentor;
   B) Document the senior's blood pressure (which arm and position), respirations (quality and effort), radial pulse (regularity and strength), pain level (0-10 severity scale, location, timing, and adjectives to describe any pain), age and ethnicity;
   C) Add any other information pertinent to the senior mentor’s status (Gender, overall appearance and health the day of the visit. Identify any extenuating facts that appear to impact the patient’s health or well-being).

2. A) List the IP team number, names, school, and roles of the SAGE team members for this visit (e.g. med, pharm, dietician, nursing, social work, etc.). Also list any member not physically present for the visit with the SAGE senior and IP team members (Email SAGE (sage@unthsc.edu) with the names of any member not present and why);
   B) Briefly identify the tasks of each team member and explain how individual roles were determined;
   C) Identify which team member will be submitting the assignment for the team;
   D) Provide an explanation of the contributions to the visit/assignment by each IP team member.

3. Conduct a 24-hour diet recall and review with the senior any concerns based on the food recall documentation. Summarize the food recall and provide an explanation of any dietary concerns discovered from the summary.

4. A) Calculate the senior’s BMI score and explain what it means.
   B) Complete the Mini Nutritional Assessment and calculate the screening score;
   C) Calculate the Determine Your Nutritional Health Score and evaluate for good, moderate, or high nutritional risk; and
   D) Identify excesses and/or deficiencies that might be a basis for beneficial changes. Propose solutions that are appropriate for your mentor, taking into account any known medical diagnoses.

   Note: Use of the “DETERMINE” warning signs from the Nutritional Health Screen can assist the team and help guide any recommendation.

5. After completing the review of the senior mentor’s cupboards, pantry, and/or refrigerator and freezer describe the team’s observations of the quantity and quality of food in the senior’s home.

6. In review of the Nutritional Assessment Visit, what other healthcare team members and/or community support systems could contribute to the senior mentor’s nutritional plan? Explain why or why not?
7. All SAGE Visits address different content. Based on the Nutrition Assessment provide a summary of how the interprofessional (IP) team:
   A) Dealt with any difficulties during the assessment process within the IP team;
   B) Might improve communication and teamwork skills for the next visit;
   C) Explain the importance of these types of communication and teamwork skills for future practice.
## SAGE Visit 4 Rubrics
### Limited Physical & Osteopathic Exam

<table>
<thead>
<tr>
<th>Assignment Question</th>
<th>Pass</th>
<th>Fail</th>
</tr>
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<tbody>
<tr>
<td><strong>1.</strong> A) Document the date and time the IP team visited the senior mentor; B) Document the senior’s blood pressure (which arm and position), respirations (quality and effort), radial pulse (regularity and strength), pain level (0-10 severity scale, location, timing and adjectives to describe any pain), age and ethnicity; C) Add any other information pertinent to the senior mentor’s status (Gender, overall appearance and health the day of the visit and identify any extenuating facts that appear to impact the patient’s health or well-being.)</td>
<td>IP Team provides documentation with explanation and other details pertinent to the visit about patient’s vital signs. Includes answers to A, B, and C as listed in question.</td>
<td>IP Team lacks documentation of patient’s vital signs and any explanation or minimal explanation. Missing all or parts of answers to A, B, and C.</td>
</tr>
<tr>
<td><strong>2.</strong> A) List the IP team number, names, school and roles of the SAGE team members for this visit (e.g. med, pharm, dietician, nursing, social work, etc.). Also list any member not physically present for the visit with the SAGE senior and IP team members (Email SAGE (<a href="mailto:sage@unthsc.edu">sage@unthsc.edu</a>) with the names of any member not present and why); B) Briefly identify the tasks of each team member and explain how individual roles were determined; C) Identify which team member will be submitting the assignment for the team; D) Provide an explanation of the contributions to the visit/assignment by each IP team member.</td>
<td>Submission provides documentation of the IP team with explanation of tasks, roles and other pertinent details to the visit. Includes thorough answers to A, B, C, and D.</td>
<td>Submission does not document the IP team, provide explanation of tasks or other pertinent details to the visit. Lack of or minimal explanation to questions A, B, C, and D.</td>
</tr>
<tr>
<td><strong>3.</strong> Conduct a 24-hour diet recall and review with the senior any concerns based on the food recall documentation. Summarize the food recall and provide an</td>
<td>IP Team provides a summary of the results of 24-hour diet recall, and provides a detailed evaluation of any concerns with the senior’s diet.</td>
<td>IP Team fails to provide a summary of the results of 24-hour diet recall, and does not provide a detailed evaluation of any concerns with the senior’s diet.</td>
</tr>
</tbody>
</table>
4. A) Calculate the senior’s BMI score and explain what it means.  
B) Complete the Mini Nutritional Assessment and calculate the screening score;  
C) Calculate the Determine Your Nutritional Health Score and evaluate for good, moderate, or high nutritional risk;  
D) Identify excesses and/or deficiencies that might be a basis for beneficial changes. Propose solutions that are appropriate for your mentor, taking into account any known medical diagnoses.  
   **Note: Use of the DETERMINE warning signs from the Nutritional Health Screen can assist the team and help guide any recommendation.**

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<tr>
<th></th>
<th>Addresses all important details related to normal aging. And, provides a detailed explanation of the teams impression on the senior mentor’s ability to adapt to the aging process</th>
<th>Fails to address any details related to normal aging. And, fails to provide a detailed explanation of the teams impression on the senior mentor’s ability to adapt to the aging process</th>
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5. After completing the review of the senior mentor’s cupboards, pantry, and/or refrigerator and freezer describe the team’s observations of the quantity and quality of food in the senior’s home.

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<tr>
<th></th>
<th>IP Team identifies and adequately describes the quantity and quality of food in the senior’s home.</th>
<th>IP Team fails to identify and describe the quantity and quality of food in the senior’s home.</th>
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</table>

6. In review of the Nutritional Assessment Visit what other healthcare team members and/or community support systems could contribute to the senior mentor’s nutritional plan? Explain why or why not?

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<tr>
<th></th>
<th>IP Team makes recommendations for other healthcare team members and/or community support systems that could contribute to the senior mentor’s nutritional plan. Explain why or why not.</th>
<th>IP Team fails to make recommendation for other healthcare team members and/or community support systems that could contribute to the senior mentor’s nutritional plan. Does not explain why or why not.</th>
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7. All SAGE visits address different content. Based on the Nutrition Assessment provide a summary of how the interprofessional (IP) team: A) Dealt with any difficulties during the assessment process within the IP team;

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<th>IP Team provides an explanation of any difficulties experienced during the assessment process; explains how to improve communication and teamwork skills for the next visit; and explains the</th>
<th>IP Team fails to provide an explanation of any difficulties experienced during the assessment process; fails to explain how to improve communication and teamwork skills for the next</th>
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</table>
B) Might improve communication and teamwork skills for the next visit;  
C) Explain the importance of these types of communication and teamwork skills for future practice.

| importance of these types of communication and teamwork skills for future practice. | visit; and fails to explain the importance of these types of communication and teamwork skills for future practice. |

Visit 4: Resources


Visit 5: Community Resources & Advanced Care Planning

**Goals:** To identify the senior mentor’s current use of community resources and identify any additional services that may benefit the senior mentor. The students will also develop basic competency in discussing advance health care directives with a senior adult.

**Attitudes**
**The student will be able to:**
1. Appreciate improving and optimizing functionality for older adults using community resources
2. Value an older adult’s decision whether or not to accept assistance from community service agencies
3. Relate own views on “advance care planning” to that of a senior
4. Appreciate the individual differences in advance care planning
5. Value the role of self-determination in the advance care planning process
6. Begin the process of self-awareness of one’s own personal attitudes as it relates to advance care planning

**Knowledge**
**The student will be able to:**
1. Describe common needs of older adults
2. Learn about community resources that can help meet the needs and maintain the independence of older adults
3. Define advance care planning and why it is important
4. List the steps of advance care planning
5. List events when advance care planning should be updated

**Behaviors and Skills**
**The student will be able to:**
1. Discuss appropriate advance health care decisions with a senior mentor.
2. Measure and interpret a blood pressure, pulse (rate/quality/rhythm), respiration and pain.
3. Do a needs assessment to identify potential community resources that may benefit an older adult.
4. Take a life philosophy history, i.e. determine the beliefs of the senior regarding aggressiveness of care and the reasons why or why not.

**SCHEDULING THE VISIT:**
Work with your interprofessional (IP) team members to find a time that is convenient for everyone for the SAGE visit. Have several options of dates and times available prior to contacting the senior mentor to schedule the visit. The SAGE visit should be based on the senior mentor’s availability and students’ schedules; please arrange and complete the home visit with your senior mentor including ALL members of the IP team. Inform the senior mentor that your team will be completing a community resources and advance care planning assessment in order to help you get to know them better and practice patient interviewing skills. Also, inform the senior mentor how many students will be coming for the visit.

If you are having trouble reaching your senior mentor after three attempts at least 24 hours apart, please email (SAGE@unthsc.edu) so someone can help the team to problem-solve the communication issues.
PREPARING FOR THE VISIT
Work with the interprofessional team members to discuss your pre-readings and to develop a plan for the upcoming visit to your senior mentor’s house. Review all readings and any lecture notes applicable to this visit.

Resources:
Community Resources
• Call 2-1-1 or visit 2-1-1.org for local resources and assistance. 2-1-1 is a free and confidential service that helps people across North America find the local resources they need. They have live, highly trained service professional in the senior’s area.
• PDF of the Blue Book of Community Resource Directory is available on Canvas.

Advance Care Planning Resources
• “Power of Attorney & Living Wills” in the Elder Law Handbook

Note to Students: Before the team begins discussing various end-of-life treatment issues; please make certain that the team has a thorough understanding of the treatment options.

The following information has been adapted from the Student Senior Partner’s Program, POGOE website.

Seniors are at significantly higher risk for requiring artificial life support measures. These include CPR, ventilator support, vasopressors, dialysis, and tube feeding. However, they often derive little to no benefit from these measures and may instead suffer significant harm. Unfortunately, they are usually physically or mentally impaired when the time comes to make these decisions. Thus, nearly all states provide some mechanism for patients to make their wishes known in advance. All persons can benefit from making their health care preferences known in the event they are unable to make decisions for themselves following an accident or sudden illness.

Healthcare professionals are ethically and in some situations legally required to ask their patients about their advance health care directives. These include before all surgeries and procedures, on all admissions to the hospital or nursing home, and at their annual physicals, (basically, whenever a History & Physical is done). Before patients’ decisions are accepted, however, the healthcare professional must also document that the patient has the capacity to make the decision.

Unlike the common misconception, routine discussions about advance directives need not take a long time, especially if the medical professional already has a relationship with the senior.

As you prepare for the SAGE visit, consider the following:

The entire visit should last no more than 2 hours, so the team may also want to discuss potential strategies to stay “on track” and on time. Amongst the team, please discuss prior to the visit, what items each team member will bring to the visit.
Advance Care Planning Discussion Script

Suggestions for dialog with the senior mentor:

“We’d like to talk with you about something we will want to discuss with patients. It’s called *advance care planning*. In fact, we feel that this is such an important topic that we each have done this ourselves. Are you familiar with advance care planning...?”

“Have you thought about the type of medical care you would like to have if you ever became too sick to speak for yourself? That is the purpose of advance care planning, to ensure that you are cared for the way you would want to be, even in times when communication may be impossible...”

“We are bringing this up now because it is prudent for everyone, no matter what their age or state of health, to plan for the future...”

“Advance care planning will help you and your healthcare professional understand your values and goals for health care if you were to become critically ill. Eventually you may wish to put your choices into a written document that would become part of your medical record. This document, would only be used if you were to lose the capacity to make decisions on your own, either, temporarily or permanently...”

“Terms used in advance care planning can be confusing. Advance directives refers to your wishes related to future health care. You may choose one or more of several different types of *instructional directives*. A *living will* is a completed form or letter which asks for no heroic care at the end of life. A *medical directive* is a set of instructions based on specified situations, goals for care and specific treatments, combined with a general values statement...”

“Also we suggest that you consider identifying someone that you trust who would be willing to act on your behalf in the event that you are unable to express your own wishes. This person could be a relative or friend and would serve as your *health care proxy* or *attorney-in-fact*. We suggest that you go over the materials on advance care planning with them so he or she understands your wishes...”

“Here is a copy of a form that you may choose to use in considering advance health care planning. Please think about it, talk with your family/friend. When you feel ready, write down your preferences and sign the document in the presence of two qualified witnesses, and in the case of the “living will,” a notary public. You will want to keep a copy and ask your doctor to put a copy in your medical record. In the future if you change your mind, you can change your advance care planning documents to suit your wishes at that time.”

Adapted from EPEC: Education for Physician’s on End-of-Life Care Trainer’s; EPEC Project, The Robert Wood Johnson Foundation, 1999; Module 1 Advance Care Planning, pages M1-5, 21.

Equipment/Materials to Take to the Interview:

- Blood Pressure Cuff, Stethoscope
- White Medical Coat/Professional dress for your discipline and Nametag
- Community Resources Form
- Community Resources handouts
- Vial of Life Kit or paperwork (if needed)
- Senior Mentor Blood Pressure Card (SAGE card)
• Advance Directives
• Department of Aging and Disability Services (DADS) Living Will
• One guidebook: *Elder Law Handbook* by the Tarrant County Bar Association (for Senior Mentor to keep)

**INSTRUCTIONS FOR STUDENTS DURING THE VISIT:**

**Step One:** Visit the senior mentor. Introduce the interprofessional (IP) team as healthcare professions’ students and identify each discipline from UNT Health Science Center/Texas Christian University in Fort Worth. Inquire if the senior has ever seen someone from your profession before for health care. Thank the senior mentor for participating in your education. **Inform them that you are not their Primary Care Provider/healthcare professional and cannot give any specific health advice (always refer the senior to their Primary Care Provider or other healthcare professional).** Remind the senior mentor that the team will be completing a vital signs check and addressing the Vial of Life information. Discuss the main focus of the visit, which is to discuss and provide community resources and advance care planning. Ask if the senior mentor has any questions before you get started.

**Step Two:** Make certain that all the necessary material and equipment are present before examining the senior mentor. Begin the visit by assessing your mentor’s blood pressure (which arm and position), radial pulse (regularity and strength), respirations (quality and effort), and pain assessment score. Use the “Universal Pain Assessment Tool” document to assess the pain level of the senior. The universal pain tool is intended to help providers assess pain according to individual senior needs. Explain and use 0-10 scale for senior self-assessment. Identify location, timing, and any adjectives they might use to describe pain. **Be sure to record the information on the senior mentor’s blood pressure card. You are no longer required to complete a team blood pressure card.**

**Step Three:** During this visit, the IP team will be completing or updating the Vial of Life information for your senior. When updating the information place the updated form in the vial, and replace it in the freezer/refrigerator. If this is the first time the senior mentor has participated in the Vial of Life Program, please take a few minutes to educate them on the program.

> “The Vial of Life has important instructions and information that is needed most during the first minutes of critical illness or accident in your home. This is a community outreach service that enables emergency responders to quickly locate helpful information regarding the senior’s medical history. Emergency responders, fire fighters, paramedics and police are trained to look for the “Vial of Life” sticker and obtain information from the vial.” (www.vialoflife.com)

The kit contains a vial in which a medical information form and advanced directives are stored in the freezer or refrigerator door. A sticker is placed on the front door and the outside corner of the freezer or refrigerator. SAGE teams will update the Vial of Life information at each SAGE visit.

Once you have educated the senior on the Vial of Life program, please complete the medical information form, and if they have an advance directive, place them in the vial and into the freezer or refrigerator. To complete the kit, please place the stickers on both the front door and freezer/refrigerator.
**Step Four:** Obtain a complete list of past community resources that have been used in the last 6 months by the senior mentor and ask why they are no longer using them, if that is the case.

**Step Five:** Obtain from the senior mentor a complete list of current community resources being used. Ask the senior mentor how they feel about those services and if they are helpful. Remind the senior that if they are on Meals on Wheels, that is considered a community resource.

**Step Six:** Ask the senior mentor about any unmet needs they may have. If the senior mentor does not feel they have any unmet needs, go through the “Types of Community Resources Handout” to help identify any resources the senior mentor may benefit from knowing about in their community.

**Step Seven:** Identify resources that could potentially meet these senior mentor needs.

**Step Eight:** Provide the senior mentor with a copy of your findings and recommendations and be sure to submit a copy with your team’s assignment to CANVAS. Please encourage the senior mentor to contact their Meals on Wheels caseworker (if they have one) with the findings and recommendations. The caseworker can then assist the senior mentor with implementation of the recommendations.

**Step Nine:** Ask about the senior’s overall life philosophy about advance directives. Talking to them about their feelings of their own experiences or what they have seen of others may help. Do not assume the team knows what the senior would decide. (Studies show that even physicians who have known their patients for years guess wrong 50% of the time.) This overall life philosophy is more important to a healthcare professional than the actual decisions, as knowing the life philosophy can help you and the family if/when an unforeseen situation arises. Ask the senior mentor if they have heard of or completed an advance directive, if the answer is:

- **“Yes,”** ask if he/she has completed an advance directive such as a healthcare power of attorney or a living will. Ask the senior mentor if they know where they keep the advance directive and if so, can the student team see it. Recommend that the documents be periodically reviewed. If the senior mentor does not know where the advance directive is located; tell them they may want to contact a family member and/or attorney to help locate it or create one if they do not have one. Inform the mentor that you are providing him/her with the *Elder Law Handbook*, which the team would like to review with him/her. Advise the mentor that the *Handbook* is his/hers to keep, and can be used as a personal reference book. Inform the mentor that advance care planning is considered a routine part of patient care.

- **“No,”** give the senior mentor the Advance Directives & Department of Aging and Disability Services (DADS) Living Will and the Elder Law Handbook, which the team can review with him/her. Advise the mentor that the material can be used as a personal reference book and should be considered a routine part of patient care. The senior can follow up with their health care provider, family and/or attorney.

**Step Ten:** Have a brief discussion with the mentor about his/her feelings while completing this session.
Visit 5 Assignment

Submit the team assignment in a word or pdf document and upload to Canvas for grading. Include the date of your visit, plus the names of the team members that were present. Make sure you also include any completed forms, checklists, or screening documents required for the visit. Answer the questions in the same format as below (Do not use a continuous essay format).

1. A) Document the date and time the team visited the senior mentor.
   B) Document the senior’s blood pressure (which arm and position), respirations (quality and effort), radial pulse (regularity and strength), pain level (0-10 severity scale, location, timing and adjectives to describe any pain), age and ethnicity.
   C) Add any other information pertinent to the senior mentor’s status (Gender, overall appearance and health the day of the visit. Identify any extenuating facts that appear to impact the patient’s health or well-being.)

2. A) List the IP team number, names, school, and roles of the SAGE team members for this visit (e.g. med, pharm, dietician, nursing, social work, etc.). Also list any member not physically present for the visit with the SAGE senior and IP team members (Email SAGE (sage@unthsc.edu) with the names of any member not present and why);
   B) Briefly identify the tasks of each team member and explain how individual roles were determined;
   C) Identify which team member will be submitting the assignment for the team;
   D) Provide an explanation of the contributions to the visit/assignment by each IP team member.

3. List current and past (within last 6 months) community resources used by the senior mentor; identify those that were helpful and those not helpful and why the senior is no longer using them.

4. Identify any additional needs that the senior mentor may have and any resources the team would recommend that could potentially meet those needs.

5. A) Describe the senior mentor’s reactions when the team introduced the advance care planning worksheets? B) Was she/he uneasy or did they seem willing to engage in the process?
   C) Did they want their spouse and/or adult children to know how they felt or what their preferences were?

6. A) After review and discussion of the Advance Care Planning information, summarize the discussion/conversation you had with your senior about their view and choices related to advance directives.
   B) Will they use artificial life support measures, why or why not?

7. What is the team’s reflection on the comfort levels in asking the senior mentor about advance care planning?

8. In review of the Community Resources and Advance Care Planning Assessment Visit, what other healthcare team members and/or community support systems could contribute to the senior mentor’s treatment? Explain why or why not?
9. All SAGE Visits address different content. Based on the Community Resources & Advanced Care Planning discussion with the senior mentor:
   A) Describe any characteristics or behaviors that were barriers to conducting the assessment with the senior mentor.
   B) Discuss whether the difficulties were related to the assessment environment and/or the senior mentor and how the challenges were resolved.
   C) Explain how the team could improve this type of visit in the future.
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<tr>
<th>New Question</th>
<th>Pass</th>
<th>Fail</th>
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<tr>
<td>1. A) Document the date and time the team visited the senior mentor. B) Document the senior's blood pressure (which arm and position), respirations (quality and effort), radial pulse (regularity and strength), pain level (0-10 severity scale, location, timing and adjectives to describe any pain), age and ethnicity. C) Add any other information pertinent to the senior mentor’s status (Gender, overall appearance and health the day of the visit. Identify any extenuating facts that appear to impact the patient’s health or well-being.)</td>
<td>IP team provides documentation with explanation and other details pertinent to the visit about patient’s vital signs. Includes answers to A, B, and C as listed in question.</td>
<td>IP team lacks documentation of the patient’s vital signs and any explanations or minimal explanation and details. Missing all or parts of answers to A, B, and C.</td>
</tr>
<tr>
<td>2. A) List the IP team number, names, school, and roles of the SAGE team members for this visit (e.g. med, pharm, dietician, nursing, social work, etc.). Also list any member not physically present for the visit with the SAGE senior and IP team members (Email SAGE (<a href="mailto:sage@unthsc.edu">sage@unthsc.edu</a>) with the names of any member not present and why); B) Briefly identify the tasks of each team member and explain how individual roles were determined; C) Identify which team member will be submitting the assignment for the team; D) Provide an explanation of the contributions to the visit/assignment by each IP team member.</td>
<td>Submission provides documentation of the IP team with explanation of tasks, roles and other pertinent details to the visit. Includes thorough answers to A, B, C and D.</td>
<td>Submission does not document IP team, provide explanation of tasks or other pertinent details to the visit. Lack of or minimal explanation to questions A, B, C, and D.</td>
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<tr>
<td>3. List current and past (within last 6 months) community resources used by the senior mentor; identify those that were helpful and those not helpful and why the senior is no longer using them.</td>
<td>IP team identifies and describes all the community resources that were being used; gives details about how the resources were or were not helpful to the senior mentor. Fully explains why the senior is no longer using the community resources if that is the case. If senior has</td>
<td>IP team does not list the community resources being used by the senior mentor, or fails to give detail about how the resources were or were not helpful to the senior mentor.</td>
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<td><strong>4.</strong> Identify any additional needs that the senior mentor may have and any resources the team would recommend that could potentially meet those needs.</td>
<td>no need to access community resources explains why.</td>
<td>Does not provide an explanation if the resources are no longer being used or if the senior does not have access to the community resources.</td>
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| **5.** A) Describe the senior mentor’s reactions when the team introduced the advance care planning worksheets?  
B) Was she/he uneasy or did they seem willing to engage in the process?  
C) Did they want their spouse and/or adult children to know how they felt or what their preferences were? | IP team identifies and describes in detail any community resources the senior mentor may potentially need or may be of benefit. Or, provides a detailed explanation of why additional resources are not needed by the senior mentor should that be the case. | IP team fails to provide sufficient information about the senior mentor’s potential needs for community resources. Does not offer an explanation as to why resources would not be needed by the senior mentor |
| **6.** A) After review and discussion of the Advance Care Planning information, summarize the discussion/conversation you had with your senior about their view and choices related to advance directives.  
B) Will they use artificial life support measures, why or why not? | IP team provides a summary of the discussion/conversation on artificial life support measures and explain the senior’s decision making process. | IP team fails to provide an adequate summary of artificial life support discussion and senior mentor’s decision making process. |
<p>| <strong>7.</strong> What is the team’s reflection on the comfort levels in asking the senior mentor about advance care planning? | IP team provides a detailed explanation of their comfort level when asking their senior mentor about advance care planning. | IP team fails to provide a detailed explanation of their comfort level when asking their senior mentor about advance care planning. |</p>
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<th>8. In review of the Community Resources and Advance Care Planning Assessment Visit, what other healthcare team members and/or community support systems could contribute to the senior mentor’s treatment? Explain why or why not?</th>
<th>IP team provides sufficient explanation of whether the senior’s support system is sufficient and provides a detailed explanation. If the support system is insufficient for the senior mentor, provides recommendations for improvement.</th>
<th>IP team fails to provide sufficient explanation as to the senior’s support system and/or does not provide recommendations for improvement.</th>
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<td>9. All SAGE Visits address different content. Based on the Community Resources &amp; Advanced Care Planning discussion with the senior mentor: A) Describe any characteristics or behaviors that were barriers to conducting the assessment with the senior mentor. B) Discuss whether the difficulties were related to the assessment environment and/or the senior mentor and how the challenges were resolved. C) Explain how the team could improve this type of visit in the future.</td>
<td>IP team provides detailed description of behaviors or barriers experience during the assessment. Elaborates any difficulties in the environment and provides suggestions on how to improve the visit. Follows A, B, and C format.</td>
<td>IP team fails to provide detailed description of behaviors and barriers experience during the assessment. Fails to elaborate on any difficulties in the environment or provide suggestions on how to improve the visit. Does not follow A, B, and C format.</td>
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**Visit 5: Resources**


Visit 6: Health Literacy Project & Ending the Healthcare Professional/Patient Relationship

Goal: Students will carry out a teaching project with an older adult on a health or wellness topic. Students will identify the process for terminating the healthcare professional/patient relationship and formally ending the senior-student team relationship.

Attitudes:
The team will be able to:
1. Recognize the importance of using health literacy principles and strategies to help with patient education and management.
2. Reflect upon ways the team incorporated health literacy principles and strategies in the project.
3. Recognize the value of communication in therapeutic relationships

Knowledge:
The team will be able to:
1. Name key health literacy principles and strategies used in the health literacy project.
2. Identify the strategies that promote health literacy.
3. Identify and reference quality health education resource(s) used to create the health literacy project.
4. Understand the process for terminating a healthcare professional/patient relationship

Behaviors and Skills:
The team will be able to:
1. Develop a presentation on a topic that includes the health literacy principles and strategies.
2. Measure and interpret a blood pressure, pulse (rate/quality/rhythm), respiration and pain.
3. Conduct a meaningful presentation with the senior mentor on a selected topic for health education and management.
4. End a healthcare professional/patient relationship in a professional manner

BACKGROUND KNOWLEDGE:

What is Health Literacy and why is it important?
Health literacy is the degree to which individuals have the capacity to obtain, communicate, process, and understand basic health information and services needed to make appropriate health decisions.

Health literacy is dependent on individual and systemic factors:

- Communication skills of lay persons and professionals
- Lay and professional knowledge of health topics
- Culture
- Demands of the healthcare and public health systems
- Demands of the situation/context
Health literacy affects people's ability to:

- Navigate the healthcare system, including filling out complex forms and locating providers and services
- Share personal information, such as health history, with providers
- Engage in self-care and chronic-disease management
- Understand mathematical concepts such as probability and risk


**Why is ending the healthcare professional/patient relationship; and formally ending the senior/student relationship important?**

In today’s medical world, saying good-bye to a patient is a common occurrence. The patient may be moving, changing insurance, or seeking other sorts of treatment options. The healthcare professional may be moving or leaving a particular practice.

In any event, the closure process requires attention. Patients ending a healthcare professional relationship frequently experience the same feeling they have when ending any other intimate relationship. Some of these emotional attachments might surprise the inexperienced physician, but it is wise to be prepared.

**SCHEDULING THE VISIT:**

Work with your team members to find a time that is convenient for everyone. Have several options of dates and times available prior to contacting the senior mentor to schedule the visit. The SAGE visit should be based on the senior mentor’s availability and students’ schedules. Please arrange and complete the home visit with your senior mentor with ALL members of the team.

In a phone conversation, set up the appointment and inform the senior mentor that during this visit the team would like to have a conversation with them about a special health and/or wellness topic. This topic could have been decided upon in a previous meeting (Visit 5). If this is a new senior you may use the recommended list of senior topics of interests as a prompt to assist the senior in selection of the subject (See Attachment B). Explain to the senior that it is important to practice patient education as an interprofessional team.

When confirming the visit with the senior mentor, inform the senior how many students will be coming for the visit. If you are having trouble reaching your senior mentor after three attempts at least 24 hours apart, please email ASAP (SAGE@unthsc.edu) so someone can help the team to problem-solve the communication issues.

**PREPARING FOR THE VISIT**

**Health Literacy:**

Identify resources needed to create your health literacy presentation on the pre-selected topic. Resources can be found from several trusted sources listed on Attachment C. Please be sure to cite the resources you have used in Attachment D. Note: The SAGE team does NOT need to create its own flyer/handout/brochure for this presentation. It is recommended that resources used are from one of those listed in Attachment C.
Each individual on the team needs to watch the Health Literacy YouTube Channel (https://www.youtube.com/playlist?list=PLIqjJSCnWJ7MyYGmQoHHYIgS07PzlDaUG) created for the SAGE program. This should take no longer than 60 minutes. Working as a team, create a presentation that incorporates health literacy principles and strategies. Attachment D is the template for creating the teaching project;

The worksheet template requires 2-3 objectives (see Attachment E for assistance in writing objectives), an outline of content to be covered, assignment of team members responsible for each content area, identification of the health literacy techniques, and total time allotted for presentation completion.

Fully complete the Health Literacy Project worksheet and use it as a guide for the team during the home visit. The worksheet should be submitted as part of the Visit 6 assignment.

CLOSING A HEALTHCARE PROFESSIONAL/PATIENT RELATIONSHIP

As you prepare for the SAGE visit, consider the following:

a) What should the team do when ending a healthcare professional-patient relationship:
   1. Tell the senior as soon as possible (before they hear of it somewhere else). Preferably at least 2-3 weeks in advance. Schedule the “last” visit. (1)
   2. Review the relationship history, noting events that might have “unfinished business.” Complete any commitments earlier made with the patient (e.g. providing education on a medical topic, making a referral, completing a form, etc.).
   3. Structure a time to say good-bye. This does not have to be a long period of time. What is important is that it is planned and focused.
   4. Allow the senior to respond with questions, concerns, statements about feelings. Feelings of grief are normal: denial, guilt, and abandonment. Acknowledge and accept these feelings in the senior and in yourself. (2)
   5. THANK THEM. Acknowledge that you have learned from the relationship. Seniors take pride and enjoyment in contributing to their healthcare professionals’ education (especially when they are still in training). (1)
   6. Make sure that the IPE team or individuals are not making any promises to the assigned Senior Mentor that they do not intend on keeping, (i.e. promises to stay in touch, to visit, etc.).

b) The entire visit should last no more than 1-2 hours, so the team may also want to discuss potential strategies to stay “on track” and on time.

c) Amongst the team, please discuss prior to the visit, what items each team member will bring to the visit.

Review the following resources that provide an example for terminating the healthcare professional/patient relationship and formally ending the senior-student relationship.

References:
As the team prepares for the SAGE visit, consider the following:

Allocate at least 2 hours for the visit and pre & post write up. The team may also want to consider potential strategies to stay “on track” and on time.

**Equipment/Materials to take to Visit:**

1. Writing Paper and Pen
2. White Lab Coat and Name Tag
3. Blood Pressure Cuff, Stethoscope
4. Senior Mentor and Team Blood Pressure Card
5. Laptop or iPad/tablet if desired
6. Vial of Life Kit and Paperwork (if needed, can be picked up by UNTHSC student)
7. Copies of the instructional plan and presentation materials.
8. Outline of an ending the relationship plan for the team’s conversation.
9. Senior Update Form

**DURING THE VISIT**

**Step One:** Visit the senior mentor. Introduce the team as healthcare professions’ students and identify each discipline from UNT Health Science Center/Texas Christian University in Fort Worth. Inquire if the senior has ever seen someone from your profession before for health care. Thank the senior mentor for participating in your education. **Inform them that you are not their Primary Care Provider/healthcare professional and you cannot give any health advice (always refer the senior to their Primary Care Provider/healthcare professional).** Remind the senior mentor that the team will at each visit be completing a vital signs check and addressing the Vial of Life information. Discuss the main focus of the visit, which is the health literacy teaching project and ending the patient relationship. Ask if the senior mentor has any questions before you get started.

**Step Two:** Make certain that all the necessary material and equipment are present before examining the senior mentor. Begin the visit by assessing your mentor’s blood pressure (which arm and position), radial pulse (regularity and strength), respirations (quality and effort), and pain assessment score. Use the “Universal Pain Assessment Tool” document to assess the pain level of the senior. The universal pain tool is intended to help providers assess pain according to individual senior needs. Explain and use 0-10 scale for senior self-assessment. Identify location, timing and any adjectives they might use to describe pain. **Be sure to record the information on the senior mentor’s blood pressure card. You are no longer required to complete a team blood pressure card.**

**Step Three:** During this visit, the team will be completing or updating the Vial of Life information for your senior. If this is the first time the senior mentor has participated in the Vial of Life Program, please take a few minutes to educate them on the program.

“The Vial of Life has important instructions and information that is needed most during the first minutes of critical illness or accident in your home. This is a community outreach service that enables emergency responders to quickly locate helpful information regarding the senior’s medical history. Emergency responders, fire fighters, paramedics and police are trained to look for the “Vial of Life” sticker and obtain information from the vial.” (www.vialoflife.com)
The kit contains a vial in which a medical information form and advanced directives are stored in the freezer or refrigerator door. A sticker is placed on the front door and the outside corner of the freezer or refrigerator.

SAGE teams will update the Vial of Life information at each SAGE visit.

Once you have educated the senior on the Vial of Life program, please complete the medical information form, and if they have an advance directive, place them in the vial and into the freezer or refrigerator. To complete the kit, please place the stickers on both the front door and freezer/refrigerator.

**Step Four:** Present the health literacy project to the senior mentor with all team members involved. One of the basic principles of health literacy is to focus on the need to know—not the nice to know, the actual conversation should take no longer than 20-30 minutes maximum. Be sure to ask teach back questions (see teach back method videos in the YouTube Channel to stimulate a conversation with your senior mentor after the presentation. As part of the assignment the team will assess the senior mentor’s level of understanding and comprehension, and communicate any changes they will be making related to the topic.

**Step Five:** Instructions to the Student Teams for Ending the Professional/Patient Relationship:

1) Take turns with your team member(s) and senior mentor to express what this program has meant to each of you. (Keeping it at “program” level may allow for easier expression of feelings and ideas).
   a) What have you enjoyed?
   b) What have you learned because of the SAGE program?
   c) How would you want things to be different?
   d) What changes or growth has your team and senior mentor observed in you?

2) Keep a positive tone when expressing thoughts and feelings about the program. Remember, these are volunteers who have provided you with considerable time. Thank the senior mentor for their participation and for mentoring the team.

3) Ask the senior if there are any questions for the team prior to leaving. Confirm that they do have their own physician/healthcare professional to contact and encourage them to do so regularly.

4) Encourage the senior mentor to continue in the SAGE program and to continue to be active in the training of future medical students.

5) Complete the “SAGE Senior Update” (one per team) and email to SAGE@unthsc.edu, fax to 817-735-0167, or drop off to the SAGE Office in the PCC – 4th Floor.

**Step Six:** Complete the following Assignment questions and submit to Canvas
Visit 6 Assignment

Submit the team assignment in a word or pdf document and upload to Canvas for grading. Include the date of your visit, plus the names of the team members that were present. Make sure you also include any completed forms, checklists, or screening documents required for the visit. Answer the questions in the same format as below (Do not use a continuous essay format).

1. A) Document the date and time the team visited the senior mentor.
   B) Document the senior’s blood pressure (which arm and position), respirations (quality and effort), radial pulse (regularity and strength), pain level (0-10 severity scale, location, timing and adjectives to describe any pain), age and ethnicity.
   C) Add any other information pertinent to the senior mentor’s status (Gender, overall appearance and health the day of the visit. Identify any extenuating facts that appear to impact the patient’s health or well-being.)

2. A) List the IP team number, names, school, and roles of the SAGE team members for this visit (e.g. med, pharm, dietician, nursing, social work, etc.). Also list any member not physically present for the visit with the SAGE senior and IP team members (Email SAGE (sage@unthsc.edu) with the names of any member not present and why);
   B) Briefly identify the tasks of each team member and explain how individual roles were determined;
   C) Identify which team member will be submitting the assignment for the team;
   D) Provide an explanation of the contributions to the visit/assignment by each IP team member

3. Explain how the mentor and team decided upon the topic and give rationale on how the topic will benefit the senior mentor.

4. Justify the selected resource(s) utilized for the presentation health topic. Be sure to properly reference any of the resources. Cite these resources using APA format in Attachment D.

5. Discuss which of the health literacy principles and strategies were utilized by the team for this presentation and why they were chosen.

6. What changes was the senior mentor able to verbalize during the teach-back discussion, through question and answer, or in the discussion following the presentation that they could possibly change about their daily routine or lifestyle as a result of the health literacy presentation?

7. How might the health literacy project and ending the healthcare/patient relationship help the team increase their skills as healthcare professionals? Other comments?

8. A) Were members of the team able to speak comfortably with the senior mentor regarding the ending of the SAGE experience?
   B) Was the senior mentor receptive to the team’s efforts to comfortably end the relationship on a positive note?
9. All SAGE visits address different content. Based on the Health Literacy Project and Ending the patient relationship provide a summary of how the interprofessional (IP) team:
   A) Dealt with any difficulties during the assessment process within the IP team;
   B) Might improve communication and teamwork skills for the next visit;
   C) Explain the importance of these types of communication and teamwork skills for future practice.
<table>
<thead>
<tr>
<th>Assignment Question</th>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A) Document the date and time the team visited the senior mentor. B) Document the senior's blood pressure (which arm and position), respirations (quality and effort), radial pulse (regularity and strength), pain level (0-10 severity scale, location, timing and adjectives to describe any pain), age and ethnicity. C) Add any other information pertinent to the senior mentor’s status (Gender, overall appearance and health the day of the visit. Identify any extenuating facts that appear to impact the patient’s health or well-being.)</td>
<td>IP team provides documentation with explanation and other details pertinent to the visit about patient’s vital signs. Includes answers to A, B, and C as listed in question.</td>
<td>IP team lacks documentation of the patient’s vital signs and any explanations or minimal explanation and details. Missing all or parts of answers to A, B, and C.</td>
</tr>
<tr>
<td>2. A) List the IP team number, names, school, and roles of the SAGE team members for this visit (e.g. med, pharm, dietician, nursing, social work, etc.). Also list any member not physically present for the visit with the SAGE senior and IP team members (Email SAGE (<a href="mailto:sage@unthsc.edu">sage@unthsc.edu</a>) with the names of any member not present and why); B) Briefly identify the tasks of each team member and explain how individual roles were determined; C) Identify which team member will be submitting the assignment for the team; D) Provide an explanation of the contributions to the visit/assignment by each IP team member.</td>
<td>Submission provides documentation of the IP team with explanation of tasks, roles and other pertinent details to the visit. Includes thorough answers to A, B, C and D.</td>
<td>Submission does not document IP team, provide explanation of tasks or other pertinent details to the visit. Lack of or minimal explanation to questions A, B, C, and D.</td>
</tr>
<tr>
<td>3. Explain how the mentor and team decided upon the topic and give rationale on how the topic will benefit the senior mentor.</td>
<td>IP team provides detailed written explanation of how the mentor and team decided on the topic, including</td>
<td>IP team fails to provide explanation of how the mentor and team decided on the topic, or provides an explanation</td>
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<tr>
<td>4. Justify the selected resource(s) utilized for the presentation health topic. Be sure to properly reference any of the resources. Cite these resources using APA format in Attachment D.</td>
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</tr>
<tr>
<td>IP team lists the three resources selected for the lesson and provides a clear explanation of why each resource was selected.</td>
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<tr>
<td>IP team fails to list all three resources used in the lesson. Reasons why each resource was selected are not given or are not clearly explained.</td>
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<tr>
<td>5. Discuss which of the health literacy principles and strategies were utilized by the team for this presentation and why they were chosen.</td>
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<tr>
<td>IP team provides a detailed description of the health literacy principles and strategies used in the presentation and why each was chosen.</td>
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<td></td>
</tr>
<tr>
<td>IP team fails to provide a detailed description of the health literacy principles and strategies used in the presentation and why each was chosen.</td>
<td></td>
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</tr>
<tr>
<td>6. What changes was the senior mentor able to verbalize during the teach-back discussion, through question and answer, or in the discussion following the presentation that they could possibly change about their daily routine or lifestyle as a result of the health literacy presentation?</td>
<td></td>
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<tr>
<td>IP team specifies at least one way that the presentation was able to help the senior mentor identify a positive way to change to their health, and references a statement made by their mentor as supporting evidence.</td>
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<tr>
<td>IP team fails to state at least one way that the presentation was able to help the senior mentor identify a positive way to change to their health, and/or fails to reference a supporting statement made by their mentor.</td>
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<tr>
<td>7. How might the health literacy project and ending the healthcare/patient relationship help the team increase their skills as healthcare professionals? Other comments?</td>
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<tr>
<td>IP team provides detailed explanation outlining out the health literacy project and ending the healthcare/patient relationship could help the team increase their skills as healthcare professionals.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IP team fails to provide a detailed explanation outlining how the health literacy project and ending the healthcare/patient relationship could help the team increase their skills as healthcare professionals.</td>
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</tbody>
</table>
### 8. A) Were members of the team able to speak comfortably with the senior mentor regarding the ending of the SAGE experience?  
B) Was the senior mentor receptive to the team’s efforts to comfortably end the relationship on a positive note?

| IP team provides a written explanation outlining whether the team was able to speak comfortably with the senior mentor regarding the end of the SAGE experience and if the senior was receptive to the team’s efforts to comfortably end the relationship on a positive note. |
| IP team fails to provide a written explanation outlining whether the team was able to speak comfortably with the senior mentor regarding the end of the SAGE experience and if the senior was receptive to the team’s efforts to comfortably end the relationship on a positive note. |

### 9. All SAGE visits address different content. Based on the Health Literacy Project and Ending the patient relationship provide a summary of how the interprofessional (IP) team:  
A) Dealt with any difficulties during the assessment process within the IP team;  
B) Might improve communication and teamwork skills for the next visit;  
C) Explain the importance of these types of communication and teamwork skills for future practice.

| IP Team provides an explanation of any difficulties experienced during the Health Literacy/Ending Patient Relationship process; explains how to improve communication and teamwork skills for the next visit; and explains the importance of these types of communication and teamwork skills for future practice. |
| IP Team fails to provide an explanation of any difficulties experienced during the Health Literacy/Ending Patient Relationship process; fails to explain how to improve communication and teamwork skills for the next visit; and fails to explain the importance of these types of communication and teamwork skills for future practice. |

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**Visit 6: SAGE Resources**


University of Pittsburgh Medical Center. (2013, April 5). Using health literacy to improve patient care and outcomes. Retrieved from https://www.youtube.com/watch?v=x-bg70l44pw


Geriatric Skills Lab
Three Session Examples

STATION A – COGNITIVE SCREENING

Facilitator’s Guide

Objectives
By the end of this session, the student will be able to:
1. Perform a cognitive evaluation using the Mini-Mental Status Exam (MMSE)
2. Demonstrate empathy when faced with an older adult with cognitive impairment.
3. Identify cognitive screening as a shared role and responsibility of a variety of disciplines within the Interprofessional healthcare team.
4. Identify the importance of team communication of findings and concerns of cognitive screening as a factor in quality of care and patient safety.

Students will view a video of an evaluation using the MMSE on a standardized patient over 65 under the guidance of a medical professional. While viewing the video the students will practice scoring the evaluation and have dialogue with the faculty mentor over their scores and the actual score of the standardized patient. The student will review feedback from the facilitators on their scoring of the standardized patient.

Specific Instructions for:
During each session, the facilitator will go over the special considerations for patients with sensory deficits such as hearing and vision and/or anything that can impair the patient’s fine motor skills such as arthritis or Parkinson.

Material & Amount Needed:
1. 2-pager of the MMSE
2. 1-page facilitator instruction sheet
3. MMSE with scoring guidelines for students to utilize
4. Description & senior’s writing and drawing MMSE for students (1/2 sheet)

Set Up
Chairs, tables and screening documents
Facilitator’s Role

You will receive a team assignment and room location in a follow up email. This information will also be available in your specific area when you arrive. Your job is to facilitate the students learning about, from and with each other. The faculty facilitator will provide the background, session objectives and directions to the groups of students. Your facilitator’s guide will help you to keep the team on track and to help you facilitate the discussion of what the MMSE score means. Leave time for students to participate in a facilitator led reflection at the end of the session. During the reflection time, please be sure that the students are including all participating professions on the team.

Schedule
1:00-1:30 (3:00-3:35) Group 1
  1:00-1:02 (3:00-3:02) Welcome and Introductions of faculty
  1:02-1:10 (3:02-3:10) Introduction to the Mini-Mental State Exam (MMSE)
  1:10-1:20 (3:10-3:20) View the MMSE Video
  1:35-1:40 (3:35-3:40) Send team to next station and prepare for next group

1:40-2:15 (3:40-4:15) Group 2
  1:40-1:42 (3:40-3:42) Welcome and Introductions of faculty
  1:42-1:50 (3:42-3:50) Introduction to the Mini-Mental State Exam (MMSE)
  1:50-2:00 (3:50-4:00) View the MMSE Video
  2:00-2:15 (4:00-4:15) Review MMSE Scores and Guided Reflection
  2:15-2:20 (4:15-4:20) Send team to next station and prepare for next group

  2:20-2:22 (4:20-4:22) Welcome and Introductions of faculty
  2:22-2:30 (4:22-4:30) Introduction to the Mini-Mental State Exam (MMSE)
  2:30-2:40 (4:30-4:40) View the MMSE Video
  2:40-2:45 (4:40-4:50) Review MMSE Scores and Guided Reflection
  2:45-2:50 (4:45-4:55) Send team to next station and prepare for next group

Repeat with second session 3-5pm
3:00-3:35 Group 1
3:40-4:15 Group 2
4:20-4:50 Group 3

Repeat rotation sequence with second session 3-5pm.

- Students are given a copy of the student handout when they arrive at the station.
Welcome and Introductions

Welcome everyone and provide introductions (10 minutes). Faculty and students can introduce themselves. Go over the Cognitive Screening station objectives, provide background and explain the MMSE and explain how the activity will proceed.

Background Information:
Impairment in cognitive function in geriatric patients puts them at risk for safety, function, health maintenance, and length and quality of life. The incidence of cognitive impairment increases with age so older adults in any healthcare setting need to be routinely and regularly screened or assessed for cognitive function in order to plan care and intervene as appropriate. You will be introduced to use of the Mini Mental State Exam, one of the most commonly used instruments for screening cognitive function. The Mini Mental State Exam offers a quick and simple way to quantify cognitive function and to screen for cognitive loss. Any member of the treatment team can be taught to administer the MMSE.

The Mini Mental State Exam (MMSE) was developed around 1975 and used to track an individual’s mental deterioration over time. The test is administered to patients at risk for or suspected of developing dementia. The Mini-Mental State Exam (MMSE) tests cognitive function by examining orientation, word recall, language abilities, attention and calculation, and visuospatial ability. The MMSE is a routine cognitive screening test rated on a 15 or 30 point scale. The MMSE takes about 8-10 minutes to administer and would be used for initial screening.

The MMSE features a clear grading scale where scores in the bottom two categories strongly indicate the presence of dementia. The test cannot serve as an exclusive diagnosis of dementia, but it can be very useful as complementary tool and a method to track a patient’s progression as the disease develops. Low scores are highly correlated with instances of dementia, but several other factors can complicate the assessment including physical injuries, other existing mental conditions and previous difficulty with math and/or language. The facilitator will need to go over the special considerations for patients with sensory deficits such as hearing and vision and/or anything that can impair the patient’s fine motor skills such as arthritis or Parkinson. The idea of undergoing testing for possible cognitive impairment is often daunting to older patients, who may become nervous and worry that their anxiety will only make the results worse.

Session Objectives
By the end of this session, the student will be able to:
1. Review a cognitive evaluation using the Mini-Mental State Exam (MMSE)
2. Demonstrate empathy when faced with an older adult with cognitive impairment.
3. Identify cognitive screening as a shared role and responsibility of a variety of disciplines within the Interprofessional healthcare team.
4. Identify the importance of team communication of findings and concerns of cognitive screening as a factor in quality of care and patient safety.
Overview of Cognitive Screening Station Activity
This interactive Cognitive Screening activity is designed to provide first-hand exposure to students by having them view an evaluation using the MMSE on a standardized patient over 65 under the guidance of a medical professional. Students will view a video of an evaluation using the MMSE on a standardized patient over 65 under the guidance of a medical professional. While viewing the video the students will practice scoring the evaluation and have dialogue with the faculty mentor over their scores and the actual score of the standardized patient. The student will review feedback from the facilitators on their scoring of the standardized patient.

COGNITIVE SCREENING ACTIVITY

Session overview (may vary due to start time – all rotations are 35 minutes each):
1:00-1:30 Group 1
   1:00-1:02 Welcome and Introductions of faculty
   1:02-1:10 Introduction to the Mini-Mental State Exam (MMSE)
   1:10-1:20 View the MMSE Video
   1:20-1:35 Review MMSE Scores and Guided Reflection
   1:35-1:40 Send team to next station and prepare for next group

I. Introduction: Facilitator: Directions to Students
Impairment in cognitive function in geriatric patients puts them at risk for safety, function, health maintenance, and length and quality of life. The incidence of cognitive impairment increases with age so older adults in any healthcare setting need to be routinely and regularly screened or assessed for cognitive function in order to plan care and intervene as appropriate. You will be introduced to use of the Mini Mental State Exam, one of the most commonly used instruments for screening cognitive function. The Mini Mental State Exam offers a quick and simple way to quantify cognitive function and to screen for cognitive loss. Any member of the treatment team can be taught to administer the MMSE.

During the next 10 minutes you will participate in an evaluation using the Mini-Mental State Exam (MMSE) video. Under the guidance of the medical professional you will be able to view a video of an evaluation using the MMSE and practice scoring the senior’s orientation, word recall, language abilities, attention and calculation, and visuospatial ability to determine if there is possible cognitive impairment.

II. Exercise:
- Make sure all students have received a copy of the MMSE with scoring guidelines.
- Watch the MMSE video and instruct the students to try and score the evaluation using their copy of the MMSE and scoring guidelines.
- At the end of 10 minutes or the video, you will have to call time so you have time for reflection.

III. Activity:
Students will watch the video of the senior patient being evaluated using the MMSE; student will use their paperwork to score the patient during the video.
IV. Review the MMSE Score and reflection (10 minutes):
Is the senior’s score normal or abnormal? Is the score concerning for a potential dementia diagnosis? Remember to clarify that the MMSE is a screening test and not a diagnosis for dementia. Did the senior have any sensory deficits or impaired fine motor skills?

This will be a faculty facilitated group discussion. You won’t have enough time to give everyone an opportunity to answer all of the questions. Pay attention to the high participators and the low participators. You might go around the room and ask the students specific questions so you can include everyone’s voice.

**Interpretation of the MMSE**

<table>
<thead>
<tr>
<th>Method</th>
<th>Score</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Cutoff</td>
<td>&lt;24</td>
<td>Abnormal</td>
</tr>
<tr>
<td>Range</td>
<td>&lt;21</td>
<td>Increased odds of dementia</td>
</tr>
<tr>
<td></td>
<td>&gt;25</td>
<td>Decreased odds of dementia</td>
</tr>
<tr>
<td>Education</td>
<td>21</td>
<td>Abnormal for 8th grade education</td>
</tr>
<tr>
<td></td>
<td>&lt;23</td>
<td>Abnormal for high school education</td>
</tr>
<tr>
<td></td>
<td>&lt;24</td>
<td>Abnormal for college education</td>
</tr>
<tr>
<td>Severity</td>
<td>24-30</td>
<td>No cognitive impairment</td>
</tr>
<tr>
<td></td>
<td>18-23</td>
<td>Mild cognitive impairment</td>
</tr>
<tr>
<td></td>
<td>0-17</td>
<td>Severe cognitive impairment</td>
</tr>
</tbody>
</table>
Reflection Questions

1. What do you think it would be like to administer this type of screening test to an older adult who may have cognitive impairment?

- **Faculty:** Make sure students understand that this assessment may be very easy for some and very difficult for others, and consistency in administering the assessment is important and sensitivity to those who may have difficulty

2. How did you feel as you observed the senior taking the MMSE?

- **Faculty:** Help students understand that this assessment could be frustrating for some. Others may respond with humor or excuses to cover up their impairments. Other may take offense at being given the assessment.

3. When would you administer the MMSE?

- **Faculty:** It can be administered as an annual screening tool in senior adult patients who are asymptomatic, or in patients with a concern for memory loss or cognitive impairment as observed by the provider, family, or patients themselves.

4. Who may administer the MMSE?

- **Faculty:** Discuss that depending on the healthcare setting, a different member of the team may administer this assessment

5. Who should be given the results of the MMSE and how should that be communicated?

- **Faculty:** The results are communicated as an MMSE score and should be documented in the EMR. Results of this cognitive screening test should be reported to the primary care provider, who would then proceed with further work up of abnormal results

6. What sensory deficit or physical impairments could impact the senior's ability to participate in the MMSE?

- **Faculty:** Physical impairments such as Parkinson's disease, stroke, or tremor could impede their ability to write a sentence or draw a figure. Vision impairment could impede their ability to read the sentence or copy the figure. Hearing impairment could significantly impede their ability to perform the test, understand words or phrases read or their understanding of the instructions.

**IV. Dismiss for passing period to next station.** Prepare to receive the next group of students.
STATION B – MEDICATION LOG

Facilitator’s Guide

OBJECTIVES

The student will be able to:

1. Appreciate the challenge of polypharmacy in older adults
2. Perform a medication assessment
3. Identify that monitoring a patient’s current medication log and medication adherence is a shared role and responsibility of all members of the Interprofessional healthcare team.
4. Identify team coordination in monitoring patient’s current medications and adherence and timely team communication about medication concerns as important factors in patient safety.

Students are each given a “brown bag” of 13 empty bottles with prescriptions and instructions. Students were tasked applying their geriatric knowledge, including the Beers Criteria, to identify polypharmacy issues such as safety issues (expired medication, more than one pharmacy, taking pain medication belonging to someone else), therapeutic duplication, multiple meds containing acetaminophen, difficult dosing schedule (e.g., complicated regimen including QHS, TID, BID, QID and QD, with and without food), drug-drug interactions, contraindications and missing indications.

Material & Amount Needed:

___Beers Criteria 1 copy per student (Approximately 12 students per team x 3 teams 72 per afternoon)
___Incomplete Medication Log in color 1 per student (72 per afternoon)
___*Brown Bags with 13 labeled prescription bottles 2 bags per Medication Log station
___Facilitator’s Guide 2 copies per station
___Student Guide 1 copy per student (72 per afternoon)

*2 Bags per station = 10 bags of 13 prescription bottles = 130 labeled prescription bottles

Sample reflection questions:

1. Were there any questions on the review of medication activity?
2. What surprised you most about the list of medicines?
3. How comfortable do you feel with assessing the patient’s current medications?
4. What did you learn from working with students from other professions?
5. How would you communicate your findings with the rest of the team in an ambulatory outpatient setting in which all team members are not in the same clinic location?
6. How would you engage the pharmacist who is in a retail setting? (i.e. CVS, Walgreens, Kroger, etc.)
Facilitator’s Role

You will receive a team assignment and room location in a follow up email. If you have been assigned to facilitate in the MET building, prior to 1 pm, please pick up your materials at the IPE table in the MET building near the auditoriums or if you have been assigned to facilitate in the Library on the third floor please pick up your materials at the IPE table on the third floor of the Library outside LIB 311 the Discovery Room. You will pick up all materials for the 1-3pm and 3-5pm sessions at 1pm. You will also return all materials at the end of the day to the same location. Your job is to facilitate the students learning about, from and with each other as they explore shared roles they will fulfill in identifying a patient’s current medications and creation of a medication log.

The Faculty Facilitator will provide the background, session objectives and directions to the groups of students. Your facilitator’s guide will help you to keep the team on track and to help you facilitate the discussion of why it is important for patients to have an up-to-date medication log. As the students interact about the patient’s medications facilitate discussion among them about their shared responsibility in awareness of patients’ medication adherence. Facilitate discussion about how the team will communicate about medication concerns when not working together in the same clinic. Facilitate discussion about the role of the pharmacist exploring how the team will involve the pharmacist who may be in retail settings (CVS, Walmart etc…). Leave time for reflection on their experience at the station. During the reflection time, please be sure that the students are including all participating professions on the team.

Schedule
1:00-1:35 (3:00-3:35) Group 1
1:00-1:05 (3:00-3:05) Welcome and Introduction to the Identification of Current Medications Log activity
1:05-1:30 (3:05-3:30) Student teams complete the medication review
1:30-1:35 (3:30-3:35) Debriefing and Reflection on Your Experience
1:35 (3:35) Send team to next station and prepare for next group

1:40-2:15 (3:40-4:15) Group 2
1:40-1:45 (3:40-3:45) Welcome and Introduction to the Identification of Current Medications Log activity
1:45-2:10 (3:45-4:10) Student teams complete the medication review
2:10-2:15 (4:10-4:15) Debriefing and Reflection on the experience
2:15 (4:15) Send team to next station and prepare for next group

2:25-2:50 (4:25-4:50) Student teams complete the medication review
2:55 (4:55) Dismiss

Repeat rotation sequence with second session 3-4:55pm.

- Students are given a copy of the student handout when they arrive at the station.
Welcome and Introductions

I. Introduction: Facilitator: Directions to Students
Introduce yourself to the students and break them into two small groups (they will be separated into two groups on the team roster). Make sure all students have received a copy of the Medication Log, Beers Criteria. There will be one set of medications for each of the two small teams.

II. Medication Log Activity
The two student teams at your station are to be provided with the “brown bag” of 13 empty bottles with prescriptions and instructions. Facilitators will guide the students to the scenario in their handout “You are visiting Ms. Chesterfield in her home for a routine visit. She has a prescription log, but you discover that it is incomplete and perhaps not up to date. Students are tasked to apply their geriatric knowledge, including the Beers Criteria, to identify polypharmacy issues such as safety issues (expired medication, more than one pharmacy, taking pain medication belonging to someone else), therapeutic duplication, multiple meds containing acetaminophen, difficult dosing schedule (e.g., complicated regimen including QHS, TID, BID, QID and QD, with and without food), drug-drug interactions, contraindications and missing indications.

Encourage the students to identify and discuss barriers to medication adherence like poor health literacy, cultural differences, fixed budgets, vision, hearing or other physical function and mobility factors.

Have the students take turns wearing the vision deficit glasses and gloves to simulate neuropathy to help them gain perspective on how sensory function can become a barrier to medication adherence.

IV. Facilitate Student and Team Reflection on the Medication Log activity (5 minutes)
This will be a faculty facilitated group discussion. You won’t have enough time to give everyone an opportunity to answer all of the questions. Pay attention to the high participators and the low participators.

Sample Reflection Questions

1. Were there any questions on the review of medication activity?
2. What team members are responsible for assessing a patient’s current medications and making sure they have an up to date medication list.
3. What surprised you most about the list of medicines?
4. How comfortable do you feel with assessing the patient’s current medications?
5. What did you learn from working with students from other professions?
6. How would you communicate your findings with the rest of the team in an ambulatory outpatient setting in which all team members are not in the same clinic location?
7. How would you engage the pharmacist who is in a retail setting? (like CVS, or Kroger pharmacy)
8. What accommodations would you recommend to help patients overcome barriers to medication adherence?

V. Dismiss for passing period to next station. Prepare to receive the next group of students.
Medication Log Station – Facilitator’s Guide

Medication Log

Students will be divided into two groups of 5-6 students (see team roster for small team makeup). The two small teams will each be given a bag with 13 different medication vials and are asked to complete the incomplete information they are provided from the Medication Log and to respond to a number of questions. As students work in their teams ask that they take turns using the geriatric experience glasses to demonstrate vision deficits and gloves to demonstrate neuropathy to help create perspective on functional barriers to medication adherence. NOTE: Facilitators need to know that the medication vial labels for hydrocodone/acetaminophen and/or oxycodone/acetaminophen may not have the dosage included due to the length of the drug name on the vial.

1. Is each medication necessary?
   - No indication for indomethacin (does the patient have gout?)
   - What is the indication for omeprazole? May be appropriate if recommended by physician due to high risk for GI bleed (risk factors: age, NSAID therapy, ASA, warfarin). May not be appropriate if self-treating GI symptoms.

2. Is the drug appropriate in the elderly? – Beers List Medications
   - Indomethacin: AVOID use. Increases risk of GI bleeding and peptic ulcer disease in high-risk groups (those aged > 75 or taking oral or parenteral corticosteroids, anticoagulants, or antiplatelet agents). Of all the NSAIDs, indomethacin has most adverse effects
   - Diphenhydramine (Tylenol PM): AVOID use. Highly anticholinergic; clearance reduced with advanced age, and tolerance develops when used as hypnotic; greater risk of confusion, dry mouth, constipation, and other anticholinergic effects and toxicity

3. Are there duplicate medications?
   - Patient has multiple sources of acetaminophen (Tylenol PM, Percocet (oxycodone + acetaminophen), Norco (hydrocodone + acetaminophen)). The FDA recently reduced the limit of APAP in prescription products to 325 mg/dose due to risk of liver toxicity. In response, many OTC and prescription manufacturers reduced the total daily limit to 3,000 mg. (NOTE: Some sources may still list 4000mg/day as the maximum dose for acetaminophen.)
   - Diuretics: HCTZ and furosemide. Per dispensing date, furosemide was prescribed most recently. Likely that HCTZ was deemed to be ineffective and was intended to be replaced with furosemide. However, patient continues to take both medications.
   - Opioids: hydrocodone and oxycodone. Only hydrocodone is prescribed for this patient (oxycodone is her husband’s medication). Should ask patient why she is taking both. Does she have unrelieved pain?

4. Is the patient taking the lowest effective dosage?
   - Patient is taking aspirin, presumably for the primary prevention of heart attack and/or stroke. In this patient, aspirin is prescribed appropriately. However, the recommended dose is 81-162.5 mg. The patient would maintain cardio-protection while also decreasing her risk of bleeding by reducing the daily dose to 81 mg.

5. Is the medication intended to treat the side effect of another medication? – Possible prescribing cascades
   - Opioids and anticholinergics □ constipation □ laxatives
   - Opioids, anticholinergics □ delirium
6. Can I simplify a drug regimen?
   - **Warfarin**: patient is currently splitting tablets (FYI: warfarin is a very small pill!). May be easier for an elderly patient to receive 2.5mg tablets and take multiple tablets.
   - Daily, QHS, BID, TID, with meals, prn – What if this was a patient who is feeling confused and now has poor eyesight – how hard would it be to follow this regimen?

7. Are there potential drug interactions?
   - **Warfarin + simvastatin**: Increased risk of bleeding and increased risk of rhabdomyolysis. Provider monitoring warfarin should be aware of simvastatin use.
   - **Warfarin + aspirin/indomethacin**: Increased risk of bleeding. Provider monitoring warfarin should be aware of ASA and indomethacin use. Should also decrease ASA dose to 81mg daily.
   - **Diphenhydramine**: Anticholinergic activity. Anti-SLUDGE, cognitive impairment
   - **HCTZ + furosemide**: Increased risk of hypokalemia. Potassium should be closely monitored as hypokalemia is also a risk factor for QT prolongation. Should discontinue one diuretic
   - **Lisinopril + NSAIDS**: increased risk of kidney injury when used together, especially in elderly

8. Is the patient adherent?
   - One way to assess patient adherence is to compare fill dates on the prescription bottles to how many pills are left in each vial.

9. Is the patient taking an OTC medication or another person’s medication? Is this appropriate?
   - All providers and pharmacies should be aware of ALL medications that the patient takes, not just prescription medications
   - **Oxycodone** is her husband’s prescription. Why is the patient taking her husband’s medications? Does she need a refill of Norco? Was the Norco ineffective?

Other Issues
1. **Safety**
   - Patient is taking > 9 medications
   - Patient has more than one prescriber
   - Patient is using more than one pharmacy
   - Patient is taking expired medication
   - Patient needs routine laboratory monitoring (warfarin-INR)
   - No instructions on time of day to take furosemide and hydrochlorothiazide. Taking late in evening trips to bathroom in middle of night
   - Falls
   - Important to mention that the dose of warfarin on a prescription label is NOT always what the patient is taking, as the dose can be changed frequently in clinic. We need to be asking what is the most recent dose, and asking to see the card that most clinics will provide the patient listing the last INR and new dose.
   - Could this patient benefit from a pill box?
   - Does she need large print materials with her prescriptions?
   - Did patient provide a list of all medications? Often patients only bring in their prescription and OTC vials/bottles, leaving other things behind. (e.g., EpiPen, refrigerated items [e.g., insulin]); she might not think to bring them in and often won’t even recall these items when you say “is this everything you currently take?”
2. **Cost**

- Brand verses generic
- What medications or substitutes are available on $4 lists?
- OTC meds cost may significantly raise cost
- Which medications could be stopped to reduce cost?

Suggested e-resources for drug information available through UNTHSC: LexiComp, Micromedex & Epocrates

**Medication Log Station – Student’s Guide**

You are visiting Ms. Chesterfield in her home for a routine visit. She has a prescription log, but you discover that it is incomplete and perhaps not up to date. Please help Ms. Chesterfield by completing the following:

1. Complete her medication log by filling in the blanks using her pill bottles.

2. Use the last column to ensure that each medication has an indication by comparing Ms. Chesterfield’s medications to her past medical history.

3. Identify medication-related issues and discuss as a group potential ways to solve them and what additional information you may need from your patient. You may use the provided Beer’s list and electronic resources as references.

   Examples of questions to discuss include:
   a. Is each medication necessary?
   b. Is each drug appropriate in the elderly?
   c. Are there duplicate medications?
   d. Is the patient taking the lowest effective dosage?
   e. Is the medication intended to treat the side effect of another medication?
   f. Can the drug regimen be simplified?
   g. Are there potential drug interactions?
   h. Is the patient adherent?
   i. Is the patient taking an over-the-counter medication or another person’s medications? If so, is this appropriate?

4. Discuss potential safety issues for this patient

5. Discuss cost issues for this patient

Suggested e-resources for drug information available through UNTHSC:
- Lexi-Comp
- Micromedex
- Epocrates
Facilitator’s Guide

Objectives
By the end of this session, the student will be able to:

1. Assess an older adult’s risk of falls by use of the “Timed Up and Go Test”
2. Identify home environmental risks for older adults
3. Describe prevention strategies associated with home safety
4. Identify fall risk assessment as a shared role and responsibility of all members of the Interprofessional healthcare team.
5. Identify team coordination of fall risk assessment and team communication about fall risk concerns as an important factor in patient safety.

Students will be viewing video-clips of older adults with gait impairments, and will then practice the Timed Up and Go (TUG) test with a partner.

Gait disorders are common in geriatric patients and many studies show they are also a predictor of functional decline and falling. Certain gait-related mobility disorders progress with age and are associated with morbidity and mortality. In this station students will be led by a physical therapist in discussion on fall risk and perform the timed up and go test (TUG) with each other or a standardized patient. Emphasis will be on performing the test safely and on interpretation of the results. Students also will learn how to perform a home safety assessment.

Specific Instructions:
The station will need computer/projectors at each station to show video clips of older adults with gait impairments performing the TUG. It would be best for this station to be in an individual room to minimize distractions.

Materials
Stopwatch
Walkers
Adjustable Cane
Timed Up & Go Test Instructions
Home Safety Assessment Form
Masking tape to measure off walking distance
LCD screens/projector in each room
Computer Stations (Laptops) in rooms with projection capabilities
**Facilitator’s Role**

You will receive a team assignment and room location in a follow up email. If you have been assigned to facilitate in the MET building, prior to 1 pm, please pick up your materials at the IPE table in the MET building near the auditoriums or if you have been assigned to facilitate in the Library on the third floor please pick up your materials at the IPE table on the third floor of the Library outside LIB 311 the Discovery Room. You will pick up all materials for the 1-3pm and 3-5pm sessions at 1pm. You will also return all materials at the end of the day to the same location. Your job is to facilitate the students learning about, from and with each other as they explore shared roles and responsibilities in assessing fall risk with their geriatric patients.

The Faculty Facilitator will provide the background, session objectives and directions to the groups of students. Your facilitator’s guide will help you keep the team on track and to help you facilitate the discussion how the Timed Up and Go Test and Home Safety Assessment can help to prevent falls risk in senior adults. Leave time for students to participate in a facilitator led reflection at the end of the session. **During the reflection time, please be sure that all student professions are participating on the team.**

**Schedule**

1:00-1:35 (3:00-3:35) Group 1

- 1:00-1:05 (3:00-3:05) Welcome and Instructions
- 1:05-1:15 (3:05-3:15) Timed Up and Go (TUG)
- 1:25-1:35 (3:25-3:35) Debrief and Reflection
- 1:35 (3:35) Send team to next station and prepare for next group

1:40-2:15 (3:40-4:15) Group 2

- 1:40-1:45 (3:40-3:45) Welcome and Instructions
- 1:45-1:55 (3:45-3:55) Timed Up and Go (TUG)
- 2:05-2:15 (4:05-4:15) Debrief and Reflection
- 2:15 (4:15) Send team to next station and prepare for next group


- 2:45-2:55 (4:45-4:55) Debrief and Reflection
- 2:55 (4:55) Send team to next station and prepare for next group

Repeat with second session 3-5pm.

Please give students a copy of the **Student Handouts** when they arrive at your station.

At the start of the 1:00-3:00 pm session (1:00 pm only) and the start of the 3:00-5:00 pm session (3:00 pm only) please provide a copy of the **IPE Geriatric Population Skills Lab** information.
Welcome and Introductions

Welcome everyone and group introductions (5 minutes). Go over the objectives, explain the TUG & Home Safety assessment and give an overview of the activity.

Background Information:
Gait disorders are common in geriatric patients and many studies show they are also a predictor of functional decline and falling. Certain gait-related mobility disorders progress with age and are associated with morbidity and mortality. One in three over the age of 65 fall each year. Gait speed is a known risk factor for falls.

Objectives
By the end of this session, the student will be able to:

1. Assess an older adult’s risk of falls by use of the “Timed Up and Go Test”
2. Identify home environmental risks for older adults
3. Describe prevention strategies associated with home safety

Overview of Fall Risk: Gait & Home Safety Assessment
In this station students will participate in discussion on fall risk and will perform the timed up and go test (TUG) with a student partner. All members of the Interprofessional healthcare team have a responsibility to monitor a patient’s fall risk. All members of the team need to be trained to perform a fall risk assessment. Teams will need to coordinate who will assess for fall risk, since it would be impractical and aggravating to the patient to have every member perform a timed up and go test with them. It is also key that the fall risk assessment information be shared with the team in a timely manner.

The emphasis today will be on performing the test safely and on interpretation of the results. Students also will learn how to perform a home safety assessment. And remember senior’s homes can be a haven, or a dangerous place to navigate. You will learn today about many of the challenges that an older adult has to deal with that can cause a fall, and how you can help to prevent them from happening. This information will be valuable for you to retain when working with seniors adults. You can have students use a cane or walker when they are being assessed in order to demonstrate what a patient may be walking with. Additionally, a sling has been provided that can be worn to simulate a limited mobility issue.

Gait & Home Safety Assessment Station Activity Schedule

1:00-1:05 pm (3:00-3:05 pm) 5 Minutes
Welcome and Introduction of faculty Welcome all students to your fall risk lab experience, have students count off “1 – 2” through the group for a partner.

• Discuss the Background Information and provide an overview of Gait and Home Safety Assessment
• Explain that there will be 2 skills learned today, and give handouts for the TUG and Home Safety Checklist.
• Discuss the time restraints such that questions are answered succinctly and attention is fully engaged by students.

1:05-1:15 pm (3:05-3:15 pm) 10 Minutes
TUG will begin with approximate 5 min. video instruction, followed this with 5 minutes to perform the TUG, Students will perform on each other. Stop students at 1:15

1:15-1:25 pm (3:15-3:25pm) 10 Minutes
Home Safety Checklist, facilitator will quickly review, while using a poster board presentation of home scenarios to explain potential for falls. Stop at 1:25
1:25-1:35 pm (3:25-3:35 pm) 10 Minutes
Thank everyone for their participation. Recap the experience, ask for student feedback and add any final thoughts to improve skills

1:35- (3:35 pm) 5 Minutes
Send team to next station and prepare for next group

III. Debrief and Reflection (10 minutes): This will be a faculty facilitated group discussion. You won’t have enough time to give everyone an opportunity to answer all of the questions. Pay attention to the high participators and the low participators.

Sample review discussion: Thank you again students, and I hope that you all gained a valuable tools on how to screen seniors for fall risk, and how to assess their homes to reduce fall risk. Ask if there were any questions about the two activities?

Example of reflection discussion: The TUG is a quick and easy way to diagnose a fall risk before a potentially life threatening fall occurs. The next time you observe elderly people on the street you may want to observe the slowness of their gait, turn-around time, and difficulty of going from sit to stand; the natural speed and ability to pivot and turn; as well as transfer strength in a senior adult.

1. Have any of you made observations of gait in a senior adult prior to this activity?
2. Has anyone had the opportunity to observe a senior’s home environment and potential fall risk previous to today’s session?
3. Would the same team member always conduct the fall risk assessment with the patient?
4. Which team member would be best to conduct the fall risk assessment?
Reynolds IGET-IT Team Contact Information

University of North Texas Health Science Center
Center for Geriatrics | Institute for Healthy Aging
855 Montgomery St.
Fort Worth, TX 76107

Janice Knebl, DO, MBA
Janice.Knebl@unthsc.edu
(817) 735-0291

Sandra Marquez Hall, PhD
Sandra.MarquezHall@unthsc.edu
(817) 735-2949

Neika Nowamooz, MEd
Neika.Nowamooz@unthsc.edu
(817) 735-0289

Malissa Turner, MEd
Malissa.Turner@unthsc.edu
(817) 735-0287