



Interprofessional Case Study

Facilitator Notes

Facilitator Instructions:

- *This case has been designed to facilitate conversation between many health profession students. It is important that you thoroughly review this case prior to the Summit. It is very likely that your small group may not contain all of the health professions identified in this case. As a facilitator, you may need to ad lib and fill in some voids.*
- *You will guide students through a case study and subsequent questions around 3 themes: (1) The roles of different health professional in providing care, (2) Cultural issues and stereotypes related to obesity, and (3) Interprofessional collaboration. The topic will be introduced by a video in the large group. However, the case and discussion questions need to be presented by the facilitators.*
- *Remember, the role of the facilitator is simply to allow the participants the opportunity to share their views and opinions. Avoid getting too involved in the conversation. Also avoid getting drawn too far into the clinical management of the case, which is only one-third of the discussion focus.*
- *Start off by introducing yourself (“selves” if there are two participants). Then ask each individual to go around the room and introduce themselves. Include name, profession, school, and hometown. You might ask them to provide something unique or special about themselves.*

Names (and Professions) of Participants:

2017 IPEC Collaborative Care Summit
Obesity and Health Care.

Program Objectives (and relationship to IPEC Core Competencies)

1. Consider and discuss the individual perspectives and interests of patients struggling with obesity. (VE1,2)
2. Discuss the role of bias and stereotype as it applies to health care for patients with obesity. (VE3)
3. Discuss the impact of obesity on individual and population health and the role of healthcare professionals on improving the health of patients with obesity and communities. (TT7)
4. Discuss how different patients and healthcare professionals approach issues from their own perspectives and the importance of the individual roles and responsibilities in forming a collaborative team that provides comprehensive and patient-centered care. (VE3,4,5; RR2,3,4,5,7; TT3,4)
5. Discuss the importance of communication and collaboration across health disciplines in order to clarify responsibilities, integrate clinical evidence, and provide coordinated care. (VE5; RR1,3,6,9; CC8; TT7,10)
6. Identify challenges and opportunities in communicating with patients and across health disciplines in a way that is clear, respectful, sensitive, diplomatic and understandable. (CC2,3)

Interprofessional Relevance: We believe there is opportunity for most health professions to participate in this case including: athletic trainer (wellness, physical health), sonography (imaging challenges, venous insufficiency), dental hygiene (oral hygiene, issues with dentures), nutrition (nutritional counseling, healthy / affordable nutrition strategy), social work (access to healthcare, insurance, community resources), paramedic (emergencies involving patients with obesity, home environment), medical imaging (diagnostic challenges in obesity), speech-language pathology (communication and nutritional issues related to oral hygiene and possible stroke), occupational therapy (obesity-related ADL issues), physician and PA (acute and chronic holistic care issues, preventative care, lifestyle changes), physical therapy (physical movement issues), pharmacy (medication access and management), nursing (nursing care of patients with obesity, patient challenges).

Overview: The opening session begins with a documentary-style video about obesity including prevalence and risk, misconceptions, stereotypes, patient challenges and perceptions, and the multi-faceted reasons for obesity. In addition, the opening session will also introduce the relevance of obesity within different health disciplines. The small interprofessional group discussions will focus on a discussion of a patient case as well as the issues surrounding obesity and interprofessional collaboration.

Preparation for Wrap-Up:

Please identify a spokesperson for the group who will have the opportunity to respond to the following questions during the wrap-up session:

- What can health professionals do to help people struggling with obesity?
- What can we do to minimize our own bias and stereotypes of patients with obesity?
- What did you learn today about the role of another health professional that you didn't know before?
- What can health professionals do to improve collaboration with each other as we provide patient-centered care?

Case:

Jamie Doe is a 49 year old woman who called 911 from her home after having difficulty breathing. She was transported to the hospital via ambulance. Dr. Smith is her PCP, but she has had difficulty keeping appointments due to her busy work schedule and has had 2 other visits to the emergency room in the past year (one for a fall, and one for hypertension).

- **Current Condition:** Jamie has had worsening cough and shortness of breath over the last week. She also experienced fever, chills, and fatigue. She has difficulty with mobility due to her weight and arthritis in her knees.
- **PMH:** HTN, DM, osteoarthritis
- **Home Medications:** HCTZ 25mg daily, lisinopril 20mg daily, metformin 1000mg twice daily, motrin 400mg three times a day as needed for pain
- **FH:** The patient's mother did have a stroke that affected the middle cerebral artery, causing a lesion in the frontal lobe (Broca's area). Jamie has been told she is at high risk for stroke based on her family history and comorbidities (hypertension and diabetes).
- **SH:** Smokes 1/2 ppd, denies alcohol; single; works as a medical professional; has health insurance coverage with high deductibles; has a younger sister who lives nearby
- A physical exam and interview with the patient reveals the following information: Vitals: BP 168/98, HR: 90, RR: 18, O2 Sat 98%; Ht: 5'5", Wt: 232 pounds; BMI 39, blood glucose: 172 mg/dL; poorly fitting top bridge of dentures
- **Hospital Course:** Labs and CXR were obtained in the ED and appropriate antibiotics were started. The patient is admitted to the hospital with a diagnosis of pneumonia.

Additional social history: Jamie works 50 + hours/week as a medical professional and can't afford to miss work for medical appointments. She eats mostly frozen, processed food because it is convenient and inexpensive. She wants to walk / exercise more but is usually too tired after work and busy with other commitments. She has successfully lost weight many times in the past, but always regains the weight. Jane's mother was also obese and had a stroke at a young age which affected the middle cerebral artery, causing a lesion in the frontal lobe (Broca's area).

Facilitator-Guided Questions

The facilitator may use these questions as a starting point for engaging members of the group in a discussion. The facilitator should be mindful of making sure the patient's values, preferences, and goals are considered and guide the group to keep these issues in mind. The first part of the session (30 minutes) will be spent on clinical issues in providing patient care to highlight the roles and responsibilities of the different health disciplines. Then, the next third (30 min) of the time should focus on the cultural issues and stereotypes of obesity. Finally the last third should shift to the importance of interprofessional communication and collaboration in providing patient-centered care. The italicized text below each question can be used if needed to stimulate discussion if the conversation begins to fade.

Section I: Specifics of providing care (30 min)

1. Roles and responsibility

- a. What role and responsibility would your discipline have in providing care for this patient?
 - *Some acute issues could include patient transport, obtaining vital signs / IV access / history and physical exam, airway management, insuring patient comfort, assessing fall risk, assessing risk of DVT/PE, etc.*
 - *Patient education issues (self-monitoring of BP and BG, importance of medications, nutrition, exercise, prevention of stroke / MI)*
 - *Management of chronic disease (i.e., hypertension, diabetes, arthritis)*
 - *Assess issues related to sleep (e.g., sleep apnea)*
 - *Assessment of ADL's, PT/OT needs, exercise limitations*
 - *Assessment of psychosocial needs and identifying community resources*
 - *Identifying the potential role of the caregiver in improving the health of the patient*
 - *Assess oral hygiene (e.g., denture size, potential sores under dentures) - does patient have difficulty breaking down food and swallowing it?*
 - *Assess what motor, speech, and language characteristics may be seen if the patient had a stroke like her mother? How would the motor impairments be addressed? How would the speech and language deficits be addressed? Are there any implications for her eating behaviors and obesity if she were to have a stroke in any area of the brain?*
 - *Assess how the patient accesses health care (ER visits) and insurance needs*

- b. Describe some technical challenges related to caring for patients with obesity? What factors make it easier to care for patients with obesity?
- *Need access to appropriate equipment. Examples include: lifting / transferring, large BP cuff / bed / wheelchair / commode / hospital gowns / footwear*
 - *Also consider challenges related to medical imaging, nursing care, IV access, airway management, abdominal exams, auscultation, cellulitis / wound care issues*
 - *More people are needed to help lift patients with obesity, which could delay care*
 - *Ask the patient what has worked for them in the past regarding these technical challenges. They will likely have insight as to what has worked for them in the past and what doesn't work.*
- c. In hearing about the roles, responsibilities, and technical challenges of care for other disciplines, did these descriptions match what you expected? If not, how are they different?
- *Some students may not ever participate in lifting patients and they might be surprised about the amount of preparation needed to move a patient.*

2. Impact of obesity on overall health...and impact of overall health on obesity

- a. Describe the relationship between obesity and this patient's chronic disease and overall health.
- *HTN, DM, OA, and venous insufficiency are all obesity-related diseases, weight loss will likely improve management of chronic disease issues*
 - *The combination of obesity and multiple chronic disease can negatively impact the patient's well-being, energy levels, ability to exercise, etc.*
 - *Consider issues related to dental care and nutrition (e.g., the patient may avoid harder fruits / vegetables because of dentures). Because of dental/oral health issues - would a swallowing evaluation need to be completed; would the patient's diet needed to be modified; what diet recommendations would be provided?*
 - *Consider issues related to wound care in patients with obesity (venous insufficiency / edema can worsen wounds, self care challenges with hard-to reach wounds, etc.)*

3. The patient's perspective

- a. What underlying issues could be contributing to obesity for the patient in this case?
- *Money - processed food is cheaper and seen as more convenient than fresh foods*

- *Time - it can take longer to prepare fresh food; buying fresh food may take more frequent trips to the grocery*
 - *Knowledge - does she know how to cook with fresh foods?*
 - *Job - does she spend much of the day immobile?*
 - *Habits - smoking negatively impacts breathing / exercise tolerance; portion control*
 - *Stress - does she use food as a coping mechanism?*
 - *Chronic disease - arthritis pain can limit exercise tolerance*
 - *Medications may make patients gain weight (insulin, steroids, psychiatric medications) or make it difficult to lose weight.*
- b. The culture of healthcare has been evolving from one where patients are told what to do to one where patients are an integral part of the team. How can we help patients feel comfortable in speaking up about their priorities, goals, and concerns and take a direct role in their own care?
- *Listen to the patient to better understand their goals/priorities*
 - *Identify opportunities where the patient is interested in taking an active role or make a change (e.g., what form of exercise is the patient interested in starting?)*
 - *Support the patient with guidance and encouragement along the way*
- c. Consider the patient's perspective. What issues or concerns do you think might be unique to patients with obesity as they interact with healthcare providers?
- *Potential issues could include embarrassment about needing special accommodations, inconvenience if special equipment is not readily available*
 - *Sensing bias or misconceptions from healthcare providers about obese patients*

Section II: Cultural issues and stereotypes (30 min)

1. Personal, Social, Cultural, and Emotional relationships and Obesity

- a. How do you define good nutrition and physical activity? What is a healthy weight?
- *Although weight categories based on BMI are often used to define a "healthy weight", they may represent an unrealistic goal for some people.*
 - *A healthy weight and good nutrition is based upon each individual's own balance of the things they need and value in life (time, taste, enjoyment, disease, money, culture, education, family, comfort, desire, autonomy)*

- b. What does food mean to you? To our society? To your/our culture?
- *Food can be a coping mechanism for a stressful life*
 - *Food can represent culture, love, celebration, appreciation, etc. To change what people are eating can mean they have to cope with social changes as well.*
 - *Consider not eating the office donuts brought in by a colleague to celebrate an event, relationships may be affected*
- c. Where does nutrition information come from? Is all of the information accurate?
- *There are a lot of crazy nutrition beliefs in the media and on social media*
 - *Food labels can be misleading by emphasizing low calories despite little nutritional value (“Only 100 calories per serving”)*
- d. Can you give an example of a diet you’ve heard about that claims to be a quick fix?
- *Water diet (drink lots of water), cleansing diets, etc.*
- e. What is the impact on individuals when these fad diets don’t work?
- *Discouraged*
 - *If instant gratification is not obtained, people give up*
- f. What can healthcare providers do to help people achieve a healthy weight?
- *We need to recognize that weight management is a difficult conversation.*
 - *We need to use compassionate and reflective listening and provide encouragement.*
 - *Recognize the role of mental health in overall well being.*
 - *Provide nutrition education including the pros and cons of processed food.*
 - *Emphasize the role of lifestyle changes with nutrition and exercise habits (this isn’t a quick fix) and identify areas where the patient is most interested in improving*
 - *Discuss setting appropriate goals (the goal after year 1 may be to lose 20% of weight, rather than 50% of weight)*
 - *Identify resources (e.g., Meals on Wheels, exercise programs, a walking buddy, smart phone apps to track exercise).*

2. Confronting Bias and Stereotype

- a. Have you ever been in a situation where a colleague or supervisor made an inappropriate comment about a patient with obesity? How did you respond or how would you respond?
 - *If encountering a bias from a colleague, encourage open and respectful dialogue to improve awareness, If encountering a bias from a supervisor, encourage students to communicate the information to their school.*
 - *Students may encounter health professionals that are dismissive of patients that are overweight / obese, implying that it is not a significant health issue. Encourage open discussion of this kind of bias too.*

- b. Describe how health care providers might show bias against patients with obesity.
 - *We may unintentionally pass judgement...how could a person let this happen? They won't help themselves, so how can we help them? They are not compliant.*
 - *Providers may unintentionally ignore other aspects of health or blame all other health problems on obesity without fully addressing each health problem.*

- c. What is the impact of healthcare provider bias on patients?
 - *Patients may feel the bias toward them and be reluctant to seek healthcare, reluctant to open up with healthcare providers*
 - *Patients may tune out the repetitive advice to lose weight.*
 - *Patients may lose trust in their healthcare provider.*

- d. How might patients also show bias toward their healthcare providers?
 - *Patients may judge healthcare providers on their weights (e.g., they don't know what this is like; how can they expect me to change if they can't change themselves)*
 - *Patients may assume that all healthcare providers are out of touch with the reality of obesity.*
 - *Patients may assume that healthcare providers who struggle with obesity can't even follow their own advice*

- e. How can we reduce bias against patients with obesity?
 - *Improve awareness of our bias.*
 - *Maintain professionalism even during awkward situations*

Section III: Importance of interprofessional collaboration (30 min)

1. Interprofessional Collaboration

- a. Discuss the importance of interprofessional communication and collaboration in providing patient care.
 - *Communication is important in providing patient-centered care; we need to be aware of important health issues and the plan for how those issues will be managed*
 - *Collaboration is important so that we are all working together toward the same goals*
 - *If care provided by different healthcare providers is not synchronized, then the patient may get mixed messages and feel discouraged and frustrated.*

- b. What is the hierarchy of the healthcare team and how does it impact communication and collaboration?
 - *Traditional hierarchy has been physicians as the leader of the team*
 - *A team culture where nobody questions the physician can be a barrier to communication and collaboration.*
 - *A team culture where the leadership encourages collaboration can improve communication.*

- c. What are some challenges or barriers to interprofessional communication and collaboration?
 - *Overlapping roles / professional silos can cause “turf” issues*
 - *Limited opportunities for communication in busy environments*
 - *Maintaining confidentiality when communicating patient-specific issues*
 - *Not understanding medical terminology used by each other*

- d. What are the characteristics of an effective team that provides patient-centered care?
 - *Listening to each other and keeping an open-mind to suggestions*
 - *Respect for each other; being diplomatic; resolving conflicts*
 - *Encouraging open dialogue*
 - *Emphasizing the patient as part of the team*

Small Group Preparation for Wrap-Up:

Before ending the small group session, please review these questions so the spokesperson has a sense from the group of some responses.

- What can health professionals do to help people struggling with obesity?
- What can we do to minimize our own bias and stereotypes of patients with obesity?

- What did you learn today about the role of another health professional that you didn't know before?
- What can health professionals do to improve collaboration with each other as we provide patient-centered care?

Conclusion / Large Group Wrap-Up:

Ask the spokesperson from each group to come to the front of the room. Have about 2-3 people provide a response to each question below:

- What can health professionals do to help people struggling with obesity?
- What can we do to minimize our own bias and stereotypes of patients with obesity?
- What did you learn today about the role of another health professional that you didn't know before?
- What can health professionals do to improve collaboration with each other as we provide patient-centered care?