SESSION 11A
November 3rd or November 5th

Nursing Home Visit

Suggested Readings: Excerpt from Kidder, Old Friends

Ch. 11," Interviewing the Geriatric Patient: A Different Silhouette," in Coulehan and Block.

Prepare by: Dressing professionally and wearing your white coat and name badge

Bring a pen and paper to write on.

Brief Outline: Section 1: Touch base/Travel time (30 minutes)

Section 3: Interview nursing home resident (90 minutes)

Section 3: Reflection/Discuss interviews (50 minutes)

Section 4: Evaluate session (10 minutes)

Mentors: Please hand out breaking bad news role plays for next week
Objectives for Session 11A:
By the end of this session, students will be able to:
• Interview an older person who resides in a nursing home or assisted living facility
• Practice adapting interviewing techniques for an older patient who may have impairments in vision, hearing or cognition
• Perform a Mini-Mental State Examination of an older person
• Discuss their attitudes and reactions towards elderly persons and the nursing home environment

Section 1: Touch Base (30 minutes)
You may do this while driving to the nursing home.

Section 2: Interview Nursing Home Residents (90 minutes)

Background:
There are a wide variety of nursing homes in the Charlottesville area, ranging in quality from adequate to excellent. Most nursing homes struggle to provide high quality care because the majority of their residents’ care is paid for by Medicaid, which now pays about $130 a day for room, board, activities, nursing care and social work. Other nursing homes do not accept Medicaid payment, and can charge a patient as much as is necessary to provide care. Nursing homes also struggle to strike a balance between providing a “home,” a place where functionally impaired individuals’ autonomy is respected, and providing “nursing” – meeting the needs of many impaired individuals in an efficient and caring way. You will likely observe the tension caused by these sometimes disparate goals. You will also notice that many of the residents you see in the nursing home have significant impairments. Most people in nursing homes are there because their families could not meet their needs; most have significant impairments in physical or cognitive abilities, or both. A few “factoids” to help put your nursing home visit in perspective:
• Only 5% of individuals over the age of 65 are in a nursing home.
• Over 50% of individuals who reach age 65 will spend some time in a nursing home –
• Most stay for a short period of time to regain strength before returning home after an illness or hospitalization.
• Therefore, the people you are interviewing today, while representing the frailest and most vulnerable members of our older population do not represent the “average” older person.

Logistics:
Your group will need to travel in a carpool to your assigned nursing home/assisted living facility. You will be given the name of a contact person who will have 3 residents selected. The students will interview as a pair. Mentors should try to observe at least 2 of these interviews as well. The group should then meet and discuss the visit.
**Interview:** The goal of this interview is to find out how the older person you are interviewing came to be in a nursing home, and to discuss with them their life in the nursing home or assisted living facility. Some additional topics to cover include:

- adjustment to facility
- relationships and friendships with staff and other facility residents
- the activities and community of the facility
- involvement of family and other friends since moving to the facility
- changes in daily lifestyle and medical needs since coming to the facility
- advice that you, as future doctors, need to know about working with older people.

You should also assess cognitive status using the MMSE. Be sure to introduce the MMSE as a routine matter. “As part of learning to care for older people, we would like to ask you some questions we ask routinely of all older persons”. You may need to adjust your interview style to adapt to hearing, visual, or cognitive impairments.

**Section 3: Reflection and Discussion** (50 minutes):

After the interviews are completed, the group should join together in a quiet area (which will usually be provided by the nursing home) to discuss their interviews. Students should briefly present their older person’s story, as well as their findings on the MMSE.

After this initial discussion, the group members (including Mentors) should take about 10 minutes to write, responding to one of the following questions or statement:

1. Describe (or draw/sketch), in detail, the room of the resident whom you interviewed
2. Imagine, as a nursing home resident, a day in the nursing home. Describe it.

Ask a group member (or members) to read their reflection aloud. Use these as a springboard to discuss the students’ reactions to the nursing home environment, and to the older person they interviewed. Some possible questions include:

- Was the facility what you expected?
- How was it to interview an older person?
- Were there particular difficulties you encountered in interviewing?
- How did the older person fit your perception of older persons?
- What did you find out about the nursing home community?

**Section 4:** Evaluate session (10 minutes)

**Mentors:** Please hand out breaking bad news role plays
Mini-Mental State Examination (MMSE)

Add points for each correct response.

### Orientation

<table>
<thead>
<tr>
<th>Points</th>
<th>Score</th>
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<tbody>
<tr>
<td>1. What is the:</td>
<td>Year _____ 1</td>
</tr>
<tr>
<td>2. Where are we?</td>
<td>State? _____ 1</td>
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### Registration

3. Name three other objects taking one second to say each. _____ 3
   Then ask the patient to repeat all three after you have said them. Give one point for each correct answer. Repeat the answers until the patient learns all three. (Apple, Table, Penny)

### Attention and calculations

4. Serial sevens. Begin with 100, and have patient _____ 5
   subtract 7 serially. Give one point for each correct answer. Stop after five answers. Alternate: Spell WORLD backwards.

### Recall

5. Ask for names of three objects learned in question 3. _____ 3
   Give one point for each correct answer.

### Language

6. Point to a pencil and a watch. Have the patient name them as you point. _____ 2

7. Have the patient repeat, “No ifs, ands, or buts.” _____ 1

8. Have the patient follow a three-stage command. “Take a paper in your right hand. Fold the paper in half. Put the paper on the floor.” _____ 3

9. Have the patient read and obey the following CLOSE YOUR EYES.” (Write in large letters.) _____ 1

10. Have the patient write a sentence of his or her choice. _____ 1
   (The sentence should contain a subject and an object and should make sense. Ignore spelling when scoring.)

11. Have a patient copy the design. (Give one point if all sides and angles are preserved and if the intersecting sides form a quadrangle.) _____ 1

**Total _____ (max 30)**

A score of 24 or greater is considered “normal.” A score <24 indicates the presence of cognitive impairment (secondary to dementia, delirium, or depression).
Follow and obey this statement:

CLOSE YOUR EYES

Write a sentence:

Copy this drawing:
BREAKING BAD NEWS ROLE PLAYS FOR SESSION 12

ROLE PLAY: Physician for case 1
Physician information for patient 1:

Your patient is returning for the result of an HIV test done during a routine physical examination last week. The patient had no symptoms or complaints, and physical examination was entirely normal.

Your patient’s HIV test is positive. Western blot has confirmed it is positive.

Complete blood count was normal. You have not sent T cell subsets or other tests to determine patient’s stage and prognosis; you plan to order these today.

You may want to read a bit about HIV disease before talking with your patient. Briefly: there is no cure, and HIV is a fatal disease; though with medications, people often live many years now. Your patient will need to take at least three daily medications and have regular monitoring of blood tests and examinations for opportunistic infections. HIV disease carries a high risk of opportunistic infections and also an increased risk of several cancers.

HIV is infectious via sexual contact. If your patient’s partner is HIV negative, consistent use of condoms can considerably reduce the risk of transmission. HIV is also transmissible from mother to child; again, this risk can be reduced considerably by taking medications in late pregnancy and at labor and delivery and by not breastfeeding.

Plan to give the patient the news and respond to his/her reactions and questions. You will not bring up advance directives, planning treatment, etc. on this visit.

ROLE PLAY: Patient for case 1

Patient 1:
You are 24 years old and just had a physical examination. You have no symptoms at all, but decided to be brave and ask for an HIV test this time.

Past medical history: you have never been in a hospital or had surgery, and you take no medications. You have never had a blood transfusion.

Social history: You are a second year medical student. You have been happily married for two years and are monogamous. You do not smoke, have 1-2 glasses of wine a week at most and use no drugs.

In your teens, you had six to ten sexual partners and rarely used condoms. Some of your sexual partners were people you did not know well. All contacts were heterosexual and included genital and at times oral/genital sex, but never anal intercourse. Since age 20, you have had sex only with your current spouse.

You expect your HIV test to be negative, but are a bit worried about it.
ROLE PLAY: Physician for case 2

Physician information for patient 2:

You did surgery three days ago on a patient admitted through the emergency room for an intestinal obstruction. The patient had no prior history of illnesses.

At surgery, you found a large cecal mass, which had invaded through the colon wall. Several adjacent lymph nodes were matted, and the liver had some suspicious spots which you biopsied. You couldn’t tell the patient of your suspicious findings before today because the patient was too drowsy from pain medications.

Pathology shows poorly differentiated adenocarcinoma of the colon with metastases to lymph nodes and liver (stage IV). You are going to see your patient at the end of your work day to give the pathology results.

You may want to read a bit about the prognosis and treatment of metastatic colon cancer before speaking with your patient. Briefly: it is not curable. Five-year survival is approximately 5%. Sometimes removing all the liver metastases surgically can increase five-year survival to 25 – 35%, but only if the disease has not metastasized elsewhere. Systemic chemotherapy offers little benefit; chemotherapy infused directly into the liver artery may be a bit more helpful, but neither offers major long-term survival benefits.

You will not bring up advance directives, planning treatment, etc. on this visit, though be prepared to answer your patient’s questions.
ROLE PLAY: Patient for case 2

Patient 2:

You are 45 years old and are in the hospital, where you just had surgery for an intestinal obstruction. You are recovering well, have little or no pain now with patient-controlled analgesia, and are able to sit in a chair and walk around in your room. You have mild nausea, but no vomiting, and you are keeping down sips of fluids. You hope to go home tomorrow.

Your intestinal obstruction presented with rapid onset of nausea, vomiting and abdominal distension. You had no prior abdominal pain, weight loss, rectal bleeding or change in bowel habits. You felt fine.

Past medical history: no surgery or hospitalization until this admission. No illnesses, no allergies, no regular medications.

Family history: Both your parents are alive and well and in their 70s.

Social history: You are divorced and live alone. You work as a high school teacher and find the work stressful. Your class is being run by a substitute now and you are anxious to return to work as soon as possible.

You do not smoke or use drugs. You have one cocktail every evening, which helps you unwind from your work day.
ROLE PLAY: Physician for case 3

Physician information for patient 3:

You did a skin biopsy of a suspicious mole on your patient last week as part of an otherwise normal routine physical examination. You told the patient at the time that it was probably fine. The patient is returning for the result of the biopsy.

The biopsy showed melanoma. The melanoma is 5 mm deep and was not fully removed by your biopsy.

You may want to read a bit about melanoma before talking with your patient. Briefly: a melanoma that is more than 4 mm deep has a worse prognosis. For a non-ulcerated melanoma with no lymph node invasion, five-year survival is 72-75%; if a lymph node proves to be involved, five-year survival is 45-60%. Patients who survive beyond five years are not necessarily cured; they may present with metastatic melanoma several years later.

You are clear that your patient must have the melanoma fully excised surgically, and you will strongly advise node biopsy to look for signs of spread to lymph nodes. If no nodes are involved, you do not plan to advise further treatment at this time, though your patient will need close follow-up.

Plan to give the patient the news and respond to his/her reactions and questions. You will not bring up advance directives, etc., at this visit.
ROLE PLAY: Patient for case 3

Patient 3:

You are 28 years old and feel fine. You are returning for a follow-up appointment after your physical examination last week.

Your physician found a mole on your back and biopsied it. The physician said it was probably fine, but worth a biopsy to be sure. You are here to get your test results.

Past medical history: you have no illnesses and have never been hospitalized. You take no medications and have no allergies.

Family history: your parents are alive and well. No major illnesses.

Social history: you are single, live alone and have no sexual partner at this time. You work at a department store as a cashier. You smoke one pack per day and do not drink.