

Q1 Team Name:

Answered: 4 Skipped: 0

#	Responses	Date
1	Team 2 and Team 5 aka Team 7	3/25/2016 11:38 AM
2	Cataclysmic Power Kickers	3/25/2016 11:30 AM
3	TTUHSC Power Girls Cataclysmic Kickers	3/25/2016 11:27 AM
4	Team Minion Dominion	3/25/2016 11:22 AM

Q2 Names of Team Members:

Answered: 4 Skipped: 0

#	Responses	Date
1	Ravi Rajmohan, Kelsea Loveless, Amanda Murray, Amy Coulson, Tori Rymer, Thien Hoang, Celina Truong (not present)	3/25/2016 11:38 AM
2	Alicia Tiffany Kathryn Ana Dr. Phillips Speech language pathology rep	3/25/2016 11:30 AM
3	Tiffany Revay Matthew Ton-That Sashelly Ana Alicia Kathryn	3/25/2016 11:27 AM
4	Timothy Wilson Britni Montague Marlee DeMots Alaa Ramadan Barbara Ballew Clayton	3/25/2016 11:22 AM

Q3 What professions were represented on your team?

Answered: 4 Skipped: 0

#	Responses	Date
1	SOM, GSBS, OT, SON, SOP, pre-PT/nutrition	3/25/2016 11:38 AM
2	SLP OT MD RN PharmD	3/25/2016 11:30 AM
3	Nursing Speech Path Occupational Therapy Medicine Pharmacy	3/25/2016 11:27 AM
4	SOM SOP GSBS Audiology	3/25/2016 11:22 AM

Q4 What were your team's shared and discipline specific roles and responsibilities in this case?

Answered: 4 Skipped: 0

#	Responses	Date
1	Shared- work as a team to optimize patient care Nursing- patient advocate, monitoring progress, report changes Medicine- collect team information and make a plan Pharmacy- reconcile meds and work on compliance OT- Improving quality of life in the hospital and after discharge, med adherence	3/25/2016 11:38 AM
2	We each brought in our respective expertise and knowledge to combine it to a magical combination that is the perfect plan for this patient.	3/25/2016 11:30 AM
3	Nurse-medication reconciliation, head to two assessment with vitals, EKG or continuing cardiac monitoring, education on medication, lifestyle, POC, determine reason for noncompliance. OT- determine ADL deficits and safety precautions, educate on safety and energy conservation techniques. Speech Pathologist-evaluate swallowing Doctor-stabilize and discharge Pharmacist- pharmacology, drug interactions, calculations, renal functions	3/25/2016 11:27 AM
4	Pharmacy helped with dosage, drug-drug interactions Medicine helped with diagnosis and management Audiology helped with assessing whether walking difficulty was due to imbalance/vestibular problem GSBG helped with asking for social work/home modification	3/25/2016 11:22 AM

Q5 Were you missing any team members that may be vital to this patient's care?

Answered: 4 Skipped: 0

#	Responses	Date
1	PT, dietician, social work	3/25/2016 11:38 AM
2	Respiratory therapy	3/25/2016 11:30 AM
3	Nutritionist/ Registered Dietitian- meal plans and counseling Physical Therapist- ambulation and endurance Social worker- to determine best financial options for her recovery	3/25/2016 11:27 AM
4	PT Nursing OT Social work Helpful information that was not provided: Lipid panel- assess for 10 yr risk	3/25/2016 11:22 AM

Q6 What sex and gender specific health issues were discussed related to this case?

Answered: 4 Skipped: 0

#	Responses	Date
1	the course of CHF and treatment for women vs. men and differences in treatment based on race	3/25/2016 11:38 AM
2	Lack of heart failure trials in women	3/25/2016 11:30 AM
3	Pitting edema Baby Asprin Estrogen protection As first manifestation of CVD, men are more likely to develop CAD, and women more likely to develop heart failure or stroke. Women have traditionally been underrepresented in HF trials. Fatigue that would inhibit ADL practice which for women is house care management and meal preparation. Hemoglobin (male normal 13.5-17.5, women normal 12-15.5) and HCT (male 38.8-50, female 34.9-34.5), women's values are lower which would effect fatigue.	3/25/2016 11:27 AM
4	Cardio protective effects of estrogen Risk of MI, Looking for atypical signs/symptoms Due to imbalance of more men than women included in most research studies, cannot be used as general information Socially, more women are care-takers and focus more on taking care of others than themselves	3/25/2016 11:22 AM

Q7 What were the team's goals and plan for this patient, including discharge plan?

Answered: 4 Skipped: 0

#	Responses	Date
1	inpatient: pull fluid off, optimize meds, assess compliance, assess ADLs, consult dietician, social work, PT discharge: OT home assessment, continue meds, PT, outpatient therapy, fluid and sodium restricted diet, f/u with PCP in 1 wk	3/25/2016 11:38 AM
2	Stabilize (edema, dyspnea, vitals) Discharge to close outpatient f/u with a cardiologist. Consider cardiac rehabilitation program.	3/25/2016 11:30 AM
3	Pt education on lifestyle and managing care: weight, BP, diet, sleep, and exercise. Inquire about mental health and level of leisure activity engagement. Counsel about being a woman and protective factors and importance of sticking to medicine and protecting health. Determine reason for noncompliance with medication. ECHO EKG Pharmacy-furosemide 40 mg IV, monitor K+, I, and O, Na, Mg. Uric Acid Bun.SCr Combine with Na restriction Careudilol 25 mg bid Losartan 35 mgqd monitor K+, BP, electrolytes, and renal funetor aspirin 81 mg poqd OT- Importance of energy conservation and education on energy conservation techniques with showering and dressing. Recommend AE (dressing stick, reacher, sock aide, long handled sponge) and DME (BSC, shower chair) for energy conservation with ADLs. Providing a rolling walker. Goal to get patient up to a NYHA class from 4 to 3. Monitor vitals and discharge when stable on room air. Encourage the pt to utilize the grocery store pharmacist to ask any questions about the over the counter medications she takes. Ensure the PCP and cardiologist are in touch with each other and she is going into her NP regularly. Inquire GYN history, bleeding, menopause.Inquire about colonoscopy. Start medications on IV. Two days before pt discharge, medication intake PO. Upon D/C once/day dosing. Once approved, transfer from acute care to home if stable and FIM scores are allowable.	3/25/2016 11:27 AM
4	Team's plan/goal, discharge info: Start IV Lasix: Bolus of furosemide 40mg IV, initiate continuous infusion 5mg/hr; titrated to urine output of -1L to -1.5 L/daily Restart 10mEq K+ Monitor BP, K+, Mg2+, Na+, Ca2+, Serum Cr, urine output, and daily weight Fluid restriction, Salt restricted diet DVT prophylaxis Strict I&O's Reassess- auscultate heart and lungs; S4 gallop on physical exam; coarse rales bilaterally; feel pulses? Maximal impulse? Follow up RR? Consult PT Consult OT- for daily living activities evaluate for home modifications Consult Dietician Patient navigator/social worker Start ARB- losartan 25mg PO daily Restart Carvedilol 12.5mg PO BID when euvolemic Discharge education Obtain lipid panel- assess for 10 yr risk	3/25/2016 11:22 AM

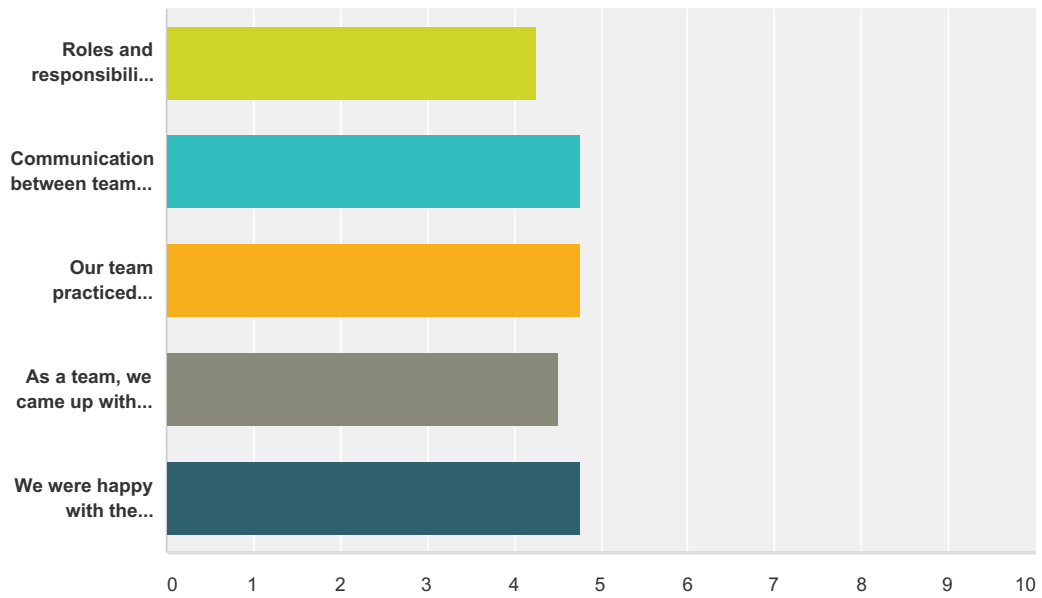
Q8 How would your goals and/or plan of care have differed if this had been a male patient?

Answered: 4 Skipped: 0

#	Responses	Date
1	different assessment of home ADLs and social function different pt education for warning signs of MI	3/25/2016 11:38 AM
2	It would not have differed by a significant amount.	3/25/2016 11:30 AM
3	If pt was a man, don't use spironolactone bc of side of gynecomastia. Baby Aspirin would be recommended for males to prevent cardiovascular events, but for females to prevent stroke. Menopausal problems are not an issue with males.	3/25/2016 11:27 AM
4	Treatment would not have differed Primary prevention would be less of a main focus, since CVD is #1 risk for women	3/25/2016 11:22 AM

Q9 Please rate the following statements using the provided rating scale.

Answered: 4 Skipped: 0



	Strongly Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly Disagree (5)	Total	Weighted Average
Roles and responsibilities of individual team members were clearly understood by all members of the team.	25.00% 1	75.00% 3	0.00% 0	0.00% 0	0.00% 0	4	4.25
Communication between team members was direct, respectful, and positive.	75.00% 3	25.00% 1	0.00% 0	0.00% 0	0.00% 0	4	4.75
Our team practiced tolerance, flexibility, and appreciation of the unique differences between team members.	75.00% 3	25.00% 1	0.00% 0	0.00% 0	0.00% 0	4	4.75
As a team, we came up with creative solutions to the case study questions.	75.00% 3	0.00% 0	25.00% 1	0.00% 0	0.00% 0	4	4.50
We were happy with the outcome of our teams' work.	75.00% 3	25.00% 1	0.00% 0	0.00% 0	0.00% 0	4	4.75

Basic Statistics					
	Minimum	Maximum	Median	Mean	Standard Deviation
Roles and responsibilities of individual team members were clearly understood by all members of the team.	1.00	2.00	2.00	1.75	0.43
Communication between team members was direct, respectful, and positive.	1.00	2.00	1.00	1.25	0.43
Our team practiced tolerance, flexibility, and appreciation of the unique differences between team members.	1.00	2.00	1.00	1.25	0.43
As a team, we came up with creative solutions to the case study questions.	1.00	3.00	1.00	1.50	0.87
We were happy with the outcome of our teams' work.	1.00	2.00	1.00	1.25	0.43