

Small groups tasks

12 groups – 6 tasks

Spend 15 minutes in single table group then 2 tables combine for another 15 minutes – to produce a 5 minute presentation about

Pairs of groups

Each pair of tables has same material – feed back from a different perspective

1. Dignity – Outcome tell us about dignity in the elderly

- a. Tables 1 and 2
 - i. Poem - When I am old I shall wear purple
 - ii. Dignity What does it mean

2. Serious Illness

- a. Tables 3 and 4
 - i. Unintentional weight loss in the elderly
 - ii. Stroke

3. Functional assessment and safety

- a. Tables 5 and 6
 - i. Struggling at home
 - ii. Struggling to cope

4. Medico legal considerations

- a. Tables 7 and 8
 - i. Medico legal vignette
 - ii. The demented driver

5. End of life care

- a. Tables 9 & 10
 - i. The patient with no relatives
 - ii. Why aren't we allowed to die naturally anymore?

6. Cultural differences in the elderly

- a. Tables 11 & 12
 - i. Break into subgroups of those with similar heritage, culture, religion
 - ii. Reform to discuss these differences

If any time to spare after group; below are some questions (that some of the groups will have already contemplated for general discussion)

All of the material used today will be combined into one document and circulated via email or the website

Mr Phillips is 84, he has had a fit and active retired life.

He developed a persistent cough following a presumed URTI some 3 months ago and this is affecting him when he is eating- 'the thing that is really bothering me doctor, is the weight loss-I have lost 7lbs in the past 2 months.'

How would you go about investigating the gentleman?

What if tests were normal?

There is a lot to explore here – not just the obvious medical investigation and treatment, but also the family, the 'ICE' and the psychological and social.

Mrs Phipps, 88, is brought to the surgery by a concerned neighbour- she is struggling to cope at home.

She has lived alone since the death of her husband 10 years ago and her children live in Australia.

She has osteoarthritis and controlled hypertension and is not a regular attendee.

She fell in the garden a few weeks ago and couldn't get up until her neighbor arrived and helped her. She has seemed a little more vague over the last year and sometimes forgets to bring the milk in.

Where do we start to unravel this?

How would you assess her functionally?

You are called to a nursing home to see an elderly man, Mr Jones with a chest infection.

In his care plan, it states he would like to be cared for at the home and that he would not like to be transferred to a hospital should he fall ill.

After reviewing him, you note he has severe pneumonia and is at risk of death. His daughter is present and comments on how confused and breathless he is.

You explain that he needs intravenous antibiotics and oxygen in hospital but unfortunately his care plan states that you have to treat him in the nursing home, which does not have the facilities for oxygen or intravenous drugs.

She objects to this and, despite the care plan, insists he is transferred to hospital.

What are your options?

The Dilemma - You have been the GP to an elderly couple for over 20 years. The wife is disabled by arthritis and the husband has been slowly developing dementia. They never ask for a home visit as he always drives her to the surgery. While giving them the annual flu jab, you realise that his dementia has progressed and he no longer knows your name. As they go to leave the room you realise he is still driving. There is no record of anyone telling him to inform the DVLA.

What will you do?

Margaret is a 92-year-old widow with no children and no surviving relatives. She was a music teacher and a very accomplished pianist. She lives alone, but is becoming increasingly frail and experiencing progressive short-term memory loss. She manages to remain in her home only through the intensive support of a number of good friends. She has made a will, has a prepaid funeral plan and appointed a friend some years ago with enduring power of attorney (EPA).

Her GP has asked her if she would like to make an advance statement of wishes, but she has declined, preferring not to talk about it and saying: 'I am sure you will do the best for me when the time comes.'

If her dementia becomes advanced and decisions have to be made about her treatment or place of residence what will you do to manage her condition?

How will you manage decisions regarding resuscitation if she deteriorates at home?

How would your decision differ should she be in a nursing or residential home?