

## Interprofessional Education Case Study

### “Molly” Case Study:

Molly is an 18-year old student in her first year of university. She was in a car accident that has left her paraplegic. She has been in hospital for a week and has stabilized medically from her original acute injuries. She has a fractured pelvis and a cast on her right arm to stabilize a comminuted fracture that required operative fixation. Her father and sister have come to Buffalo from New York City and are at the hospital most of the time. Plans need to be made for her medical and nursing care, rehabilitation, and eventual re-entry into the community.

Molly underwent several assessments within 24 hours of admission as part of her care, including administration of the [Glasgow Coma Scale](#). The nursing assessment focused initially on her vital signs, on her mobility issues, assessing her bladder and bowel functioning, and her skin integrity as well as her healing of wounds and surgical scars and devices to stabilize her arm fracture. Her fractured pelvis is being managed by conservative means. Thus, positioning and turning are challenges and assessment by physiotherapists will guide in finding the best means to achieve as much comfort as possible especially for her lower body.

The nursing staff report that Molly is refusing to see her boyfriend and appears angry at her friends and family who visit regularly. She also is refusing to eat and often needs extra encouragement to participate in her rehabilitation sessions with the PT. She also refused to discuss transfer to a rehabilitation facility and is uncooperative with the OT in determining the best type of wheelchair to meet her needs.

When the nursing staff try to discuss with Molly the impact of her paraplegia to her normal functioning, she says she is too tired to listen. However, she does allow the nursing staff to attend to her bladder functioning and assessment of her skin, especially in pressure areas.

A member of the health and rehabilitation team suggests the clinical psychologist assesses Molly. The clinical psychologist will help determine her cognitive status and begin working with her to help her deal with her loss of function and to help her prepare for her future. A further issue is her bladder and bowel training that will be needed to assist her in dealing with her change in functioning. The nurse also suggests that a dietitian and speech-language pathologist be added to the team to work with Molly and her family regarding her nutrition, swallowing and management of overall hydration and bowel functioning.

The family also expressed concern about their ability to assist Molly in their present home. OT, PT and SW assistance has been requested to identify modifications that might be required and to explore funding assistance for the family for the modifications.

The family physician was contacted by the orthopedic specialist associated with Molly’s care to work with the health and rehabilitation team and the family, including Molly, to develop a plan for her gradual return to her home and her community.

Because of her age and her head injuries, members of Molly’s team also have suggested that OT and speech-language pathology undertake assessments to develop a plan for her re-entry back to school and her home environment.

## Supplementary Data

### **Glasgow Coma Scale**

She received a total score of 12 out of a possible 15, placing her in the mid-moderate range of alertness and orientation (high scores indicate better cognitive status). She was disoriented in all three spheres on admission (i.e., place, time and person). Her disorientation lasted approximately 72 hours but has been resolved.

### **Dysarthria**

Dysarthria – a group of related disorders in which speech sounds are not spoken clearly; involves one or more of the following neuromotor systems: articulation, linking oral and nasal cavities (i.e. resonance), use and function of the larynx, and the respiratory system.

Mixed dysarthria: a combination of spastic and flaccid dysarthria that is characterized by reduced intelligibility of speech, harsh voice quality, hypernasality, slow speech rate, low pitch and monopitch.

### **Group Work:**

You are attending the team conference to discuss Molly's situation. Please ask the questions that are relevant to planning for Molly's care, using the approach modeled by the panel. If other expertise is required, than is represented by those in the conference, please specify what is needed and your best guess as to who can provide that expertise.

The questions to focus on are:

1. What are Molly's immediate needs so that once she is discharged home her home setting is ready for her?
2. What are the family's immediate needs so that they can be ready to accept her home?
3. What community services are likely to be needed to support Molly's continuing care needs once she is back home?
4. What health care/monitoring will be needed by Molly once she comes home and who is the appropriate health professional to provide this care?
5. What can each professional on this team contribute to Molly's care?
6. What information have you gained about the knowledge and skills of health professionals that you did not know previously?
7. What knowledge and skills are known by more than one health professional?
8. What knowledge did you gain from this case that will be valuable to you as you continue on in your program?