

## **Module 1 (M1): Obtaining a Comprehensive Life and Health History**

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### Key Terms

M = Module
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IPE = Interprofessional Education
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ICF = International Classification of Functioning, Disability and Health
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# Module 1(MI) Overview

## **Module 1 (M1): Obtaining a Comprehensive Life and Health History**

Visit and Assignments must be completed and submitted by [Insert time here] on [Insert date here].

**Goals:** To get to know team members including Health Mentor (a person living with one or more health condition(s) or impairment(s)); and to conduct a comprehensive interprofessional life and health history.

**Objective:**

**Students will:**

1. Obtain a comprehensive life and health history
2. Identify the aspects of the life and health history that are important to other disciplines, which also contribute to a comprehensive plan of care as illustrated by the use of the WHO/ICF classification system
3. Describe the professional roles of each member of their group
4. State the impact of a health condition/impairment on the overall health of a Health Mentor
5. Utilize/Apply the WHO/ICF classification system in approaching and organizing the health history.

**Measures:**

1. Completion of a structured, Comprehensive Life and Health History Form
2. Completion of a worksheet/Wiki database of their Health Mentor's health history, organized using the WHO/ICF model
3. Presentation and discussion of Health Mentor's Life and Health History during interprofessional small group session on [Insert date here].
4. Discussion of interviewing techniques/challenges, interprofessional roles, and group process will be reviewed with faculty during small group session

# M1 Visit Guide

# Module 1 (M1): Obtaining a Comprehensive Life and Health History

## Module 1: Visit Guide

### HEALTH MENTOR PROGRAM GOALS:

- Students will value the contributions of each member of the interprofessional healthcare team
- Students will understand the perspective of the patient and value patient-centered care
- Students will appreciate how a person's health conditions and impairments interact with personal and environmental factors

### PART I: Module Preparation

#### Scheduling: Pre-Scheduled Interprofessional Education (IPE) Meeting Dates

1. **Health Mentor Meeting:** Each team will be scheduled to meet with their Health Mentor on **ONE** of the following dates according to their mentor's schedule:
  - [Insert dates and times here]
2. Health Mentor Meeting Information will be posted by [insert date here] on [Insert location here]
  - [Insert location]

**Pre-Reading:** To prepare for your meeting with your student team members and Health Mentor, review the following documents:

1. Comprehensive Life and Health History form: [insert page number here]
2. ICF Synthesis: [insert page number here]
3. Your discipline-specific health history form, which can be found in M1 Pre-reading Folder:
  - a. [Insert location here]
    - Introduction to the International Classification of Functioning, Disability and Health (ICF) and Sample ICF Synthesis (from Orientation): [Insert location here]
    - HMP Interview Guidelines (from Orientation): [Insert location here]

#### **Materials:**

1. Laptop: It may be helpful for your team to bring a laptop if possible to access some of your documents and to work on completion of your team assignment after the mentor meeting
2. Lunch: feel free to bring lunch to eat during your team meeting

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## **PART II: Health Mentor Visit**

### **Overview:**

[Insert time here]	Student Team Meeting
[Insert time here]	Meeting with Health Mentor
[Insert time here]	Student Team De-briefing Session

### **[Insert time here] Meeting with your student team members (bring lunch!)**

1. Introductions – please reintroduce yourself to your team members
2. Review and Discuss Health History Forms
  - a. As a team, compare each of your discipline-specific forms to the Comprehensive Life and Health History form. Observe how your forms are both similar and different from one another. Consider how answers to some of the same questions may be interpreted differently by different providers. Also, reflect on how questions in other disciplines history forms may help your own history taking skills.
3. Prepare a Team Interview Strategy
  - a. As a team, discuss your interview strategy for this visit and for interviewing your Health Mentor. Here are some questions to consider before you interview your mentor:
    - i. *Are there any questions that are missing from the Comprehensive Life and Health History form that your team would like to include during your interview?*
    - ii. *Who will start the introductions? Will you designate a leader or will you share the leadership role?*
    - iii. *Who will welcome the Health Mentor to the group or thank the Health Mentor for welcoming them into their world? How will the rest follow?*
    - iv. *Who will review the purpose of the visit and how it will proceed? How will you set an interview agenda? What will you say?*
    - v. *What is your opener after the purpose? Is this the same person asking questions or are you going to take turns?*
    - vi. *Will someone ask the mentor a question referring to how s/he got to the program?*
    - vii. *Who will ask which questions on the Health History Form? What order will you each go in to make the interview flow smoothly?*
    - viii. *How will you utilize active listening skills? How will you keep the interview from going “off track” and stick to the time allotted?*
    - ix. *How will you close/end the interview? Who will do this?*

### **Please note:**

Building a team takes time. Each team will have its own character and way of operating—its own organizational culture. Take time to identify your common goals as a team throughout the next two years and related to each activity. Recognize each other’s strengths and differences, be equitable and effective in your decision making, and engage in regular communication while focusing on your mentor. The Health Mentor interview is a give and take and an interactive dance - following and leading the discussion. Let the conversation flow, yet have an ultimate direction. Let it go where it needs to go while discoveries are made. Let all parties know where they are going, say what they need to say, and make sure each person is heard. You do not have to follow the Interview format verbatim, but instead use it as a guide for your conversation. Finally, please remember that the Health Mentor is your “teacher.” Listen to what the Health Mentor says is right or wrong in his/her condition/impairment and how it affects his/her life. Your Health Mentor may choose not to answer certain questions due to sensitivity and

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comfort, and that is okay! Please accept his/her response and move forward with your conversation. Most importantly, listen to his/her stories and HAVE FUN!!!!

### **[Insert time here] \_\_\_\_\_ Meet as a team with your Health Mentor**

- a. Introductions and Icebreaker: [Insert time frame here]
  - b. Briefly discuss with your team members (including your Health Mentor) your own background (where are you from, where do you live now, how did you get where you are today), your current role, and some of your future goals
  - c. Please share a “little known fact” about yourself with your team
2. Comprehensive Life and Health History – [Insert time frame here]
- a. As a team, please interview your Health Mentor and complete the Comprehensive Life and Health History form using your team interview strategies. Remember that each member of your team should participate in this team interview.
  - b. Remember to take notes from the interview for completion of your team assignment.

### **[Insert time here] \_\_\_\_\_ After your visit with your Health Mentor**

1. Team Debriefing/Team Assignment Completion
  - a. After your interview, please debrief with your team to discuss your experience with obtaining a comprehensive life and health history from your Health Mentor. Please address what went well and what did not work well during this visit.
    - i. *What did you learn that was unexpected? What are some explanations for this difference between your expectations vs. actual?*
    - ii. *What did you notice in your individual interview styles? How were your styles similar or different? How did each of you interpret your Health Mentor’s answers?*
    - iii. *Discuss how the team functioned. What strengths does your team possess? What are some areas for improvement? How can your team improve your cohesiveness/communication/interviewing skills?*
  - b. If time permits, look at the ICF Synthesis [insert page number] and review the ICF pre-reading including the sample completed ICF synthesis [insert location here] and work together to begin to complete this team assignment which will be posted on your team wiki.

# MI Team and Individual Assignment Instructions



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1. **Team Assignments– All assignments are due before [Insert time here] on [Insert date here].**
  - a. **M1 Team Assignment #1 - Comprehensive Life and Health History**
    - i. Each team will complete this form on their team wiki at:
      - [Insert location here]
  - b. **M1 Team Assignment #2 - ICF Synthesis**
    - i. Each team will complete this form on their team wiki at:
      - [Insert location here]
    - ii. Sample ICF Synthesis - A sample completed ICF Synthesis is available in your ICF pre-reading material from Orientation and is [insert location here].
      - [Insert location here]
2. **Individual Assignment - All assignments are due before [Insert time here] on [Insert date here].**
  - a. **M1 Individual Assignment - Self and Peer Evaluations**
    - [Insert location here]
    - i. Fill out the online form for each member of your team as well as for yourself.
3. **IPE Small Group Sessions – [Insert date here].**
  - a. **Preparation -**
    - i. After you have completed both your team and individual assignments, please prepare for your small group sessions on [Insert date here].
    - ii. Student Instructions and details for this session are available at:
      - [Insert location here]
  - b. **\*Online Teams -**
    - i. For teams who have been selected for the Online Small Group Discussion group, you will receive separate instructions via e-mail.
4. **Grading –**
  - a. Course faculty will review each of your team assignments according to a set of guidelines and provide your team with a grade as well as comments for each assignment.
  - b. **Grading Guidelines:**
    - i. Team Assignment guidelines are available on Pulse at:
      - [Insert location here]

# M1 Team Assignment #1 Comprehensive Life and Health History

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**Note to Students:** You may choose to add, delete or modify questions on this form based on your team meeting and the flow of the interview with your health mentor. When completing this form on your team Wiki, please note if you were not able to answer a question due to time constraints or other reasons.

**Team Number:** \_\_\_\_\_

### **General Information**

**Name (Initials ONLY):** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Primary Language:** \_\_\_\_\_ **Other languages spoken:** \_\_\_\_\_

#### **Handedness:**

Right                  Left

#### **Lives with:**

Alone                  Partner only                  Partner and Other                  Children

Group Setting      Other:

#### **General Health Status:** How do you rate your general health?

Excellent                  Good                  Fair                  Poor

#### **Have you completed an Advance Directive?**

Yes                  No

### **Social History:** (*i.e. who is this person?*)

#### **Life Roles:**

What are your roles? (*i.e. in the home, in your family, in the community*)

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How do you spend a typical weekday? Weekend?

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#### **Living Environment:**

Describe your current living environment.

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Who lives with you?

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How long have you been at this location?

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Does your home have:

- Stairs
- Ramp
- Elevator
- Any observable obstacles:

Pets:

Work History - Describe any past/present jobs.

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What about this (these) job(s) did/do you enjoy?

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Transportation:

Where do you go weekly? How do you get there?

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Use of Assistive Devices: Do you use?

- Cane
- Walker or rollator
- Manual wheelchair
- Motorized wheelchair
- Glasses
- Hearing Aids
- Other: \_\_\_\_\_

Support Systems:

- Family Support:
  - Who are the family members that you interact with and rely on for support?
  - How frequently?
  - How is his/her health?

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- Who else helps you during the week/weekends? Describe.

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Social/Health Habits: Do you?

- Exercise (days/week; duration; type):
  
- Smoke
  - Current (packs per day x years= pack years):
  - Former – Year quit:
  
- Drink Alcohol (drinks/week; type):

**Past Medical History:** “*Tell us about your past medical history...*” (Try to include all health conditions with approximate date of onset as well as hospitalizations with approximate dates and reason for hospitalization)

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**Psychological/Psychiatric History** (include diagnosis, any treatment, medications or hospitalizations for this condition):

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**Past Surgical History** (include all surgeries, even minor, with dates and reason for procedures)

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**Ob/Gyn History** (if applicable, such as pregnancies/mode of delivery, etc)

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**Immunization Status: Have you had?**

- Pneumonia
- Influenza (annual)
- Tetanus or Tdap (within last 10 years)
- HPV (for women under 27)
- Zoster (for adults over 60)
- Other \_\_\_\_\_

**Health Maintenance: Have you had?**

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- |  |             |                |
|--|-------------|----------------|
| <input type="checkbox"/> Mammogram                 | Year: _____ | Results: _____ |
| <input type="checkbox"/> Dexa Scan                 | Year: _____ | Results: _____ |
| <input type="checkbox"/> Pap Smear                 | Year: _____ | Results: _____ |
| <input type="checkbox"/> Colonoscopy               | Year: _____ | Results: _____ |
| <input type="checkbox"/> Vision screening          | Year: _____ | Results: _____ |
| <input type="checkbox"/> Hearing screening         | Year: _____ | Results: _____ |
| <input type="checkbox"/> Blood Pressure screening  | Year: _____ | Results: _____ |
| <input type="checkbox"/> Prostate cancer screening | Year: _____ | Results: _____ |
| <input type="checkbox"/> Cholesterol screening     | Year: _____ | Results: _____ |
| <input type="checkbox"/> Diabetes screening        | Year: _____ | Results: _____ |

**List all of the Health Mentor's current healthcare professionals and their specialties:**

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**Medications** (include all prescriptions, Over the Counter (OTC), vitamins, herbals and reason for medication):

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**Allergies** (to medications, IV dye, other)- Include type of reaction (i.e.. Hives, difficulty breathing)

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**Family History** (complete a genogram if possible, including history of Heart Disease, Cancers, Hypertension, Stroke, Diabetes, Osteoporosis, Mental Health Diagnosis, Alcoholism, etc )

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**Nutrition/Diet History:**

What do you eat and drink on an average day? What are your favorite foods?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

How are your meals prepared? (i.e. Microwave, stovetop) Who prepares your meals?

- \_\_\_\_\_
- \_\_\_\_\_

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- \_\_\_\_\_
- \_\_\_\_\_

**Functional Status/Activity Level:** *What difficulties do you have with any of the following? What do you do well?*

**Locomotion/movement** -Mobility/Ambulation, Transfers (ex. Moving from bed to chair), Falls

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**Activities of Daily Living (i.e. Self-Care)** - Bathing, Dressing, Eating, Toileting

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**Instrumental Activities of Daily Living-** Household chores, Shopping, Driving, Taking medicine, etc

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**Leisure/Play Activities** (list them/ describe frequency of participation)

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**Communication** - Reading (*i.e. do you have any difficulty reading or understanding newspapers?*), Writing (*i.e. is writing possible for you? Do you have or use any special tools or methods to improve your ability to communicate either in speech or writing?*)

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**Community and Work Activities** (list them/ describe frequency of participation)

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### **Occupational Performance Review:**

#### Organization of Daily Living Routines:

1. How would you describe a typical day for you now?

- 
2. Are you satisfied with your routine?
- 

#### Life Roles:

1. Please list your life roles. Do you plan to continue in these roles?

- 
2. In your work, inside and outside of the home, are you able to do what is expected of you?
- 

3. Are there any roles that you have given up that you would like to resume sometime in the future?
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#### Interests/Values/Goals:

1. What are the things that you enjoy doing? How much time do you spend doing things that you enjoy?

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2. What things are most important for you to be able to do?
- 

3. Would you like to make changes in how you use your time in the future?
- 

4. What are your goals for the future?
- 

#### Perception of Abilities and Assumption of Responsibility:

1. When you run into obstacles, how do you usually deal with them?
-

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Health Beliefs:

1. What do you think caused [insert your Health Mentor's health condition(s)/impairment here]? Do you understand how this happened to you?

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2. What do you think is the most important factor in managing [insert your Health Mentor's health condition(s)/impairment here]? What is the hardest part of living with your health condition(s)/impairment? Is there anything good about it?

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3. What are the things that you think are important in determining whether you will get better or improve?

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4. How does [insert your Health Mentor's health condition(s)/impairment here] affect the relationships among your family members and/or friends?

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# M1 Team Assignment #2 – ICF Synthesis

## **Module 1 (M1): Obtaining a Comprehensive Life and Health History**

### M1 ICF Synthesis

**Background:** This ICF Synthesis should be based on your understanding of the WHO/ ICF Classification (see ICF Pre-Reading from Orientation for more details and a sample completed ICF synthesis- included in M1 Folder) and your team interview with your health mentor. You will use this synthesis as a foundation for completing each of the following HMP modules. In Module 2, you will use this information to help you to develop a Wellness Plan for your Health Mentor, identifying personal and environmental factors that may be strengths or challenges for your Health Mentor's wellness goals. By the end of this two year program, your team will have a well-rounded view of the impact of your Health Mentor's health condition(s) on his/her quality of life, wellness, safety and self-management. If your health mentor *was* your patient, the intervention or treatment plan would be formulated based on this comprehensive view.

**Instructions:** After completing your initial interview, complete the following information based on what you have learned from your Health Mentor:

Health Condition (s) (list all health conditions, disorders or disabilities):

Impairments (describe any impairment(s) to body function and structure, related to each of the health conditions identified above):

Activity (describe current activities as well as any limitations in activity due to each health condition identified above):

Participation (describe current roles as well as any restrictions due to each health condition identified above):