




**STANDARDIZED
PRECEPTOR
ORIENTATION**

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Frances Plouman

ABSTRACT

Frances Plouman is an 88-year-old, independently living, widowed female with typical issues of healthy aging: Decreased visual acuity (corrected with glasses), decreased auditory acuity (according to her kids), osteoarthritis, osteoporosis, and urgency urinary incontinence, as well as some other chronic conditions, including atrial fibrillation, hypertension, and hypercholesterolemia. Her visit in the VCC is a subsequent Medicare Annual Wellness Visit.

Initial Problem Presentation

Preventive assessment in a very old, independently living female.

Final Diagnosis

Fairly healthy aging.

Here is the chart that the students review prior to the visit in the VCC.

MEDICATIONS

- Lisinopril 20mg po daily.
- Atorvastatin 20mg po nightly.



- Levothyroxine 50mcg po daily (in the morning, on empty stomach).
- Acetaminophen 650mg po four times daily (arthritis).
- Diltiazem 120mg po daily (atrial fibrillation).
- Warfarin daily (to maintain INR between 2 and 3).
- MiraLAX 17gm in 4–8oz. of liquid daily PRN constipation.
- Caltrate 600 + D3: One po daily with a meal.
- Risedronate 150mg po once monthly.
- Augmentin 500/125 mg PO Q12 hours for 10 days.
- Ranitidine OTC PRN.

ALLERGIES

- Sulfa—rash

PAST MEDICAL HISTORY

- Hypertension.
- Hypercholesterolemia.
- Hypothyroidism.
- Atrial fibrillation.
- Osteoarthritis.
- Osteoporosis.

SURGICAL HISTORY

- Hysterectomy at age 50 (h/o pelvic organ prolapse).
- Hemorrhoidectomy at age 80.



TRAUMA

- None.

HABITS

- Franny occasionally has a glass of red wine (2–3 times per month).
- She quit smoking 35 years ago.
- She has not been sexually active in the past 12 years (single partner in her lifetime).
- No use of THC or CBD.

GYNECOLOGIC HISTORY

- G5P5: All NSVD without complications.

PREVENTIVE MEDICINE

- Shingrix: 2 doses at age 60.
- Prevnar 13 at age 65, Pneumovax 23 at age 66.
- Td at age 78.
- Influenza: Yearly in October.
- Covid: Up to date in October.
- Mammograms from 40–75 years old: Never abnormal.
- Colonoscopy: 3 performed at ages 55, 65, and 75—all normal, without polyps.
- FIT testing annually since age 80: Negative × 8.
- DEXA Scan at age 81 (T-score = -2.5).
- DEXA Scan at age 85 (2 years after starting risedronate; T-score = -2.0).



FAMILY HISTORY

- Both parents lived into their late 90s.
- 1 older and 3 younger siblings are all alive (well as far as Franny knows).

SOCIAL HISTORY

- Franny was widowed 10 years ago.
- She has one daughter and two sons, who live in the same town as Franny. Her children check in on her regularly, and she enjoys relationships with her 13 grandchildren.
- She used to work as a postmaster—she retired from this job at 70 years old.
- Frances owns her home and feels financially secure.
- Her only health insurance coverage is through Medicare.
- She identifies as white, and English is the only language she speaks.



The following information will help you in the group debrief with students.

This is the information that we hope they gathered. Since geriatrics is complex, we anticipate that they may not have discovered all these details.

(This partially completed documentation of the visit is at the preceptor level.)

Date of Visit: 05/21/2024

- CC: Frances Plouman presents for her annual Medicare Wellness Visit (subsequent).
- HPI: Frances, 88 y.o. female, has no complaints today. She says that she feels more tired every year. She has some aches and pains in her joints, but these do not particularly bother her. She misses her husband. She explains that her grandchildren help her obtain audiobooks regularly, which she enjoys listening to most days: "It is far less taxing than reading has become for me."
- Review of Frances's pre-visit form reveals that her physical health limits activities 1–2 times/month the day after prolonged gardening, and she experiences mild daily pain in her hands, hips, and knees. She gets relief from this daily pain with acetaminophen.
- She has a strong support system, always available to her (including rides as needed; Frances quit driving 2 years ago). Although Frances feels confident in ADLs and in some IADLs, she receives regular help from her family for meal



prep (healthy meals), housecleaning, administration of medications (pill box filling and cueing for administration), and financial management.

- She considers her health to be good. Her glasses are still working well for her. She currently exercises once weekly consistently. Seeing her children and grandchildren and gardening bring her joy. She is financially secure and happy in her home (even though she limits trips to the basement based on joint discomfort when walking the stairs).

New problems

- Frances describes urinary incontinence just before urination and nocturia (2–3×/night).
- At risk for falls: lightheadedness upon standing and sometimes with exertion; no current use of assist devices.
- Diminished hearing, per family members.
- Broke a tooth while eating 2 weeks ago; no pain or fever; has appointment with dentist next week.

There have been no changes in Frances's medical or family history. Frances does not take any opioids or non-prescribed drugs.



ROS

General Only concerns: joint pain with prolonged gardening.

Basic ADLs Competent in ambulating, feeding, dressing, personal hygiene, and toileting; + urinary incontinence.

I-ADLs Transportation, finances, meal preparation, housecleaning, and medication management going well with support from family.

Hearing and vision No visual problems (when using glasses), diminished hearing per kids.

Activity and falls Activity mildly limited by osteoarthritis, no falls.

Assistive equipment None.

Incontinence Urinary: Sometimes leaks just before sitting down to urinate, wakes 2–3 times/night to urinate, seems to urinate more often than she used to; no stool incontinence.

Medications No issues.

Cognition and mood No known problems, no depression or anxiety.

Sleep Disturbed by the need to urinate.

Driving No longer drives, wears seatbelt as passenger.

Living environment Safe, using stairs limited by OA pain.



Advanced care planning Reviewed, no desired changes.

PHYSICAL EXAM

General Frances has a joyful disposition and ambulates into the exam room independently (slowly). Her speech is normal, and her thoughts are logical and linear.

Vital signs

- Wt.: 54 kg (no change from last visit)
- T: 36.9C, BP: 130/80 (sitting), P: 70 (counted for full minute), RR: 14
- BP (lying down for 5 mins): 134/82 (HR=70)
 - Going from lying down to standing: Frances feels slightly lightheaded
 - BP at 1 min: 118/74 (HR=84)
 - BP at 3 mins.: 128/78 (HR=72)

Skin Warm, dry, scattered solar lentigines, no rashes or obvious new lesions. No jaundice.

Head/face Normocephalic, atraumatic. Symmetrical facial features and movements.

Eyes PERRLA, ocular alignment normal, EOMI. Sclera clear. Vision 20/20 OU with correction.

Ears Canals clear. TMs with visible light reflex without erythema, bulging, or perforation bilaterally. Hearing diminished to finger rub and whispered voice.



Nose No nasal discharge or lesions.

Mouth/throat Moist mucous membranes, without lesions. No pharyngeal erythema or exudates. No tonsillar enlargement. Fair dentition.

Neck Normal range of motion without tenderness. Thyroid smooth, non-tender, normal in size and consistency, without nodules. No carotid bruits.

Lymph nodes No submandibular, cervical, or axillary adenopathy.

Thorax No chest tenderness or deformities.

Lungs Normal respiratory effort with symmetrical chest expansion. Clear to auscultation bilaterally, without wheezes, crackles, or rhonchi. No dullness to percussion.

Cardiovascular PMI not displaced, regular rate, irregular rhythm, normal S1 and S2, +S4, no murmurs, rubs, or gallops, no heaves or thrills. Capillary refill < 3 seconds bilaterally.

Peripheral pulses Carotid, radial and dorsalis pedis pulses symmetrical and full with normal upstroke.

Musculoskeletal Slightly kyphotic spine. Ambulates without assistance, and without a shuffling gait. Able to stand from a sitting position without difficulty, but somewhat slowly.



Abdomen Normal bowel sounds. Non-distended, soft without tenderness or guarding. No organomegaly or masses.

GU Scarce pubic hair, diminished turgor of vulvar skin; dry, pale, smooth vaginal epithelium; speculum and bimanual exam deferred.

Neurologic Alert and oriented. No focal deficits noted.

Timed Up and Go >15 seconds (students may observe different precise seconds).

30-Second Chair Stand 7 times (patient fatigued).