

Ginny Thomas Healthy Aging Symposium

What Matters to Me: Shared Decisions in Health & Healing

Small Group Conversation: Table Packet |

Welcome to Your Table

For the next 90 minutes, you will work with the people at your table: older adults from the community, students from different health professions, and a facilitator. Together, you will follow the story of Bob as he and his family face a real-life health decision.

There are no wrong answers. The older adults at this table are here as experts in their own lives. The students are here to listen, ask good questions, and learn how to make health decisions with people rather than for them.

How we will talk together

- One voice at a time. Face the table and speak up so everyone can hear.
- Share only what you are comfortable sharing.
- No one is here to give or receive personal medical advice. Please bring questions about your own health to your own care team.

What We Hope You Take Away

For students

By the end of this session, you will be able to:

1. Apply open-ended, person-centered questions to learn what matters to an older adult facing a health decision.
2. Analyze how the priorities of the older adult, family members, and different health professions shape the options and trade-offs in a care decision.
3. Evaluate care options against the person's own goals, especially when safety concerns and personal priorities pull in different directions.

4. Collaborate with an interprofessional and intergenerational group to build a plan that honors what matters most to the person.

For community participants

- Share your experiences and perspectives as expertise that will shape how future health professionals practice.
- Reflect on what matters most to you in your own health and care.
- Leave with a simple tool, the “What Matters to Me” card, for sharing your priorities with your own care team.

Our 90 Minutes at a Glance

Time	Step	Minutes
3:30	Step 1: Getting to Know Each Other	10
3:40	Step 2: Your Voice First	10
3:50	Step 3: Meet Bob	20
4:10	Step 4: The Decision	25
4:35	Step 5: Two Weeks Later	15
4:50	Step 6: Closing the Circle	10

Step 1: Getting to Know Each Other (10 minutes)

Go around the table. Keep each introduction short so everyone has a turn.

- **Older adults:** Share your first name and one thing that matters to you right now. It might be a person, a place, a hobby, or a routine.
- **Students:** Share your first name, your program, and one sentence about what your profession does for patients. Say it in everyday words, the way you would explain it to a neighbor.

Step 2: Your Voice First (10 minutes)

Before we meet Bob, we want to hear from the older adults at this table.

Older adults, please share if you are willing:

Think of a time when a doctor, nurse, pharmacist, therapist, or other health professional really listened to you, or a time when you wish they had. What made the difference?

Students: for these ten minutes, your main job is to listen. You may also ask follow-up question, such as “What did they do that helped?” or “What do you wish they had done differently?”

Step 3: Meet Bob (20 minutes)

Ask a volunteer to read Bob’s story aloud to the table.

Bob’s Story

Bob Whitfield is 74 years old. He taught high school shop for 31 years and still hears from former students, some of whom are retired themselves. He lives alone in the single-story house where he and his late wife, Carol, raised their two children. Carol died four years ago. Since then, Bob’s days have had a steady rhythm: coffee on the back porch, a few hours in his detached workshop, time in his garden, and Sunday breakfast at a local diner with two longtime neighbors, Walt and Gene.

Three weeks ago at Sunday breakfast, Walt noticed Bob fumbling with his coffee cup and dragging his left foot on the way out to his truck. Walt called 911. Bob had had a mild stroke that affected the strength and coordination of his left side. He spent five days in the hospital and has spent the past two weeks in inpatient rehabilitation.

Bob is making steady progress. His speech and thinking are unaffected. He can walk about 150 feet with a cane while someone stands by, and he tires by mid-afternoon. His left hand is weaker and clumsier than before, and buttons and small screws frustrate him.

Bob also has a project waiting. He has built a wooden toy chest for each of his grandchildren, and his daughter Renee's third baby is due in April. "That chest is getting built," he told his therapist. "I'll do it one-handed if I have to."

Background

- **Home:** Lives alone in a single-story house. Two steps lead up into his detached workshop, and a gravel path runs out to a large backyard garden.
- **What matters to Bob:** Woodworking, growing tomatoes, Sunday breakfast with Walt and Gene, and the toy chest for the new grandbaby.
- **Family:** Daughter Renee, 38, lives 40 minutes away, works full time, and has two children with a third on the way. Son Mike lives in Oregon and calls almost every week.
- **Current function:** Mild left-sided weakness, walks with a cane, tires in the afternoon. Speech and thinking unaffected.
- **Health history:** Type 2 diabetes for about 12 years, high blood pressure, and mild hearing loss. He owns hearing aids but rarely wears them ("they whistle"). He has driven the same pickup truck for 15 years.
- **Mood:** Bob tells everyone he is "fine," but last night he told a nurse he feels "useless sitting around here."

Current Medications

- **Aspirin 81 mg daily:** to help prevent another stroke

- **Atorvastatin 40 mg daily:** to lower cholesterol and help prevent another stroke (increased from 10 mg after his stroke)
- **Lisinopril 10 mg daily:** for blood pressure
- **Metformin 500 mg twice daily:** for diabetes

Bob admits that before his stroke he “skipped the blood pressure pill when I felt fine.”

Let's Talk

For everyone

1. What seems to matter most to Bob? What clues in his story tell you that?
2. What don't we know yet? What would you want to ask Bob before anyone starts making a plan?

Older adults:

If you were in Bob's place, what would you want your care team to understand about you before they started making recommendations?

Students

What does your profession notice first in Bob's story? What might you miss because of that focus? (The Profession Lens page at the end of this packet can help fill in professions not at your table.)

Try it: a listening practice (about 5 minutes)

One older adult volunteers to speak as Bob, or as themselves if they prefer. One student opens with:

“As you think about going home, what matters most to you?”

The student then asks two more open questions and listens. No advice yet. When finished, the volunteer tells the table: What helped you feel heard? What would you change?

Step 4: The Decision (25 minutes)

Bob's care team is meeting with Bob and Renee tomorrow to plan his discharge. Here is what the rehabilitation team has noticed:

- **Physical therapy:** Bob walks steadily on flat floors with his cane. The two steps into the workshop and the uneven gravel path to the garden are his biggest fall risks.
- **Occupational therapy:** Bob does most of his own self-care, slowly. He wants to use his table saw again, but his left-hand grip and reaction time are not yet where they need to be for power tools.
- **Nursing:** Bob has managed his own medications here with reminders, but he sometimes misses his evening metformin dose. His fatigue shows up after about 2:00 in the afternoon.
- **Social work:** Bob's house is paid off, and he lives on his teacher's pension and Social Security. Home health visits may be covered if he qualifies. Renee is showing signs of strain.
- **Physician:** Bob's stroke-prevention plan is in place. The team recommends that he not drive until he is re-evaluated at his follow-up visit.

Renee's side

Renee loves her father, and she is scared. She was the one who got the call from the hospital. She has been driving 40 minutes each way to visit him while working full time and caring for two children, with a baby on the way. She says:

"If he falls in that shop and nobody finds him for a day, I'll never forgive myself. Dad, please just come stay with us for a few weeks."

Bob's side

"I know I'm not as steady as I used to be. But my garden and my shop are the reason I want to get better. Move me into Renee's house and I'm just a guest in somebody else's life."

Weigh the options together

Fill in this table as a group. Short notes are fine.

Option	Possible benefits	Possible risks or costs	How it fits what matters to Bob
A. Go home with home health visits and other supports			
B. Short stay in a rehab facility first			
C. Stay with Renee for a few weeks			
D. Your table's idea (a combination or something new)			

For everyone

1. Where did students and older adults see the options differently? Why?
2. Bob is fully able to make his own decisions. So whose decision is this? What role should Renee's worries play?
3. What does "safe enough" mean, and who gets to decide? Is there value in letting someone accept some risk to keep doing what gives life meaning?
4. Whatever Bob chooses, what small, concrete steps could make it safer? Each student names one step from their profession.

Older adults: Have you, or someone you love, ever had family or health professionals disagree with what you wanted? What helped, or what would have helped?

Step 5: Two Weeks Later (15 minutes)

Bob went home. His plan included home health visits, a grab rail on the workshop steps, and a medical alert pendant he agreed to wear “in the shop, anyway.”

Renee calls every evening.

At the nurse’s visit today, three things come up:

- **The cholesterol pill:** Bob stopped taking atorvastatin five days ago. His shoulders and thighs have ached since the dose went up. He comments, “I need my arms more than I need a lower cholesterol number.”
- **The truck:** A neighbor mentioned to Renee that Bob has been driving his truck the six blocks to Sunday breakfast. Renee is upset and has called the clinic.
- **The shop:** Bob has been in his workshop every day, sanding the toy chest pieces by hand. He hasn’t touched the table saw. He seems happier, and he says he is sleeping better than he has in weeks.

For everyone

1. What might be behind each of Bob’s choices? What need is he trying to meet?
2. How could someone discuss the atorvastatin with Bob so that he feels respected rather than scolded? Are there options besides “take it” or “stop it”?
3. The driving: what is the real concern, and what is the real need? Could that need be met another way?
4. What is going well for Bob that his team should notice, name, and build on?

Older adults:

When a doctor or pharmacist asks about a medicine you stopped or changed on your own, what makes it easier to be honest?

Step 6: Closing the Circle (10 minutes)

Older adults first

- What is one thing someone at this table did today that made you feel heard?
- What is one thing you hope these students remember when they are in practice?
- What is one thing you learned about a health professional's role you didn't understand or appreciate before?

Students

- What is one thing you learned from an older adult at this table?
- What is one thing you learned from another profession?
- What is one question you will ask your future patients because of today?

Everyone

Take a few minutes to fill out a "What Matters to Me" card. Older adults, it is yours to take to your next appointment. Students, fill one out for yourself, too. What matters to us is worth knowing at every age.

Our Table's Take-Home Points:

Profession Lens: Who Might Help Bob?

Not every profession will be at your table. Use this page to bring their perspectives into the conversation.

Profession	What they might notice	A question they might ask Bob
Pharmacy	Four medications, a new higher statin dose, missed doses, and his habit of skipping the blood pressure pill	“Which of your medicines do you feel are helping, and are any getting in your way?”
Nursing	Fatigue, managing care at home, follow-up, and the move from rehab to home	“What worries you most about your first week at home?”
Physical therapy	Walking, balance, the workshop steps, and the garden path	“Walk me through a normal day. Where do you go, and what do you step over?”
Occupational therapy	Daily tasks, hand function, and a safe return to woodworking and gardening	“Which parts of your shop work matter most? Let’s get you back to those first.”
Medicine / PA / NP	Preventing another stroke, blood pressure and diabetes, and driving clearance	“What do you understand about why this happened and what we’re doing to prevent another?”
Social work	Family dynamics, finances, community resources, and Renee’s strain as a caregiver	“Who do you count on, and who counts on you?”
Nutrition / dietetics	Diabetes and blood pressure, energy for recovery, and cooking for one	“What does a usual day of eating look like for you?”
Speech-language pathology / audiology	Hearing loss that affects conversations, safety, and connection	“When is it hardest for you to follow a conversation?”
Counseling / psychology	Mood after a stroke, grief, and loss of purpose (“useless”)	“You said you feel useless sitting around. Tell me more about that.”
Community & public health	Fall-prevention classes, senior center, meals, and transportation	“If you can’t drive for a while, how could we get you to Sunday breakfast?”

What Matters to Me

A conversation starter for your next health care visit

The people, places, and activities that matter most to me right now:

Something I want to keep doing, or start doing again:

My biggest worry about my health:

When I face a big health decision, I want these people involved:

How I like to get information (in writing, talked through, with family present):

One thing I want my care team to know about me:

One question I will ask at my next appointment:

Tip: Bring this card to your next appointment, or share it with a family member or friend who helps with your care.