Unfolding Case Scenarios: A Unique Opportunity for Learners

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Objectives

✓ Define an unfolding case scenarios.
✓ Discuss the rationale for choosing the unfolding case approach.
✓ Differentiate the various types of unfolding case scenarios
✓ Examine an unfolding case scenario.
Me?
Conflict of Interest

- The speaker, planning committee members and/or persons who can influence content have indicated they have NO relationships with commercial industry to disclose relevant to the content of this activity.
Get To Know You!
• How many of you are involved in healthcare simulation?
• Academic based?
• Hospital based?
• How many of you use scenarios with your learners?
• How many of you have heard of Unfolding Scenarios?
• How many of you have used Unfolding Scenarios?
Simulation Scenario

A scenario is an outline of a clinical case that has learning goals and objectives. Single time point/snapshot.
Unfolding Case Scenarios
To “Unfold”

un·fold
/ˌənˈfəld/

verb
gerund or present participle: unfolding

open or spread out from a folded position.
"he unfolded the map and laid it out on the table"
synonyms: open out, spread out, flatten, straighten out, unroll, unfurl
"May unfolded the map"

• reveal or disclose (thoughts or information).
  "Miss Eva unfolded her secret exploits to Mattie"

• (of information or a sequence of events) be revealed or disclosed.
  "there was a fascinating scene unfolding before me"
synonyms: develop, evolve, happen, take place, occur, transpire, progress, play out
  "I watched the events unfold"
• An unfolding case scenario is one that evolves over time in a manner that is unpredictable to the learner.
• New situations develop and are revealed with each encounter.
Unfolding Case Scenarios will help you discover a way of teaching and learning that reveals new information over time. The case may be presented in a day, a week, a term, or across the curriculum.
Using the technique of unfolding cases is a good way to incorporate clinical critical thinking skills in a learning environment. It provides the information in staggered amounts, punctuated by debriefings.
How To Use Unfolding Scenarios

• Individual scenarios can stand alone
• Used with one group over a period of time
• Used with a large group with different participants entering into the scenarios
Examples of Unfolding Case Scenarios

- Medical illness which progressed to serious health crisis
- Cancer diagnosis which progresses to palliative care and then EOL
- Aging process and health changes
- Mental Health
- Obstetrics
Large Groups of Learners

• Useful for having many learners progress through a scenario
• Each learner gets a chance to encounter a patient and manage part of the care
• The learners are able to watch the scenario and must pay attention to the details
Where Can I Find Unfolding Case Scenarios?
NLN

• http://www.nln.org/professional-development-programs/teaching-resources/aging/ace-s/unfolding-cases
Special Interests

New York, NY — October 25, 2012 — It has been well documented that hundreds of thousands of veterans returning from Afghanistan and Iraq have been affected by post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). Since 2000, it is estimated, more than 44,000 troops have suffered at least a moderate-grade traumatic brain injury.

Given this disturbing national health care challenge, the National League for Nursing was among the leading organizations in nursing and nursing education to heed a call to action last spring by First Lady Michelle Obama and Dr. Jill Biden. The two asked nurses, as first responders, to more effectively address the unique health care demands of men and women in the US armed services, veterans, and military families. The NLN supported the resulting White House-backed Joining Forces initiative, helping to enlist more than 150 state and national nursing organizations and more than 500 schools of nursing in a pledge to educate nurses how to recognize the symptoms of debilitating, though often invisible, conditions afflicting military personnel and their families and provide care appropriate to different practice settings.

Now, with its new content-rich, multi-platform website dedicated to nursing education for improved care of veterans and military families, the NLN has again taken the lead to advance the Joining Forces promise. "From the outset, the NLN was determined to pay more than lip service to Joining Forces," said NLN CEO Beverly Malone, PhD, RN, FAAN. "As nurse educators, we have a civic duty and moral obligation to adequately prepare the nursing workforce to meet the health care needs of this specialized population, men

Other Examples

- https://www.researchgate.net/publication/51555099_Unfolding_case_studies_in_pre-registration_nursing_education_Lessons_learned
<table>
<thead>
<tr>
<th>Week</th>
<th>Lecture</th>
<th>Laboratory</th>
<th>Tutorial</th>
<th>Mrs Thomas</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>• Introduction</td>
<td>• Sensory impairment</td>
<td>• Intro to Mrs Thomas</td>
<td>• Arrives on ward requires admission and assessment. Has head injury and fractured humerus.</td>
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<tr>
<td></td>
<td>• Cognitive/perceptual patterns and disability</td>
<td>• Basic neuro assess</td>
<td>• Overview</td>
<td>• Requires standard cares plus oral medications</td>
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<tr>
<td>2</td>
<td>• Critical thinking</td>
<td>• Cranial nerve assess</td>
<td>• Planning care</td>
<td>• IM medications</td>
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<tr>
<td></td>
<td>• Principles drug administration</td>
<td>• Principles Drug administration oral, topical, pr, inhalation</td>
<td>• Case study</td>
<td>• Difficulty mobilising</td>
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<td>3</td>
<td>• Nursing Process</td>
<td>• Principles Drug administration oral, parenteral</td>
<td>• Planning care</td>
<td>• IV commenced • Noted diabetic</td>
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<tr>
<td>4</td>
<td>• Principles Drug administration</td>
<td>• Principles Drug administration IV, parenteral</td>
<td>• Planning care</td>
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<td>5</td>
<td>• Physical assessment cardiac and respiratory</td>
<td>• Respiratory and cardiac assessment</td>
<td>• Medication mastery</td>
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<td>6</td>
<td>• Introduction to wound assessment</td>
<td>• Wound care aseptic technique</td>
<td>• Wound care</td>
<td>• Acquires chest infection needs reassessment plus altered medications</td>
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<td>7</td>
<td>• Introduction to surgical patients</td>
<td>• Surgical scenarios</td>
<td>• Wound care</td>
<td>• Has had one repair of fracture, requires simple dressing</td>
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<td>8</td>
<td>• Patient teaching</td>
<td>• Patient teaching scenarios</td>
<td>• Patient teaching</td>
<td>• Patient requires return to OT</td>
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<tr>
<td>9</td>
<td>• Pre and post op</td>
<td>• Case study</td>
<td>• Case study</td>
<td></td>
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<tr>
<td>10</td>
<td>• Reproduction and sexuality</td>
<td>• Skills exam</td>
<td>• Illness as a stressor</td>
<td>• OT teaching post operatively DB &amp; C, mobilising and discharge information</td>
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<td>• Self perception</td>
<td>• Skills exam</td>
<td>• Case study</td>
<td>• Assignment due</td>
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<td>• Peer review of documentation</td>
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<td>case file notes of Mrs Thomas</td>
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<td>• Review of case notes by colleagues</td>
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<td>• Subject feedback</td>
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Meet Mr. Rogers
New Graduate Nurse Simulation
This case series contains five unique scenarios all involving the same patient which was designed for New Graduate RNs entering into acute care in the hospital environment. Each case scenario is designed to introduce key themes which align with QSEN and National Patient Safety goals. An over-arching theme for the learners is to appraise the patient-nurse relationship over time and determine how this influences the delivery of care in a veteran/patient centered model.

Each case scenario builds on the previous case and introduces new information to the learners. Utilizing a series of scenarios encourages the development and application of critical thinking and clinical judgement skills. A goal of the New Graduate RN program is to develop proficiency and ultimately expertise in the respective clinical areas which is centered on Patricia Benner’s “Novice to Expert” model.

The New Graduate nurses will work with the same patient in five scenarios which will time lapse over several years and follow the journey of one patient’s medical illness and disease process ultimately ending in the end-of-life for that patient.
Mr. Darrin Rogers Journey through Illness, Disease and into End-of-Life

1. Beginning of Illness: Pneumonia
2. Post-operative Surgical Patient
3. Neutropenia and Sepsis
4. Cardiac Arrest
5. Difficult conversations and End of Life
First Encounter: Meet Mr. Rogers

Darrin Rogers was born December 18, 1940, in Eureka, California. He has one younger sister Leslie Rogers White, August 2, 1947, and no brothers. Darrin was an Air Force pilot and flew in Operation Rolling Thunder from 1965 to 1967. His plane crashed in a bombing run breaking his left arm and leg. He was rescued, and returned home to Kansas after being discharged from the military hospital.

Darrin later married one of his nurses, Mary Ellen Scherer in 1969. The couple had two children, Edward, and Anna in 1970 and 1972 respectively. The entire family moved to Northern California after Anna married a grape grower from Livermore. The Jake and Anna Vineyard opened its doors in 1994.

Darrin’s wife Mary Ellen pasted away in 2008 from breast cancer. His son Edward was killed in a motorcycle crash in 2010. Darren currently resides with his daughter Anna and her husband Jake, and their twin girls, Lila and Gina, age 17, on the outskirts of Livermore.

Darren has borderline diabetes which he controls with diet and exercise. He walks 1 mile a day.

Today: Diagnosis/CC: SOB, URI, R/O Pneumonia (CAP)

HPI: Mr. Rogers is a 71 yo man with an existing diagnosis of 2nd degree heart block treated with a pacemaker, last admitted for pacemaker lead revision on April 12, 2012. He presents today with increasing respiratory distress, SOB and productive cough – green/yellow mucous. S/S began approximately 2 weeks ago

Mr. Rogers presents today for R/O Pneumonia.
Second Encounter: Mr. Rogers Has Cancer

Mr. Darrin Rogers. 72 yo male admitted to the IICU from the PACU post VATS left lower lobectomy.

Background:

• The patient has a newer diagnosis of Stage III CA of the left lower lobe. He was last in hospital 1 month ago for pneumonia and the CA was discovered at that time. Mr. Rogers underwent an extensive work-up and today's surgery is the first step in his treatment plan. Mr. Rogers has a history of NIDDM, hypertension and mild depression.

• Assessment: Mr. Rogers surgery went smooth and he recovered for 1.5 hours. He currently has an IV in the left AC with D5 ½ NS with 20 meq KCL @ 75 ml/hr. He has a PCA of Hydromorphone which he has been using. He received 1 dose of Metoclopromide in the PACU. Foley is draining. Chest tube on left side draining. He is alert and not complaining of pain or nausea at the present time. V/S: HR – 68, BP: 120/74, RR: 12, SpO2 – 97%. Last blood glucose pre-op 200. Received no insulin.

• Recommendation: Mr. Rogers needs teaching re: PCA, incentive spirometer, coughing and deep breathing. He has only had sips of ice. No bowel sounds.
Third Encounter: Mr. Rogers is Neutropenic

**Background:**

**Diagnosis/CC:** Stage III A CA Left Lower Lobe, (SMLC T2 N3 M0)

**HPI:** Mr. Rogers underwent a VATS Left lower lobectomy 9 weeks ago which was uneventful. He recovered for 1 month and then commenced radiation (4 weeks daily) and a first cycle of Chemotherapy regimen of Cisplatin and Etoposide 3x/week for 4 weeks. He has been at home resting for the past week.

Today he presented to the Infusion center for his second cycle of chemotherapy. He appeared weak and was febrile (102.5). He c/o significant weakness and anorexia over the past few days. His ANC is very low and he is also anemic.

He most likely has an infection. Blood Cultures and Urine C&S are pending.

**Plan:** Admit to 2A

Antibiotic therapy and monitor intake. He will also need transfusions to increase his counts (RBC’s, Platelets, plasma)
Fourth Encounter: Meet Mr. Rogers

**Diagnosis/CC:** Stage III A CA Left Lower Lobe, (SMLC T2 N3 M0)

**HPI:** Mr. Rogers underwent a VATS Left lower lobectomy 9 weeks ago which was uneventful. He recovered for 1 month and then commenced radiation (4 weeks daily) and a first cycle of Chemotherapy regimen of Cisplatin and Etoposide 3x/week for 4 weeks.

He presented to the Infusion center for his second cycle of chemotherapy a week ago and during that time he appeared weak and was febrile (102.5). He c/o significant weakness and anorexia over the past few days. His ANC is very and he is also anemic.

He was admitted to 2A, Medicine where antibiotic therapy was initiated. During that time it was noted he was septic and the sepsis protocol was initiated.

Today is Day 6 and he is out of Protective isolation. He is planned for discharge tomorrow.
Fifth Encounter: Difficult Conversations and End of Life

This session has two parts:

1. Delivery of Difficult News:
   Exemplar video followed by a discussion

2. Mr. Rogers returns to inpatient Hospice for EOL and the nurse provides care during his last hours. An exemplar video is shown at the time of death.
Benefits

- Learners get to “know” the patient
- Experience emotions
- Reflect on known patient information
- Reflects reality of patient care
It’s your Turn!
That's a Wrap!
Title:

- Case 1
- Case 2
- Case 3
- Case 4
- Case 5