

## DOLORES DZUBATY, PhD, RNC-OB Sigma Theta Tau - Delta Nu

### ABSTRACT

Undergraduate nursing programs are challenged with the task of providing education to prepare nurses who will care for a diverse client population. Increased global migration has resulted in an increase in diversity of clients in all healthcare settings throughout the world. Introducing hypothetical patients through unfolding case studies can be utilized. Student nurses learn to recognize the multitude of factors which influence the clients' health status and health practices. Students can identify the client population by language spoken, cultural health practices, and risk factors. The purpose of case studies is to enable learning beyond information found in texts and inclusive of the populations of clients the students may not see in the clinical sites. Active participation in the learning process through strategies such as the use of case studies has been shown to improve problem-solving and increased learning motivation. Improved problem-solving skills enhances the undergraduate nurses' preparation to enter into nursing practice.

### OBJECTIVES

The learner will be able to recognize how the use of case studies can be used in nursing and staff education within their own healthcare/educational setting.

The learner will be able to apply the concepts explored in creating their own population health based case studies, recognizing the interactions and influences of socioeconomics, ethnicity, and culture on global healthcare.

The learner will be able to create their own unfolding case studies using client subjects from their own areas of expertise and the populations they serve in the healthcare setting.



### MATERIALS

#### Unfolding Case Study

Miss G.G. is a 19 year old African American female. Her family of origin is from Nigeria. Miss G.G. was born and currently lives in Trenton, New Jersey. She has a high school education and works as a nursing assistant in a local hospital. She works three-12 hour shifts each week.

Miss G.G. is single and lives with her 22 year old boyfriend in a three room, second floor apartment. The father of the baby (boyfriend) works as a landscaper.

Miss G.G. has arrived in your clinic with no specific complaints but thinks she may be pregnant due to missed periods and positive over the counter pregnancy test. She is 16 weeks gestation by dates and you can auscultate fetal heart tones. This is her first pregnancy. In her job Miss G.G. states she has been exposed to patients with MRSA infections. G.G states she had alcohol and smoked marijuana once or twice since becoming pregnant but will not do so in the future.

Dietary intake includes bagel and coffee on the way to work, sandwich and soda for lunch, and she may make macaroni and cheese for dinner. She snacks on cookies and other food treats left for the nurses by grateful patients and their families. G.G currently weighs 130 pounds (58.9 kg) which is a 10 pound (4.53kg) weight gain.

Blood type is O-positive, She has a negative medical and surgical history. There is no history of genetic disorders in her family. G.G. plans to breastfeed her infant, has not had prenatal education, and does not think the grandparents will want classes as "they know stuff."

Data Added During Semester

Delivery Note: G.G. has a spontaneous rupture of membranes at 37 weeks gestation. Fluid is clear and odorless. She goes into spontaneous labor 3 hours later. After 12 hours of labor G.G. has a normal spontaneous delivery of a male infant weighing 7 pounds (3.17 kg) over an intact perineum. G.G has had no anesthesia or analgesia during labor and her infant breastfeeds within 15 minutes of birth.

Post Partum Course: G.G has some difficulties with breastfeeding. Her coworkers have encouraged her to quit but her boyfriend and mother remain supportive.

### SEMESTER ASSIGNMENTS

#### Ongoing Health History and Topics

Assignment 1: Discussion of genetics and environment. Students write SBAR (Situation, Background, Assessment, Recommendation) report of assigned client based on 2 genetic and 3 environmental health risks of identified population.

Assignment 2: Discussion of prenatal care, antenatal testing techniques, healthcare resources. Students write SBAR report describing 2 possible hindrances to accessing healthcare and possible complications if healthcare is not obtained. Evaluate possible resources to recommend for client. Determine appropriate fetal surveillance if necessary for members of the identified population.

Assignment 3: Discussion of potential complications of pregnancy, labor and/or delivery. Students write SBAR report identifying possible complications of pregnancy related to the identified population of client. Suggest methods of surveillance and prevention.

Assignment 4: Introduction of post-partum care, infant care and feeding methods. Student SBAR report identifies 1 possible feeding issue or concern and 1 possible post-partum nutritional issue for the mother based on identified population. Recommendations include how client would receive instruction, who is included in instruction, and what 2 newborn topics would be specific to population client.

Assignment 5: Transitioning to parenthood and caretaking are topics discussed. Student SBAR report identifies safe/unsafe practices specific to the client population, assessment for presence of unsafe practices, and interventions to correct unsafe behaviors if possible in this population.

### RESULTS

#### Final SBAR Report on Client

Situation	Client information and initials G.G., 19 yr. old	Prenatal 16 weeks gestation	Intrapartum Spontaneous labor at 37 weeks	Post partum Preparing for discharge
<b>Background</b>	African American, Nigerian background, Single Nursing Assistant Lives in .....	Late prenatal care Limited insurance G1 P0 Boyfriend involved, States no genetic/medical history Used alcohol and marijuana x 2	Normal spontaneous delivery after 12 hour labor Infant 7lb. (3.17 kg)  QBL 152ml Intact perineum No epidural	Edinburgh score: 4 Breastfeeding exclusively with difficulty Living with boyfriend
<b>Assessment</b>	Vital signs (Make your own if none given) Post partum assessment Breasts Uterus Bowel Bladder Lochia Episiotomy/Incision Edema	Risk for: This is where you will list the (1) genetic & environmental factors you identified (2) Hindrances to prenatal care (3) Methods of fetal surveillance available	Risk or Actual: This is where you will list Labor and delivery (1) possible complications (2) monitoring techniques appropriate (3) possible genetic conditions which could have influenced outcome	Risk or Actual: Patient teaching needed for: List topics appropriate for your patient
<b>Recommend</b>	This is where you will include your recommendations for patient care/testing	Methods of fetal surveillance suggested as appropriate	Lab tests/fetal monitoring as appropriate for your patient	How would you present material to your client? Any recommendations for follow-up Who is receiving the education



### COURSE OUTCOMES

Students demonstrated the ability to work in small groups effectively.

Students demonstrated the ability to identify valid resources to obtain information.

Students verbalized recognition of the sociocultural, economic, and political influences on client seeking and participation in healthcare.

Students demonstrated understanding of the limitations and disparities of healthcare availability and delivery.

Students shared knowledge in class presentations, increasing the knowledge of all.

### REFERENCES

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### CONTACT and ACKNOWLEDGEMENTS

Dolores Dzuby, PhD, RNC-OB  
The College of New Jersey  
2000 Pennington Rd.  
Ewing, New Jersey 08628-0718  
USA

dzuby@tcnj.edu  
doloresdzuby@gmail.com  
732-688-1190

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