A case study is...

A detailed account of a particular individual; clinical event; workplace procedure.

The role of the Nursing case study is to examine individual variations in patient populations and explore social impacts affecting health care management.

The purpose of the case study is to apply & review generalised theoretical principles in a specific context.

The audience is usually fellow professionals.

NMIH104 - the case?

- Mrs Blue is admitted to hospital with pain in her right hip.
- Mrs Blue experienced a fall in the aged care facility where she is resides one (1) week prior to this admission.
- Investigations reveal that Mrs Blue has suffered a fractured neck of femur (NOF).
You will need to…

- Identify information relevant to older Australians.
- Discuss the causative factors.
- Connect this back to Mrs Blue’s situation.

- Extrinsic factors may include …
- Intrinsic factors refer to …

Mrs Blue’s risk factors include …
- Risk identification & strategies to reduce them.
- Don’t forget to support key points with evidence.

According to the RLT model which 3 ADLs are most relevant to hospital care?

Have you identified & described the roles of her post discharge team?
- ADL 1 is relevant to Mrs Blue’s hospital care because …
- ADL 2 …
- ADL 3 …

- of the Pharmacist, the GP & the Physiotherapist (include Intrinsic & Extrinsic perspectives).

Planning your approach – NMIH102

- Outline the fundamental patterns of knowing in nursing and explain how they apply to these scenarios.
- What are the key ethical issues for the newly graduated RN in this case study?
- What are the key legal issues in this case study?
- What ethical issues can be raised as a result of the scenario?
- What are the RN’s legal responsibilities in this scenario?
- Why are these incidents raise issues?
- What are the RN’s legal responsibilities in this scenario?
- Define the bioethical & confidentiality principles commonly utilised in healthcare and explain how they apply to the issues you have identified.

NMIH 102 case study headings

- Abstract
- Ways of knowing
- Ethical issues
- Legal responsibilities
- Resolution
- Summary
- References

Structuring your discussion or argument

- These points support your answer to the topic.
- Everything sentence in the paragraph will somehow relate to this point.
- Examples:
- Explanations:
- Reference to ideas of recognised authorities in the field.

Overall cohesiveness
- Paragraphs (main points) logically ordered.
- Clear links / connections between paragraphs (main points).
Introduction to a student case study

This case study examines the legal, ethical, and professional roles and responsibilities of a Registered Nurse (RN) in relation to a critical event involving the post-operative care of a 64 year old male patient, Mr John Smith, who had undergone a laparoscopic cholecystectomy. The following discussion examines the Registered Nurse’s (RN) responsibility to uphold a duty of care for clients in their care, their responsibility for documenting a client’s progress, and consider the legal implications of negligent practice. I also examine the ethical standards expected of RNs and the bioethical principles that should inform clinical practice. The standard of professional practices relevant to Mr Smith’s care will be analysed and compared to the ethical and legal standards expected of an RN.

Note the structure……

This case study examines the legal, ethical, and professional roles and responsibilities of a Registered Nurse (RN) in relation to a critical event involving the post-operative care of a 64 year old male patient, Mr John Smith, who had undergone a laparoscopic cholecystectomy. The following discussion examines the Registered Nurse’s (RN) responsibility to uphold a duty of care for clients in their care, their responsibility for documenting a client’s progress, and consider the legal implications of negligent practice. I also examine the ethical standards expected of RNs and the bioethical principles that should inform clinical practice. The standard of professional practices relevant to Mr Smith’s care will be analysed and compared to the ethical and legal standards expected of an RN.
Signposting the key points with topic sentences

P2. When Mr Smith entered the hospital, he entered a contract in which health care providers are expected to provide treatment with reasonable skill and care (McIlwraith & Madden, 2010).

P3. Duty of care means that the health care professional has accepted the responsibility to deliver reasonable care to the client, avoiding acts that would harm them (Crisp & Taylor, 2009; ANMC, 2006).

P4. Documentation reflects the health carer's accountability to the client and is a source of communication with other health care professionals; therefore, documentation is essential in providing sound medical and nursing care (Crisp & Taylor, 2009).

P5. Ethical practice is an important professional element because nurses are morally accountable and responsible for their actions and the Theory of Ethical Principalism (Johnstone, 2009) underpins this aspect of an RN's duty of care.

Here is an example of a poor use of evidence

Interpersonal skills - for example, listening - enable a nurse to gain confidence and mutual trust with a patient. Gaining an understanding of who the patient is and what input they can have in the decision of their treatment will give both nurse and patient a sense of mutual respect (McCance, Slater & McCormack, 2008). Patient respect is a core idea for patient-centred nursing. McCance, Slater and McCormack (2008) reiterate the importance of developing a therapeutic relationship with the patient. They argue that mutual trust is the crux of this relationship and this entails the nurse getting to know the patient, by showing compassion and empathy. I feel the pressure for the nurse to get to know the 10 or 12 patients under their care for a period of 8 hours is a mammoth task. Ideally, it would be wonderful to have the time for one-on-one conversation, but most of the time nurses are swamped by the care needs of very sick patients with co-morbidities.

What is wrong with it? Note: you can select more than one answer.

a. Many of the ideas are clearly not the student's but remain unreferenced
b. The reference for the direct quotation does not include a page number
c. It uses evidence from only one source

The initial management of chest pain associated with cardiac symptoms requires the administration of antiplatelet or anticoagulant medications because they facilitate opening the blocked artery or vein affecting heart function. Leonard argues that ‘the combination of aspirin plus clopidogrel is superior to aspirin alone in reducing cardiovascular mortality’ (2007, p. 186). Another form of relief for chest discomfort or pain is the use of sublingual nitroglycerin. It has been suggested that ‘sublingual nitroglycerin can be used to try to relieve chest discomfort and reverse ECG changes’ (Crawford 2003, p.64). Additional medication therapies that can be useful with patients presenting with chest pain are beta blockers. Crawford argues that ‘Beta blockers have been shown to be effective, apparently because of both their membrane-stabilizing effects and their beneficial effects on myocardial oxygen supply and demand’ (2003, p.65). When chest pain is present, patients will automatically receive an electrocardiogram (ECG) which will indicate any changes in the heart function.

What should be referenced in this paragraph?

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And… It’s an example that illustrates sophisticated use of evidence.

Select the reasons why it is sophisticated. Note: you may select more than one answer.

a. The evidence is derived from a variety of sources
b. All the evidence is appropriately referenced
c. The multiple author reference indicates a sophisticated level of analysis and synthesis

According to the Australian Bureau of Statistics (ABS 2009), the occurrence of diabetes is three times higher for Indigenous Australians than non-Indigenous Australians (Australian Aboriginal and Torres Strait Islander Health Survey 2012-13). However, health disparities between Indigenous and non-Indigenous Australians are not limited to diabetes, with higher statistical occurrence of other chronic diseases including cardiovascular, renal, retinopathy and mental health, accounting for the majority of the Indigenous health gap (ABS 2009; Browne et al. 2009). These diseases are all largely preventable and have similar risk factors, therefore efforts to ‘close the gap’ in the social determinants of health for Australian Indigenous populations should be addressed holistically and not isolated to a particular disease type (Vos et al. 2009).

The following analysis examines the correlates between being an Indigenous Australian and the risk factors associated with developing Type 2 diabetes. The World Health Organisation (WHO 2013) indicates that Type 2 diabetes comprises approximately 90% of all diabetes diagnoses and is strongly linked to lifestyle factors and hence considered preventable in most cases. The following discussion will focus on Type 2 diabetes because this disease is where the greatest discrepancy between Indigenous and non-Indigenous health is notable. It should be noted, however, that according to the Australian Institute of Health and Welfare (AIHW 2012) not all studies differentiate diabetes types despite the marked difference in aetiology.
Questions?

*What would you like to focus on next week*