

Note: APA format

2-2 Case Study: Contingency Plans (two pages)

Gillian Scott is an experienced clinician at a community hospital. She arrives at 6:45 p.m. for her 12-hour night shift and is concerned about the impending blizzard that is predicted to bring two to three feet of snow and damaging winds during the next 12 to 18 hours. At 9:00 p.m., several staff members begin to ask Gillian if she is going to contact the supervisor to seek strategies to ameliorate probable staffing shortages in the morning in order to secure safe patient care. (Assume that the clinical staff members are essential for safe patient care.)

Using your FEMA training, respond to the following questions:

- Describe key operation, planning, logistic, finance, and safety concerns in regard to preparing for the morning.
- What are the potential challenges associated with developing a contingency plan?
- How will leaders evaluate the effectiveness of the plan?
- How will the clinical staff evaluate the effectiveness of the leadership team in assessing, planning, implementing, and evaluating a plan to provide patient care during the emergency?

3-2 Presentation: The Deployment Flowchart (12 slides)

*Attached
the scenario*

Instructions

For this assignment, you will first need to carefully review the scenario in [this document](#). You will then construct a presentation in which you reflect on patient needs and the processes that must be in place surrounding an acute illness for a smooth transition for everyone involved. Your presentation must include the deployment flowchart you drafted in Module Two.

4-2 Case Study: Clinical Leaders (two pages)

Instructions

For this assignment, review the given case study and then answer the questions provided.

Case Study

A new healthcare manager put some changes into place that would facilitate staff involvement in decisions related to patient care. One of the changes included transitioning to staff self-scheduling, with a few rules that the staff helped develop. One of the rules included that the more senior staff members would have first choice in their schedule.

This new schedule process was well received until the holiday schedule started to be created. Negotiation and the importance of supporting each other to ensure everyone had some time with their family over the holiday was not prioritized, unlike in years past. A staff divide developed between the senior and less senior staff members. Senior members would give the less senior members the silent treatment and became noticeably less available to help the less senior members throughout their shifts. The conflict resulted in one staff member leaving work in tears and several others desiring to change floors or leave the hospital completely.

In your submission, respond to the following:

Summarize the key problem outlined in the case study.

How would you apply the "ten steps to resolving an interest-based conflict

(*Quantum Leadership*, pp. 250–253) to address this problem?

Consider your own and others' assumptions and the relevant contexts, and provide a conclusion that reflects your informed evaluation.

8-1 Case Study: Ladder of Inference(two pages)

Instructions

In this assignment, you will have the opportunity to analyze a patient's experience in developing a ladder of inference.

Use [this case](#) as the basis for completing the ladder of inference. Using the Ladder of Inference Worksheet on page 300 of *Value by Design*, fill in the information on Mia's ladder of inference.

In your submission, consider your own and others' assumptions and the relevant contexts, and provide a conclusion that reflects your informed evaluation

IHP 505 Case Study Guidelines and Rubric

(2 papers)

Overview: Critical thinking is a habit of mind characterized by the comprehensive exploration of issues, ideas, artifacts, and events before accepting or formulating an opinion or conclusion. Case studies are meant to connect real-world scenarios with theoretical teachings. You are expected to test assumptions and find creative ways to consider all the facets contributing to analysis of the case.

Prompt: Use the case study provided in each prompt to respond to the required questions. In your submission, consider your own and others' assumptions and the relevant contexts, and provide a conclusion that reflects your informed evaluation.

Guidelines for Submission: Each case study must be submitted as a 2- to 4-page Microsoft Word document with double spacing, 12-point Times New Roman font, one-inch margins, and at least three sources cited in APA format.

Rubric

Critical Elements	Proficient (100%)	Needs Improvement (75%)	Not Evident (0%)	Value
Explanation of Issues	Issue/problem to be considered is stated clearly and described comprehensively, delivering all relevant information necessary for full understanding	Issue/problem to be considered is stated, but description leaves some terms undefined, ambiguities unexplored, boundaries undetermined, and/or backgrounds unknown	Issue/problem is not stated	15
Evidence	Information is taken from the case with enough interpretation/evaluation to develop a comprehensive analysis or synthesis	Information is taken from the case with some interpretation/evaluation, but not enough to develop a coherent analysis or synthesis	Information is not taken from the case with enough interpretation/evaluation to develop a comprehensive analysis or synthesis	25
Influence of Context and Assumptions	Thoroughly (systematically and methodically) analyzes own (if applicable) and others' assumptions and carefully evaluates the relevance of contexts when presenting a position	Identifies own and others' assumptions and several relevant contexts when presenting a position	Does not identify own and others' assumptions or relevant contexts when presenting a position	25
Conclusions	Conclusions and related outcomes (consequences and implications) are logical and reflect an informed evaluation	Conclusion is logically tied to a range of information	Does not provide a conclusion	25
Articulation of Response	Submission has no major errors related to citations, grammar, spelling, syntax, or organization	Submission has major errors related to citations, grammar, spelling, syntax, or organization that negatively impact readability and articulation of main ideas	Submission has critical errors related to citations, grammar, spelling, syntax, or organization that prevent understanding of ideas	10
Total				100%

8-1 Case Study

IHP 505 Module Eight Case Study

Mia is the oldest of six children from a two-parent family. She was diagnosed with osteosarcoma of the left leg and was experiencing intractable pain. She received her diagnosis at 15 years of age under the care of a pediatric oncologist at a local hospital. Mia underwent months of radiation and intensive chemotherapy. Mia's community nursing team was struggling to meet her needs and referred her for palliative care services through a local home care agency.

Her parents had a complex history of substance abuse and domestic violence, and Mia had a difficult relationship with both, although recently she has become close to her mother, who has attended most of her chemotherapy treatments.

During one episode of severe uncontrolled pain, which required that Mia be transferred by ambulance to the emergency department, she noticed that all of the nurses were being attentive and kind except for one. Mia overheard the nurse whispering, "I don't know why her parents bring her here. . . . We can't meet her needs. . . . We are short-staffed."

The conversation Mia overheard was incomplete, which left her to draw her own conclusions. The whispering nurse was actually the charge nurse who was in the midst of planning staffing for a pending snowstorm. Her complete statement is as follows:

I don't know why her parents bring her here. The home care nurses should be addressing pain-management issues with her oncologist in a more timely manner so that Mia can remain in her home for treatment. If we had available resources to address Mia's pain, we could plan to make her stays in the emergency room more comfortable. I wish that we could meet her needs better and in a more timely manner. I feel frustrated that once again we can't meet her needs more effectively. We are short-staffed, and that shortchanges Mia.

Upon Mia's mother's return to the bedside, Mia begs her to take her home, even though the medication has not entirely relieved her pain yet. Throughout the ride home, Mia becomes increasingly sullen and tells her mother she never wants to go back to the emergency room for care.

Lilly Walden describes herself as an active, athletic, and healthy woman. In her mid-forties, she continues to run two to three miles five days per week. Lilly is married with three children and is employed by the local school district as a speech therapist. Lilly's husband, Tom, is a pilot who works for an international airline.

Lilly describes herself as health-conscious. Her diet is balanced. She is a nonsmoker and drinks wine only on rare social occasions. Lilly has a history of asthma, triggered by environmental changes, and it typically requires antibiotic therapy for bronchial infections two to three times per year. This morning, Lilly is awakened by mild intermittent right lower quadrant pain and a slight fever. Lilly applies a heating pad to the area and prepares a cup of tea that she hopes will help relieve what she believes are "gas pains." During the next hour, the pain and fever appear to be lessening, and Lilly proceeds with preparing herself and her children for school.

Around 10:30, Lilly notices that the pain in her right lower quadrant has returned. She is sweating and concerned that she may have a worsening fever. She contacts her supervisor and informs her that she is going to be out sick for the rest of the day. She telephones the office manager for her primary care physician, Dr. Maureen Woods, and requests an office visit.

Dr. Woods's office manager is trained in the use of a practice-specific triage protocol, the details of which are outlined in a standardized computer algorithm. Patients with routine or non-urgent concerns are slotted into open appointment blocks, whereas more urgent issues (including Lilly's call) trigger a telephone handoff to the nurse practitioner who is assigned to triage for that day. The nurse practitioner conducts a telephone interview and instructs Lilly to come directly to the physician's office to be seen before the practice closes for lunch.

When Lilly arrives in the office, the medical receptionist expresses concern regarding Lilly's appearance, escorts her directly into an examination room, and notifies the registered nurse that Lilly is in Exam Room 3. Vital signs are checked using office protocols; extra parameters (also protocol-based and predetermined) are included in the nursing assessment due to Lilly's poor appearance. Her temperature is 102°F, and her heart rate is rapid. Lilly is noticeably sweating and has her hands placed over her right lower quadrant. The nurse asks the medical assistant to interrupt Dr. Woods, who is in the next examining room seeing another patient, so that she can evaluate Lilly due to her level of distress.

Dr. Woods excuses herself from her current patient and arrives at Lilly's room to complete a focused examination. Dr. Woods informs Lilly that, based on her symptoms, she will need to be transported to the emergency room for evaluation of her pain and asks if her husband is in town or away on assignment. Lilly tells Dr. Woods that her husband's return flight landed about an hour ago and he should be reachable by cell phone. Dr. Woods obtains Lilly's consent for transport, instructs the nurse to stay with Lilly, asks the medical assistant to telephone for an ambulance, and then excuses herself to notify the emergency room of Lilly's condition and her pending arrival. Other patients are informed by the office manager (also per a rehearsed protocol) that Dr. Woods is managing an emergent situation, but they will be seen as soon as possible. These patients are given the option of rescheduling (if they are unable to wait) or being seen by the nurse practitioner assigned to triage, who will take patients in the order of their prescheduled appointment.

In the emergency room, further handoffs and protocol-based interventions are enacted. Oxygen is applied. Lilly is informed that she is not to take in any food or fluids by mouth, and an IV is started in her left arm so that she can receive fluids, pain medication, and anti-nausea medication. The surgical resident assigned to the emergency department introduces himself to Lilly and her husband, who arrives understandably concerned about Lilly's condition. The doctor completes the exam, consults with the attending surgeon, and communicates with the members of the healthcare team. The doctor informs Lilly and her husband that Lilly has appendicitis and recommends surgery immediately in order to prevent the complications of a ruptured appendix. Lilly signs the consent form, and the members of the emergency room proceed through the established preoperative protocols that are standard for patients with Lilly's diagnosis. Lilly is obviously concerned, but Tom reassures her that he will make arrangements for the children to receive care. Tom contacts his sister and makes arrangements for her to be at his house when the children arrive home and contacts Lilly's supervisor to update her on Lilly's status.

Lilly's surgery is completed without issues. After a brief stay in the post-anesthesia care unit, she is transferred to the medical surgical floor, where she is admitted for an overnight stay. The following morning, Lilly's nurse observes that Lilly is coughing but having difficulty producing sputum. The nurse also hears crackles in Lilly's left lower lung. The nurse contacts the resident on call, and a chest x-ray is completed, which shows that Lilly has a left lower lobe pneumonia. She is started on a course of antibiotics and medications to improve her breathing, and per hospital protocol, a referral is made to the pulmonary specialist who concurs with the pneumonia diagnosis. The presence of the pneumonia results in Lilly's hospital stay to be extended for two additional days.

A template-specific discharge summary is sent to Dr. Woods so she will have full knowledge of Lilly's hospital stay and of specialists' postoperative recommendations when she meets Lilly in a follow-up visit in the coming week. Lilly and Tom are given three appointment cards: one for an appointment with the surgeon, one with the pulmonary specialist, and one with Dr. Woods before Lilly is discharged from the hospital. Additionally, several days prior to discharge, Lilly and Tom are invited to attend interdisciplinary rounds. During that meeting, a recommendation is made for Lilly to receive nursing services at home to monitor the pneumonia that Lilly developed postoperatively. In the six weeks that follow, Lilly's condition slowly improves, and although she is quite fatigued, she is sure that she is making steady progress and improvements. Dr. Woods validates Lilly's progress and reassures her that she will make a full recovery.

3-2 Presentation

IHP 505 Presentation Guidelines and Rubric

Prompt: Carefully review the information in this scenario. Then construct a presentation (including speaker's notes) in which you reflect on the needs of the patient and the processes that must be in place surrounding this acute illness for a smooth transition for everyone involved. Specifically, include the following information in your presentation:

- Priority care needs of the patient at the center of the scenario
- Priority care needs of the family care providers
- The disruption that this acute illness has caused for the patient, family members, and clinical microsystem
- The experiential features of acuity that are apparent in this case
- The elements that the clinical microsystem must possess in this case
- Potential barriers that may exist and must be managed in order to meet this patient's care needs
- The communication strategies that were used in the delivery of care
- Well-defined (but flexible) roles within the clinical microsystem
- Potential strategies to plan for unexpected changes in care needs
- The deployment flowchart you created in Module Two (see page 225 of *Value by Design*), which must include the following:
 - Evidence-based core measure algorithms
 - Structured decision making and standing orders
 - Advanced access
 - Reliable handoffs
 - Effective communication
 - Rehearsal of coordinated actions

Presentations: In a professional career, one may be called upon to conduct research and deliver findings in professional settings. No matter how extensive the research or accurate the conclusions, a weak presentation can undermine an argument. A presentation can be an effective way of making your argument. When creating presentations, you develop skills in researching an issue, synthesizing the information, organizing data logically, and presenting findings in an effective manner.

Principles of an Effective Presentation:

- There are various template designs that you can find on the web for your presentation. However, first consider your presentation from the perspective of your audience prior to selecting a specific style. Distracting backgrounds, large blocks of text, all uppercase fonts, elaborate font styles, grammatical errors, and misspellings are distracting. Be consistent with the style of text, bullets, and sub-points in order to support a powerful presentation that allows your content to be the focus.
- Each slide should include your key point(s). Do not place large blocks of text on the visual. Your presentation is not a means of presenting a short paper. In an actual presentation you would not "read" from your slides but rather use them as prompts.

- Any notes or narration you would use in delivering this presentation to a group should be listed in the "notes" section of the slide.
- References should be listed at the bottom of the slide in slightly smaller text.
- Use clip art, AutoShapes, pictures, charts, tables, and diagrams to enhance but not overwhelm your content.
- Be mindful of the intended audience and seek to assess the presentation's effectiveness by gauging audience comprehension (when possible).

Below are some resources that offer helpful tips for developing your presentations:

- Making PowerPoint Slides
- Really Bad PowerPoint and How to Avoid It

3-2 Presentation

Rubric

Guidelines for Submission: You may use presentation software such as Microsoft PowerPoint or Prezi to create your presentation, which should consist of at least 12 slides (in addition to your title and reference slides). Submit your presentation as a file, or provide a link to it. Resources should be cited according to APA style. Use speaker's notes to record what you would say if you were delivering the presentation to an audience.

Critical Elements	Proficient (100%)	Needs Improvement (75%)	Not Evident (0%)	Value
Explanation of Issues	Issue/problem to be considered is stated clearly and described comprehensively, delivering all relevant information necessary for full understanding	Issue/problem to be considered is stated, but description leaves some terms undefined, ambiguities unexplored, boundaries undetermined, and/or backgrounds unknown	Issue/problem is not stated	15
Evidence	Information is taken from the case with enough interpretation/evaluation to develop a comprehensive analysis or synthesis	Information is taken from the case with some interpretation/evaluation, but not enough to develop a coherent analysis or synthesis	Information is not taken from the case with enough interpretation/evaluation to develop a comprehensive analysis or synthesis	25
Influence of Context and Assumptions	Thoroughly (systematically and methodically) analyzes own (if applicable) and others' assumptions and carefully evaluates the relevance of contexts when presenting a position	Identifies own and others' assumptions and several relevant contexts when presenting a position	Does not identify own and others' assumptions or relevant contexts when presenting a position	25
Conclusions	Conclusions and related outcomes (consequences and implications) are logical and reflect an informed evaluation	Conclusion is logically tied to a range of information	Does not provide a conclusion	25
Articulation of Response	Submission has no major errors related to citations, grammar, spelling, syntax, or organization	Submission has major errors related to citations, grammar, spelling, syntax, or organization that negatively impact readability and articulation of main ideas	Submission has critical errors related to citations, grammar, spelling, syntax, or organization that prevent understanding of ideas	10
Total				100%