



Module Four:

Facilitator

Module 4 – Facilitator Role

Goal Statement – The goal of this module is to introduce the participant to strategies that facilitate socialization of employee/student into work environment and foster critical thinking.

Behavioral Objectives – At the completion of this area of content, the participant will be able to:

1. Discuss strategies to maximize the integration of the employee/student into the clinical environment.
2. Describe a process that facilitates critical thinking and problem solving.
3. Apply a systematic process for critical thinking and problem solving in case study situations.

2003 Resources:

Brink, K. (2000) *Conflict Management*. Kaiser Permanente Medical Center, Riverside, CA

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Crum, T. (1987). *The magic of conflict*. New York, NY: Simon and Schuster Inc.

CRM Learning *A Peacock in the Land of Penguins*. Video Order information 1-800-421-0833
www.crmlearning.com

De Castillo, S. (1999) *Strategies, Techniques, and Approaches to Thinking: Case Studies in Clinical Nursing*. W.B. Saunders.

Dealing with Conflict Video Program, Health Care Version. CRM Learning.

Developing Preceptor Expertise in the Clinical Setting. A workshop presented by Cerritos Community College, East Los Angeles College, Glendale Community College, and Mount San Antonio Community College. 5/30-31/02, Palm Springs, California.

Dexter, P., et al (1997) Proposed framework for teaching and evaluating critical thinking in nursing. *Journal of Professional Nursing*. 13(3): 160-167

Ennis, R.H. (1985) A logical basis for measuring critical thinking. *Educational Leadership*. 43:44-48.

Facione, P. A. (1998). Critical thinking: What it is and why it counts. *Millbrae, CA: California Academic Press*.

Hinshaw, A.S. (1982) "Socialization and resocialization of nurses for professional nursing practice." In Hein, E., and Nicholson, M.J. (eds) *Contemporary Leadership Behavior*. Little, Brown.

Lancaster, W. and Lancaster, J. (1982) Rational decision making: Managing uncertainty. *Journal of Nursing Administration*. September, 23-28.

Miller, M. and Babcock, D. (1996) *Critical Thinking Applied to Nursing*. Mosby.

Myrick, F & Younge, O. (2002) "Preceptor behaviors integral to the promotion of student critical thinking." *Journal of Nurses in Staff Development*. 18:3, May/June, 2002.

Oermann, M., Truesdell, S. & Ziolkowski, L.(2000) "Strategy to assess, develop, and evaluate critical thinking." *Journal of Continuing Education in Nursing*. 31:4, July/August, 2000.

PowerPoint presentation preceptor program

2015 Updated Resources

Alfaro-LeFevre, R. (2013). *Critical thinking, clinical reasoning, and clinical judgment: a practical approach*. Elsevier Saunders.

Caputi, L. (2014). The Concept-Based Curriculum: What's All the Buzz About?.

Caputi, L. (2010). It's just a saying... *The Journal of nursing education*, 49(9), 483.

Critical thinking. (n.d.). *Dictionary.com Unabridged*. Retrieved December 04, 2014, from Dictionary.com website: [http://dictionary.reference.com/browse/critical thinking](http://dictionary.reference.com/browse/critical%20thinking)

Facione, P. A. (2010). Critical thinking: What it is and why it counts. *Insight Assessment, Measured Reasons and The California Academic Press: Millbrae, CA*.

Facione, P., & Gittens, C. (2012). *Think critically*. Pearson Higher Ed.

Facione, P. A., & Facione, N. C. (2013). Critical Thinking for Life. *Inquiry: Critical Thinking Across the Disciplines*, 28(1), 5-25.

Graham, L. (2011). Teaching Nursing: The Art and Science, Vol. 3. *Nursing Education Perspectives*, 32(5), 344.

Learning, A. (2013). Strategies to promote critical thinking and active learning. *Teaching in nursing: A guide for faculty*, 258.

Paul, R., & Elder, L. (2001). *Critical thinking: Tools for taking charge of your learning and your life* (Vol. 428). Upper Saddle River, NJ: Prentice Hall.

Facilitator Activities:

- A. Familiarize preceptee with physical environment

- B. Promote sense of belonging

- C. Arrange clinical assignments

- D. Encourage systematic thinking and problem solving

- E. Negotiate with staff members to improve experience

People Tool

Unit	Name	Position	Information
	Unit Staff		
	Physicians		
	Case manager		
	Housekeeping		
	Central Service		
	Respiratory		
	Lab		
	Radiology		
	Social Services		
	Other departments		
	Contacts Outside Facility		

Scavenger Hunt

Self-Orientation to Medical-Surgical/Rehabilitation

Student


Name: _____

Date: _____

Safety-Related:	Hospital Areas:	Unit Telephone Number:
Fire Extinguishers Fire Alarm Code Cart Code Blue Code _____ Biohazard trash can Needle disposal container(s) Infection control manual Fire/disaster manual Soiled linen disposal (e.g.: chute, hamper)	Lobby Administration Cafeteria Library Other (list): R.A.C.E.: Fire Management: R = Rescue A = Alarm C = Contain E = Extinguish	To report anticipated absence, late-ness, call:
Supplies/Equipment:		Unit-Related Areas:
Admission kits Personal care items (e.g. soaps, lotions, toothpaste, comb, slippers) Pillows, blankets Bedpan, urinal Stool specimen containers Urine specimen container Tissues, toilet paper Lubricant Bath basins Emesis basin Bedside trash (paper) bags Chux Denture cups Drinking cups Alcohol pads Adhesive tape IV solutions IV stands/poles IVAC/termometers Wheelchairs Sphygmomanometer/stethoscope Tongue blades Wound dressing equipment (e.g.: 4x4's, ABDs, q-tips)	Bed scale Portable scale Irrigation solutions Irrigation trays Bedside commodes Medication cups Syringes Needles Restraints Paperwork/Charts Computer equipment	Clean utility room Linen closet(s) Nurses' lounge Staff restroom Treatment room(s) Medication room Dirty utility room Conference room Ice machine Nourishment refrigerator Medication refrigerator Shower room Tub room Microwave Staff assignment bulletin board Reference materials, e.g.: manuals PDR, etc. Telephone directory
Emergency Codes (Dial *** to report all codes):		
Fire: Code Red Cardiac Arrest: Code Blue	Disaster: Code Triage Hazardous Material: Code Orange	Infant Resuscitation: Code Pink Infant Abduction: Code ABC

Traffic Jam Activity

Preparation: You will need 11 felt squares approximately 12" x 12" of various colors (only one square that is red). Lay felt squares in a line on the floor with the red square in the middle as

shown  .

Team A

Team B

Ask for 10 volunteers to stand on the squares leaving the red square empty. Ask Team A to face team B. You can use 8 people. Explain the goal and the rules of the game.

Goal:

To move both teams forward so they are standing on the other teams' squares. They must face the same direction as they started and in the same order.

Guidelines / Rules:

- Only one person can move at a time
- You can only move one square at a time
- Only one person can stand on a square at a time
- You cannot pass any member of your team
- You will, of course, have to pass members of the other team
- Once you make a move, you cannot move back

If your teams get stuck, all members return to original positions, then rotate the front person to the back square and the next person in line moves to the front square.

Hint: If they don't notice on their own, ask them why they are stuck? With leading questions, get them to observe that when moving, you cannot end up being next to a person on your own team.

Processing:

When the teams are successful in the activity, you need to ask them how this activity relates to the purpose of the workshop. For teachers, you could ask questions like:

- How does this activity relate to our team in this building?
- How does this activity relate to the profession of teaching?
- How does this activity relate to the needs of our students?
- How does this activity relate to our responsibility to each other?
- How does this activity relate to our interaction with parents?
- How does this activity relate to what we need to do to become a better or more effective team?
- How does this activity relate to what I, as an individual, need to do to make my team better or more effective?

Exercise

Join the Dots

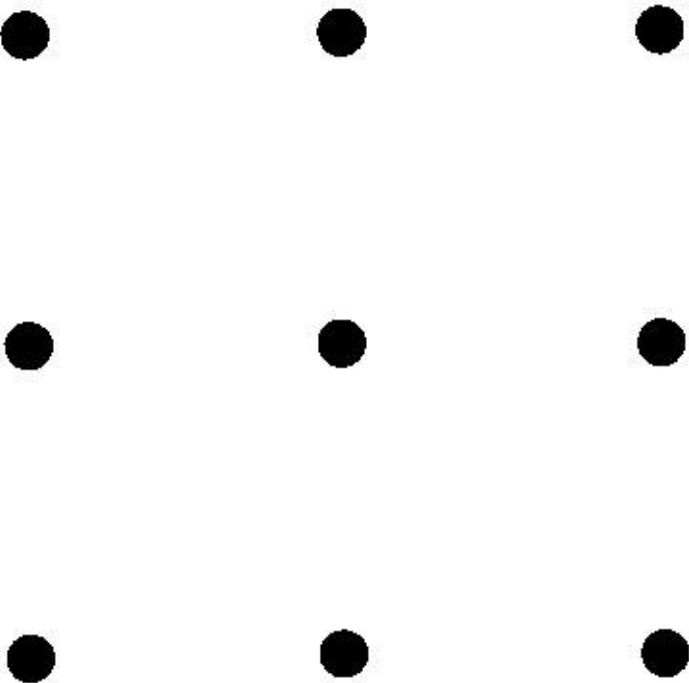
Introduction:

Focusing on thinking allows you to become more aware of personal attitudes and values and how they affect your perceptions. Often we do not recognize how our own attitudes and values shape the way we perceive situations – and how our perceptions affect the way we interact with our preceptees.

The inferences we make about the data we perceive influence our response to the situation. The next two pages contain aspects of our thinking, attitudes and values – in pleasant applications (Brain Teasers and Riddles):

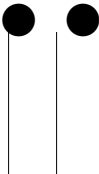
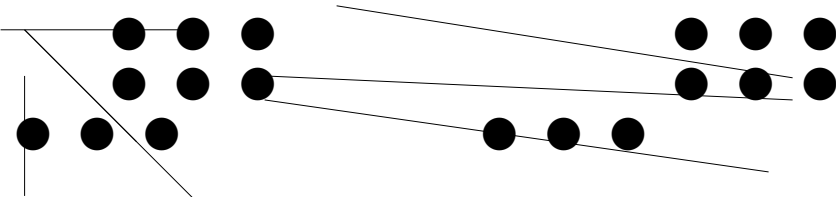
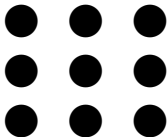
Directions:

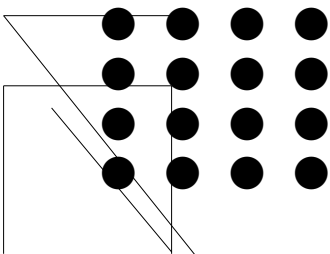
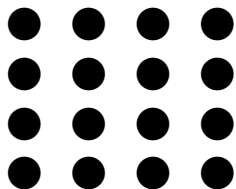
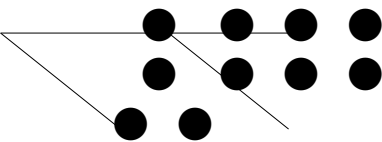
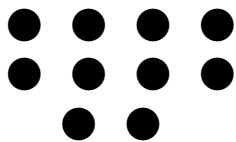
You have 2 minutes to join the dots with 4 consecutive straight lines. You may not lift your pen off the paper or repeat a line.



Exercise 4.2

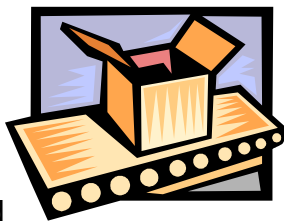
Solution





Exercise

Brain Teasers



1. Sand

2. MAN
BOARD

3. STAND
I

4. | R | E | A | D | I | N | G |

5. WEAR
LONG

6. R
ROAD
A
D

7. T
O
W

8. CYCLE
CYCLE
CYCLE

9. LE
VEL

N
▽

10. O
 M.D.
 B.A.
 Ph.D

11. KNEE
 LIGHT







12. i i
 O O
 O O
 O O

13. CHAIR



14.

15. T
 O
 U
 C
 H
 ▽

16. GROUND
  
  
  

17. MIND
 MATTER

18. HE'S / HIMSELF 19. ECNALG 20. DEATH LIFE

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____
9. _____	10. _____
11. _____	12. _____
13. _____	14. _____
15. _____	16. _____
17. _____	18. _____

19. _____ 20. _____
_____ **Listening Riddles**

1. Is there any federal law against a man marrying his widow's sister?
2. Do they have a fourth of July in England?
3. If you had only one match and entered a cold room that had a kerosene lamp, an oil heater and a wood stove, which would you light first for maximum heat?
4. How many animals of each species did Moses take aboard the Ark with him during the great flood?
5. The Yankees and Tigers play 5 baseball games. They each win 3 games. No ties or disputed games are involved. How come?
6. How many birthdays does the average man have? The average woman?
7. According to international law, if an airplane should crash on the exact border between two countries, would unidentified survivors be buried in the country they were traveling to or the country they were traveling from?
8. An archeologist claims he has dug up a coin that is clearly dated 46 B.C. Why is he a liar?
9. A man builds an ordinary house with 4 sides, except that each side has a southern exposure. A bear comes to the door and rings the doorbell. What color is the bear?

Answers: Brain Teasers

1. Sandbox
2. Man overboard
3. I understand
4. Reading between the lines
5. Long underwear
6. Crossroads
7. Downtown
8. Tricycle
9. Split level
10. Three degrees below zero
11. Neon light
12. Circles under the eyes
13. Highchair
14. Paradise
15. Touchdown
16. Six feet underground
17. Mind over matter
18. He's beside himself
19. Glance Backwards
20. Life after death

Answers: Listening Riddles

1. There is no law against a man's marrying his widow's sister, but it would be the neatest trick of the week - to have a widow, he would have to be dead.
2. Yes, and 5th and a 6th, etc.
3. The match.
4. Moses took no animals at all; it was Noah who took two of each.
5. Who said the Yankees and the Tigers were playing against each other in those games?
6. The average man has one birthday, so does the average woman. The rest are birthday anniversaries.
7. You can't bury survivors under any law - especially if they still have enough strength to object!
8. The archeologist is a liar because B.C. means "Before Christ" and who could have guessed in advance that Christ would be born?
9. The bear that rang the doorbell would have to be a white bear. The only place you could build a house with four southern exposures is at the North Pole where every direction is south.

Handout

Critical Thinking Dispositions

Truth seeking:

A courageous desire for the best knowledge, even if such knowledge fails to support or undermine one's preconceptions, beliefs or self-interests.



Open-Mindedness:

Tolerance to divergent views, self-monitoring for possible bias.



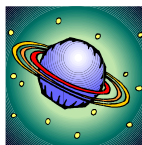
Analyticity:

Demanding the application of reason and evidence, alert to problematic situations, inclined to anticipate consequences.



Systematicity:

Valuing organization, focus and diligence to approach problems of all levels of complexity.



Self Confidence:

Trusting of one's own reasoning skills and seeing oneself as a good thinker.

Inquisitiveness:

Curious and eager to acquire knowledge and learn explanations even when the applications of the knowledge are not immediately apparent.

Maturity:

Prudence in making, suspending, or revising judgment. An awareness that multiple solutions can be acceptable. An appreciation of the need to reach closure even in the absence of complete knowledge.

Definitions

A. Decision making

1. A systematic sequential process of choosing among alternatives and putting the choice into action. (W. Lancaster & J. Lancaster, 1982)\
2. Analyzing alternative courses of action, their potential effects, and selecting the best course of action
3. Implementing the selected action, monitoring the effects and reevaluating the decision in light of the effects

B. Problem Solving

1. Problem solving is cognitive processing directed at achieving a goal when no solution method is obvious to the problem solver. (Mayer & Wittrock, 1996)
2. Rational, analytical thinking, an investigative action
3. Use of the nursing process
 - a. Assess
 - b. Plan
 - c. Implement
 - d. Evaluate

C. Critical Thinking

1. A composite of the attitudes, knowledge, and skills. (Watson & Glaser, 1980)
2. A process, the goal of which is to make reasonable decisions about what to believe in what to do. (Enis, 1996)
3. Critical Thinking is self-guided, self-disciplined thinking which attempts to reason at the highest level of quality in a fair-minded way. (Criticalthinking.org Linda Elder, 2007)
4. Disciplined thinking that is clear, rational, open-minded and informed by evidence. (dictionary.com, accessed 2014)
5. The mental process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and evaluating information to reach an answer or conclusion(dictionary.com, accessed 2014)
6. The art of thinking about your thinking while you are thinking in order to make your thinking better: more clear, more accurate, or more defensible. (Paul, Binker, Adamson, and Martin, 1989)

CRITICAL THINKING

Linda Caputi, RN, MSN, EdD, CNE, ANEF, Nursing Education Consultant and Author

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Developed by Linda Caputi. Linda Caputi is a consultant for nursing education programs in the areas curriculum development, teaching critical thinking/clinical reasoning, developing a concept-based curriculum, nursing program accreditation, increasing NCLEX pass rates, and many other areas. Please visit www.LindaCaputi.com.

Overview

- A. Critical Thinking
 - 1. Uses both logic and intuition.
 - 2. Is contextual – requires a knowledge base.
 - 3. Student nurses may have trouble with both.
- B. Three Stages of Developing Critical Thinking Skills
 - 1. Right from Wrong
 - 2. Alternatives
 - 3. Complex

Three Stages of Developing Critical Thinking Skills

- A. Stage 1: Right from Wrong
 - 1. Concrete thinking looking at right from wrong; black from white.
 - 2. Start by learning the basic skills & strategies of critical thinking applied to concrete examples.
 - 3. Definition: Applies standards or rules to a situation, issue, or problem.
 - 4. How to teach at this level:
 - a. Teach the skills and strategies giving concrete examples.
 - (1) Here is the thinking skill.
 - (2) This is why you need to know it.
 - b. Example: Critical Thinking Skill: Judging How Much Ambiguity is Acceptable
 - c. Student Assignment:
 - (1) Two students will take vital signs on all patients (minimum of 6 patients). They will then look at the patient's history, medications, etc. and explain variations.
 - (2) Discuss what would be acceptable and unacceptable ranges of the vitals signs for each patient and why.

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B. Stage 2: Alternatives

1. Transfer this concrete knowledge to more complex situations to get desired results in simulated or real situations. Patient Focused Assignment
2. Compare/contrast patients with the same condition:
 - a. Two students find 4 patients with the same medical diagnosis (for example heart failure)
 - b. They collect information on all 4 such as: history, other pre-existing conditions, diet, medications, treatments, limitations in function, etc.
 - c. Visit each patient and perform an assessment.
 - d. Compare and contrast each patient during post-conferences, noting how what they learned in the textbook compares with what they are seeing, and identify what is different and why.
 - e. Discuss all the patient information and note reasons why diet, meds, treatments, etc. vary from patient to patient.
 - f. Discuss the assessment findings and note when specific findings would be out of range, what those would be, and what action to take.
 - g. Note possible complications for each patient and nursing interventions to prevent those complications.
 - h. This assignment helps students begin to notice patterns across clinical situations and note variances and what to do about them.

C. Stage 3: Complex

1. Definition: The expert critical thinker knows there are many options for problems, issues, and dilemmas, and then selects one or more.
2. The goal in this stage is to foster thinking about various options or "thinking outside of the box."

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3. Facilitate learning in the patient-care environment using a variety of tools.

4. Faculty's role: Apply those skills and strategies to clinical situations that are not so well-defined, with lots of possible variables.
5. The role of the educator is to foster thinking about various options or "thinking outside of the box."
6. Facilitate learning in the patient-care context using a variety of questions
7. Ask students these questions:
 - a. What are you on alert for today with this patient?
 - b. What are the important assessments to make?
 - c. What complications may occur?
 - d. What interventions will prevent complications?
 - e. What will you do if those complications occur?
8. Questioning- Have them discuss:
 - a. Why they made a particular decision.
 - b. The assumptions made about the patient.
 - c. The data they used to make the decision.
 - d. Other interventions that might be possible and their consequences.

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Handout
4.7

Critical Thinking Steps
Based on Peter Facione 1998

1. Interpretation
2. Analysis
3. Inference
4. Explanation
5. Evaluation
6. Self regulation

A. Critical Thinking Steps

1. Interpretation

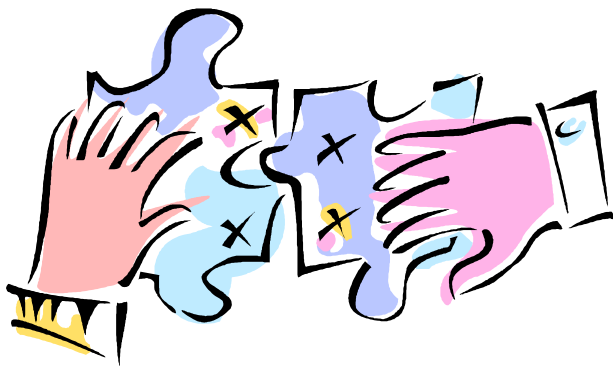
- a. Components
 - (1) Categorizing
 - (2) Decoding
 - (3) Clarifying meaning
- b. Application
 - (1) Distinguish facts, assumptions, and inferences
 - (2) Knowledge component
 - (3) Interpreting data
- c. Clinical Example
- d. Questions to ask:
 - (1) Tell me what you know about this drug, diagnosis, procedure, treatment?
 - (2) Is there information missing? Is this information a fact or assumption?
 - (3) How would you know?
- e. Preceptor Role
 - (1) Assess baseline knowledge
 - (2) Fill in gaps

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2. Analysis

- a. Components
 - (1) Prioritizing
 - (2) Making relationships/connections
 - (3) Defining various courses of action
- b. Application
 - (1) Recognize the existence of problems
 - (2) Distinguish between relevant and irrelevant information
 - (3) Begin to analyze problems and define the possible courses of action
- c. Clinical example/Case scenario
- d. Questions to ask
 - (1) What lab work would you want to monitor while the patient is on this drug?
 - (2) What are the elements in the patient's admission assessment findings that relate to the admitting diagnosis?
 - (3) How does this blood gas relate to the patient's symptoms/your assessment?
 - (4) What should you do first for this patient?
- e. Preceptor Role
 - (1) Encourage making connections
 - (2) Assist in recognizing alternatives
 - (3) Opportunity for priority setting



- 3. Inference
 - a. Components

- (1) Drawing conclusions based on evidence/data
- (2) Comprehending the meaning of subjective and objective data

b. Application

- (1) Weighing risks and benefits of various courses of actions
- (2) Identifying gaps in information
- (3) Making sound decisions

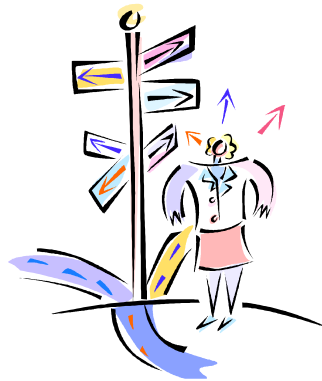
c. Clinical Example

d. Questions to ask

- (1) Based on these symptoms, what conclusions can you draw?
- (2) New practitioners have a tendency to go for the obvious.

e. Preceptor Role

- (1) Encourage evidence-based decisions
- (2) Continue to identify gaps in information



4. Explanation

a. Components

- (1) Explaining
- (2) Providing rationales for conclusions
- b. Application
 - (1) Explaining in verbal or written format, sound reasons for actions taken or conclusions drawn
 - (2) Explaining relationships between data
- c. Clinical Example/Case Study
- d. Questions to ask
 - (1) Why?
 - (2) So what?
 - (3) What if?
 - (4) What's next?
- e. Preceptor Role
 - (1) Provide opportunities to discuss decisions and actions
 - (2) Use the why questions as appropriate



5. Evaluation

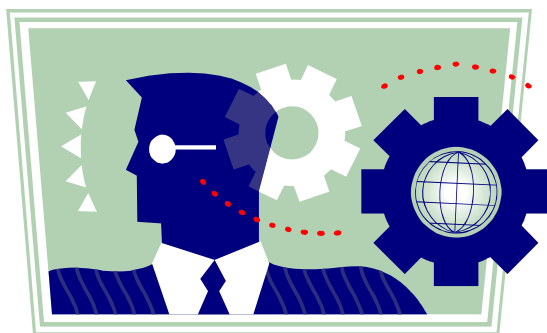
- a. Components
 - (1) Continuously assessing the data for relevancy to the situation
 - (2) Ensuring that the data supports the conclusion

- b. Application
 - (1) Questioning the data, signs and symptoms for relevancy
 - (2) Evaluating appropriateness of care
 - (3) Cost effectiveness
 - (4) Anticipating, thinking ahead
 - (5) Looking at the big picture
- c. Clinical Example
- d. Questions to ask
 - (1) What would indicate to you that this intervention has been effective?
 - (2) If a patient is developing an infection, what symptoms would you expect to see?
- e. Preceptor Role
 - (1) Encourage frequent re-assessment
 - (2) Provide opportunities for evaluating effectiveness of interventions
 - (3) Encourage thinking ahead, anticipating changes



- 6. **Self Regulation**
 - a. Components
 - (1) Continuously questioning
 - (2) Examining and monitoring one's thinking for accuracy

- b. Application
 - (1) Asking questions
 - (2) Comparing and contrasting situations
 - (3) Seeking further data to support and validate conclusions
- c. Clinical Example
- d. Questions to ask
 - (1) Did an attitude or perception influence my conclusion?
 - (2) What is interfering or coloring the way I am looking at this situation?
 - (3) Am I drawing the wrong conclusion?
 - (4) Could I be overlooking something?
- e. Preceptor Role
 - (1) Encourage self-reflection of attitudes and biases
 - (2) Encourage self-reflection of previous experiences that may be influencing decisions



Exercise 4.4

Putting it all together

- A. Frame the question
 - 1. Explain that both preceptee and preceptor can improve their critical thinking with practice.

2. Pose questions that encourage thinking, problem solving and self-reflection.
 3. Encourage the preceptee to come to you with questions/problems but also possible solutions
- B. Set aside time to discuss clinical situations/ case studies using questions related to the Critical Thinking Steps.
1. What are the facts and assumptions?
 2. How do the facts relate to each other?
 3. What are the alternatives/choices?
 4. What should be done first?
 5. What other assessments should be made?
 6. What conclusions can I draw?
 7. What is my rationale?
 8. What factors might influence the choice?
 9. How will know if I made the correct choice?
 10. What am I overlooking?
- C. Build Confidence
1. Give feedback that tells the preceptee that you trust their ability.
 2. Acknowledge when the preceptee has made an appropriate decision.
 3. Validate the preceptee's assessments/findings/conclusions.
 4. Collaborate with the preceptee in making out assignments
 5. When setbacks or "bad" days occur, remind preceptee of their progress and successes.

Handout 4.7

Practice Critical Thinking Case Studies

#1: Crisis Intervention Scenario

The client is a 20-year-old student who lives in the university dormitory. He tends to be a loner who does not make friends readily, even though he is frequently seen on campus and around the dormitory. On Wednesday the hall monitor tells the residential advisor that he has not seen the client for a couple of days. The residential advisor knocks on the client's door several times but does not get a response. The door is locked.

Campus security is notified. When the security guard arrives, the residential advisor asks all of the students in the area to return to their rooms. The security guard unlocks the door and enters the room. They find the client sitting on the floor in the corner of the room. He is dirty and the room is a mess. There is a strong smell of urine. When the security guard speaks to the client, he quietly tells the guard to leave or he will be sorry. The client looks away and refuses to answer any of the guard's questions. The university nurse is summoned to the room.

1. What are the facts in this case that you need to consider?
2. What do you need to do first?
3. What conclusions can you make about this client?
4. What action might you take? Why?
5. Upon what assumptions did you base your conclusions?
6. What information (data) do you need to verify your conclusions?
7. How will you know if your conclusions/actions were correct?
8. What biases are apparent in this case?
9. What attitudes influenced your thinking about this client?
10. What skills did you use when considering the client's situation?
11. What other questions would you want to use with this case?

#2: Pediatric Scenario

A 6-year-old girl is admitted to the PACU following a lacrimal duct probing. She has a history of asthma and is receiving humidified oxygen through a nebulizer mask. Suddenly her respiratory status changes. She is struggling for air and has sternal retraction. Her respirations become loud and “crowing.”

1. What are the facts in this case that you need to consider?
2. What do you need to do first?
3. What conclusions can you make about this client?
4. What action might you take? Why?
5. Upon what assumptions did you base your conclusions?
6. What information (data) do you need to verify your conclusions?
7. How will you know if your conclusions/actions were correct?
8. What biases are apparent in this case?
9. What attitudes influenced your thinking about this client?
10. What skills did you use when considering the client’s situation?
11. What other questions would you want to use with this case?

#3: Step Down Unit Scenario

Mr. Graves was admitted two weeks ago with right lower lobe pneumonia. With severe chronic obstructive pulmonary disease (COPD) as his underlying disease, he has been deteriorating since admission. Although he is given albuteral breathing treatments every 3 hours round the clock, his respiratory rate is 30/min., and he is constantly using his accessory muscles to breathe. His latest blood gases indicate his CO₂ is up to 75. The physician orders a morphine drip. The nurse expresses her concern about the order and refuses to give the medication.

1. What are the facts in this case that you need to consider?
2. What do you need to do first
3. What conclusions can you make about this client?
4. What action might you take? Why?
5. Upon what assumptions did you base your conclusions?
6. What information (data) do you need to verify your conclusions?
7. How will you know if your conclusions/actions were correct?
8. What biases are apparent in this case?
9. What attitudes influenced your thinking about this client?
10. What skills did you use when considering the client's situation?
11. Do you agree or disagree with the nurse's decision? Why?

#4: Home Health Care Scenario

On your second home visit with Mrs. Bravo, she tells you, "Being in this much pain isn't worth it anymore. I am just getting worse every day. I can hardly do anything for myself. I would be better off dead!"

1. What are the facts in this case that you need to consider?
2. What conclusions can you make about this client?
3. Upon what assumptions did you base your conclusions?
4. Describe three possible responses you could make to Mrs. Bravo. Provide a rationale for each.
5. Which response would you choose and why?
6. What actions do you need to take?
7. How will you know if your conclusions/actions were correct?
8. What attitudes influenced your thinking about this client?
9. What skills did you use when considering the client's situation?
10. What other questions would you want to use with this case?

#5: Medical Unit Scenario

Mr. Kaplan, a patient with asthma, was admitted yesterday morning. He has an order for albuterol treatments to be given every 4 hours around the clock. You enter his room at 4:00 a.m. and find him sleeping soundly.

1. What are the facts in this case that you need to consider?
2. What conclusions can you make about this client?
3. What action might you take? Why?
4. Upon what assumptions did you base your conclusions?
5. What information (data) do you need to verify your conclusions?
6. How will you know if your conclusions/actions were correct?
7. What attitudes influenced your thinking about this client?
8. What skills did you use when considering the client's situation?
9. What other questions would you want to use with this case?

#6: Pre-op Admission Scenario

You are working n pre-admission testing. Ms Albert is a 56-year-old scheduled for transurethral resection of a bladder tumor. Her symptoms include frequency and burning on urination. Ms Albert's medical history is complicated by COPD as a result of smoking cigarettes for nearly 40 years. On physical examination, her breath sounds are diminished with wheezes and rhonchi throughout all lung fields. Ms Albert has a chronic productive cough, is dyspneic on exertion (one flight of stairs) and sleeps on three pillows.

1. What are the facts in this case that you need to consider?
2. What conclusions can you make about this client?
3. Upon what assumptions did you base your conclusions?
4. Describe three important nursing interventions for Ms Albert. Provide a rationale for each.
5. What information (data) do you need to verify your conclusions?
6. How would you evaluate the effectiveness of each of these interventions?
7. What attitudes influenced your thinking about this client?
8. What skills did you use when considering the client's situation?
9. What other questions would you want to use with this case?

#7: Pediatric Surgery Scenario

You are discharging a 4-month-old baby who has had a cleft lip and palate repair. You find that the baby has Down's Syndrome as well as other physical anomalies. The baby is crying and in obvious pain. When you realize there are no medications ordered for postoperative pain relief, you call the surgeon who tells you, "I don't like to order narcotics for babies, especially this type of child. He'll settle down after a while."

1. What are the facts in this case that you need to consider?
2. What conclusions can you make about this situation?
3. Upon what assumptions did you base your conclusions?
4. What information (data) do you need to verify your conclusions?
5. Describe possible responses you could make to the physician. Provide a rationale for each.
6. Which response would you choose and why?
7. What action might you take? Why?
8. What biases are apparent in this case?
9. What attitudes influenced your thinking about this client?
10. What skills did you use when considering the client's situation?
11. What other questions would you want to use with this case?

