

I. Introductory Information

The University of Alabama School of Nursing is a part of the University of Alabama at Birmingham (UAB), a 15,000 student public university classified by the Carnegie Foundation in the Fall 2000 as a Doctoral/Research University – Extensive. The University of Alabama School of Nursing is within the UAB Medical Center. Dr. Ellen Buckner is an Associate Professor, holds the Doctor of Science In Nursing (DSN) and has taught at the University of Alabama School of Nursing, UAB, for over twenty-five years. She has received the President's Excellence Award in Teaching (1995).

The course utilizing a significant Problem-Based Learning (PBL) component in Nursing Care of Childbearing Families, NUR 364, a required junior level clinical nursing course, six (6) semester hours. According to the catalog, this course "provides the opportunity to utilize the nursing process and critical thinking skills with the parent-newborn dyad. Focus is on nursing interventions which promote, maintain and restore the health of well and high risk clients. Internal and external environmental variables affecting the health of the family during the ante-partal, intra-partal and postpartal phases of childbearing and the neonatal period are introduced. Clinical experiences are in primary and secondary settings."

Student enrollment in this course varies from 30 to 50 in any given semester. Students in this course are last quarter juniors. It is a required clinical nursing course for nursing majors pursuing the B.S.N.

Since 1997, we have used PBL Seminars as a theoretical component in the course. Five 2-hour seminars comprise the unit making it approximately twenty percent (20%) of the theoretical component or approximately ten percent (10%) of the overall course. We are in our fifth year of using PBL. PBL is not officially listed as a course strategy but is internal to the course only.

II. DESIGN OF THE COURSE

Problem-Based Learning is an educational approach designed to develop linkages between theory and practice. We initiated this strategy in Fall 1997 because of several tensions present in our curriculum (a) need to increase students' application of knowledge, (b) low student morale and collaboration and (c) faculty dissatisfaction with students' independence in educational processes. Seminars were designed around longitudinal case studies exemplifying a variety of physiologic and psychological stressors in diverse cultural populations. Students independently located a wide array of resources from texts, libraries, internet and clinical agencies and compared and contrasted these in the seminars. Testing of case study applications was done as open note essay questions. The purpose of our initial utilization of PBL Seminars was to engage students in a more active learning strategy for application and integration of course content, one that would enhance collaboration among students and encourage resource exploration and critique. We developed seven educational objectives of PBL and subsequently added specific cultural objectives.

Problem-Based Learning is used as an application strategy to encourage the students to analyze a childbearing case study in depth. As is typical in PBL utilization, students receive the case study, determine salient information needed to analyze the case, divide the labor and meet again to share knowledge and discuss options for nursing care. Case studies developed by faculty introduce a childbearing couple early in pregnancy (Appendix A.) Signs and symptoms of pregnancy (physiologic and psychosocial, normal and pathologic) are presented. Childbearing couples are frequently identified as from a distinct culture – e.g. Russia-American, Vietnamese Immigrant, and Appalachian. In the analysis, students are expected to assess and integrate signs of pregnancy, determine normalcy and recommend nursing actions. Nursing roles and clinical settings that are novel may be introduced (midwife, school nurse, parish nurse). In the second and subsequent scenarios, the same couple is followed through the stages of pregnancy and data occurring in early segments may well be essential in interpretations. For example, risk factors for low birth weight (poor nutrition, smoking) may be reflected in actual newborn problems. Early signs of pregnancy-induced-hypertension (PIH) may progress during actual course of labor and birth. By anticipating possible client problems, students are prepared in professional role behaviors of assessment and management of health-related conditions. Continuing across the client's health history and pregnancy history is a key element of the longitudinal case study, an educational experience not usually available in

standard clinical settings. Students may locate specific content resources such as clinical management protocols (e.g. Pitocin dosing) and pre-natal education materials (e.g. one governmental internet site was found which housed pre-natal information in nineteen (19) languages) and they critically determine the usefulness of such resources.

Instructionally, we found PBL to fit well within the course design. NUR 364, Nursing Care of Childbearing Families, is a six (6) semester hour required course in the junior year. NUR 364 consists of didactic and laboratory experiences and clinical practice. The Problem-Based Learning component is approximately twenty percent (20%) of class time and approximately ten percent (10%) of content of unit exams. Course objectives that are met, in part, through PBL seminars are as follows:

1. Synthesize theoretical and empirical knowledge from nursing and scientific and humanistic disciplines in making professional practice decisions related to individuals within the context of the childbearing family.
2. Integrate knowledge of family dynamics and cultural variations in the care of childbearing families.
3. Demonstrate the ability to independently and/or collaboratively apply clinical problem solving abilities to facilitate the adaptation of individuals within a family system to the childbearing process in primary and secondary health care settings.
4. Engage in critical inquiry and incorporate pertinent findings into the care of individuals within a childbearing family.
5. Demonstrate behaviors which are foundational to leadership and management including organization of care, critical thinking, and decision-making.

The other class and lab portions introduce content and common applications through more traditional modalities such as lecture, exercises, nursing process flow sheet, and post-clinical discussions of client care experiences. PBL groups are formed from the clinical groups, but convene for the purpose of problem analysis and discussion using a PBL case study and PBL methodological approach. Because PBL groups are derived from each clinical group, the clinical instructor serves as facilitator for the term. Instructors are given instructor notes (Appendix B) and new faculty orient to the role of the faculty facilitator through discussions with current faculty. Within the PBL group, students determine their own structure. Some choose to have a scribe or secretary, some choose to have one member write on the board as they cluster data, identify client problems and assign priority. All members contribute to discussions through the information collected between sessions. All members are responsible to ask relevant questions and contribute to the analysis by the group. Groups vary in size for a given semester from 8-12 students.

The methodology of PBL is introduced and the initial installment of the PBL case study is given during the second week of the term. Students analyze the first presentation and divide the work for researching relevant topics. The discussion seminars follow at approximately weekly-biweekly intervals. At the conclusion of the first discussion, the second installment is distributed for analysis and division of responsibility. This pattern is repeated throughout the term for the four installments. Content and discussions from installments 1 and 2 are tested on Course Exam III and installments 3 and 4 are tested on Course Exam IV. Faculty facilitators may intervene to assure that students are reaching appropriate levels of knowledge application and may be instrumental in establishing trust and rapport among the group. The ultimate responsibility for group function is with students.

During the PBL seminars, students are required to integrate all aspects of the course in analyzing a novel case. Students weigh options for nursing intervention and discuss priorities rather than just stating back what was given in class. Students locate culture specific information and applied standard course content (e.g. lower medication doses needed by Asian population). Student collaboration and depth in PBL work is assessed through open-book, open-note essay exams (Appendix C). These exams require students to respond individually based on group discussions and to use pooled resources the group has located (e.g. research articles, internet sources). One question on each exam asks the student to discuss a process issue related to PBL. These include descriptions of the group's ability to work together, a critique of types of resources used, or a description of the role of the nurse in the PBL case study. Students have demonstrated awareness of cultural issues on these exams. For example, they are able to identify the crisis that occurs when client cultural norms do not match the predominant Western medical cultural expectations. They can verbalize the effective behaviors that the nurses in the case study show when they establish an effective relationship with the client. They cheer when success is achieved and when novel strategies are created within the context of the case (e.g. consulting with the community church minister), especially when they had suggested these from the previous scenario. Although, some resources have proven less than helpful (e.g. some interest sources) students readily recognized when an excellent resource was found such as prenatal packets of information in numerous languages.

Use of PBL requires faculty to take on the facilitator role. In some terms, questions were added to PBL cases to get students thinking about analysis. In other terms, such questions were omitted. In seminars, faculty may prod students to research case elements in depth and consider/discuss in depth. Some students readily took on leadership roles encouraging discussion and consensus building. Some students thrived as the best researchers outside of class in finding resources (e.g. one called several hospitals to find costs for uninsured births). Facilitating the emergence of student collaborative roles was an important design element and fundamental rationale for instituting PBL. Specific objectives of PBL were as follows:

1. To increase students' cognitive interaction with the content to enhance the ability to apply the scientific and psychosocial principles in case situations.
2. To enhance collaboration among students both to build collegial relationships among a diverse student group and to build confidence in students' own knowledge base (less dependence on faculty).
3. To introduce innovative roles of nurse educator, nurse practitioner, nurse clinician and amplify the possibilities of involvement across a large variety of clinical settings.
4. To engage students in a longitudinal case study in which actions taken at one point in time (both client and nurse) affect outcomes and in which follow-up of presenting problems in both possible and required. (NOTE: This is not always possible in actual clinical settings and it allows us to develop a ten (10) month pregnancy case study in a three (3) month period).
5. To increase student morale and student satisfaction with their educational experiences and achievements (e.g. to be fun, interesting, and student-interest directed). Note: This objective is being revised based on PBL portfolio evaluation in 2001 to read "To increase students' ability to collaborate and work in a group setting."
6. To increase student exploration and utilization of a variety of resources – texts, internet, library, clinical protocols – and to develop the ability to critically compare and contrast those resources for effectiveness.
7. To introduce a testing modality which draws on research skills, discussions and student abilities to formulate complex answers to relevant questions and communicate clearly in writing.

Additionally, as our case studies reflected more cultural content, the following objectives were also included:

1. Define culture and how it functions in the person's health care.
2. Analyze how culture influences communication in the nurse-patient relationship and generate effective strategies for facilitating communication.
3. Identify conflicts that arise between the client's health beliefs and the professional nurse's advice and strategies to resolve such conflicts.
4. Identify resources available for health information and support for clients of diverse cultures.
5. Incorporate cultural concepts into professional nursing practice.

Faculties have found PBL Seminars to be an important adjunct to the overall course design during the five-year period. Our use of it has become better established and more integrated over time. It is now an effective component enhancing student's skills in application, analysis and synthesis.

III. STUDENT UNDERSTANDING

Evidence to date of the effectiveness of PBL, comes from four sources – student performance on essay exams, student evaluation of PBL activities, a student survey on cultural learning and anecdotal evidence from students and faculty. Student essays have demonstrated great depth and application of content. Essays have shown detailed research into case study concepts and applications at high levels. Student evaluation of PBL has revealed that students found the series of seminars helpful in resource location and collaboration, but less helpful in morale building (Appendix D). A student survey of cultural learning after PBL (Appendix E) demonstrated student knowledge had expanded in areas of application of cultural concepts. Anecdotal evidence from students themselves is mixed. Some students actively disliked PBL considering it a waste of their time and requiring them to do work which should be provided by faculty. Others cheered its success, specifically, citing how refreshing it is for seminars to be student directed. Students appreciate the opportunity in essay tests to go beyond the standard multiple-choice format and actually write what they know in depth. Faculty noted how difficult it was initially to "reverse course" and let the students take the lead. Once established, however, the discussions take off and become highly interactive. I have found my later written references of students are much more specific as I can speak to individual's research skills and leadership among peers.

Affective objectives such as the ones described by Bloom (attending, responding, valuing, organization and characterization) have clearly been met, at least in part through PBL cases. Students report genuine interest in the "case study couple," and eagerly wait what will happen to them next. After one or more sessions, the students seek to find quickly the roles by which they can effectively assist the "couple." Professional issues (amount of intervention, decision-making locus) are always discussed in seminars. Conflicting issues (such as an Appalachian woman with antepartal bleeding who refuses medical care) result not in black and white judgments, but identifications of options (e.g. enlist local minister as counselor). Thus the PBL seminars have allowed students to work through complex professional questions outside of the intensity of the actual clinical settings.

One long term goal in evaluation of PBL is to look at how it increases students' critical thinking capacity. Although I have reviewed several tools, I have not yet found one which I think adequately assesses such processes. That is anticipated as our next state of development.

To reflect on this student evidence, I would say that all the evidence shows the PBL to be effective for our purposes. Even students' struggles and negative comments have shown how important it is to shift to these more active student-lead strategies. Student performance on essays has been outstanding and revealed a level of student understanding previously unknown. Student ability to establish collaborative relationships has drawn clinical groups together. Students talking formally or informally frequently cite elements of the case studies or transfer a finding from the case study to an actual client situation from their practice. All students in the class use the same case study and thus at the end of the semester groups can compare and contrast outcomes to see how each different group solved similar problems. Over the five (5) years the two (2) major developments have been: (a) faculty have grown increasingly comfortable and adept at the facilitator role and (b) case studies have been written to include more complexity (e.g. cultural content) as we found students could handle such complexity and in fact harder cases drew more student engagement.

IV. REFLECTIVE SUMMARY OF THE COURSE

Problem-Based Learning Seminars were instituted in NUR 364 – Nursing Care of Childbearing Families in 1996 in an effort to engage students in a more active role with more integration and application of course content. Enhancement of student collaboration with peers and increased resource exploration and critique were also key goals of it intention. Our PBL Seminars present a four-part longitudinal case study of a couple from early pregnancy through birth of the newborn. Case studies incorporate physiologic and psychosocial content of pregnancy and a drawn upon distinct cultural background. Students must analyze and synthesize case study data with known physiologic, psychosocial and pathologic processes to generate plans for nursing care of the couple and the newborn. Students' research knowledge needed outside of class using diverse resources (library, clinical agencies, Internet) and pool resources to provide basis for group discussions. Seminars then include discussions of directions and priorities for nursing interventions. Group findings and planning are tested in essay format (open-book, open-notes).

We have found the PBL Seminars to be an important adjunct to more traditional classroom and laboratory experiences. Students have located numerous outside resources and drawn upon these in planning care. Students have engaged in lively discussions and become increasingly confident in leading such discussions. Virtually all of our educational objectives and additional cultural content objectives have been met. Future explorations may examine the effect of PBL Seminars on students' critical thinking capacities. Additionally, students' development in the affective domain (valuing, professional role acquisition) has been enhanced through this educational modality. Over the five-years we have utilized PBL, faculty have become increasingly effective in the facilitator role and students have challenged us to write more complex case studies. PBL has, therefore, been an effective vehicle to raise cognitive development outcomes of both students and faculty.

Appendix A
Problem-Based Learning
Case Study – Hannah 1

Hannah Hortense Jones woke up the first day of October “sick to death.” By 7 am she had vomited twice. Hannah is a 39-year-old mother of three. She weighs 110 lbs. but looks older than her years. She is Caucasian, Methodist, and lives in Appalachia.

* * *

Suzanna and Edward Lewis are a husband-wife team. Suzanna is a registered nurse with two years experience in hospital maternal-newborn nursing. Edward is a mental health nurse practitioner with five years experience prior to his master's work. They have just joined a Parish Nursing Service operated by the United Methodist Church out of Barbourville, Kentucky. Hannah Jones' family has been referred to the Parish Nursing Service for home visiting.

* * *

When Suzanna arrived for the visit that day, she had only a thumbnail sketch of the family and its needs. Hannah is the lone breadwinner. Her husband, Steve, is an out-of-work miner on disability. He has chronic respiratory difficulty. Hannah's elderly mother lives with them. She frequently succumbs to flu, pneumonia, and dehydration. Two daughters live in the household, ages 12 and 6 who attend the Barbourville Elementary School. There is a third daughter, age 23, who lives and works in Atlanta. Hannah works in a local café.

The Jones family lives in the foothills of the Kentucky mountains ten (10) miles from the nearest town. Their home is a wooden house over 75-years old with outdoor bathhouse, pump, and stove for cooking, light, and heat. The house has a large living-dining area with rug, tables, chairs, and oil lamps. It is clean but sparsely furnished. Two bedrooms are off the main room. A mattress is in one corner on the floor. Suzanna enters and introduces herself. This is her first visit. Hannah politely welcomes her but does not make eye contact with Suzanna. The nurse is immediately concerned about Hannah. She looks gaunt – thin with sunken eyes, limp hair, and pale complexion. She reports working steadily but complains of a productive cough all summer.

Hannah has had three pregnancies. Her first child was born a month early, 5 lbs. 5 oz. Second and third daughters were born vaginal births at term with birth weight of 6 and 6-1/2 lbs. Hannah had two miscarriages and has used only natural methods of fertility control.

A 24-hour diet recall reveals the following:

- Breakfast: Coffee, biscuits and gravy
- Lunch: Tuna sandwich, chips and coke (at café)
- Supper: Chicken & dumplings, cornbread, tea, greens, cake

She drinks a home-brewed herb tea for her cough. She does not smoke but occasionally drinks alcohol. When Suzanna suggests that she could be pregnant, Hannah states, “No, no, that ain't it, I can't be pregnant, I got to work.” Hannah's mother and husband are less than supportive of the nurse's concern. They state she (Hannah) is OK, just needs a little rest.

Discuss the following:

- (a) Risk factors for Hannah for this pregnancy
- (b) Cultural patterns which are important in establishing the nurse-patient relationship (include specific communication techniques).
- (c) Obstetric history and implications (include FPAL).
- (d) Resources or strategies for obtaining an adequate assessment of Hannah.
- (e) Assessments that should be completed at this point of the pregnancy.
- (f) Current problems (nursing diagnosis) and interventions at this time.
- (g) The role of the nurse and the Parish Nursing Service.

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Hannah – 2

In the next three months, Suzanna visits Hannah several times. Edward has accompanied her twice. With strong encouragement, Hannah attended one visit with a general medical practitioner in Barboursville. He confirmed the pregnancy and placed her on isoniaziol and prenatal vitamins. Obstetric resources are not available in the local area.

In the last week she has felt the baby move. Her last normal menstrual period began August 2. She is beginning to "show." The nausea and vomiting ended about six (6) weeks ago. Her weight is now 115 lbs., and her diet recall reveals the following:

Breakfast: Coffee, Breakfast bars (2)
Mid-Morning: Cereal, milk, banana
Lunch: Chicken sandwich with tomato & lettuce and a bowl of vegetable soup
Supper: Salisbury steak, green beans, rice & gravy, tea, cornbread, vitamin, medicine

At this point, she is eating at least two meals a day at the café.

The following additional findings are noted at this visit: HR 70, RR 14, BP 110/72, conjunctiva continue pale, gingival pale and swollen with unpleasant mouth odor, several teeth with cavities and some missing, facial skin shows darkening over cheeks and nose.

* * *

Suzanna and Edward have not been successful in obtaining obstetric care for Hannah. She insists that a home delivery is satisfactory for her. The local community includes a "granny" (lay) midwife. The Parish Nursing Service does not have any policies on this problem, and the Lewis's continue to visit the family. Hannah's mother seems increasingly fearful of Hannah's leaving to go to a hospital or doctor. Hannah's husband helps with the children and works to keep the family car running. They have extended family in the area and are active in their church. They have never sought any kind of public assistance, and they have no insurance plan at the café.

* * *

At approximately 30 weeks gestational age, Suzanna arrives to find Hannah in tears. "I've been bleedin'," she cries. "I don't know what the Lord givin' me!" Suzanna confirms that Hannah has had small amounts of bright bleeding from vaginal area over last 24 hours. There are no contractions, fever, or other symptoms. Her BP is 118/84, HR 82, RR 24.

Discuss the following:

- (a) Measures of effectiveness of medical and nursing care to date – which diagnoses are continuing and which are resolved?
- (b) The progress of the nurse-patient relationship and the continuing pressures associated with the cultural health care beliefs.
- (c) Assessment and management of physical changes of pregnancy.
- (d) Assessment and management of the vaginal bleeding.
- (e) Anticipatory guidance for future needs.

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Hannah – 3

The episode of vaginal bleeding was evaluated by the referral obstetric team at a Lexington hospital. Hannah was hospitalized for three days during which time her entire family visited and remained in her room. The ultrasound showed a partial placental previa. Her bleeding stopped, and she did not have any uterine contractions. Her cbc showed Hgb of 9g/dl, platelets 250,000, Hct 28%, blood type A, Rh negative. Other blood tests include RPR-negative, Hepatitis and HIV-negative, wbc-12,000 and blood glucose 120 mg%. Urinalysis was glucose-negative, protein-negative, ketones-negative. Her weight is 120 lbs., fundal height 26 cm, FHT 132. She was discharged with FeSO supplements, on bed rest, with instruction to notify physician for uterine activity or bleeding. Suzanna and Edward accompanied Hannah to the hospital. The family consulted with them frequently for explanations about procedures and status.

* * *

At home Hannah confides in Suzanna at her next visit that she is worried about the possibility of surgery. "I ain't never had that before, and my aunt died in surgery."

* * *

At 34 weeks Suzanna and Edward get a call from Hannah's minister that she is having labor pains and slight bleeding. They accompany her to the hospital in Lexington. At the hospital the nurse's assessment includes the following: cervix-30%/1cm, station not palpated, contractions approximately every 8 minutes, FHT 160 with good variability, head vertex, bleeding-slight. She is hospitalized.

Discuss the following:

- (a) Family and cultural responses to the hospitalization for illness (1st episode).
- (b) Home care follow-up of the 1st episode of vaginal bleeding. How difficult would the instructions be to implement?
- (c) Nursing assessment and recommendations for her nutrition.
- (d) Prescriptions (medical and nursing) for 2nd hospitalization. What would be the priority concerns?
- (e) Locate, critique, and apply a research study related to this case study.

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At 36 weeks Hannah delivers a newborn boy by Cesarean section birth. Her family – husband, mother, and daughters (3) – are present in the hospital. The baby is 3 lbs. 10 ozs. Apgar 4-7, and is immediately transferred to the Neonatal ICU.

According to Ballard gestational age assessment, the following data are found:

posture – flexed 90° at hips, elbows bent upward
square window - 45°
arm recoil - 110°
popliteal angle – 120°
scarf sign – barely crosses midline
heel to ear – slightly greater than 90° at knee
skin – cracks, pale with veins
lanugo – areas of baldness
plantar – creases anterior over halfway
breast – 3mm bud
ear – quick recoil, formed pinna
testes – descended, good rugae

On admission to NICU the newborn has the following signs and symptoms: HR 170, T 97°, RR 80. GFR as evaluated by the Silverman-Anderson Index reveals the following findings: upper chest lag on inspiration, barely visible retractions, minimal flaring and grunt evident with stethoscope only. The baby's blood type is A+, and the Coombs test is positive.

While in the NICU, Baby Boy Jones is cared for using a Critical Pathway for Respiratory Distress. Oral feedings are delayed until after 71 hours. At 72 hours oral feedings are begun. The neonatal RR is 40, suck-weak, T 98°, and muscle tone moderate. The weight loss did not exceed 15%.

Discuss the following:

- (a) Factors contributing to newborn problems.
- (b) Expected care of the neonate for the first 72 hours utilizing critical pathway.
- (c) Expected outcomes of neonate.
- (d) Feeding schedule/type/amounts and observations after oral feedings begun.
- (e) Anticipatory home care of neonate discharged at 20 days of age at 4 lbs.
- (f) Culturally appropriate follow-up of health care beliefs and practices for Hannah and her family.

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Appendix B
Problem-Based Learning
Case Study – Hannah
Instructor's Notes

Hannah is from Appalachia and as such she is –

- Isolated both socially and geographically
- Self-reliant
- Active in her church
- Lives in a population with endemic Tuberculosis
- Has a multi-generational household
- Subject to family influence including the definition of health and fears of Hannah leaving household
- Uses folk remedies
- Doesn't make eye contact
- Resists "giving-in" to nurses recommendation
- Has a diet high in carbohydrates with cultural foods
- Has a cultural conflict which arises with bleeding in mid-pregnancy and opposes her self-reliance and avoidance of medial care
- Brings extended family to the hospital
- Looks to religious forces to explain internal and external events

Cultural Concepts in this case study are:

Communication
Space/Eye Contact
Social Organization

Appendix C
Problem-Based Learning
Case Study – Hannah
Essay Exams

NUR 364
Exam III – Fall 2000
Part II – Essay

You may use notes, texts, or other materials during this portion of the exam. Questions are based on the Problem-Based Learning Case Study, Parts #1 and #2. Cite references used.

(Total 15 of 75 points)

5 pts. I. Discuss the cultural conflict which arises when Hannah begins to experience bleeding during pregnancy. Discuss the perspective of both the Appalachian culture and the health care provider. Describe possible alternatives or options the nurse may utilize to resolve this dilemma.

5 pts. II. Choose one of the following:

A. Discuss Hannah's nutritional status at the first and second time points.
Include assessment, recommendations, and evaluation

OR

B. Describe the therapeutic use of isoniazid for Hannah and its safety in pregnancy. What evidence of improvement would you expect? What side effects? What nursing implications are important for her situation?

5 Pts. III. Discuss the role of the nurse working with Parish Nursing Service. Do you think you would ever choose to work in such a position? Why or why not?
(Support your answer with relevant literature and resources)

NUR 364
Exam IV – Fall 2000
Part II – Essay

You may use notes, texts, or other materials during this portion of the exam. Questions are based on the Problem-Based Learning Case Study, Parts #3 and #4. Cite references used.

(Total 15 of 75 points)

5 Pts. 1. Discuss the gestational age assessment findings for Hannah's neonate. How could these be reflective of the stressors she experienced during pregnancy? What potential problems would the nurse watch for in the first 72 hours after birth?

5 Pts. 2. Choose one (1)

A. Describe the initiation of oral feedings in the neonate. Include expected outcomes.

OR

B. Discuss the Silverman-Anderson index and how it assists the nurse in assessing the newborn.

OR

C. Describe the family's response to Hannah's first hospitalization. How does it reflect characteristics of the cultural?

5 Pts. 3. Discuss the application of a specific research study to this case. Cite bibliographical information on the article and how it may influence nursing care.

Appendix D
 Problem-Based Learning
 Case Study – Hannah
 Student Ranking of Objective Achievement

University of Alabama School of Nursing
 University of Alabama at Birmingham

STUDENT RANKING OF ACHIEVEMENT OF PBL OBJECTIVES
 Achievement Was Rated From 1 (Not Achieved) to 5 (Fully Achieved)

<u>Score</u>	<u>Rank</u>	<u>Objectives</u>
4.4	1	To increase student exploration and utilization of a variety of resources – texts, Internet, library, clinical protocols – and to develop the ability to critically compare and contrast those resources for effectiveness.
4.1	2	To enhance collaboration among students both to build collegial relationships in a diverse student group and to build confidence in students' own knowledge base (less dependence on faculty).
4.0	3	To introduce a testing modality which draws on research skills, discussions and student abilities to formulate complex answers to relevant questions and communicate clearly in writing
4.0	3	To increase students' cognitive interaction with the content to enhance their ability to apply the scientific and psychosocial principles in case situations.
4.0	3	To engage students in a longitudinal case study in which actions taken at one point in time (both client and nurse) affect outcomes and in which follow-up of presenting problems is both possible and required. (NOTE: This is not always possible in actual clinical settings and it allows us to develop a 10 month pregnancy case study in a 3-month period).
3.9	6	To introduce innovative roles of nurse educator, nurse practitioner, nurse clinician and amplify the possibilities of involvement across a large variety of clinical settings.
3.7	7	To increase student morale and student satisfaction with their educational experiences and achievements (e.g. to be fun, interesting, and student-interest directed).

Ellen B. Buckner RN, DSN
 Winter, 2003

Appendix E
Problem-Based Learning
Case Study – Hannah
Student Survey of Knowledge/Application
of Concepts of Culture in Health Care

Dear Students,

Please answer the following regarding your knowledge and ability to utilize concepts of culture in your practice of professional Nursing. There are no right or wrong answers and this is not part of your course grade. Please be as specific as possible, but also keep your answers concise.

Thank you very much, Ellen Buckner

- 1. What is culture and how does it function in a person's health care?*
- 2. Give an example of how culture can influence a communication in nurse-patient interactions.*
- 3. How would you handle a conflict that arose between a client's health beliefs and a professional's advice?*
- 4. You are a nurse in the Birmingham metropolitan area. List several ways you could obtain health information resources and support for clients of diverse cultures.*
- 5. In what ways do you think knowledge of culture can affect your professional practice?*