

Using the Monologue of Doris Smith to Understand Situational Decision-Making Teaching Strategy

Overview of Teaching Strategy

Older adults are among the nurse's most complex clients. They represent a broad spectrum of strengths, needs, and expectations. Yet, nurses find themselves wondering if the care decisions they make produce the best outcomes for this population. This teaching strategy will use a monologue of a nurse who provided care for older adult, Doris, to address the need for effective situational decision making. This teaching strategy can be utilized in a variety of teaching/learning situations: didactic lectures; clinical settings such as post-clinical conference/debriefings; simulation scenario debriefings; or small seminar discussions. In addition, the teaching strategy can be used with practicing nurses as a professional development activity, as well as when orienting new graduate nurses.

Download All Files for This Teaching Strategy

- [Doris Smith monologue](#)

Learning Objectives

Students will:

- Assess the older adult's individualized pattern and functional status using standardized assessment tools.
- Describe the complexities involved in making care decisions for older adults.
- Discuss the importance of situational decision making based on an assessment of the client when caring for older adults.
- Discuss the importance and strategies for weighing risks versus benefits when caring for older adults.
- Develop an understanding of integrating a nurse's concerns with ethics, policy, and judgment while respecting the older adult's strengths, wishes and expectations.

Learner Prework

This teaching strategy focuses on assessing expectations, coordinating and managing care, and making situational decisions with older adults. The strategy enhances the student's human flourishing and nursing judgment.

1. Provide the learners with the [ACES framework](#) and ask them to discuss communication techniques when assessing function and expectations in older adults.
2. Using the ACE.S framework, ask the learners to write in their log or as a summary a situation where they were unsure how to balance the expectations of the patient with the institution's protocol and safety guidelines when caring for the older adult.

Suggested Learning Activities

1. Listen to or read Doris Smith's monologue. This activity can take place in lecture, seminar, or in pre or post conference for clinical.
2. Review the [ANA's Code of Ethics for Nurses with Interpretive Statements](#) with the students.

The Code of Ethics for Nurses was developed as a guide for carrying out nursing responsibilities in a manner consistent with quality in nursing care and the ethical obligations of the profession. Discuss the ethical responsibilities of nurses when providing care to older adults.
3. Discussion Questions: Use the following to facilitate a discussion with your students:
 - What are your concerns for Doris? What are your concerns for the nurse giving report?
 - What is the cause of the concern?
 - What else do you need to know about Doris?
 - What are you going to do about it?
 - What do you think Doris is experiencing?
 - Discuss the issues related to the IV line for Doris.
 - Consider the possible outcome if the nurse does nothing in this situation.
 - Consider the possible outcomes if the nurse takes action. What are the risks and benefits to Doris? To the nurse?
 - What steps should be taken to resolve this ethical dilemma?
 - Discuss how nurses can determine if a patient is cognitively intact in making care decisions.
4. Review the National Institute on Aging's Advance Care Planning: Healthcare Directives website at <https://www.nia.nih.gov/health/advance-care-planning-healthcare-directives>. Have students consider the likelihood of Doris having another hospitalization in the future.
 - What are their recommendations to Doris and her family regarding advance directives?

- Is there a point at which she will be unable to contribute to decision-making regarding her health?

Suggested Reading

Geist, M.J., & Kahveci, K. (2012) Engaging Students in Clinical Reasoning When Caring for Older Adults. *Nursing Education Perspectives*. 33(3), 190-192.

Author Information

Tamika Curry, MSN, RN
Community College of Philadelphia
Philadelphia, PA

Doris Monologue

This is an acute care hospital day shift RN reporting to evening shift RN on the status of Doris Smith.

Doris Smith is a very sharp 95 year old women admitted to our unit two days ago from Shallow Lake Lifecare Community, where she had been living alone in her independent living apartment and doing well taking care of herself.

She had a stroke three years ago, which has left her with some right sided weakness and mobility difficulties necessitating use of a walker and she has some speech impairment. She has a home health aide at the apartment to assist her with showering, lunch preparation, and light housekeeping. Her son and daughter-in-law live 15 minutes away from her and do all of her shopping for food and supplies. They are very attentive to her and are here several times a day to visit her and check on how she is doing.

She has a pacemaker, which was put in after the stroke three years ago. Right now, she is doing pretty well. She was on IV antibiotics, which have now been discontinued and she is on 4 liters of continuous oxygen. She had been on 3 liters before she got sick, but now she needs 4.

She is a definite fall risk and you really have to watch her, because she doesn't like to wait for someone to help her to the bathroom. If she puts on her light and someone doesn't come right away, she'll disconnect the oxygen and go to the bathroom by herself.

Because she is doing better, in a couple of days she'll probably be going to the rehab unit at Shallow Lake Lifecare community.

The only problem I had today was that she refused to let me reinsert her peripheral IV line. She had an 18 gauge saline lock that needed to be reinserted. Per our protocol, I took out the old line, as we change them every three days, but when I went to put in a new line, Doris asked me why I was putting it in. I explained that it was there for an emergency if we needed it and then she asked me what kind of emergency. When I explained about needing it for medication if her heart stopped or something like that, she said that she didn't need the line because she was a DNR and if there was an emergency, she didn't want any heroic treatment. Therefore, she told me, there was no need for that and she didn't want it.

I kind of didn't know what to do. On the one hand, what she said made perfect sense and she is a very sharp woman. Besides that it certainly fits with situational decision making and honoring individual wishes. But then again, it's not our protocol and then there's the family. Fortunately for me, her son and daughter-in-law were sitting right there and I looked at them. They nodded in agreement with Doris and I said ok, I wouldn't put it in. She then gave me the biggest "cat that ate the canary" grin I've ever seen. She was right after all.