

CASE STUDIES.

AN EXPERIMENT CARRIED OUT AMONG THE NIGHT NURSES OF A LONDON HOSPITAL.

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When I returned to my Training School, Charing Cross Hospital, after a year's post-graduate study as a Florence Nightingale International Student, I was anxious to try a modification of the American Case Study method of learning with the Night Staff, and after a full year's trial, I feel the results have justified the experiment.

As the Nurses have commenced each period of their Night Duty, they have been instructed to study a special case and keep records of their findings. They have been encouraged to read the patient's notes, study widely the disease in question, and ask questions of the House Physician or House Surgeon in charge of the case during his night round. While they have been actually studying or writing up the case, they have received no help from me. As soon as the Case Study is completed the Nurse informs me, I go up to the Ward and read through the Case Study with her, question her and ascertain if she thoroughly understands every word she has written. I elucidate any points that may not be clear to her, and suggest any alternative methods of treatment which she may have overlooked, or with which she may not be acquainted.

The Nurses are allowed to "set out" their Case Studies according to their own ideas, and give as much expression as possible to their own individual point of view. No stereotyped set of headings is given to them, but I show them one model Case Study and then encourage them to carry out their studies on original lines.

At the end of their three months on "Night Duty," each Nurse takes her Case Study Book to Matron's Office. Matron takes very great interest in the experiment, reads very carefully through each Case Study with the Nurse, questions her on many points to ascertain if she has fully understood all she has written, and finally compliments her, and gives her a few words of encouragement.

The Nurses seem to have enjoyed keeping Case Studies of their patients, and judging by their work have gained considerable knowledge from them. Each succeeding Case Study shows a very marked improvement and increased ability in the observation of a case. These Case Studies have been carried out voluntarily by the Nurses, and with only one or two exceptions, have been attempted by all, and by some with outstanding enthusiasm. At the end of this article I am reproducing some actual studies carried out by the Nurses at various stages of their training, which may be of interest to readers.

In my opinion there are many points in favour of the Case Study method for Nurses, which I will enumerate. Firstly, I think it should arouse an interest in the patients not as cases in Hospital, but as individuals suffering from a disease especially if the Nurses can carry the case through and discuss with the patient the after treatment in the home, from the Public Health point of view.

Secondly, it links together much of the theory they have learned relevant to the case under consideration, and teaches them to apply that knowledge.

Thirdly, it certainly encourages them to delve more deeply into books for further knowledge as it arouses their curiosity, and thus increases their interest.

I personally think this concentrated study of a particular case brings home to the Nurses the importance of the nursing care and treatment they are giving to the patients, and consequently tends to encourage them to do their work more efficiently in the interests of the patients. The more the Nurses understand the value of the treatment they are giving to the patients the better they are likely to perform their duties.

By encouraging the Nurses to read widely on the diseases they are studying, they become more aware of the complications which may arise in the course of the patients' illnesses, and consequently become more alert and more likely to observe quickly signs of changes in the patient's condition. This alertness tends to make them thoroughly prepared to meet any emergency.

In the record of a Case Study, I expect the nurses to enumerate any apparatus that may be required in the treatment of every complication that may arise in the course of the disease.

The Case Study Method does teach the Nurses to regard the patients with a broader outlook. It certainly helps them to understand their patients more fully, as they obtain a picture of their patients' past history, environment, work, particularly as it relates to present illnesses. They watch the patients' progress in hospital, note all the treatment given, and the effect on the patients, especially treatment which gives most relief.

I encourage the Nurses to report on the patients' diet, and give suggestions as to alternative diets which would be suitable. Also to report on the patients' condition on leaving hospital, and suggest any advice as to future diet, habits, rest periods, and work, which would be of use to patients as they leave for home or Convalescent Home.

The psychological aspect of the treatment of the patient may also be included in the Case Study, and in particular cases is a very essential part of the treatment, as for example in the nursing of hyperthyroidism, cardiac failure, etc.

I have found this Case Study method does appeal to the majority of Nurses, and very possibly it is because it links up all subjects in their varied curriculum and points directly to the goal of all their training, namely, the rendering of efficient service to the sick members of the community.

We publish below a case study kept by a nurse in her third year of training at Charing Cross Hospital, and hope in a future issue to publish those kept by nurses in their first and second years of training.

Case Study of Mrs. Y—, age 52, suffering from paroxysmal attacks of Asthma.

Kept by Nurse Elfrida G. Williams after 25 months' training, during the period of her third night duty.

PAST HISTORY.

1932.—Patient was in a motor-car accident, and had three ribs fractured and was concussed.

July, 1935.—Patient developed a cold which was accompanied by difficult breathing, headache and sweating, and later by a hard, dry cough, which occurred especially at night.

August, 1935.—While on holiday at the seaside, the nocturnal cough and wheezing became worse, and when she returned home she consulted her own doctor, and he ordered her to bed, as her voice was much affected and her throat very sore. Linseed and antiphlogestine poultices were applied. Soon after this the asthmatic attacks commenced. The patient complains that she usually wakes up at 1.30 a.m. with a feeling of suffocation, tightness of the chest, and a feeling of alarm. She sent for her doctor on the occasion of the first bad attack, and he gave her relief with an injection. She was also given some tablets to take at night, but the attacks still persisted. She has occasional attacks during the day, which seem to be usually brought on by worry, excitement, or over-exertion. The patient complains of no digestive complications. The patient has not suffered from rheumatism or scarlet fever.

FAMILY HISTORY.

Mother and father both lived to old age.

No family history of tuberculosis or asthma.

Eight children. Seven alive and well. One died of meningitis.

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