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Lowell Bennion Community Service Center: A Model Program

Topic: The Use of Case Studies: Narratives In Family Health Education

This paper identified five case studies that included each of the family stories, the criteria used to the select the stories, and some salient points for reflecting upon what the Interdisciplinary Family Health program has collectively learned with regard to the delivery of a interdisciplinary family health education service-learning program. The case studies sought to provide insightful observations regarding the health related stories of the volunteer families, and emphasized issues that appear to have had significant relevance to the delivery of a family health education course focused on service-learning experiences. Article presented: The Use of Case Studies.

The Use of Case Studies: Narratives in Family Health Education

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The Use of Case Studies: Narratives in Family Health Education

Abstract: This paper identifies five case studies that include each of the family stories, the criteria used to select the stories, and some salient points for reflecting upon what we have collectively learned. The case studies seeks to provide insightful observations regarding the stories of the Interdisciplinary Family Health program families, and emphasizes issues that appear to have significant relevancy to the delivery of a family health education course focused on service-learning experiences. Four major topics for discussion include: 1) Innovative patterns of services for integrating health profession students with family health related issues. *(What actually are the interdisciplinary service-learning innovations provided to the families?)* 2) Implications for health profession education in regard to practice roles and social accountability of educational programs. *(What are the major implications for interdisciplinary health education programs to the community?)* 3) A description of the development of quality partnerships between the university and the community. *(What can be learned about the partnership experience between health profession students and family health related home visits?)* 4) Dissemination of the evidence of the effects and impact of this interdisciplinary health education program. *(What can be learned about the impact evaluation through the use of case study narratives?)*

Keywords: Service-learning, interdisciplinary health care education, community partnerships

Importance/Relevance to Service-Learning Research:

The medical approach to understanding disease has traditionally drawn heavily on qualitative data and, in particular, on case studies to illustrate important or interesting phenomena. Much of the everyday work of doctors and other health professionals still involves decisions that are qualitative rather than quantitative in nature; this tradition is maintained by regular case study reports in the British Medical Journal and other leading medical journals (Keen & Packwood, 2000). This paper provides a discussion about the use of qualitative research methods, in case studies gathered in a health profession interdisciplinary service-learning program. It is useful to understand the principles guiding the criteria for selection of these case studies, and their use in impacting family health and interdisciplinary health profession service-learning education.

Case Study Model/Conceptual Framework of Study:

In the case study model, the *process* of a program or an organization is the focus of the study. The researchers describe five case studies as they relate to the program goals and objectives of an interdisciplinary service-learning program involving health profession students from the colleges of medicine, nursing, pharmacy, and clinical and health psychology. Illustrative examples that are used are selected purposefully to demonstrate how qualitative methods involving case studies are applied. The cases selected provide the reader with an understanding of the depicted program through complex descriptions of the students and families of the interdisciplinary service-learning experiences. The major proponent of the case study model has been Stake (1991), who stated:

"Case studies will often be the preferred method of research because they may be epistemologically in harmony with the reader's experience and thus to that person a natural basis for generalization. If the readers are the persons who populate our houses, schools, governments, and industries; and if we are to help them understand social problems and social programs, we must perceive and communicate in a way that accommodates their present understandings. Those people have arrived at their understandings mostly through direct and vicarious experience".

These five case studies have a number of common features. Each one involves identifying family health education research questions in an interdisciplinary service-learning context that stems from two primary concerns. First, what are the implications of educational programming in terms of health professions interdisciplinary service-learning and community partnerships, and second, concerns for new roles that were developed and applied during the interdisciplinary educational experience. This study approach is based on qualitative grounded theory, and in effect starts by asking very broad questions: "What is happening here, what are the important features and relationships that will affect the outcome of the service-learning experience? This approach to inquiry can form the early stages of the more focused approach in future quantitative research. This early fieldwork, using narratives present as case studies from health profession students and family observations, is designed to generate data that can be used to identify and refine future research questions inductively. In some ways, it is similar to the way in which clinical consultations are conducted, in that it involves initial exploration followed by progress over time towards a diagnosis inferred from the available data.

Background:

Reactions of 400 freshman interdisciplinary health profession students (e.g., 108 medical, 160 nursing, and 132 pharmacy) are examined through their final thoughts on their home visits as assigned to a volunteer family as part of a "wellness prescription" a written assignment required through their interdisciplinary family health course. In this program students from the various health profession colleges are assigned in teams of three students to do home visits with 140 community family volunteers. Each student team is required to present their assigned family with a "wellness prescription" to discuss aspects of health prevention and promotion and health behavior improvements overall.

The Case Studies and the Criteria: Some Observations:

Below are some observations about the utility of the criteria used for case study selection, along with some salient points from the five stories. The students' family stories were presented in synopsis as told by the researchers, emphasizing as appropriate the various issues that were selected for the case study criteria. As the stories were analyzed, quotes, student observations, and other relevant information was sorted into innovative service, interdisciplinary implications, community and educational partnerships, and program impact. In each of the 140 family observations, 23 family stories were selected for review by the research team. A final 5 stories were selected to reflect upon the four major headings that have been converted into questions used as a device for discussion of lessons learned collectively in the delivery of a family health education program. These informative case study topics with their selected family stories are included as follows (attached table1):

Case Studies and Topics of Discussion:

1) **Innovative patterns of services for integrating health profession students with family health related issues.** (*What actually are the interdisciplinary service-learning innovations provided to the families?)*

Alzheimers/Dementia:

Rosa Fernandez is a 90 year-old Hispanic woman cared for by her daughter-in-law, Lucinda and her son, Orie due to Alzheimer's Disease. Mrs. Fernandez's health decline became noticeably worse to the family after the recent death of her husband. As a result the couple moved to be near Mrs. Fernandez to provide her care, leaving behind their home in the islands to come to the U.S. Additionally, this move would allow them to be closer to their own five children and eight grandchildren living nearby. The mild southern climate in Florida was similar to Puerto Rico, and this allowed them to have a smooth transition in that regard. All the family members are bi-lingual, and speak English eloquently.

Mrs. Fernandez requires constant care. Lucinda and Orie have investigated several nursing homes for her in the area, but have not found a suitable home compatible with their standards. As a result, they each take turns being home with Mrs. Fernandez at all times. They do not take Mrs. Fernandez outside the home, because she fusses and yells frequently. Although Lucinda is adamant that caring for Mrs. Fernandez is not a chore, she admits that she misses going on outings with Orie alone. They have agreed to take separate vacations to visit with their family members, so that one will always be home with Mrs. Fernandez. They cannot go to church or out to dinner together, once past favorite activities they enjoyed as a couple. Also, another source of stress for Lucinda is the fact that her sister that lives in Puerto Rico has recently been diagnosed with Alzheimer's Disease too. Lucinda misses her family members that remain in Puerto Rico, but manages to keep in contact through frequent telephone calls. Both Orie and Lucinda possess individual attributes and strengths as a couple which fortify their marriage and help them cope with their caregiver stresses. They say that they complement each other well. Lucinda describes herself as quiet and shy while Orie sees himself as friendly and outgoing. Lucinda accepts the burden of the care giving tasks, as she feels that she understands Mrs. Fernandez's needs and habits better than Orie. Due to the demand of caring for Mrs. Fernandez the couple rarely have friends over to their home, because they are concerned with how people will react to Mrs. Fernandez's unusual behavior associated with her illness. Thus they rely heavily on each other for social support, and the generosity of their close family members for help occasionally. They have also expressed fear of themselves becoming ill, and thus not being able to provide care for Mrs. Fernandez. The thought of becoming sick with Alzheimer's Disease themselves is always a concern for them as well.

Lucinda is very concerned about Mrs. Fernandez receiving attentive care from her physician. She knows that it is difficult to understand what her health problems are since the communication is so extremely impaired due to the Alzheimer's Disease. Lucinda realizes that the communication between health care providers and the patient is very important, and she worries about the breakdown in communication and the thoroughness provided Mrs. Fernandez's during exams as a result. Both Lucinda and Orie feel that it is

important for them to speak up for Mrs. Fernandez to advocate to ensure that she receives adequate examinations and explanations from her health care providers.

Lucinda and Orie obviously care deeply for Mrs. Fernandez, and they have taken her care on with sincere devotion and many sacrifices prevailing as a result. Whenever, alternative care for Mrs. Fernandez is discussed, the nursing home option is dismissed readily. They feel that nursing homes that are available to Mrs. Fernandez are substandard, and they do not wish to leave her with strangers for care. The student team did feel that the couple might be receptive to having a home health care provider come into their home to help Lucinda handle Mrs. Fernandez's needs. This would hopefully reduce the responsibilities on Lucinda, and allow she and Orie to spend some quality time with each other and other family members.

A place to start to look for a private home health care provider discussed was at the church, by asking for recommendations from their fellow parishioners. Orie and Lucinda could consider a license home health agency as well. They could interview the applicants, and teach the chosen caregiver about Mrs. Fernandez's disabilities, habits, and needs. They could slowly introduce the caregiver into the household, not having to worry about leaving Mrs. Fernandez with strangers. This will allow them the freedom to eventually go on trips outside of their home together. This would take time and effort to make the ideal situation come to pass. However, it is very important for the entire family to explore options that will reduce the caregiver demand, and increase supports for both Mrs. Fernandez and Orie and Lucinda just in case something should happen to them that would interfere with their ability to be caregivers.

The student team recognized that Lucinda and Orie have both family and financial supports available to them to help care for Mrs. Fernandez. They have a strong religious faith that helps to sustain them during stressful events, and bonds them together as well. They expressed gratefulness in learning about the relentless needs of the family member that suffers with Alzheimer's Disease, and how it affects everyone in the family. Also, they realized that this disease requires an enormous amount of care for it's victims, and dedication from the caregivers in coping with the ongoing demands of the illness.

LESSON LEARNED:

1. Students demonstrated an ability to collect a culturally sensitive and comprehensive health history including, mood, medication, and nutritional assessment.
2. Students developed skills in eliciting perceptions of health from community volunteer family members.
3. Students developed a basic understanding of the features of the community in which the volunteer family resides as they relate to support structures, resources, and access to health care.

2) **Implications for health profession education in regard to practice roles and social accountability of educational programs.** *(What can the interdisciplinary health education programs provide to the community?)*

Life Threatening Illness:

Mrs. Smith is an African-American female patient of a local Community Healthy Practice, with a history of stomach cancer. She has been a participant of the Keeping Families Healthy program for the past two years. As a result of her chronic health conditions she has been deemed disabled, and due to socioeconomic factors she has encountered obstacles to care.

Recently an interdisciplinary Keeping Families Healthy team of three health profession students (one medical and two nursing) were assigned to visit Mrs. Smith in her home. The purpose of the first visit is to allow students to practice their medical interviewing skills, and to focus on health promotion and disease prevention with an identified family member. During the first home visit the three students discovered that she had lost significant weight in a short period of time, and currently weighed in at approximately 107 pounds. She complained of pain, nausea, and confusion about her medications. Mrs. Smith's difficulties began after she had been treated with surgery and other cancer treatment interventions. Initially, she had been followed by an excellent primary care physician and had been diagnosed with her illness with referral to cancer related specialty care. After swift intervention by the specialist she returned to her home, but was not provided timely follow up by her primary care physician as he had moved away during this time. Additionally, Mrs. Smith grew increasingly overwhelmed by the specialists and their multi-medicine regimes. Rather than make an appointment with the new replacement primary care physician, she fell through the cracks of the medical system and floundered alone.

Due to the delay in her care Mrs. Smith became much weaker and her quality of life suffered. The students became advocates for her to be seen by a medical professional right away, and an appointment was set up for her with the replacement primary care physician. Unfortunately, her cancer had returned and metastasized throughout her body. Soon after this visit Mrs. Smith was referred to the local Hospice program for palliative care.

LESSONS LEARNED:

1. Students developed skills in eliciting perceptions of health from the community family volunteer.
2. Student health teams communicated collaboratively and therapeutically with volunteer family members and community health care professionals as advocates.
3. Students demonstrated an ability to collect culturally sensitive and comprehensive health information including mood, medication management, and nutritional assessment.

FAMILY NARRATIVE:

Question: What is your (family's) opinion of the (interdisciplinary) student team's home visits?

"The students made me feel more comfortable, and helped me to get the medical care I needed."

Question: As these health profession students become future practitioners what message would you like to give them as they provide for your family's health care?
"When you're sick you can loose your way, it is important for the students when in their future practice to keep up with their patients to make sure that they [their patients] understand what it is they're suppose to be doing."

3) **A description of the development of quality partnerships between the university and the community.** *(What can be learned about the partnerships between health profession students and family health related home visits?)*

Morbid Obesity:

Mrs. Stanley is an African American woman who was shot accidentally by a shotgun in the face at a fairly young age. The experience changed her lifestyle completely leaving her blind, and confined to a wheelchair for the rest of her life. As a result of her accident she has many barriers in her life, from blindness to obesity to chronic pain, to being in a wheelchair, to poverty. Despite the hardships that she has encountered in life, Mrs. Stanley has been able to find a way to survive and live her life the best that she possibly can. The health profession student team noticed her demonstrated motivation to increase her level of wellness through her voiced desire to lose weight. She had frequently complained of being overweight and old. She clearly desired to have better health and a healthier lifestyle.

Because of the determination and strong will to survive noticed in Mrs. Stanley, the team felt she would take on a wellness prescription with enthusiasm and would work hard to improve her overall health and well being. The wellness plan included both diet and exercise recommendations. It was amazing to the team that despite all the factors that were working against her, Mrs. Stanley was remarkably successful in increasing her amount of exercise and in giving up soft drinks for water. Most amazing was the fact that Mrs. Stanley had begun to walk further than she had been able to do walk before, and that she had made it a daily routine to walk to her front yard and back daily. The team had not even recommended this activity, since they believed her to be so greatly disabled that walking was not even an option. This was very encouraging for both Mrs. Stanley's family, and the student team too. It was thrilling for everyone involved to see her initiate this routine own her own!

However, on follow up visits Mrs. Stanley acted stressed by other family issues that had cropped up (her husband had been diagnosed with a serious health problem). The team sat down with her, and with genuine concern expressed she returned to her jokes and sarcastic humor. Overall, the team reported this plan to have been successful. Although the changes that she had made may seem simple to others, these small changes (increased mobility and the substitution of water for soda) will help improve her health and possibly lead to larger changes. She also acknowledged that she would like to join a weight-loss program in order to loose significantly more weight. She has been referred to

a community health center for enrollment in a weight watchers program held near her home.

The team reported that working with Mrs. Stanley has definitely changed the way they plan to conduct themselves as health professionals in their future practice. The interaction with Mrs. Stanley taught them that some people just need a lot of encouragement, and that there are options for them despite many obstacles to overcome. Also, that some people do not know what resources are available to them, and many are afraid to make changes for fear of failure. The medical student shared this remark, "At the end of every visit, Mrs. Stanley always thanked us for coming, but it wasn't until the last visit that I sensed her sincere gratefulness that she had for us. Not because we treated her medical problems (we were too inexperienced for that), but because we showed a genuine interest in her. The Keeping Families Healthy program has helped me remember what being a health caregiver is really about. I've gotten bogged down in memorizing a zillion medical facts this year, and forgot how forging genuine relationships with patients is my true motivation for becoming a doctor."

LESSONS LEARNED:

1. Students demonstrated an ability to collect culturally sensitive and comprehensive health history including mood, medication, and nutritional assessment.
2. Students developed a basic understanding of the features of the community in which the volunteer family resides as they relate to family and support structures, resources, and access to health care.
3. Students were able to communicate and collaborate professionally and therapeutically with community volunteer families and with students from different health care professions.

FAMILY NARRATIVE:

Question: What is your (family's) opinion of the (interdisciplinary) student team's home visits?

"The student's visits gave me an opportunity to meet new people different from my own family. When they come to visit it really helps with my loneliness, and gets me to lighten up. Being disabled I have a lot of health pressures, and the students helped me to feel like someone really cares. This year they helped me to lose weight, and enabled me to be more mobile. They are really great, their attitudes, personalities, and interactions were very professional".

Question: As these health profession students become future practitioners what message would you like to give them as they provide for your family's health care?

"First of all if I were their instructor, I would give them the highest grade possible because they deserve it. These students looked beyond issues of race, income, or even how I am able to live to be respectful and most importantly loveable. If they keep this behavior up they'll be the best practitioners they can be".

<u>Depression & Anxiety:</u>

Upon meeting Janice Barnes (age 58) for the first home visit the student team assigned them found that she suffers from clinical depression and anxiety, requiring her to rely on disability for her income. She lives a fairly isolated life and has little social contact. When asked by the student team to identify a health issues that she would like to have them assist her with, she told them that she would like to attend church again but had no transportation. She also mentioned that she did have a close friend that would be willing to go with her initially. As a long time sufferer of depression and anxiety, the thought of interacting with new people was difficult for her to deal with. After meeting the team in her home, Ms. Barnes began to increase her comfort level in interacting with others. The students reassured her that they genuinely wanted to help her, and could sympathize with her feelings and situation.

The wellness prescription for Ms. Barnes centered around her ability to incorporate new people into her life, and ease the anxiety and fear that she was so accustomed to feeling on a day-to-day basis. By increasing her exercise and making an attempt to join a support group at her local church, the students hoped she would find it comforting to socialize with her peers instead of limiting her interactions to those that occurred on in her home.

At the close of the KFH class, the team reported some real progress in Ms. Barnes's condition. She engaged in psychotherapy at the local university mental health clinic. Additionally, based on the team's recommendations she had begun to exercise more, and had engaged in church activities with the aide of transportation assistance from the church itself. She seemed less anxious at the thought of meeting new people, and interacting with other people in the community. The pharmacy student stated, "As a future pharmacist I can appreciate the experience gained from visiting Ms. Barnes. It has opened my eyes to some other aspects of patient care that extend beyond normal day to day patient-health care provider interactions. To be an effective health care provider, one must take into account all aspects of a patient's condition, and be able to recognize their needs on an individual basis, a fact Ms. Barnes truly appreciated from our time together." The participating medical student stated, "When we started this program, I assumed that the participating families would have only physical health problems. Our family member, however, has both physical and mental/emotional issues to deal with. This reinforced for me that to be "healthy" is to have sound physical, mental, and spiritual health. As a health professional, I will carry this with me and always keep in mind that my patient's mental and emotional health is key to their overall wellness."

LESSONS LEARNED:

1. Students communicated and collaborated professionally and therapeutically with community volunteer family member, and with students from different health care professions.
2. Students developed skills in eliciting perceptions of physical and mental health from community volunteer family member, and collect sensitive assessment data.
3. Students initiated a wellness prescription for the identified family member by discussing aspects holistic health needs (ie., physical, mental, and spiritual).

FAMILY NARRATIVES:

Question: What is your (family's) opinion of the (interdisciplinary) student team's home visits?
"The student visits were very good, and I enjoy my time spent with them. They made me feel very comfortable talking with them."

Question: As these health profession students become future practitioners what message would you like to give them as they provide for your family's health care?
"The students helped me to think about my life in ways that I had not thought about before. They made me feel like someone care and had a genuine interest in my health."

4) **Dissemination of the evidence of the effects and the impact of this interdisciplinary health education program.** *(What can be learned about impact evaluation through the use of case study narratives?)*

Socio-Economic Health Challenges:

Eleanor Jones is a 45 year-old African American woman living alone in a low-income neighborhood with no income except for food stamp benefits. Due to a recent eviction she had come close to homelessness, opting to share a home with an elderly invalid temporarily. She has been diagnosed with multiple health problems including: diabetes, hypertension, and a family history of social and mental health related problems. Mrs. Jones has a limited education, and often finds it difficult to understand social services and medical information requiring help from social workers to decipher this information. Additionally, she is under going physical therapy for her right arm that was recently operated on due to injuries sustained from repetitive manual labor in the past. In addition to accessing health care, her major concern is her lack of income. She is unemployed, with limited skills and family support since her disabled husband passed away a few years ago. Her only son has been incarcerated for the next several years, and is not able to provide in anyway for her needs. Currently, she relies on the charity of the community social services, churches, and primary care clinics with their associated support programs for assistance for basic survival (ie., shelter, food, socialization, etc.). Most concerning, is her financial situation that has her stuck in a living situation that subjects her to a high-risk neighborhood for both violence and drugs.

Since Mrs. Jones had already completed an application for social security disability benefits and for local social services assistance with the aid of her health care providers and social workers, the student team decided to focus on helping her obtain medication assistance and the completion of the "File on Life"(a system that notifies emergency technicians of the patients diagnosis and medications) form. Additionally, health education was provided to Mrs. Jones by the team regarding her disease states, and how she could maintain good nutrition and exercise.

Much to teams' surprise, Mrs. Jones married a man she had known since her childhood, right before the last scheduled home visit. The ceremony was sponsored by and took place at the primary care clinic that she had become close with staff as a result of her health and social struggles. She seemed very happy about the marriage, despite the fact that it did not change her living conditions in regards to housing. However, her new husband did have a retirement income that could pay the basic bills, and provide food for the two with continued help from food stamps. Most importantly, he would inspire her to cook healthier in an effort to care for him properly. She had managed to lose 30 pounds on the follow up call after a couple of months time period. Mrs. Jones appeared to be doing well and when asked if she benefited from this program by the student team, she said that it did help her to care better for herself, and that she loved to be able to volunteer to help the students' in their education. She clearly had made an effort to follow the team's suggestions, and both were pleased with the overall results of the home visit interactions.

The team members echoed each other in saying that their interaction with Mrs. Jones was most beneficial in teaching them how to communicate better with their patient. She was said to have helped the students in overcoming language barriers. Throughout the home visits, Mrs. Jones' use of slang, regionalisms, and incomprehensible references were challenging, but aided in the team's ability to listen well and to be able to communicate with her in a manner where they could understand each other. By asking her to repeat questions and listening carefully, the team reported that they were able to make some helpful suggestions related to her health that could be beneficial in the long run.

LESSONS LEARNED:

1. Students communicated and collaborated professionally and therapeutically with community volunteer families and with students from different health care professions.
2. Students demonstrated ability to collect a culturally sensitive and comprehensive health history including mood, medication, and nutritional assessment.
3. Students developed a basic understanding of the features of the community in which the volunteer family resides as they relate to support structures, resources, and access to health care.

FAMILY NARRATIVES:

Question: What is your (family's) opinion of the (interdisciplinary) student team's home visits?
"All I can say about the students that came out….I just love them. They were great in helping me to deal with my diabetes."

Question: As these health profession students become future practitioners what message would you like to give them as they provide for your family's health care?

"It is real, real, important that these students keep on doing what they're doing. They talked to me about my health, gave me information on how I should care for my diabetes, and showed me that they really cared."

Conclusion: Significance to Service-Learning Research:

The implications for the interdisciplinary health profession service-learning program, with emphasis on preventive health and the development of community-education partnerships, can enhance the relevance of the health profession students' education and perhaps future practice. The family home visits gave students an opportunity to provide service to their community, while working within a framework of an interdisciplinary health care team that is both comprehensive and rewarding. The home visit enabled the students to define the volunteer family in relation to their culture, community, and health care needs. Also, the students were held responsible for the development and delivery of health care education and promotion of information to be delivered to impact on the improvement of a healthier lifestyle for the family volunteer. Additionally, by recording their knowledge gained in this process they became active participants in shaping the role of other health professionals within the context of a service-learning curriculum during their first-year of health professions study.

The case study research approach is a subjective approach to evaluation. Because of the nature of the methodology of the case study itself, different observers will emphasize different parts of a program. This leads to the disadvantage of variability. Another disadvantage is that the researcher(s) must observe all parts case in reference to the participating program, and then draw conclusions; thus, the values of that individual forms the basis of the conclusions which may or may not be biased. This begs one to ask the question, "Whose values are the basis of these conclusions?"

There are many advantages to the case study research despite the noted limitations. As House (1980) has stated, these include (1) rich and persuasive information based on program participants and other people removed from the program, (2) representation of diverse points of view and different interests, and (3) the potential for being persuasive, accurate, and coherent. Deborah Padgett (IASWR Qualitative Methods Workshop, 2003) describes case study as the method of research that can lend itself to the identification of the "uniqueness" found within an experience studied.

Accurately depicting a case study and avoiding personal involvement can be a difficult task for any evaluator. Although case study research has many advantages, it also suffers from the same weaknesses that other qualitative research methods: a lack of set methods and procedures. This leads to the *disadvantage* of inconsistency. In an effort to reduce these concerns the selection criteria framework for the five cases was designed to inform about family health education in an interdisciplinary community-based service-learning setting. The message learned from all five case studies is clear and simplistic: different situations have different problems, and therefore require different solutions. In spite of these differences, the goal is the same:---- provide more equitable health opportunities to the volunteer families that participate, and enlightenment of the health profession students regarding important health care issues.

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