Case studies

Introduction

A core element of complex care training and education is applying the knowledge, skills, and attitudes described in the core competencies to real people and real situations. Many training programs encourage their learners to practice in a low-stakes environment like a **simulation** or role-play. Role-plays and simulations can also help students develop empathy by playing the role of the individual or family member. The best scenarios for these activities will be those that are true to your setting and your population. If those are not readily available, this section includes a series of example scenarios to use as a foundation for simulations, role-plays, or discussions.

How to use

Use this section by choosing either a real story of someone receiving complex care or one of the scenarios below. Feel free to add details to the scenario to make it more relevant or robust. Then, choose an activating incident to pair with the scenario. Use this combination as a foundation for a simulation, role-play, or discussion. There are discussion questions below based on the competencies to spark a conversation. A skilled facilitator with significant knowledge of complex care will help you get the most out of these role-plays and discussions by adding further case details and customization as needed.

Example: Read Scenario 2 for background. Then choose the activating incident of "developing the care plan." Use this scenario and activity to role-play or enact a simulation. After the role-play or simulation, use a few of the discussion questions under the domains "Person-centered, relationship-powered care" and "Human complexity and context" to facilitate a conversation.

Related resources:

- **Virtual Student Hotspotting: Using simulation-based education during the COVID pandemic at Samuel Merritt University (blog post)**
- **Sample virtual simulation scenario template (SMU)**
- **Sample faculty briefing sheet for a simulation (SMU)**
- **Sample student briefing sheet for a simulation (SMU)**
- **Jefferson Center for Interprofessional Practice & Education simulation program overview (TJU)**
- **Society for Simulation in Healthcare (SSH)**
- **Whole person care data sharing convening: Case studies**
- **Case development template (Association of Standardized Patient Educators)**

Scenarios

Choose one of the following scenarios to pair with an activating incident (below). Use this pair to enact a role-play or facilitate a discussion with the questions below.

Scenario 1: Karen
Themes: older adult health, dual eligibility, social isolation, food insecurity, transportation

Karen is a 72-year-old woman who enjoys singing and looks forward to her monthly calls with her grandchildren. The monthly calls are her primary source of social interaction and she often feels lonely. Karen lives alone, far from family, and has difficulty walking and a history of falls. She has multiple chronic conditions including diabetes, hypertension, and arthritis. She faces barriers with transportation and obtaining food because of her limited mobility and small fixed income. Karen is eligible for both Medicare and Medicaid, but is only enrolled in Medicare.

Scenario 2: Lee
Themes: homelessness, substance use, incarceration, no income, hepatitis C, team collaboration

Lee is a 45-year-old male who has been experiencing homelessness on and off for several years and occasionally interacts with outreach workers. He has built strong connections with other people experiencing homelessness and is often able to get what he needs to survive through his network. Lee has been actively using substances since he was 16 years old and has vocalized that he is not interested in quitting. He prefers injecting stimulants but also smokes and uses prescription opiates. He also consumes a pint of vodka per day. He has been incarcerated several times for possession of a controlled substance and other drug-related charges. Lee has had challenges finding housing because he was mandated to register on the National Sex Offender Registry. He can become agitated when services take a long time and asks for a snack each time he comes in. He has no income and he tested positive for hepatitis C last year.

Scenario 3: Taylor
Themes: children with complex needs, race, older adult caregivers, low income, rural, food insecurity

Taylor is a 10-year-old who loves school and is eager to attend as many days of 5th grade as possible. He has cystic fibrosis, which has caused him to miss several weeks of school in the past and fall behind his peers academically. He lives with his 70-year-old grandparents in a rural community and enjoys taking care of the chickens and pigs on their neighbors' land. Their home is over two hours away from his healthcare practitioners and Taylor's grandparents have challenges driving in the dark. The family lives on a fixed income and when the cost of a medicine or treatment increases, they occasionally run out of food at the end of the month. When this happens, they rely on their church's small food pantry until the next month's food stamps come in. After a recent and particularly challenging hospitalization, Taylor began showing symptoms of anxiety when it is time to leave for school and at bedtime. A truancy officer recently began requiring increasing amounts of documentation after every missed day of school. Taylor's grandparents suspect that they are being unfairly targeted by the officer because Taylor is the only Black child in his grade.

Scenario 4: Lucy
Themes: mental health, medication adherence, insurance, Social Security

Lucy is a 37-year-old artist who especially enjoys teaching art skills to elementary school students. She has been living with bipolar disorder and has been managing it with medication and talk therapy. She was diagnosed with end-stage renal disease a year ago. Since receiving the diagnosis, she has grown increasingly depressed and declines to take the medication prescribed for her bipolar disorder consistently. She was fired from her job

because the symptoms of her bipolar disorder and depression were interfering with her ability to teach. She has not applied for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) and is worried that she will lose her medical insurance after her COBRA coverage ends.

Scenario 5: Sandy
Themes: sex work, homelessness, substance use, parenting, pregnancy

Sandy is a 35-year-old female involved in sex work. She is independent and strong, and is a bold advocate for herself; she can get loud when she doesn't feel she is getting what she needs. She has been experiencing homelessness for five years. She smokes crack and occasionally lets her clients inject her with stimulants. She has two children who live with her aunt and Sandy believes she may be pregnant again. She is presenting with an abscess on her breast.

Scenario 6: Maria
Themes: comorbidity, social drivers of health, engagement, immigration, substance use

Maria is a 33-year-old woman who is committed to raising her son in a safe household. She has diagnoses of diabetes, hypertension, and substance use disorder. A screening shows that Maria lacks adequate food, utilities, transportation, and housing. There are challenges to getting in touch with Maria by phone. Maria states that she only needs assistance with housing and transportation. Maria and her son were temporarily staying with her sister and, while the living conditions weren't bad, the home had become too crowded and she wasn't on the lease. Maria immigrated to the United States ten years ago and does not have documentation.

Scenario 7: Mary
Themes: chronic conditions, opioid use, mental health, trans health, homelessness, family

Mary is a 62-year-old trans woman who has been experiencing homelessness for the past 5 years. She is an optimistic person and brings a smile to the face of most people who interact with her. She is especially proud that she has been in recovery from opioid use for the past 2 months. She is diagnosed with schizophrenia and receives a monthly injection of a long-action antipsychotic medication. Mary was recently hospitalized for a heart attack and discharged back to street homelessness. She applied for cash assistance and food stamps but was denied. She would like to find stable housing and to reconnect with her family.

Scenario 8: Jerome
Themes: older adult health, veteran, mental health, social isolation, race, police

Jerome is an 68-year-old Vietnam war veteran who loves telling stories about his time in the Marines. He rarely leaves his home because he has difficulty walking and a history of falls and is afraid of falling in public. His basic needs are taken care of through home care services, but you notice that he is feeling the impact of his isolation and that his PTSD symptoms have been worsening. The past few times that you have visited him at his home, he has been on his porch arguing with his neighbor and showing symptoms of hypervigilance and aggression. He later tells you that his reactions remind him of how he was trained to act in Vietnam. He is concerned that someone who does not know him will call the police on him when he is experiencing PTSD symptoms and that the police will harm him because he is a Black man with a mental illness.

Scenario 9: Abraham
Themes: older adult health, end of life, poverty, family

Abraham is 75 years old and spent 35 years owning and operating his family's restaurant, which he passed on to his sons shortly after he was diagnosed with cancer. Abraham quickly spent down the small amount of

savings he had on deductibles for treatment and co-pays for medication. His cancer has metastasized and he is nearing the end of his life. He also has a history of major depression. Family is important to Abraham and he wants to be surrounded by family and also will not disclose his financial or medical situation to them. During most months, he has trouble affording both his medical costs and food. His goal is to see his grandson graduate from college in six months.

Scenario 10: Sara

Themes: family, pregnancy, homelessness, child protective services, team dynamics

Sara, who is 36 weeks pregnant and has diabetes, and her 3-year-old daughter had been living with Sara's aunt for two years. Her aunt received an eviction notice but waited until the day of the eviction to tell Sara that they had to move out. Sara had nowhere else to go so she went to an emergency shelter with her daughter. She has now been homeless for two months and is worried that child protective services could get involved if she doesn't have stable housing for her newborn and daughter. During the past six months, Sara has been exhibiting symptoms of generalized anxiety disorder (GAD): excessive worry that is hard for her to control, impaired concentration, irritability, and difficulty sleeping. One team member believes she should be diagnosed with GAD and provided medications while another thinks that addressing the root cause of her anxiety would better ease her symptoms.

Scenario 11: Reginald

Themes: encampments, veteran, mobility, trust, documentation

Reginald is a 57-year-old man who lives in an encampment by the river. He experiences paranoia, does not trust many people, and does not leave his tent often. Reginald also has difficulty with his mobility and others in the camp often assist him with what he needs. He has a walker, but it is difficult to use in the terrain where he lives and with his lower extremity conditions. There are maggots crawling in and out of the sores on his legs and feet. Reginald is a veteran and all of his documentation is missing. Someone from the encampment psychologically and physically helped him reach your services.

Activating incidents

Pair one or more of the following activating incidents with a story from your team or one of the above scenarios and then role play that situation.

- Engaging the individual at the first meeting
- Introducing yourself and your program
- Asking about goals
- Developing the care plan
- You and your teammates disagree on care approaches
- The individual does not show up for an appointment
- The individual returns to using drugs (if applicable)
- The individual stops paying rent
- The individual asks you to help them move on a non-work day
- The individual expressed suicidal or homicidal ideations
- Your work will the individual is nearing its end

Discussion questions

Use the following discussion questions to facilitate conversation before or after a role play or simulation.

Domain: Human complexity and context

1. What are a few considerations relevant to this person's physical and behavioral health status?
2. What are the major factors affecting this person's health and well-being?
3. What are this person's strengths?
4. What is a trauma-informed approach to this situation?
5. What is a harm reduction approach to this situation?
6. How do you incorporate this person's values, preferences, and goals into your treatment plan?
7. What are this person's goals?
8. How are community-level and/or systemic health disparities showing up in this situation?

Domain: Personal and professional commitment and ethics

1. How can you help this person cultivate resilience?
2. How can you use respectful and person-first language to speak about and to this person?
3. What type of vicarious trauma do you anticipate you might experience in this situation and how can you prevent or address it?
4. How do you as the frontline staff member stay motivated and engaged?
5. What biases do you hold about this person and their situation?
6. How can you demonstrate an openness to and celebration of this person's personal and cultural identities?
7. How do you establish appropriate boundaries with this person during the first encounter?

Domain: Person-centered, relationship-powered care

1. How can you begin to create an authentic healing relationship with this person?
2. How do you know if your approach is appropriate with this person?
3. How do you create a shared care plan with this person? What challenges might arise in the care plan?
4. What does this person need to feel safe? How do you figure that out?
5. What is this person's motivation? How do you help drive motivation when individuals are experiencing numerous complexities and challenges?
6. What other social and medical care supports does this person need?
7. How do you seek to motivate this individual when they feel defeated or hopeless?
8. How can you help this individual create sustainable change for themself?
9. What stage of change (transtheoretical model) are they in with respect to their goals? How can you help motivate and sustain movement toward behavior change?

Domain: Integrated team collaboration

1. What is your role in providing care to this person? What are your teammates' roles? How does your role fit with your teammates' roles?
2. What are the team's goals? If these aren't shared by the individual, how do you align the team's goals with this person's goals?
3. How do you find out the best way to communicate with this person?
4. How is communication with the individual different from communication with your teammates?

5. What are three techniques to prevent conflict with teammates?
6. How can you show trust, mutual respect, and humility to listen to and incorporate your teammates' skills and perspectives?

Domain: Diverse information management

1. In what way is the information that you have about this person biased?
2. What is the root cause of this individual's poor health and well-being?
3. What are three concrete reasons that this person might have poorer or better health and well-being than someone of a different race, gender, or nationality?
4. Which evidence-based practices apply? How can you adapt the practice to be more appropriate to this person?
5. What more information (e.g., on conditions, goals, community resources) do you need to collect and where can you find that information?
6. What have you learned from working with this person that others may benefit from?
7. How do you measure "success" for this individual and for yourself as frontline staff?

Domain: Systems complexity and context

1. What other systems or sectors is this person interacting with and how are those systems or sectors caring for this person?
2. How do you partner with another organization to provide services and support to this individual? How do you collaborate and communicate with them?
3. What barriers do they face in accessing care?
4. What federal, state, local, or organizational policies affect this person and the care they receive?
5. What other organizations or people in your own community can you partner with to make systems-level change to help this person?
6. What is accepted as a "norm" that is hurting this person? How can you use your power, privilege, and access to advocate for that norm to change?
7. How can you support this person in telling their story to other practitioners, to advocate for themselves and/or to advocate for their community?
8. How can you use empowering story sharing practices to support this person in advocating for their community and influencing decision makers, legislators, and policymakers? What would informed consent look like for this person and when is an appropriate time to ask?
9. What aspects of your organization might harm or not help this person? How can you change those?