Introduction to Clinical Case Study

Patricia Stahura, RN, MSN

Case Study
Patient Case Study

Dr. Smith sees Ms. Key for physical exams and for acute care

Ms. Key has high blood pressure (hypertension), moderate obesity (BMI > 25), is a smoker, and has a family history of melanoma (skin cancer), lung cancer, and diabetes

Ms. Key is a 46-year-old female and English is her second language

Case Study Continued

Ms. Key had not attended smoking cessation classes and had not been to see her dermatologist

The PA gave Ms. Key a referral to the dermatologist and encouraged smoking cessation

The physician assistant saw Ms. Key for an upper respiratory infection. He notes that Ms. Key was never called about her mammogram results

In the past, Ms. Key has seen a dermatologist due to her family history of melanoma; Dr. Smith orders a mammogram
Case Study Continued

- Ms. Key next presented to the health center with some pain in her upper left arm
- Dr. Smith noted a quarter-sized darkened lesion with a regular border
- Ms. Key had not seen the dermatologist in more than 5 years
- Dr. Smith became agitated with Ms. Key’s non-compliance
- Dr. Smith gave Ms. Key a referral to the dermatologist and recommended a mild analgesic

The medical assistant learns that Ms. Key had been to the ED and leaves Ms. Key messages to come in for follow up

Two weeks later, Ms. Key sees the PA

The lesion is larger and has discharge

The PA orders bloodwork

The PA assists with setting up a dermatology appointment
**Case Study Continued**

- On the following Thursday evening, Ms. Key contacted the urgent message after-hours line and requested pain medication.
- Dr. Caine, the physician on call, questioned Ms. Key about her request.
- Ms. Key reports intense pain and a yellow stain on the bandage.
- Ms. Key could not reach the dermatologist.
- Dr. Caine:
  - Provided a 3-day supply of pain medication.
  - Refilled her antibiotic.
  - Requested Ms. Key come in to the office on Monday.

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**Case Study Continued**

Ms. Key was seen at the local pharmacy's urgent care by a nurse practitioner, diagnosed with a wound infection.

Ms. Key received the pain medication, but not the antibiotic.

Ms. Key did not keep her appointment that Monday.

The on-call physician left a message for the MA to follow up with the dermatologist.

Dr. Smith learns of Ms. Key's recent visit to urgent care and recommends no prescription refills until she is seen in the clinic.
Case Study Continued

- The pathology report identified a stage 2 melanoma and recommended a lymph node biopsy to determine if the cancer had spread
- Dr. Derm’s notes revealed that Ms. Key had not kept her postoperative appointments
- Dr. Smith again requested to see Ms. Key, but she did not keep her appointment

Dr. Downs, the health center medical director, reviewed Ms. Key’s chart, medical and social history, and chronology

Concurrently the RM and QI teams identify potential and actual gaps in care and submit the case for peer review

Dr. Downs also recommended a peer review of Dr. Smith and Dr. Caine

Ms. Key attends care conference and receives additional assistance