



It's a new day in...

The Neighborhood

Version 3.0



"Our students now understand patient and family care in ways that they never have before."

- Associate Professor Karen Lea



Photography by: Allison Jones

It's a NEW Day in... *the Neighborhood* – Introducing 3.0!

The completely redesigned *Neighborhood 3.0* is a collection of virtual patient stories that allows faculty to bring a cohesive, holistic view of patients to their courses – providing opportunity to cultivate clinical decision making skills. Patient stories are brought to life by assignable, interactive learning tools such as new Clinical Care Sims and Decision Making Cases that can support the classroom, homework, and simulation lab. The Neighborhood's, straightforward, redesigned instructor support resources also make it easy to incorporate patients into the classroom on day one.

- **What is The Neighborhood?** The completely redesigned Neighborhood is a virtual patient community that allows students to follow patients through their care journey via interactive, dynamic and assignable resources. Patient stories provide students with a cohesive understanding of patients, which drives retention and engagement.
- **How is The Neighborhood used in a course?** The Neighborhood's new, straightforward instructor support makes it easy to bring virtual patients into the classroom on day one. Premade lesson plans and discussion guides, organized by diagnosis allow faculty to easily select resources that will meet course goals. Virtual patients can be used to apply key concepts throughout the curriculum, before, during and after both lecture and clinical– in person or online.
- **What resources support The Neighborhood?** Stories are supported by interactive, assignable dynamic digital assets such as the new Clinical Care Sims and Decision Making Cases. These resources punctuate key moments in patient stories, allowing students to apply what they have learned and develop clinical decision making skills.

The Neighborhood is... A Virtual Community!

The Neighborhood is a virtual community specifically designed to enhance nursing education, and represents a paradigm shift in teaching and learning.

Features of this virtual community:

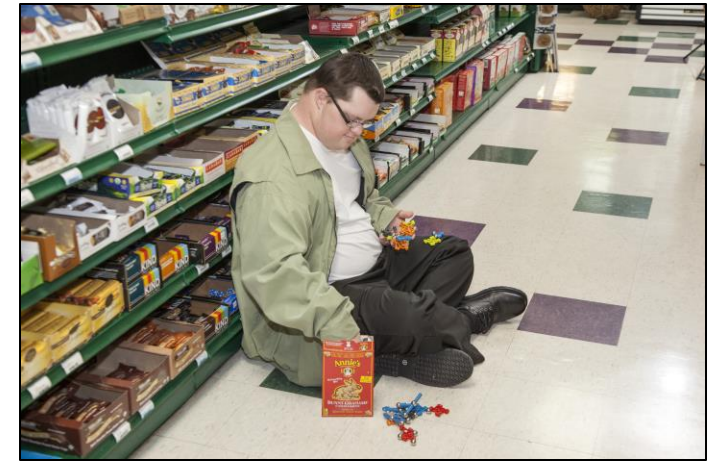
- Numerous households with unique characters offer standardized patients
- Various community agencies: schools, a senior center, outpatient offices, clinics, and a hospital
- Representations from various cultural groups, lifespans, health-illness and socioeconomic spectrums



The Neighborhood is... Engagement through Storytelling!

***The Neighborhood* walks students through the lived experiences of the characters,** enabling students to gain an appreciation for personal issues and competing variables that are often not captured by journal articles and textbooks.

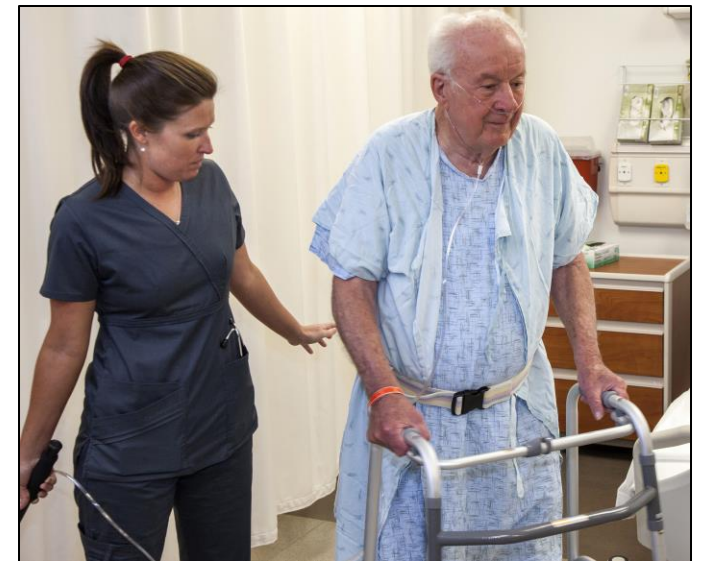
The Neighborhood provides a mechanism for learning concepts in a meaningful context.



The Neighborhood is... Real World Application!

***The Neighborhood* fosters clinical decision making.** It provides an opportunity to practice critical thinking through virtual simulation and clinical decision-making exercises. Students can apply concepts learned in class, to a virtual patient, with a rich character story.

The character stories provide a virtual experience that enables students to think critically and analyze circumstances in the context of realistic situations, thus enhancing affective learning.



The Neighborhood is... Case Based Learning!

The Neighborhood represents a unique form of case-based learning. The longitudinal application (over multiple academic terms), the interrelationship among the characters and community, and the fact that cases are told from the perspective of the characters represent significant differences from the traditional case-based approach.



The Neighborhood will be...

Continually expanding and improving!

Patient households in The Neighborhood will all include stories in the eBook.

- Select families will include rich assets like Clinical Care Sims, Decision Making Cases, Pathophysiology Animations, Assessment Activities
- Other families will consist of only Narrative Stories

Rich media assets will be added to the narrative stories in the coming year.

- This approach gives faculty more patients to incorporate into their courses
- Narrative stories will be included in Instructor's Resource Guide /
Diagnosis Lesson Plan



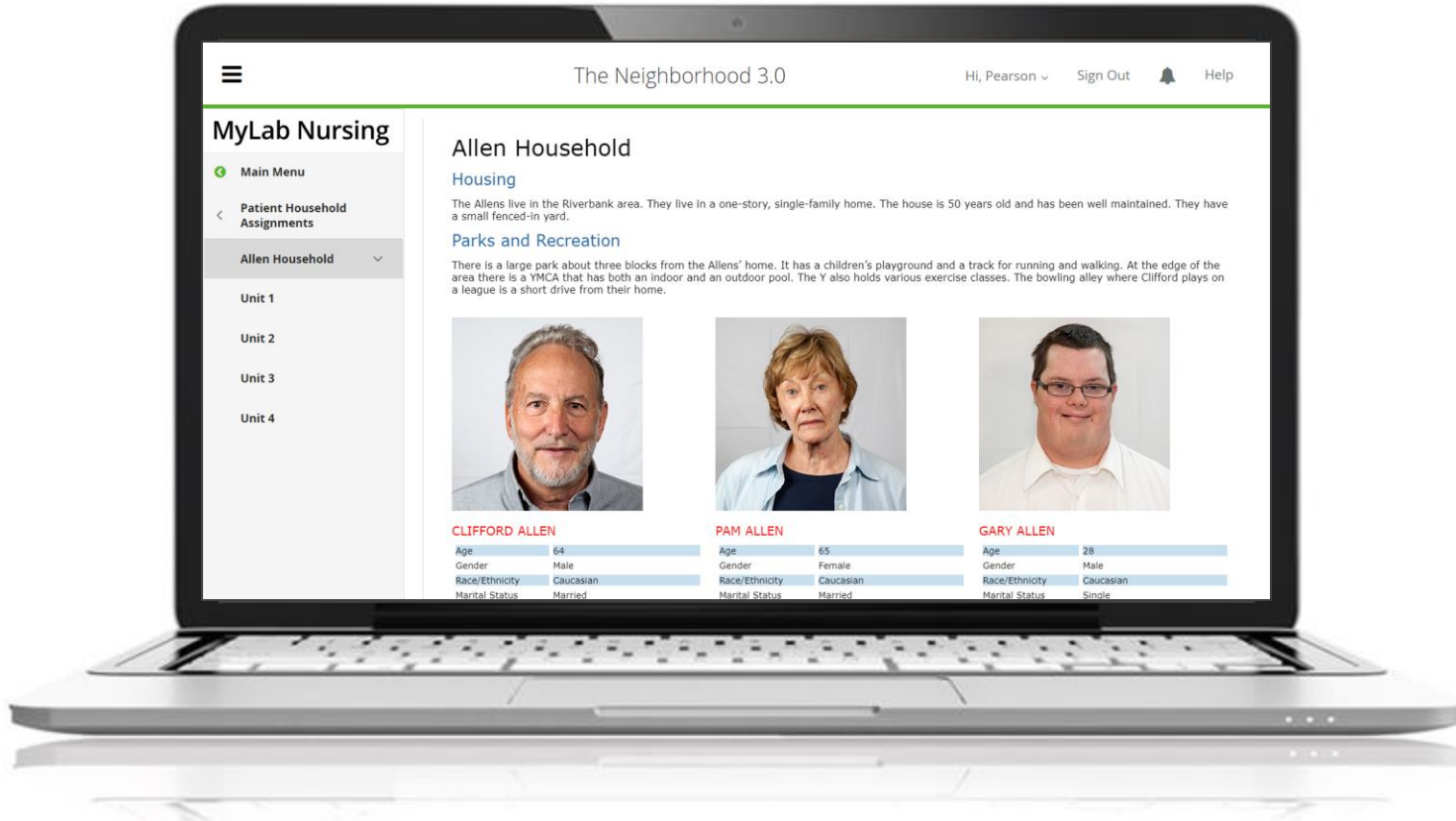
"The Neighborhood makes my course come alive because students are caring for real patients with real conditions."

- Cynthia Fenske, DNP, RN, CNE, Concordia University



Photography by: Patrice Jones

The Neighborhood



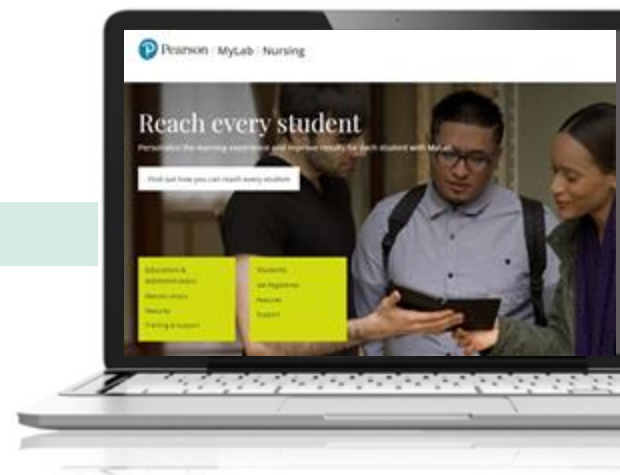
Features include:

- Patient Stories
- Integrated Art, Videos and Electronic Health Records
- Clinical Care Sims
- Decision Making Cases
- Pathophysiology Animations
- Assessment Activities

Delivered via MyLab Nursing

- Assignable resources
- Classroom management tools
- Robust Gradebook
- Instructor's Resources

The Neighborhood eText



New to 3.0 based on user-feedback

With version 3.0, *The Neighborhood* now includes an eText highlighting the families most popular among longtime users of *The Neighborhood*.

The stories of *select* family members have been expanded from the 2.0 version, inviting students and faculty to engage in more in-depth discussion of complex health issues within the context of family life.

The Neighborhood will be **continuing to evolve and expand** – with more families and stories added as each version is released.

The e-text provides:

- More in-depth patient stories
- More cohesiveness of structure than the episodic format provides
- Greater coordination between stories and critical thinking exercises



Background Information

Housing

Mrs. James lives in a small one-story home in the South end of The Neighborhood. She lives close to the manufacturing area.

Parks and Recreation

There are a few parks in the area, but some of them are in disrepair.

Services

The Senior Center is close to the James home. There is a grocery store within walking distance and bus service to the area.

Personal Information

Age	66
Gender	Female
Race/Ethnicity	Caucasian
Marital Status	Widowed
Children	1 adult son
Religion	Dislikes organized religion
Hobbies	Watching TV, reading, doing crossword and jigsaw puzzles; loves cats
Volunteer Service	None; rescues cats when able
Support System	Mostly isolated since her husband's death; eventually reunites with her son, Brian

Background

Norma James is a 66-year-old widow who lives alone in a small three-bedroom home she has owned for 25 years. Her husband of 39 years, Thomas James, died from cancer 4 years ago. She still misses him, especially as she has never been very close with their son, Brian, who is 42 years old. Mrs. James has limited contact with Brian, who lives in another state and rarely calls or visits. Brian and his wife have three children. Mrs. James has been angry with Brian since the death of her husband because Brian was unwilling to move back to The Neighborhood to be near her.

Mrs. James never attended college and did not have a professional career, although she held a variety of part-time and full-time jobs over the years. She worked for a couple of years after her husband died, but she was laid off when the company downsized. Because she receives a portion of her late husband's Social Security benefit and was nearing retirement herself, she decided not to find another job. Last year she became eligible for Social Security and has relied on the combined benefits as her only income. She also has a small savings account. Mrs. James is very conscious of her fixed income and limits her spending as much as possible.

Although she has lived in The Neighborhood for years, Mrs. James is somewhat isolated socially. She does not particularly like people and is distrustful of those she does not know. She has not kept in contact with former work colleagues. She does not belong to a church or other social group, preferring the company of her son. She spends most of her time alone at home and occupies herself by watching television,



expects she will probably get a bill. Mrs. James later sees Carol and tells her someone cut back the bushes and mowed her lawn. Carol said she talked to some of the women at her church about her situation, and that Mary Martin said her grandson might be able to help. Mrs. James is glad the bushes have been cut back and her lawn freshly mowed, but she does not like the fact that Carol was talking about her with people at the church.

Neighborhood News

Neighborhood Sees Rise in Illegal Drug Activity

The Neighborhood Police Department claims that drug activity and illegal drug use in The Neighborhood are on the rise. In the last year, three methamphetamine labs were busted, and there have been several arrests for sales and trafficking in fentanyl. This coincides with increases in drug-related motor-vehicle accidents and a rise in births of opiate-addicted babies at The Neighborhood Hospital. The elderly community is blaming the rise of drugs on changing values. "I do not know what has happened to this community. When I was young, drugs were nonexistent in this community," said Rayleen Cordova.

Over the weekend, Mrs. James runs out of her diabetes medicine (metformin). When she calls the drugstore to get it refilled, she is informed that her prescription has expired. She declines the pharmacist's offer to put in a request for a prescription renewal because she suspects the request will be denied since she has not made it back to the physician's office for her follow-up appointments. Mrs. James goes to the Senior Center Wellness Clinic first thing Monday morning to see if Karen can help her. Mrs. James is annoyed when she sees the student nurse, Jacob, at the clinic again. She hopes he does not ask her about all the medications he looked at during her last visit. He measures her blood glucose (320 mg/dL) and takes her other vital signs: BP 122/84 mmHg; P 60, reg; R 14; T 36.9°C/98.5°F; SpO₂ 98%; Pain 0/10; INR 2.6.

Karen talks with Mrs. James and learns that she is out of her "sugar pills." Karen asks when Mrs. James ran out and learns it has been two days since Mrs. James took the last dose.

Neighborhood Rehabilitation Center

Point-in-Time Record

Patient Information

Last Name James	First Name Norma	Address: The Neighborhood	Age/Gender 66 / F	Marital Status Widow	Occupation Retired
Race White, non-Hispanic	Emergency Contact Brian James (son)		Emergency Contact Phone 555-xxx-xxxx		Education HS
Insurance Medicare	Current Conditions: Type 2 DM Hypertension Hyperlipidemia Atrial fibrillation Ischemic stroke, 1 week ago		Allergies: Penicillin		Hospital Neighborhood Hospital
Vital Signs T 98.4°F RR 20 HR 96 BP 138/86 SpO ₂ 99% BG 121 RBS Height 64 in Weight 135 lb	Medications/Route of Administration glipizide 30 mg PO daily before breakfast metformin (Glucophage) 1500 mg PO twice a day with meal lisinopril 20 mg PO daily atorvastatin (Lipitor) 20 mg PO daily metoprolol tartrate (Toprol) 50 mg PO daily warfarin sodium (Coumadin) 5 mg PO every evening docusate (Colace) 100 mg PO daily glargine 10 units subcu daily lispro for bolus dosing subq ac and hs		Laboratory/Diagnostic Data Cholesterol 180 mg/dL HDL-C 52 mg/dL LDL 132 mg/dL Triglycerides 147 mg/dL Calcium 9.1 mg/dL Sodium 139 mEq/L Potassium 4.1 mEq/L Chloride 101 mEq/L Glucose 132 A1C 8.3 mg/dL BUN 40 mg/dL Creatinine 1.4 mg/dL Albumin .8 g/dL GFR 48 ml/min ALT/AST 22 U/L INR 2.4		
Examination Findings Mentally alert, 66-year-old female appears stated age. Skin: Dry, intact, cool feet. HEENT: PERRLA, hearing and vision intact, no discharge noted, eyes, ears, nose. Mucous membranes moist, no oral lesions noted. Teeth intact, good condition. Weak gag reflex. Expressive aphasia moderately present. Resp: Breathing effortless, lungs clear to auscultation. CV: Heart rate 72, regular. No murmurs or extra heart sounds noted on auscultation. PV: PT = 1+ bilaterally, DP = 1+ bilaterally. Quarter-sized ulcer on right foot approx. 1/4 inch deep. Wound pale with small amount of yellow drainage. Feet cool bilaterally, capillary refill 3 seconds on fingers, 4 seconds on toes. Limited sensation in feet, bilaterally. GI: abdomen flat. PEG feeding tube noted. Abdomen soft, nontender, + bowel sounds auscultated. Musc: Full range of motion. Weakness to right arm 3/5, leg 3/5. Unable to ambulate without assistance. Neuro: Oriented to person, time, place, location.		Therapies/Interventions • PEG enteral feeding, Jevity 65 mL/h; 200 mL free water flushes every 4 hours. • Physical therapy • Occupational therapy • Counseling • Diabetes education, counseling • Smoking cessation counseling			

Karen gives Mrs. James a card signed by several of the people at the Senior Center. She imagines all the people there have been talking about her and tells Karen, "I won't be going back there. I don't need those people to see me like this, especially Mary Martin." Mrs. James is surprised to learn from Karen that it was Mary Martin who organized getting the card and signatures after hearing Brian tell Karen about Norma's stroke.

Not wanting to think anymore about that, Mrs. James tells Karen what a horrible experience she has had. Karen, who is aware that Mrs. James has been very passive, encourages her to work hard, that she needs to work on getting better so she can go home to take care of her cats. Mrs. James tells Karen, "My cats are probably all dead by now and there's no

UNIT 4

Health History Update

Mrs. James has recently completed inpatient rehabilitation and a successful transition home following a stroke. She is continuing outpatient rehabilitation and is under the care of her son Brian.

KNOWN MEDICAL CONDITIONS

- Type 2 diabetes mellitus × 16 years
- Hypertension × 10 years
- Hyperlipidemia × 14 years
- Atrial fibrillation × 3 years
- Resolved diabetic foot ulcer
- Ischemic stroke

CURRENT MEDICATIONS

- **glipizide** 30 mg PO daily before breakfast
- **metformin** (Glucophage) 1500 mg PO twice a day with meal
- **lisinopril** 20 mg PO daily
- **atorvastatin** (Lipitor) 20 mg PO daily
- **metoprolol tartrate** (Toprol) 50 mg PO daily
- **warfarin sodium** (Coumadin) 5 mg PO every evening

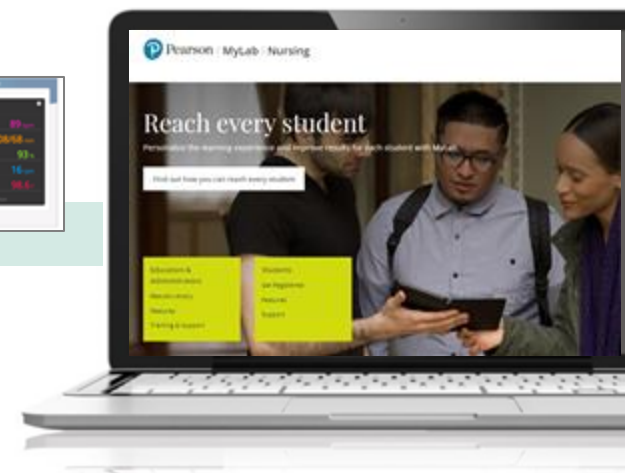
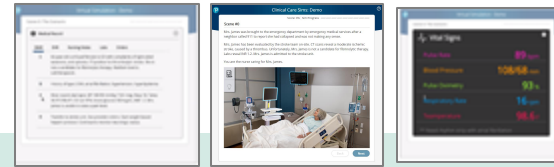
Chapter 13

It has been nearly a month since Mrs. James returned home from the rehabilitation center. Her son Brian has taken her to physical therapy sessions and follow-up physician appointments and has put her on a regular schedule for her medications.

Mrs. James has become accustomed to having her son Brian take care of things around the house. He literally takes care of everything for her, and she has come to expect him to do so. She makes little effort to do any of the housework or meal preparation and instead spends her time sitting in her recliner, watching television and wishing



Clinical Care Sims



Clinical Care Sims: Demo Score: 0% | Sim Progress

Scene #0

Mrs. James was brought to the emergency department by emergency medical services after a neighbor called 911 to report she had collapsed and was not making any sense.

Mrs. James has been evaluated by the stroke team on-site. CT scans reveal a moderate ischemic stroke, caused by a thrombus. Unfortunately, Mrs. James is not a candidate for fibrinolytic therapy. Labs reveal INR 1.2. Mrs. James is admitted to the stroke unit.

You are the nurse caring for Mrs. James.

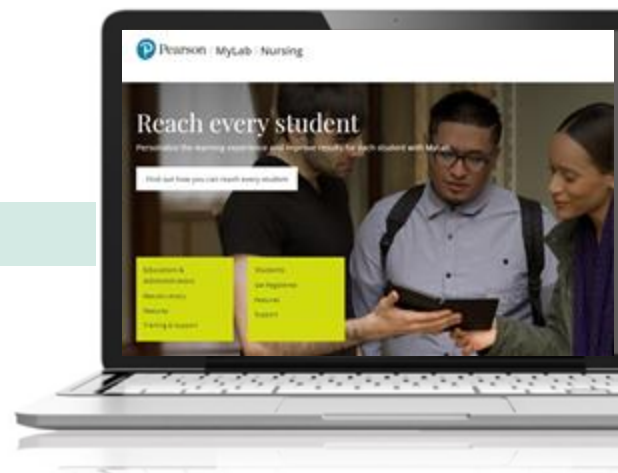


[Back](#) [Next](#)

Drive clinical decision-making!

- Newly developed Clinical Care Sims provide students with the opportunity to interact with a Neighborhood character in a clinic or hospital setting and practice clinical decision-making with regards to their care.
- Hot spot driven interaction, computer-based simulation. Different activities for different hot spots.
- Students choose from optional interactions to simulate a patient care experience.
- Students will always be placed on the right path as they move along. Each “scene” has a correct / incorrect path – but they will see results before moving ahead.

Decision Making Cases



Help students “think like a nurse”!

- Clinical decision-making case studies give students practice analyzing information and making important decisions in patient care scenarios.
- Scenario is provided and student answers multiple choice questions to guide down a path.
- Immediate feedback and remediation.

Instructions

Welcome to Pearson's clinical decision making cases. Designed to help you hone your clinical reasoning skills, these cases will navigate you through a series of decisions, both action- and knowledge-based.

You will be able to see your decision path on the navigation bar. Throughout the case, new information will become available and be presented via reference tools found in the navigation bar.

Each decision that you make will be scored, and you will be provided with rationales and feedback on your decisions. All submissions are final; you cannot go backwards in the case to change your decisions.

PEARSON Privacy

FUNDAMENTALS DECISION MAKING CASE 9

CASE

YOUR DECISIONS

SBAR

ELECTRONIC HEALTH RECORD

Prioritizing Care

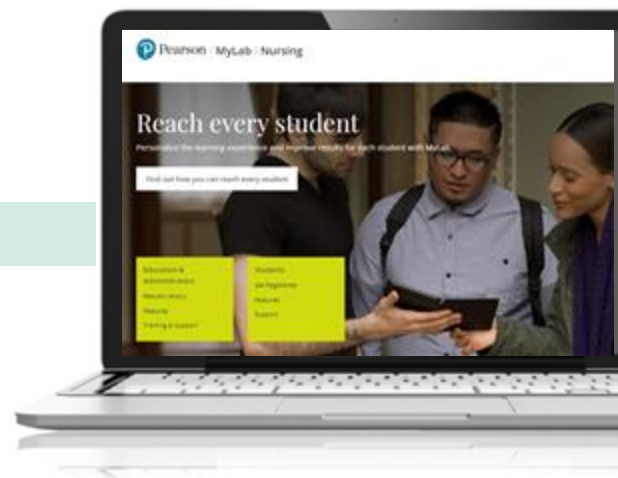
ACTION DECISION

Prioritization of care is primary to the concept of clinical reasoning. Which client should be assessed first and is at greatest risk of an adverse event due to an electrolyte imbalance?

- Mr. Eddy, the 70-year-old male client with congestive heart failure
- Mr. Smith, the 65-year-old male client with a diagnosis of multiple myeloma
- Mrs. Suzuki, the 82-year-old female client with dementia
- Ms. Jones, the 35-year-old female client with alcohol dependence

Submit Decision

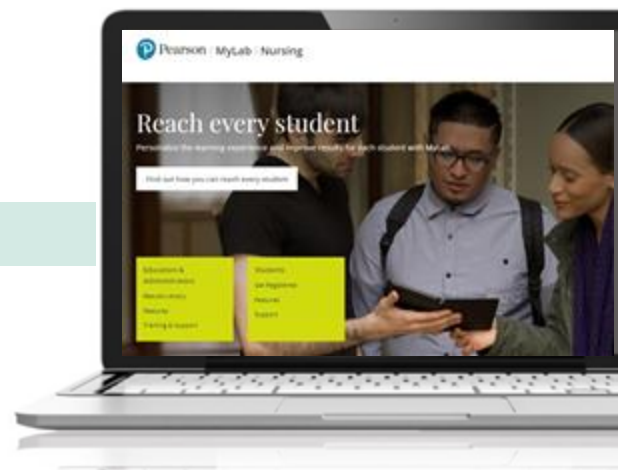
Pathophysiology Animations





Foster an understanding pathophysiology processes!

- For each of the five featured households, pathophysiology animations explore the relationships between selected risk factors and disease processes.

Assessment Activities



 Question Help 

The nurse is caring for a 17-year-old male client who reports a recent injury to the left thoracic cage.

Health History
Client reports injuring his left ribs after being struck by a mechanically pitched baseball in a batting cage last week. He has significant bruising and feels light headed. He also reports having some intermittent pain in the left shoulder. He denies any shortness of breath, but has some discomfort in the left lower chest when taking a deep breath. He reports feeling abdominal fullness and is occasionally nauseous. Patient has no significant past medical history. His surgical history includes an arthroscopic repair to the left shoulder for a torn rotator cuff last year. He has not felt well enough to attend baseball practice since the injury.

Nurses' Notes
- Lorem ipsum dolor sit amet.
- Consectetur adipiscing elit.
- Cras rhoncus tristique mauris, sit amet tempor urna sollicitudin ut. Morbi ligula quam, accumsan et blandit vitae, volutpat a lorem.
- Praesent suscipit enim lobortis rutrum tincidunt.
- Pellentesque varius massa et condimentum efficitur.
- Sed id leo tincidunt, interdum arcu a, convallis magna. Proin vel commodo lorem. Suspendisse potenti.

Vital Signs
Maecenas lobortis ante at euismod fringilla. Sed venenatis ultrices sapien at luctus. Morbi lacinia erat consequat, ullamcorper dui ut, fringilla enim. Quisque eu felis sagittis, cursus elit vel, posuere nisi. Nullam dictum facilisis mauris, sit amet ultrices augue molestie non. Integer fermentum nunc elit, ac elementum nibh ultrices tincidunt. Integer mollis augue eu viverra dapibus. Sed finibus volutpat urna. Nullam dictum ligula nec lectus hendrerit, eu mattis ante accumsan. Donec a ultrices nisi. Nam dui urna, consequat vel tempus ut, dignissim eu diam. Nunc massa lacus, dignissim eu lobortis at, efficitur eu libero. In ultrices purus sollicitudin dui eleifend, non porta risus consectetur. Vestibulum molestie vehicula magna vitae tristique. Nam condimentum lectus non erat eleifend, malesuada pellentesque erat molestie.

The nurse is initiating the client's plan of care.

Complete the following sentences by using the list of options. Select all that apply.

The nurse should first address the client's:

- mobility therapy.
- laboratory test results.
- compliancy level.
- mental health.
- action status.

The next course of action would be to address the client's:

- energy conservation.
- abdominal pain.
- bedbound care.
- respiratory status.

A lab result has come back. Purple cell count is now 100ml. Based on the answers above and this lab result, the priority nursing intervention is now:

- bedbound care.
- infection control.
- mobility therapy.
- respiratory status.
- action status.

Next Generation NCLEX and standard NCLEX format.

Instructor's Resources

1. Instructor's Resource Guide

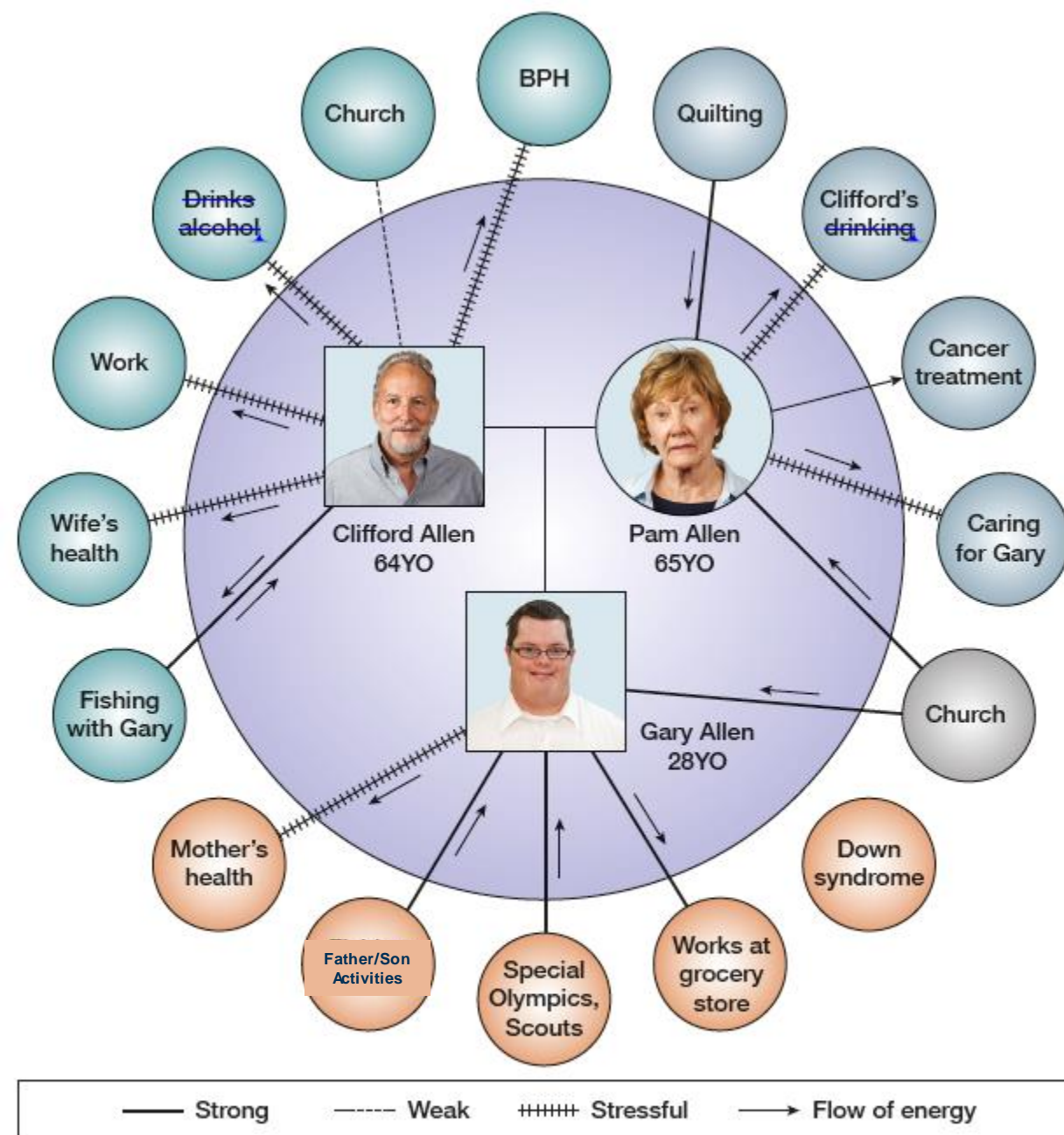
- A companion for faculty and guide on how to use patients in your classroom easily

2. Household summary

- Quickly see what each household is all about
 - Summary / Quick view map / Asset Listing
- Pickup materials as you need them

3. Diagnosis Lesson Plans

- Organized by Diagnosis/Exemplar
 - Content sets and use case guidance organized by diagnosis
- Including activities and discussion points
- Premade assignments in MyLab make it easy to assign
- Bring relevant, holistic patients into the course



Clifford (age 64), Pam (65), and Gary Allen (28) have lived in The Neighborhood for their entire lives. Clifford and Pam have been married for 37 years. Gary, their only child, has Down syndrome and lives with them. Through the course of this story, Pam

About the Author

Jean Foret Giddens, PhD, RN

Jean Foret Giddens, RN, PhD, is Dean and Professor at the Virginia Commonwealth University School of Nursing in Richmond, Virginia, and an alumna of the Robert Wood Johnson Executive Nurse Fellow Program. A nurse educator for over 30 years, she is a nursing education thought leader and internationally recognized expert in curriculum design, conceptual learning, educational research, and innovative teaching strategies. She has authored and contributed to over 100 publications including textbooks, media products, and peer-reviewed journal articles. In addition, Dr. Giddens has presented her work extensively at multiple national and international meetings.

Dr. Giddens originally developed *The Neighborhood* in 2006–2007 as a conceptual learning strategy for students attending the University of New Mexico nursing program. As one of the first virtual communities, interest in *The Neighborhood* led to grant funding to study the benefits to learners and adoption by other nursing schools across the United States.



Learn More Online.

The screenshot shows the Pearson website's landing page for 'The Neighborhood 3.0'. At the top, the Pearson logo is on the left, and navigation links for 'PreK-12 Education', 'Higher Education', 'Industry & Professional', and 'About Us' are in the center. A search bar is on the right. Below this is a teal navigation bar with dropdown menus for 'Subject Catalog', 'Products & Services for Teaching', 'Products & Services for Institutions', 'Customers', 'Events', and 'Why Choose Pearson?'. A breadcrumb trail below the navigation bar reads: 'Higher Education > Products & Services for Teaching > Digital Learning Environments > The Neighborhood 3.0'. The main content area has a dark blue background with the title 'The Neighborhood 3.0' and a sub-headline: 'This redesigned virtual community uses storytelling to build clinical decision-making skills and teach the value of total patient care.' To the right, a white box titled 'Learn more' contains the text: 'Find out how students are completing clinical rounds with The Neighborhood 3.0.' Below this text is a yellow 'Request information' button. At the bottom of the main content area, there are four tabs: 'Overview', 'Request Information', 'Benefits', and 'Testimonials'. Below the tabs, the text reads: 'It's a new day in The Neighborhood 3.0' followed by a paragraph: 'Compassionate nursing is at the heart of total patient care. In the completely redesigned Neighborhood 3.0, students get to know virtual patients intimately through cohesive, holistic life stories. As they deepen their grasp of the patient experience, they also perfect their clinical decision-making skills.' On the right side of the page, there is a photograph of a woman with curly hair wearing a yellow shirt and headphones, sitting on a couch and using a laptop.



Pearson