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Riverbend City: Sheldon Greenberg Case Study

**Introduction: Welcome to Riverbend City**

**Expository Text:**Sheldon Greenberg, a retired postal worker, was exposed to airborne chemicals after a train derailment and hazardous materials spill. When he was taken to the Riverbend City Medical Center Emergency Department, health care providers quickly determined that his bone cancer, which was thought to be in remission, has metastasized to his lungs and liver. While the medical staff address his physical needs, his family must work with the medical social worker to arrange his discharge and aftercare.

**Instructional Text:** As you watch this case unfold, consider how different theoretical models could be employed and what issues are being illustrated by this case. Consider also the different systems — micro, mezzo, and macro — and what research topics within these systems are suggested by this case.

**Characters in this Mission:**

Chandra Capshaw – Hospital Social Worker  
Jon Conklin – Hospital Social Worker  
Bruce Greenberg – Riverbend City Public Schools Superintendent  
Sheldon Greenberg – Riverbend City Resident  
Shirley Greenberg – Riverbend City Resident  
Sheila Meeks – RN–Day Shift Triage Nurse, RCMC  
Justine Nelson – RN–Hospice Nurse  
April Nguyen – Case Manager, RSS  
Rita Woods – RN–Hospice Nurse, RCMC  
Edmond Yee – MD–ER Medical Director RCMC

**Scene 1: RIVERBEND CITY MEDICAL CENTER, EMERGENCY ROOM**

**Expository Text:** Sheldon Greenberg, an elderly resident of the Rondo neighborhood in Riverbend City is exposed to the chemical cloud that resulted from the train derailment. He is taken via ambulance to the emergency room, accompanied by his son, Bruce. Once in the hospital, it is determined that the bone cancer that he and his family thought was in remission has returned and metastasized to his lungs and liver.

**Instructional Prompt:** Click on the highlighted characters to learn more about Sheldon Greenberg's case.

**Dialogue 01:  Nurse Sheila Meeks tends to Sheldon Greenberg, who has been intubated.**

SHEILA:

Hi. I'm Sheila. Are you Mr. Greenberg's son?

BRUCE (anxious and frantic):

Yes, I'm Bruce Greenberg. I came as soon as I heard. How is he doing?

SHEILA:

Well, he was intubated in the ambulance, and he's breathing much better now.

BRUCE:

Oh, thank goodness! Dad lives near the elementary school and was out taking his morning walk, and wow! Who would have thought there'd be a train derailment and a chemical cloud?

SHEILA:

I know. It's crazy. I actually remember your father. He was in here last week with your mother when she broke her finger. He was very proud to show me a picture of his great-granddaughter.

BRUCE:

That's my dad. Making friends wherever he goes.

SHEILA:

I am concerned about your father's lungs. His breathing doesn't seem normal. Does your father have any medical conditions?

BRUCE:

Yes, he has multiple myeloma. Bone cancer, stage 2. He's had it for a year and it's been under control. But he's been having some breathing pain lately, so I was going to take him to his oncologist later this week. You don't think he needs a CAT scan, do you?

SHEILA:

He might. I'm going to ask Dr. Yee to take a look at him just as soon as he's available.

BRUCE:

Thank you, Sheila! Dad? Daddy, it's me, Bruce. I'm here. Everything is going to be okay.

**Dialogue 02:  Dr. Yee breaks the news to Sheldon Greenberg's wife and son.**

EDMOND:

Hello, Mrs. Greenberg, Mr. Greenberg. I'm Dr. Yee.

SHEILA:

And I'm Sheila, Mrs. Greenberg. Do you remember me?

SHIRLEY:

Of course, dear. You taped up my finger.

BRUCE:

How is my father, doctor?

EDMOND:

Well, first of all, his breathing from the chemical exposure has stabilized. As you know, we conducted a CAT scan to find out why Mr. Greenberg was breathing irregularly. (pause) Unfortunately, I'm sorry to say that Mr. Greenberg's cancer has spread. We found large tumors in his right lung and liver.

BRUCE (quietly):

Oh no.

SHIRLEY:

Doctor, that can't be. Sheldon has bone cancer, but our oncologist said that Sheldon could live for up to 10 years.

EDMOND:

We'll definitely bring your oncologist in for a full examination. In the meantime, we'll do everything we can to make Mr. Greenberg comfortable.

BRUCE:

Doctor, how bad is it?

EDMOND:

Like I said, we do need to have your father's oncologist come in for a complete evaluation. However, based on the CAT scan, I'm sorry to say that this looks very serious. I think your father is in the end stages of cancer.

SHIRLEY (crying, frantic):

No! That can't be true! He was fine this morning. There must be a mistake.

SHEILA:

I'm so sorry, Mrs. Greenberg.

**Dialogue 03:  Sheldon Greenberg learns that his cancer has spread.**

BRUCE:

Hello, Dad. How are you feeling?

SHELDON:

Oh, I've had better days! I'm breathing at least.

EDMOND:

Mr. Greenberg, I'm Dr. Yee. I need to talk to you about the results of your CAT scan.

SHELDON:

Yes, Doctor?

EDMOND:

Mr. Greenberg, I'm very sorry to tell that your cancer has spread. We've found large tumors in your right lung and your liver.

SHELDON (long pause):

Wow. I wasn't expecting to hear that. How much longer do I have?

EDMOND:

I don't know, Mr. Greenberg. We're going to bring your oncologist in for a full examination.

SHELDON:

But it doesn't look good, huh?

EDMOND:

No, sir. It doesn't look good. It looks like end stage cancer.

SHIRLEY (sobbing):

Oh, Sheldon!

SHELDON:

Shirley, don't cry, sweetheart. We've had a good life together. I even got to live to see my great-granddaughter.

SHEILA:

I'm so sorry, Mr. Greenberg. We're going to do everything we can for you.

**Scene 2: RIVERBEND CITY MEDICAL CENTER, HOSPICE WARD**

**Expository Text:** Sheldon Greenberg is moved up to the hospice floor of the hospital. His situation deteriorates quickly. He is in a good deal of pain.

**Instructional Prompt:** Click on the highlighted characters to learn more about Sheldon's case.

**Dialogue 04:  Hospice Nurse Supervisor Rita Woods talks to Justine Nelson about the Greenberg family.**

RITA:

So, Justine, how are things going with the Greenbergs?

JUSTINE:

Oh, Rita, just awful! Mrs. Greenberg won't even speak to me now. She's so angry at me about the morphine. I don't know what to do.

RITA:

Well, you were in the right about the morphine. The patient's wishes have to come before the family's. This isn't the last time you're going to have a conflict like this one.

JUSTINE:

I know… but I feel terrible. And she's not communicating with me, which is a real problem. Her son talks to me, but I need to be able to speak with her as well.

RITA:

How do you think she's responding to her husband's illness?

JUSTINE:

Not well at all. She sits by his bed all day and sobs. Her son tries to get her to eat, and she doesn't. It's like she's shutting herself down. I guess I understand. I mean, can you imagine being married to someone for 60 years and then knowing he's about to die?

RITA:

It sounds like we could use a little help here. I'm going to call in Chandra Capshaw, one of the hospital social workers. She has experience with these kinds of situations. We need to open the lines of communication between you and Mrs. Greenberg, and help her get the support she needs during this time. And we also need to help the family make a decision about whether Mr. Greenberg is going to stay here or spend his last days at home.

**Scene 3: RIVERBEND CITY MEDICAL CENTER, MEETING ROOM**

**Expository Text:** The Greenbergs meet with Chandra Capshaw, a hospital social worker.

**Instructional Prompt:** Click any highlighted character or object to continue.

**Dialogue 05:  Chandra helps build an open line of communication between Shirley Greenberg and Justine Nelson.**

CHANDRA:

Mrs. Greenberg, I understand you haven't been willing to talk with Justine and the other hospice nurses. Can you tell me what's going on?

SHIRLEY:

I don't want to talk about it.

BRUCE:

Mom, please. (sighs) My mother is very upset that my father's morphine drip was increased against her wishes.

SHIRLEY:

I know that's not what Sheldon wants! He wants to be able to talk with us, even if that means he's in pain. He wants to be able to say goodbye to our granddaughters and our great-granddaughter.

CHANDRA:

Justine?

JUSTINE:

Mrs. Greenberg, I am so sorry. I know you didn't want me to increase your husband's morphine drip. But we have to follow hospital policy. Mr. Greenberg asked for more pain relief, and because he's of sound mind, we had to follow his wishes.

CHANDRA:

That is hospital policy, Mrs. Greenberg. I know Justine didn't want to go against your wishes, but she didn't have a choice. I also know that she wants to help you and your family get through this difficult time.

BRUCE:

Mom, you saw how much pain Dad was in. Maybe this is for the best.

SHIRLEY:

I… I don't know…

CHANDRA:

Mrs. Greenberg, do you think you could be more communicative with Justine and the other hospice nurses? The nurses need to be able to ask you questions in order to give your husband the best care they can.

JUSTINE:

I really do want to help, Mrs. Greenberg.

BRUCE:

Mom? Please? Can you agree to be more cooperative?

SHIRLEY (quietly):

I will try.

**Dialogue 06:  Shirley Greenberg opens up about her grief.**

SHIRLEY:

I feel like this happened so suddenly. I know he had cancer, but he was doing so well, and the doctors said that people with multiple myeloma can live with it for years.

CHANDRA:

I know what a shock this is, Mrs. Greenberg. I understand you've been married for 60 years?

SHIRLEY:

Yes. We started dating when I was sixteen. I can't even imagine living my life without Sheldon there. He's been around so long he's like a part of my body.

JUSTINE:

I can only imagine, Mrs. Greenberg.

SHIRLEY:

Sheldon does so many things for me. He pays the bills, he fixes things. He does all the driving when we leave town. I don't like to drive on freeways. How am I going to cope without Sheldon?

BRUCE:

Mom, Terri and I and the girls will always be there for you. You'll never be alone.

CHANDRA:

Bruce, how are you coping?

BRUCE:

I'm doing the best I can. One step at a time. (sighs) My youngest daughter just got engaged, and we're all really sad he's not going to be there for the wedding. I'm an only child, so my dad and I have always been close. He's the kind of dad who never missed one of my ballgames.

CHANDRA:

We have support groups at the hospital for families of terminally ill patients. Would the two of you like more information about them?

BRUCE:

That sounds like a good idea.

**Dialogue 07:  The family discusses options for Sheldon's care.**

BRUCE:

I know we have to discuss where Dad is going to spend the end of his life. The doctors think he's going to be with us for another few months. I know he doesn't want to die in the hospital.

JUSTINE:

You mentioned you were thinking about another hospice.

BRUCE:

Yes. Our rabbi was talking to us about a Jewish hospice that's very close to my home. I've heard good things about it. But I'm not sure that's what my dad wants either.

SHIRLEY:

I want to bring Sheldon home. I know that's what he wants too. But I don't know how I'd be able to take care of him by myself.

CHANDRA:

You wouldn't have to care for him alone, Mrs. Greenberg. If your husband goes home, he'll have home hospice workers assigned.

BRUCE:

I'd like to bring him home too. But how do we arrange for that kind of care?

CHANDRA:

I can help you with that. Many terminal patients choose to die in their homes, and I can make this as easy for you as possible. First, why don't you talk to Mr. Greenberg and see what he wants? How communicative is he right now?

JUSTINE:

He's doing a little better. We might be able to lower the morphine dose.

CHANDRA:

Let's communicate with him as much as we can. If he wants to go home, we'll do everything we can to arrange that.

**Scene 4: RIVERBEND CITY MEDICAL CENTER, MEETING ROOM**

**Expository Text:** The next day finds members of the Greenberg's care team working with a non-profit senior services organization—Riverbend Senior Services—to identify sources of assistance if the family does, in fact, take Sheldon home for in-home hospice care.

**Instructional Prompt:** Click on all highlighted characters to hear their thoughts about the situation.

**Dialogue 08:  April asks some questions about the Greenbergs and their needs.**

APRIL:

It's good to see you both again. How have you been?

JON:

Busy, but good. Yourself? It seems like RSS is always in the news. You've been expanding your outreach, haven't you?

APRIL:

We sure have. Of course, that means we're all busier than ever, but it's good knowing that we're making a difference.

JON:

Well, I am hoping that you can help here. Let me give you the digest version of the Greenberg's situation. Sheldon presented with respiratory issues after exposure to the chemical spill the other day. On examination, though, it was determined that his bone cancer, which had been thought to be in remission, had metastasized to multiple locations. His wife, Shirley, is having a very difficult time accepting this and has been in conflict with the nursing staff over his treatment — particularly in terms of pain management. The family would like to take Sheldon home and receive in-home hospice care — preferably aligned to their Jewish faith.

RITA:

Normally, that's exactly what we'd be encouraging the family to do. But the wife's inability to accept that her husband is dying concerns us. I just wonder — will she be able to care for him? She would definitely need in-home help, but can hospice provide enough help to ensure that Sheldon receives appropriate palliative care throughout the process of dying?

APRIL:

These are good questions and I can help with some of them. We're going to want to tap more than one source of help. Let's start at the beginning, though. Here, I'm going to take notes on the whiteboard while we talk.

JON:

Sure … let me grab my laptop from my office, too. I'll be right back.

**Mission Summary**

Congratulations on completing the Sheldon Greenberg Case Study. You will have an opportunity to talk about this case with your classmates in a discussion question in the course, and you may choose to use this case to generate a topic for your annotated bibliography. As you consider the case, ask yourself the following questions: What skills and resources could you offer as a generalist social worker if you were responding to this situation? What are some of the key concerns you'd want to address? What social issue does this case highlight at the micro, mezzo, or macro levels?