



THE UNIVERSITY of NORTH CAROLINA  
**GREENSBORO**  
School of Nursing

# Faculty Guide

## Discussing End of Life Care with the Daughter of a Patient with Advanced Dementia

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Year: 2022

Source: <https://youtu.be/s1yVKHWpRnY>

## **How These Videos Were Developed**

These patient videos were scripted by UNCG School of Nursing professional educators. The scenarios are fictitious but based upon real circumstances and acted out by professional actors. The videos are available on YouTube and H5p platforms. Interactive questions were inserted into the videos using the h5p.org online platform. Closed captioning is included for increased accessibility.

## **The Academic Practice Partnerships Today for Competent Practitioners**

**Tomorrow** (APPTCPT) video case simulations have been designed to enhance nurse practitioners' skills in health history, advanced physical assessment, diagnostic reasoning, and developing management plans. These video case simulations integrate the *Adult-Gerontology Primary Care Nurse Practitioner Competencies* (AACN, 2016) in the learning objectives.

## **Course Use**

You can link to or embed these videos for your class. H5p videos can be assigned to students to complete as homework or completed in small groups or as a whole class for discussion. H5p videos can be incorporated into a learning management system (LMS) to track student responses. The YouTube videos can be linked or embedded in your course.

# Using these Videos with an LMS for Formative Learning

**Blackboard:** Here are instructions for how to incorporate [h5p videos into Blackboard](#).

## Canvas: Using Canvas with H5P.com

To collect students' scores, you'll need an h5p.com account. To get started with H5P in Canvas just go to [H5P.com](#) and start a 30 days free trial. You should make sure your Canvas admin is ready to [set up the LTI integration](#). By using H5P.com, the content is inserted right away, grades are stored in the gradebook and you can see what your users answered. Then you can download these ANEW patient videos from h5p.org and import them into your h5p.com account using these [import/export instructions](#).

**Moodle:** See these [instructions for using h5p.org with Moodle](#).

## Disclaimer:

As new scientific information becomes available through basic and clinical research, recommended treatments and therapies undergo changes. At the time of development, the authors have done everything possible to make this simulation case accurate with accepted standards at the time of production.

# INTRODUCTION

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This simulation video case, “**Discussing End of Life Care with the Daughter of a Patient with Advanced Dementia,**” presents primary care nurse practitioner learners an opportunity to develop their communication and advanced health assessment skills/knowledge to function in an APRN role. Learners can discuss and collaborate to develop an appropriate plan of care for treatment and address any preventative care needs. The learning focus of this simulation video case can be for nurse practitioner learners early in their clinical management program or be adjusted to learners at the end of their education program by adding content on advance care planning and communication techniques.

# LEARNING OBJECTIVES

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**This video case simulation prepares learners to:**

1. Apply knowledge in advance health assessment to form differential diagnoses based upon scientific knowledge to differentiate between normal and abnormal findings in physiological, psychological and sociological aging in a patient with advanced dementia.
2. Assume a leadership position in facilitating care delivery to a patient at end of life.
3. Advocate for the patient's safety and comfort within the home setting.
4. Discuss with family member the MOST form (or similar form depending on the patients' place of residence) used to document end of life decisions.

5. Assess the family member’s ability to cope with making end of life care decisions.
6. Provide guidance to family member on the cost of end of life care and options for where the delivery of care will occur.
7. Develop a mutually derived plan of end of life care with family member based on an evaluation of the patient and the family member’s support system.
8. Provide education on end of life care to a family member based on appropriate teaching learning theory.

The charts below were developed through a consensus process by the five nurse practitioner faculty experts who independently reviewed the videos and the faculty guides to determine the relevance of the content of the video and assignments with each of the domains, advanced level nursing education competencies, essentials level 2 sub-competencies and the concepts. The competencies, sub-competencies and concepts listed here have an 80% consensus on the item (Polit & Beck, 2006).

**Learners of Advanced Practice Health Professions:**

- Family Nurse Practitioner (FNP)
- Adult-Gerontology Primary Care Nurse Practitioner (AGPCNP)
- Adult-Gerontology Acute Care Nurse Practitioner (AGACNP)
- Physician Assistant (PA)

<b>Concepts for Nursing Practice</b>
Clinical Judgment
Communication
Compassionate Care
Ethics
Evidence-Based Practice
Social Determinants of Health

## Domain, Competencies, and Sub-competencies for Advanced-level Professional Nursing



### Knowledge for Nursing Practice

#### 1.1 - Demonstrate an understanding of the discipline of nursing's distinct perspective

1.1e Translate evidence from nursing science as well as other sciences into practice.

1.1f Demonstrate the application of nursing science to practice.

#### 1.2 - Apply theory and research-based knowledge from nursing, the arts, humanities,

1.2f Synthesize knowledge from nursing and other disciplines to inform education, practice, and research.

1.2g Apply a systematic and defensible approach to nursing practice decisions.

#### 1.3 - Demonstrate clinical judgment founded on a broad knowledge base.

1.3d Integrate foundational and advanced specialty knowledge into clinical reasoning.

1.3e Synthesize current and emerging evidence to influence practice.

1.3f Analyze decision models from nursing and other knowledge domains to improve clinical judgment.



### Person-Centered Care

#### 2.1 - Engage with the individual in establishing a caring relationship.

2.1d Promote caring relationships to effect positive outcomes.

2.1e Foster caring relationships.

#### 2.2 - Communicate effectively with individuals.

2.2g Demonstrate advanced communication skills and techniques using a variety of modalities with diverse audiences.

2.2i Apply individualized information, such as genetic/genomic, pharmacogenetic, and environmental exposure information in the delivery of personalized health care.

#### 2.3 - Integrate assessment skills in practice.

2.3h Demonstrate that one's practice is informed by a comprehensive assessment appropriate to the functional area of advanced nursing practice.

#### 2.4 - Diagnose actual or potential health problems and needs.

2.4f Employ context driven, advanced reasoning to the diagnostic and decision-making process.

2.4g Integrate advanced scientific knowledge to guide decision making.

#### 2.5 - Develop a plan of care.

2.5h Lead and collaborate with an interprofessional team to develop a comprehensive plan of care.

2.5i Prioritize risk mitigation strategies to prevent or reduce adverse outcomes.

#### 2.8 - Promote self-care management.

2.8f Develop strategies that promote self-care management.

2.8h Employ counseling techniques, including motivational interviewing, to advance wellness and self-care management.

2.8i Evaluate adequacy of resources available to support self-care management.

2.8j Foster partnerships with community organizations to support self-care management.



### Professionalism

#### 9.1 - Demonstrate an ethical comportment in one's practice reflective of nursing's mission to

9.1i Model ethical behaviors in practice and leadership roles.

#### 9.2 - Employ participatory approach to nursing care.

9.2i Identify innovative and evidence-based practices that promote person-centered care.

9.2k Model professional expectations for therapeutic relationships.

9.2l Facilitate communication that promotes a participatory approach.

## CASE OVERVIEW

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**Case:** Sylvia Di Angelo is an 87-year-old Caucasian female with Alzheimer's type dementia nearing the end of life.

**Case Setting:** The patient is currently residing in a nursing home due to her increased care needs. She is bedbound and is fully dependent on family and staff. The progressive decline of Mrs. Di Angelo prompts a discussion between the daughter and the palliative care nurse practitioner about end-of-life decisions.

**Case Background Information for Faculty:** Sylvia Di Angelo is an 87-year-old Caucasian female with an extensive medical history that includes Alzheimer's type dementia. She was diagnosed three years ago and her daughter, Whitney, has been providing care. After her memory declined, Ms. Di Angelo was no longer able to drive or live independently, so she moved in with her daughter. As her cognitive function further declined, Ms. Di Angelo became increasingly dependent on her daughter for care. She began to have increased weakness and poor oral intake. Additionally, she started having falls requiring several trips to the emergency department. She was hospitalized last month with pneumonia and was discharged to a rehab facility. Ms. Di Angelo has done poorly in rehab due to her cognitive limitations and weakness. She is mostly in the chair or bed and is fully dependent on staff. The daughter has a follow up appointment with the PCP but does not know how she is going to get to the office. The PCP has requested that palliative care visit with the daughter in the home to clarify goals.

**Physical findings and vital signs:** \*\*\*This information is not available in the video with embedded questions. It is only available for in-class or small group discussion/activities. Faculty will provide the students the physical findings and vital signs.

**Past Medical History:** hypertension, hypothyroidism, T2 diabetes mellitus, hyperlipidemia, severe osteoarthritis of the knee.

**Medications:** Lisinopril 10mg daily, Metformin 1000mg BID, Simvastatin 40mg daily, Glipizide 10mg daily, Synthroid 88mcg daily, Acetaminophen PRN, Aspirin 81mg daily, HCTZ 25mg daily, and Oxycodone 10mg TID.

**Vital Signs:** BP 140/80, HR 74, R 18

**General:** frail appearing elderly female, sleeping in bed, in no acute distress

**HEENT:** bilateral temporal wasting.

**Heart:** regular rate and rhythm, no edema

**Lungs:** clear to auscultation anterior fields

**Abdomen:** soft, non-tender to palpation, bowel sounds normal

**Skin:** Intact

**Musculoskeletal:** muscle wasting noted in patient's hands.

**Neuro:** wakes when stimulated, looks around the room, incoherent speech pattern, does not follow commands



**Case Simulation: End of Life (14:15 minutes)**

H5p link: <https://h5p.org/node/532297>

YouTube link: <https://youtu.be/s1yVKHWpRnY>

## INTERACTIVE H5P CASE QUESTIONS\*

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1. Daughter calls to report that the patient is not sleeping well. What are some options for treatment? Check all that apply.
  - a. **Trazodone 50mg every evening**
  - b. Acetaminophen 650mg PR Q6H PRN
  - c. Memantine 5mg PO daily
  - d. Check a urinalysis
2. The daughter asks the nurse practitioner how long Ms. Di Angelo has to live. What would be the best response?
  - a. **“I feel that your mother is appropriate for hospice, which means that her life expectancy could be six months or less.”**
  - b. “The FAST Scale suggests that she has a few weeks left.”
  - c. “Based on the PPS, I think she has days to weeks left to live.”
  - d. “Patients with dementia and pneumonia rarely live more than a few months.”
3. The daughter says that she cannot let her mother “starve.” What would be the best response from NP? The NP should inform the daughter that: Select all that apply.
  - a. **Reduced oral intake and swallowing problems are often associated with end of life.**
  - b. **That the patient is not likely hungry given her advanced illness**
  - c. Medications can be switched to elixirs to help with swallowing
  - d. The patient should have a feeding tube placed for nutrition
4. While completing a MOST form, the daughter says she would want the patient hospitalized but does not want intubation or resuscitation. Which would be the appropriate selections?
  - a. **DNAR, limited scope of treatment**
  - b. Full Code, Full Scope of Treatment
  - c. DNAR, Full Scope of Treatment
  - d. DNAR, Comfort Measures Only
5. Which of the following are not services covered by the Medicare hospice benefit? Check all that apply.
  - a. Equipment
  - b. Periodic respite care

- c. **Skilled Nursing Placement**
- d. Related Medications
- e. **24/7 home caregivers**

**\*Bolded responses** are correct answers

## POSSIBLE DISCUSSION QUESTIONS

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1. What are some communication techniques that you learned from watching the discussion between the daughter and palliative care nurse practitioner?
2. What services are provided by a palliative care team?
3. What are some medications that could be considered for deprescribing in this patient? What are some resources to aid in this decision?
4. What are some symptoms that family can expect to see in a patient nearing the end of life? What can be done to help these symptoms?
5. What decisions are included in a MOST form?

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**Other Resources:**

Living Will and Advance Directives for Medical Decisions

<https://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/living-wills/art-20046303>

Medicare Advance Directives and Long-Term Care

<https://www.medicare.gov/manage-your-health/advance-directives-long-term-care>

North Carolina Most Sample Form

[http://www.ncmedsoc.org/non\\_members/public\\_resources/MOSTform\\_sample.pdf](http://www.ncmedsoc.org/non_members/public_resources/MOSTform_sample.pdf)