



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

# Faculty Guide

## Recognizing Frailty in Primary Care

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Year: 2022

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## **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, “**Recognizing Frailty in Primary Care,**” presents primary care Advanced Practice Registered Nurse (APRN) learners an opportunity to develop their diagnostic reasoning and advanced health assessment skills/knowledge and to function in an APRN role. Learners can discuss and collaborate to diagnosis the patient presentation and 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 APRN learners early in the clinical management program or adjusted to learners at the end of their education program by adding content on screening, laboratory testing, and applying the current guidelines for the management of frailty.

# LEARNING OBJECTIVES



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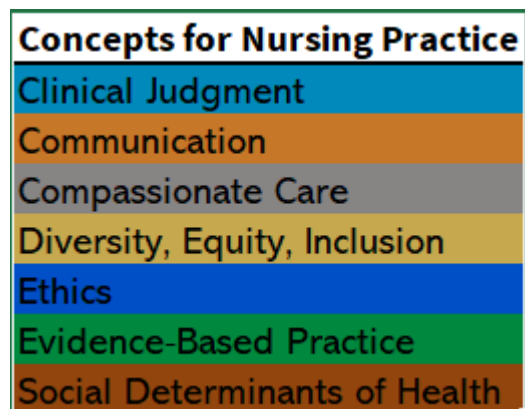
**This video case simulation prepares learners to:**

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 presentation of frailty.
2. Consider the safety a patient with limited mobility in ambulation and transferring.
3. Recommend resources as a means of coping mechanisms to patient and family members of a patient recognized as frail.
4. Distinguish between signs and symptoms of frailty.

5. Establish with the patient a mutually established plan to manage chronic health condition.
6. Adapt teaching on management of symptoms of fatigue and limited, painful mobility on the patient's readiness to learn, literacy and resources.

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 and Beck, 2006).

<b>Domain, Competencies, and Sub-competencies for Advanced-level Professional Nursing</b>	
	<b>Knowledge for Nursing Practice</b>
<b>1.1 - Demonstrate an understanding of the discipline of nursing's distinct perspective</b>	
1.1e Translate evidence from nursing science as well as other sciences into practice.	
1.1f Demonstrate the application of nursing science to practice.	
<b>1.2 - Apply theory and research-based knowledge from nursing, the arts, humanities,</b>	
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.	
<b>1.3 - Demonstrate clinical judgment founded on a broad knowledge base.</b>	
1.3d Integrate foundational and advanced specialty knowledge into clinical reasoning.	
1.3e Synthesize current and emerging evidence to influence practice.	
	<b>Person-Centered Care</b>
<b>2.1 - Engage with the individual in establishing a caring relationship.</b>	
2.1d Promote caring relationships to effect positive outcomes.	
2.1e Foster caring relationships.	
<b>2.2 Communicate effectively with individuals.</b>	
2.2g Demonstrate advanced communication skills and techniques using a variety of modalities with diverse	
<b>2.3 - Integrate assessment skills in practice.</b>	
2.3h Demonstrate that one's practice is informed by a comprehensive assessment appropriate to the functional area of advanced nursing practice.	
<b>2.4 - Diagnose actual or potential health problems and needs.</b>	
2.4f Employ context driven, advanced reasoning to the diagnostic and decision-making process.	
2.4g Integrate advanced scientific knowledge to guide decision making.	
<b>2.5 - Develop a plan of care.</b>	
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.	
2.5j Develop evidence-based interventions to improve outcomes and safety.	
2.5k Incorporate innovations into practice when evidence is not available.	
<b>2.8 - Promote self-care management.</b>	
2.8f Develop strategies that promote self-care management.	
2.8h Employ counseling techniques, including motivational interviewing, to advance wellness and self-care	



### Learners of Advanced Practice Health Professions:

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

## CASE OVERVIEW

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**Case:** Sylvia Di Angelo, an 82-year-old female with chief complaint of generalized pain with walking. She is concerned she will be unable to continue living by herself. This prompts a frailty evaluation and assessment of underlying conditions.

**Case Setting:** An 82-year-old female with multiple comorbidities presents to clinic to see the provider for generalized pain. Her chief complaint is “I hurt all over when I try to walk and I’m worried I’m not able to stay at home by myself anymore.” This is a focused visit and there is a medical record available to review.

**Case Background Information for Faculty:** Sylvia Di Angelo states that she has had worsening fatigue and difficulty getting around for the past 6 months. Her joint pain, which is the worst in her knees and hands, is interfering with her ability to drive, do household chores, and continue her baking business. Her daughter and church members are helping to provide meals and transportation, but she worries that she will not be able to continue living alone. Although she has difficulty with mobility, she is not currently using any assistive devices in her household. She has a history of fatigue related to hypothyroidism but has been taking her medication as prescribed. She is not sleeping well at night and is napping during the day. She denies experiencing headaches or nighttime fevers. When asked, she admits to feelings of isolation and sadness during this transition. She wonders if her symptoms are just “old age.”

**Physical findings and vital signs:** \*\*\* This information is not available in the H5P video with embedded interactive questions or YouTube video. Faculty can provide the students with these physical findings and vital signs or develop their own for in-class or small group discussion/activities.

- 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: 134/72, OT: 98.0 orally HR: 72 & regular RR: 18

- D. **Weight:** Patient currently weights 175 which according to her annual wellness exam from one year ago is a loss of 17 pounds.
- E. **General:** Well developed, appears stated age; no acute distress
- F. **Respiratory:** Lungs clear to auscultation bilaterally
- G. **Cardiovascular/peripheral vascular:** Regular rate and rhythm. No murmurs, gallops, or rubs.
- H. **Gastrointestinal:** Abdomen – Nondistended. Bowel sounds present in all quadrants. No abdominal masses palpated, nontender.
- I. **Skin:** warm, dry to touch
- J. **Musculoskeletal:** Knees with bilateral nodularity to palpation. No erythema or edema.
- K. **Thyroid:** nonpalpable and nontender without nodularity.

**Case Simulation: Recognizing Frailty in Primary Care (15:47 minutes)**

- Interactive h5p video link: <https://h5p.org/node/448512>
- YouTube link: <https://youtu.be/6VIDogXxQts>

## INTERACTIVE H5P CASE QUESTIONS\*

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1. Which behavior suggests a need for frailty screening in an older adult?
  - a) **problems carrying out daily activities such as grooming and cooking**
  - b) sudden inability to recall the date or names of immediate relatives
  - c) ongoing inability to read written medical instructions
  - d) deciding to discontinue a medication due to side effects

**Explanation:** Older adults with a decline in daily activities or function should be screened for frailty.

2. Which of the following is NOT a characteristic of frailty syndrome?
  - a) weakness
  - b) unintentional weight loss
  - c) **osteoarthritis**
  - d) exhaustion

**Explanation:** Although osteoarthritis can contribute to frailty, it is not a symptom of frailty syndrome.

3. What additional screening tests could be conducted to assess frailty? Select all that apply:
  - a) **Get Up and Go**
  - b) **Grip Strength**
  - c) **Depression screening**
  - d) CAGE questionnaire



- e) **Gait Speed**
- f) **St. Louis University Mental Status Exam**

**Explanation:** All of the screening tests can assess weakness, slowness, or cognitive decline except the CAGE questionnaire, a screening tool for alcohol abuse.

4. What additional laboratory tests could be ordered for further assess frailty? Select all that apply:
- a) **Complete Blood Count**
  - b) **Basic Metabolic Panel**
  - c) **C-reactive protein**
  - d) **Erythrocyte Sedimentation Rate**

**Explanation:** All of the answers above can provide further information about potential contributing factors such as chronic inflammation, nutritional status, and electrolyte imbalances.

5. All of the following are risk factors for frailty EXCEPT:
- a) poor psychosocial and economic support
  - b) multiple comorbidities
  - c) persistent pain
  - d) **male gender**

**Explanation:** Females are more likely to experience frailty than males.

6. Interventions that help prevent decline in patients at risk for frailty include all of the following EXCEPT:
- a) **admission to a Skilled Nursing Facility when frailty is first suspected**
  - b) nutritional and protein supplementation
  - c) deprescribing potentially inappropriate medications to prevent polypharmacy
  - d) Strength-training exercises

**Explanation:** Not all frail adults will require Skilled Nursing Facility admission, and this alone will not prevent decline.

\***bolded responses** are correct answers

## POSSIBLE DISCUSSION QUESTIONS

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1. What are the pertinent positives and negatives learned from the HPI and review of systems (ROS)?
2. Based on the subjective findings of the chief complaint and HPI, what are the top five differential diagnoses? Support your choices with rationales.

3. Is/are there any medication(s), over the counter drugs, vitamins or herbs that can potentially be causing this patient's symptoms?
4. What are some symptoms and physical findings that you would expect to find in a patient with frailty? In a patient with depression?
5. Identify pertinent positives and negative in the physical findings. Explain the meaning of these findings. How do they assist in the ruling in or out a differential diagnosis?
6. What diagnostic test are the most appropriate to order during this visitation? Explain your rationale or ordering each test(s).
7. Based on the differentials and plan of care what are some preventative care measures or health promotion initiatives that could be included?

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### Other Resources:

#### Clinical Frailty Scale

[http://www.managingmds.com/content/Clinical\\_Frailty\\_Scale.pdf](http://www.managingmds.com/content/Clinical_Frailty_Scale.pdf)

**The Frailty Toolbox (Johns Hopkins)**

[https://www.americangeriatrics.org/sites/default/files/inline-files/ravi\\_varadhan.pdf](https://www.americangeriatrics.org/sites/default/files/inline-files/ravi_varadhan.pdf)