



THE UNIVERSITY of NORTH CAROLINA
GREENSBORO
School of Nursing

Faculty Guide

Treating Hepatitis C in a Young Man



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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.

Enhancing Nurse Practitioner Competency-Based Education and Assessment with Innovative Video Simulations. The clinical 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 simulations are aligned with the American Association of Colleges of Nursing. (2021). The essentials: Core competencies for professional nursing education.

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](https://www.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

This simulation video case, “Treating Hepatitis C in a Young Man,” presents primary care nurse practitioner learners an opportunity to develop their diagnostic reasoning and advanced health assessment skills/knowledge 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 nurse practitioner learners to

LEARNING OBJECTIVES

This video case simulation prepares learners to:

1. Identify risks factors for developing Hepatitis C.
2. Describe how Hepatitis C can be transferred from patient to patient.
3. Identify appropriate screening recommendations for patients with suspected Hepatitis C.
4. Employ evidence-based techniques to promote open patient-provider communication.
5. Recognize the importance of social determinants of health on the delivery of health care services for this patient.
6. Develop an evidence-based clinical management plan that takes into consideration cost, patient preferences, and need for referrals
7. Discuss educational strategies that reduce additional risk factors for patients diagnosed with Hepatitis C.
8. Understand the importance of balanced nutrition on a patient receiving treatment for Hepatitis C.

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).

Concepts for Nursing Practice
Clinical Judgment
Communication
Compassionate Care
Diversity, Equity, Inclusion
Ethics
Evidence-Based Practice
Social Determinants of Health

Learners of Advanced Practice Health Professions:
• Family Nurse Practitioner (FNP)
• Adult-Gerontology Primary Care Nurse Practitioner (AGPCNP)
• Adult-Gerontology Acute Care Nurse Practitioner (AGACNP)

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



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.

1.2h Employ ethical decision making to assess, intervene, and evaluate nursing care.

1.2i Demonstrate socially responsible leadership.

1.2j Translate theories from nursing and other disciplines to practice.

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.

2.2h Design evidence-based, person-centered engagement materials.

2.2i Apply individualized information, such as genetic/genomic, pharmacogenetic, and environmental

2.2j Facilitate difficult conversations and disclosure of sensitive information.

2.3 - Integrate assessment skills in practice.

2.3h Demonstrate that one's practice is informed by a comprehensive assessment appropriate to the

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.

2.5j Develop evidence-based interventions to improve outcomes and safety.

2.6 - Demonstrate accountability for care delivery.

2.6e Model best care practices to the team.

2.6f Monitor aggregate metrics to assure accountability for care outcomes.

2.6g Promote delivery of care that supports practice at the full scope of education.

2.8 - Promote self-care management.

2.8f Develop strategies that promote self-care management.

2.8g Incorporate the use of current and emerging technologies to support self-care management.

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

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

2.9 - Provide care coordination.

2.9f Evaluate communication pathways among providers and others across settings, systems, and

2.9g Develop strategies to optimize care coordination and transitions of care.



Population Health

3.1 - Manage population health.

3.1e Apply an understanding of the public health system and its interfaces with clinical health care in addressing population health needs.

3.3 - Consider the socioeconomic impact of the delivery of health care.

3.3c Analyze cost-benefits of selected population-based interventions.

3.3e Advocate for interventions that maximize cost-effective, accessible, and equitable resources for populations.



Scholarship for the Nursing Discipline

4.2 - Integrate best evidence into nursing practice.

4.2g Lead the translation of evidence into practice.

4.2h Address opportunities for innovation and changes in practice.



Interprofessional Partnerships

6.1 - Communicate in a manner that facilitates a partnership approach to quality care delivery.

6.1k Provide expert consultation for other members of the healthcare team in one's area of practice.

6.3d Direct interprofessional activities and initiatives.



Professionalism

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

9.1i Model ethical behaviors in practice and leadership roles.

9.2 - Employ participatory approach to nursing care.

9.2h Foster opportunities for intentional presence in practice.

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

9.2j Advocate for practices that advance diversity, equity, and inclusion.

9.2k Model professional expectations for therapeutic relationships.

9.2l Facilitate communication that promotes a participatory approach.

9.3 - Demonstrate accountability to the individual, society, and the profession.

9.3i Advocate for nursing's professional responsibility for ensuring optimal care outcomes.

9.6 - Integrate diversity, equity, and inclusion as core to one's professional identity.

9.6d Model respect for diversity, equity, and inclusion for all team members.

9.6g Ensure that care provided by self and others is reflective of nursing's core values.

9.6h Structure the practice environment to facilitate care that is culturally and linguistically appropriate.

9.6i Ensure self and others are accountable in upholding moral, legal, and humanistic principles related to health.

CASE OVERVIEW

Background: Tony Moretti is a 32-year-old male who presents for a first time visit to the clinic after recently relocating from another state. He now works gigs for film crews, is a member of a film industry union and now covered by union insurance. He often works long days, sporadically but steady.

He states he was previously told he was positive for hepatitis C approximately 6 months ago before relocating. He did not seek evaluation and treatment because he was planning to move soon. However, he wanted to address this now that he has moved. He seems a bit anxious about hepatitis C. He relates to you that in the past couple of months since he moved, he believes he lost 12 pounds unintentionally, which he is surprised at because of he cut back on his smoking and thought that he would gain weight. States he does not have the time to fix decent meals for himself.

Preliminary patient data:

Height 5' 8" Weight 140 lb. BMI: 21.3
BP: 118/83 Pulse: 72 Temp: 98.3 oral

PMHx: Seasonal Allergies, GERD (managed with lifestyle modification and trigger avoidance), Depression, anxiety.

Surgical history: tonsillectomy age 11

Social History: previous IV Drug abuse (clean x 6 years), previous alcohol use (sober 6 years), smokes 0.25 packs a day and has cut back from 2 packs per day over the last 6 months. Sexually active heterosexual male who always uses condom and is in a monogamous relationship.

Case Simulation: Hepatitis C: (24:37 minutes)

- Interactive video h5p link: <https://h5p.org/node/1286355>
- YouTube link: <https://youtu.be/n1MNTWcb-PY>

INTERACTIVE H5P CASE QUESTIONS*

1. Which of the following are risk factors for developing hepatitis C?
 - a. **Sharing injectable needles**
 - b. **Tattoos or body piercing**
 - c. **A blood transfusion or organ transplant before 1992**
 - d. Travel to a foreign country (Highly unlikely for Hepatitis C, more common to acquire Hepatitis A when traveling to a foreign country)
 - e. **HIV co-infection**

2. Can patients who develop hepatitis C have the ability to clear the virus without treatment?
 - a. **True. (About 20-30% of patients who develop the virus, the body will clear the virus without treatment).**
 - b. False

3. What diagnostic studies should be ordered for this patient to determine the progress of the hepatitis C virus on his body?
 - a. **Hepatitis C RNA**
 - b. **Subtypes of the virus**
 - c. **Hepatitis A antibody**
 - d. **Hepatitis B serologies**
 - e. **HIV serology**
 - f. **Ultrasound of the liver**
 - g. MRI of the liver (MRI is usually used if there is a suspicious lesion concerning for HCC that needs to be further evaluated)
 - h. **Complete metabolic panel including liver function tests**
 - i. **Complete blood count**

4. While waiting for the results from the diagnostic studies what patient education information should the patient with suspected Hepatitis C be provided with?
 - a. **Limit the use of acetaminophen to 3,000 mg a day**
 - b. **Avoid alcohol**
 - c. Avoid handling food that others will be consuming (Hepatitis C is a blood borne pathogen and not transmitted from contaminated food).
 - d. **Check labels of over-the-counter medications that may contain acetaminophen**

5. This patient is receiving a consult from dietitian today, if you were not able to schedule a consultation for this patient which of the following recommendations would you suggest to this patient knowing his history and the potential side effects from medications used to treat Hepatitis C.
 - a. **Suggesting eating foods high in calories and nutrients**
 - b. **Consider eating 4-6 small meals a day instead of 3 large meals**
 - c. Continue with present diet as BMI is now within normal limits (While the patient's BMI now is 21.3, side effects of the medications for treating hepatitis C may cause nausea and vomiting and the patient has recently lost weight to a busy sporadic work schedule)
 - d. **Consider liquid supplements that are high in protein**

***bolded responses** are correct answers

*rationale in parenthesis

POSSIBLE DISCUSSION QUESTIONS

1. Although this patient presents asymptotically for hepatitis C, what are the signs and symptoms of a patient with an acute infection of hepatitis C?

2. Why is it important to screen this patient for hepatitis A, hepatitis B and for HIV?
3. What are known sequelae for patients with hepatitis C who are untreated or undertreated?
4. Describe how you will evaluate the management plan that was presented to the patient by the nurse practitioner and the dietitian at the next primary care encounter.

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