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

Faculty Guide

Progressive Memory Loss

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Year: 2022
Source: https://youtu.be/VsIkIJsJYyc

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

This simulation video case, **"Progressive Memory Loss,"** 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 early in their clinical management program or be adjusted to learners at the end of their education program by adding content on assessment findings, laboratory testing, and differentiating between the different types of dementia.

LEARNING OBJECTIVES

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, sociologic in an older adult.
2. Assess the patient and families' ability to cope with living with progressive memory loss.
3. Recommend pharmacological and nonpharmacological therapies for a patient with progressive memory loss.
4. Develop a plan of care with the patient and family for long term management of progressive memory loss including referral for specialty care consultation.
5. Recommend strategies for family members of patients with progressive memory loss to incorporate in the home environment to promote patient safety.

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).

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 defendable 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.
2.5k Incorporate innovations into practice when evidence is not available.

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 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.
2.9 - Provide care coordination.
2.9f Evaluate communication pathways among providers and others across settings, systems, and communities.
2.9g Develop strategies to optimize care coordination and transitions of care.

Adapted with permission from American Association of Colleges of Nursing. American Association of Colleges of Nursing. (2021). *The essentials: Core competencies for professional nursing education*. https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf

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)
- Physician Assistant (PA)

CASE OVERVIEW

Case: Silvia Di Angelo, an 84-year-old female is accompanied by her daughter to a memory loss clinic.

Case Setting: A 84-year-old female presents to the memory loss clinic to see the nurse practitioner for progressive memory loss reported by her daughter over the last couple of months.

Case Background Information for Faculty: Mrs. Sylvia Di Angelo has come to the provider's office because her daughter has been concerned about her memory changes over the last few months. She was recently hospitalized for a fall in the bathroom, and her daughter has noticed that since the hospitalization her memory changes have been more pronounced, which has precipitated this visit today. She has started misplacing items, missing medication doses, repeating conversations and questions, and leaving the stove on

when cooking. Her daughter reports finding her mother recently in the kitchen trying to make a loaf of bread and having great difficulty remembering the ingredients and how to follow the directions. Mrs. Di Angelo was a baker for over 40 years. Mrs. Di Angelo constantly minimizes her own memory problems. Her daughter relates though that her mother talks often about her earlier life in Italy as a child as though it was present time. She also asks for her husband, where is he although he passed 7 years ago.

Physical findings and vital signs: ***This information is <u>not available</u> 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.

A. **Vital Signs: BP**: 152/82, **OT**: 98.0 orally **HR:** 84 & regular **RR:** 16
B. **General**: Alert and engaged in conversation. Defers to daughter to answer most of questions related to history during visit. Oriented to person but disoriented to time and unsure of reason for visit today.
C. **Respiratory:** Clear to auscultation and no distress.
D. **Cardiovascular/peripheral vascular**: Normal S1 and S2 with no M/R/G. No pedal edema, normal pulses radially, with decreased pedal pulses.
E. **Musculoskeletal**: normal strength. Slow gait, with decreased bilateral arm swing, but diminished Get Up and Go.
F. **Skin**: normal
G. **Neurological**: Alert and oriented x2 (person, place). No tremor, normal DTR (brachial and patellar), negative Romberg, slowed finger to nose with step by step instructions needed, normal fast alternating movements, and negative cogwheeling.

Case Simulation: Progressive Memory Loss (20:44 minutes)
- Interactive video h5p link: https://h5p.org/node/510140
- YouTube link: https://youtu.be/VsIkIJsJYyc

INTERACTIVE H5P CASE QUESTIONS*

1. What is the difference between Mild cognitive impairment (MCI) and dementia?
   a. MCI only affects one domain of the brain, while dementia affects many
   b. **MCI does not cause any impairment in function, while dementia does affect function**
   c. MCI only occurs in people 65 or older, while dementia can occur earlier than the age of 65
   d. MCI is not inherited while dementia can be

2. Which changes below would be concerning for memory loss? (Check all that apply).
   a. **Cooking difficulties, leaving the stove on**
   b. **Trouble managing medications**
   c. Falling
   d. **Getting lost when driving**

3. What are some tests that would be helpful to assess cognition? (Check all that apply)

a. **Montreal Cognitive Assessment (MoCA)**
b. **Mini Mental State Exam**
c. **Geriatric Depression Scale (GDS)**
d. Conner's Scale

4. Which lab tests could be ordered to further assess for a reversible cause of memory loss?
    a. **TSH**
    b. **B12**
    c. **Syphilis**
    d. Hep C

5. What would be the appropriate medication to start for the treatment of Alzheimer's Dementia?
    a. **Donepezil**
    b. Memantine
    c. Prevagen
    d. Vitamin E

6. What would be an appropriate referral for a newly diagnosed patient with Alzheimer's Dementia? (Check all that apply)
    a. **Neurology**
    b. Endocrinology
    c. **Gerontology**
    d. Orthopedics

*Bolded responses are correct answers

POSSIBLE DISCUSSION QUESTIONS

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. When conducting a HPI on a patient with progressive memory loss, what are the findings that may present or be reported?

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. What community resources are available for family members with parents who are exhibiting memory loss?

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