



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

# Faculty Guide

Treating in Place: Nurse Practitioner Led  
Team Management of a Long-Term Care  
Patient Video

&

Clinical Pearls for Managing the Care of  
Older Adults in Long-Term Care Video

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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, **“Treating in Place: Nurse Practitioner Led Team Management of a Long-Term Care Patient,”** 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 diagnose 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 diagnostic testing, advance care planning material, and coordination of care.

Nurse practitioner learners are encouraged to first watch the short video **“Clinical Pearls for Managing the Care of Older Adults in Long-Term Care”** in which an experienced

adult-gerontology primary care nurse practitioner shares her insight on how to safely manage the care of an older adult within the long-term care setting.

## 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 pneumonia.
2. Assume a leadership position in facilitating care delivery to a long-term care patient who requests treatment for acute illness within the facility.
3. Advocate for the patient's safety and comfort within the long-term care setting.
4. Evaluate the patient's condition and determine that management of acute illness can occur in the long-term care setting without the need for transfer to a hospital setting.
5. Recognize that a patient in long-term care diagnosed with pneumonia can be treated in a long-term care setting.
6. Discuss with family member the options of treating the patient within the long-term care facility and planning for chronic care management.
7. Manage the care of a complex acute care patient with pneumonia and advocating for immunizations.
8. Assess the family member's ability to cope with making health care decisions for the patient.
9. Provide guidance to family member on the cost of end of life care and options for where the delivery of care will occur.
10. 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.
11. Provide education on management of an acute illness 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)

### **Concepts for Nursing Practice**

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

# “Treating in Place: Nurse Practitioner Led Team Management of a Long-Term Care Patient”

## 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 and where shared perspectives exist with other disciplines**

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, and other sciences.**

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

2.1e 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.

#### **2.3 - 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.

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

#### **2.6 - Demonstrate accountability for care delivery.**

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.

2.9h Guide the coordination of care across health systems.



### 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.



### Professionalism

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

9.1h Analyze current policies and practices in the context of an ethical framework.

9.1i Model ethical behaviors in practice and leadership roles.

## 9.2 - Employ participatory approach to nursing care.

9.2k Model professional expectations for therapeutic relationships.

9.2l Facilitate communication that promotes a participatory approach.

## “ Clinical Pearls for Managing the Care of Older Adults in Long-Term Care”

### 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 and where shared perspectives exist with other disciplines.

1.1f Demonstrate the application of nursing science to practice.

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

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.
<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 audiences.
2.2j	Apply individualized information, such as genetic/genomic, pharmacogenetic, and environmental exposure information.
<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>2.6 - Demonstrate accountability for care delivery.</b>	
2.6e	Model best care practices to the team.
<b>2.9 - Provide care coordination.</b>	
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.
2.9h	Guide the coordination of care across health systems.
	<b>Professionalism</b>
<b>9.2 - Employ participatory approach to nursing care.</b>	
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.
	<b>Personal, Professional, and Leadership Development</b>
<b>10.2 - Demonstrate a spirit of inquiry that fosters flexibility and professional maturity.</b>	
10.2g	Demonstrate cognitive flexibility in managing change within complex environments.

## CASE OVERVIEW

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**Case:** John Johnson is a 75-year old Caucasian male who is a Vietnam veteran. He resides in a nursing home. Mr. Johnson has been experiencing a cough and some difficulty swallowing. Patient's actual diagnosis is recurrent aspiration pneumonia, which prompts a care goals discussion with him and his family.

**Case Setting:** The nurse practitioner visits Mr. Johnson after the nursing staff reports increased coughing. This is an acute focused visit in a long-term care setting.

**Case Background Information for Faculty:** The nurse practitioner visits John Johnson in the facility after nursing staff report that has been experiencing a cough and congestion that has been worsening over the past several days. He has a history of recurrent pneumonias that have led to hospitalizations. He has a history of a stroke and does not recall if he has had a swallow evaluation. He coughs during meals and pills are having to be crushed in pudding. He has some memory loss, so his daughter is involved in his care. The nurse practitioner evaluates the patient and then communicates with the daughter regarding his current condition, management plan, and goals of care. She also discusses her findings and plan with the physician and nursing staff. The nurse practitioner initiates a meeting between the daughter and social worker to discuss support groups and hospice services.

**Case Simulation: Treating in Place (19:52 minutes)**

Interactive Video H5p link: <https://h5p.org/node/512300>

YouTube link: <https://youtu.be/-KNSvJhCxyM>

## INTERACTIVE H5P CASE QUESTIONS\*

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1. Which information from the medical history and HPI indicate this patient may be experiencing aspiration pneumonia? Select all that apply:
  - a) **History of dementia**
  - b) **History of a CVA**
  - c) History of Major Depressive Disorder
  - d) **Difficulty swallowing pills and thin liquids**
  - e) **Recent worsening cough with fever**

**Explanation:** Risk factors for aspiration pneumonia include dysphagia and a history of neurological disorders such as dementia, multiple sclerosis, and stroke. Symptoms include cough, fever, and sputum production.

2. What should the NP include in an Advance Care Planning Discussion?

- a) **Patient wishes for CPR, life-sustaining treatments**
- b) **Who will make decisions on patient's behalf if he or she is unable to**
- c) Which medications the patient is willing to discontinue
- d) **An assessment of the patient's decision-making capacity**

**Explanation:** Advance Care Planning is a discussion about future wishes and priorities for care including goals of care, medical intervention, and family involvement. The Nurse Practitioner should assess decision-making capacity because it has important implications for planning

3. Based on the patient presentation, what labs or diagnostics would the NP anticipate ordering? Select all that apply:

- a) **Speech Therapy Consult and Swallow Evaluation**
- b) **Complete Blood Count with differential**
- c) **Chest X-Ray**
- d) Head CT

**Explanation:** A chest X-ray is considered the gold standard for a diagnosis of pneumonia. An elevated WBC on a CBC can indicate an infectious process. A swallow evaluation can assess degree of dysphagia and potential aspiration.

4. Whom should the NP involve to discuss hospice and support services with the family?

- a) The nursing staff
- b) The Skilled Nursing Facility manager
- c) **A Social Worker**
- d) A Lawyer

**Explanation:** A social worker can discuss and recommend hospice and other services to provide the family with support and reduce distress.

5. Given the diagnosis for this patient, what medications would be appropriate?

- a) Oseltamivir and Diphenhydramine
- b) Doxycycline and Cimetidine
- c) **Amoxicillin/clavulanate and Albuterol/Ipratropium**
- d) Azithromycin and Furosemide

**Explanation:** Diphenhydramine and Cimetidine are in the Beers Criteria due to their anticholinergic properties and should not be used for patients with dementia. Azithromycin can be used for pneumonia if the patient was previously healthy and had no recent antibiotic use.

6. When should the Nurse Practitioner follow up on this patient?

- a) **Tomorrow**
- b) In one week
- c) In 3 months
- d) In one hour

**Explanation:** Follow-up interval should consider comorbidities and response to treatment. Patients with pneumonia, especially older adults with comorbidities, should have a follow-up within a few days.

**\*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 contributing to the patient's symptoms?
4. What are some symptoms and physical findings that you would expect to find in a patient with pneumonia?
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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## Clinical Pearls for Managing the Care of Older Adults in Long-Term Care Video

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**Clinical Pearls for Managing the Care of Older Adults in Long-term Care video:** Managing the care of older adults in the long-term care setting can be both challenging and rewarding. We know that adult-gerontology primary care nurse practitioners are often the primary care providers for patients who reside in a long-term care setting.

This video consists of an interview with an adult-gerontology primary care nurse practitioner who has experience managing the care of older adults in the long-term care

setting. The interview provides insight from her experience “treating in place” nursing home residents who have acute illness.

**Questions asked during the interview with the adult-gerontology primary care nurse practitioner are:**

**Leading question:** What advice would you give new adult-gerontology primary care nurse practitioner graduates about managing the care of nursing home patients?

**Follow-up questions:**

1. How does the nurse practitioner approach caring for a patient with multimorbidity in the long-term care setting?
2. How does the nurse practitioner determine if deprescribing medications are necessary?
3. How important is having an advanced care plan in place for nursing home patients that you develop with the patient/and or family members or health care power of attorney?

**Treating in Place Leading question:** When working with new nurse practitioner graduates, how do you teach them the concept of treating in place?

**Follow-up questions:**

1. What conditions do you describe as being able to manage in the long-term care facility?
2. What resources would a nurse practitioner need to have to manage complex patients in long-term care with an acute exacerbation of a chronic illness or a new acute illness or injury?
3. Are there times when patients benefit from transfer to a hospital setting?

**Case Simulation: Clinical Pearls for Managing the Care of Older Adults in Long-term Care (5:25 minutes)**

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

## REFERENCES

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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>