



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

# Faculty Guide

## Sense of pressure in the pelvis of an older woman

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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](#) 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 of Sense of Pressure in the Pelvis presents the primary care nurse practitioner learners an opportunity to develop their advanced health assessment skills in history taking, interpreting physical examination results, diagnoses the patient's problem and develop a mutually agreed upon plan for the patient.

## LEARNING OBJECTIVES

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

1. Apply knowledge in advanced health assessment to form differential diagnosis based on scientific knowledge between normal and abnormal findings in physiological, sociological, psychological development in an older patient presenting with atrophic vaginitis and prolapsed uterus.
2. Develop a mutually agreed upon plan to manage of persistent atrophic vaginitis and prolapsed uterus in an older woman addressing any of their social determinants of health and ethical considerations.
3. Provide education on the options for nonsurgical treatment of uterine prolapse.
4. Recommend strategies to improve the patient's overall health maintenance (nutrition, physical activity, and sexual intimacy)

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).

<b>Concepts for Nursing Practice</b>
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.

1.2j 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 exposure information in the delivery of personalized health care.

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 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.

2.6j Ensure accountability throughout transitions of care across the health continuum.

## 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 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.



### Scholarship for the Nursing Discipline

## 4.2 - Integrate best evidence into nursing practice.

4.2f Use diverse sources of evidence to inform practice.

4.2g Lead the translation of evidence into practice.



### Quality and Safety

## 5.3 - Contribute to a culture of provider and work environment safety.

5.3f Foster a just culture reflecting civility and respect.



### Interprofessional Partnerships

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

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

## 6.3 - Use knowledge of nursing and other professions to address healthcare needs.

6.3d Direct interprofessional activities and initiatives.

## 6.4 - Work with other professions to maintain a climate of mutual learning, respect, and shared values.

6.4g Integrate diversity, equity, and inclusion into team practices.



### Systems-Based Practice

## 7.2 - Incorporate consideration of cost-effectiveness of care.

7.2g Analyze relevant internal and external factors that drive healthcare costs and reimbursement.

7.2h Design practices that enhance value, access, quality, and cost-effectiveness.



### Professionalism

## 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.

<b>9.5 - Demonstrate the professional identity of nursing.</b>
9.5f Articulate nursing's unique professional identity to other interprofessional team members and the public.
9.5h Identify opportunities to lead with moral courage to influence team decision-making.
<b>9.6 - Integrate diversity, equity, and inclusion as core to one's professional identity.</b>
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
 <b>Personal, Professional, and Leadership Development</b>
<b>10.1 - Demonstrate a commitment to personal health and well-being.</b>
10.1c Contribute to an environment that promotes self-care, personal health, and well-being.

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>

## CASE OVERVIEW

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Case: Jeanette Scott is a 75-year-old black female who is a retired high school counselor, mother of three adult children and has been married to the same person for 45 years. She made an appointment to see you today as she is experiencing problems that she would like to discuss with you in person about her overall health and wellbeing. Jeannette is well known to you as a patient. You have been following her for hypertension and GERD for the past 10 years when she relocated with her husband to the area to live closer to one of her daughters who has two young children that she often babysits for. You also perform her annual physical to include gynecological examination as she states that since she moved, she has not been followed by a gynecologist. You treated her for atrophic vaginitis for the first time 10 years ago when she first came to your practice.

**Chief Complaint:** Continues to experience vaginal dryness with intercourse for many months. More recently has noticed a sense of fullness and pressure in her pelvic area. Experiencing episodes of stress incontinence and constipation

**Past Medical History:** Hypertension, GERD, Atrophic Vaginitis

- A. Past Hospitalizations: Vaginal delivery childbirth x 3.
- B. Allergies and Immunizations: No allergies, up to date on immunizations
- C. Current Medications: Amlodipine 5 mg, Omeprazole 20 mg.
- D. Other drugs/supplements: Women's multivitamin
- E. Last Mammogram: Normal breast tissue. Last Pap smear was two years ago, was normal, and you noted atrophic vaginitis at the time of the exam.

**Social History:** Married for the past 45 years. Three children, two sons and one daughter who all live within 30 miles of her home, one in the same town. Retired from being a high school counselor at age 65. Enjoys walking and up until recently states that she has been



attending the Active Adult exercise classes at the YMCA but has just been feeling uncomfortable lately. States that while she is still sexually active with her husband, intercourse has been painful the past couple of months and that she has been rejecting her husband's attempts at intimacy. States that she has never smoked, nor does she take any illicit drugs, drinks one to two glasses of wine a week and drinks 2 cups of regular coffee each morning and a diet caffeinated soda at lunch time.

Family History: Mother died at age 82 from a stroke and father at age 84 from prostate cancer.

### **Physical Examination**

Patient was asked prior to the beginning of the visit with the nurse practitioner to empty her bladder.

V.S. BP: 126/80, HR 75, T 98, R 18

Weight: 210 Height: 5'5"

General: Well-developed, well-nourished female, no acute distress

Respiratory: Symmetrical with equal breath sounds, Lungs clear to auscultation.

Cardiovascular: Regular rate and rhythm, No murmurs, rubs or gallops

GI: Normal bowel sounds in all 4 quadrants. Soft, non-tender to palpation or percussion. No rebound tenderness, guarding, or no hepatosplenomegaly and no hernias noted, no scars from previous surgeries.

Rectal: Normal tone, No masses, negative for rectocele.

Gynecological exam: External genitalia without erythema, exudate, or discharge. Noted sparse pubic hair, no lesions. Atrophy of the vulva noted. Vaginal vault reveals hypoestrogenic tissue with noted pale smooth rugae. No discharge noted. Cervix is of normal color without lesions. No bleeding noted. Upon straining, stress incontinence noted. No cystocele or rectocele noted. Valsalva movement reveals prolapse uterus one centimeter below the hymen. Uterus is noted to be of normal size, no cervical motion tenderness noted. Adnexa are without masses or tenderness. No ulcerations noted on the prolapse or vaginal tears.

**Case Simulation: Sense of pressure in the pelvis in an older woman:  
(8:49 minutes)**

- Interactive video h5p link: <https://h5p.org/node/1286344>
- YouTube link: <https://youtu.be/Y71NvCpXRAE>

# INTERACTIVE H5P CASE QUESTIONS\*

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1. Which of the following are additional clinical signs and symptoms in a patient that has atrophic vaginitis?
  - a. **pale, smooth, shiny vaginal rugae**
  - b. **loss of elasticity**
  - c. **sparse pubic hair**
  - d. **dyspareunia**
  - e. heavy vaginal bleeding (While there may be spotting of blood especially after intercourse, heavy vaginal bleeding is not a sign)
  - f. vulvar lesions (The vulva may appear to be smooth and thinned; a lesion would not be a sign of atrophic vaginitis)
2. What differential diagnosis are you initially considering for this patient given her presentation of a sense of fullness in the pelvic area?
  - a. **large urethral diverticulum**
  - b. **vaginal wall cyst**
  - c. **uterine prolapse**
  - d. **uterine cancer**
  - e. **hemorrhoids**
3. One of the differential diagnosis you are considering is uterine prolapse. What are some contributing factors that can place women at risk for a uterine prolapse? (Check all that apply)
  - a. **Pregnancy with vaginal delivery**
  - b. **Difficult labor and delivery or trauma during childbirth**
  - c. **Delivery of a large baby**
  - d. **Being overweight or obese**
  - e. **Lower estrogen level after menopause**
  - f. **Chronic constipation or straining with bowel movements**
  - g. **Chronic cough or bronchitis**
  - h. **Repeated heavy lifting**
  - i. **Hysterectomy**
  - j. Tubal ligation (There is not an association with tubal ligation and developing a uterine prolapse)
4. Which of the following symptoms are indicative of a prolapsed uterus? (Select all that apply)
  - a. **Urinary incontinence**
  - b. **Inability to completely empty the bladder**
  - c. **Excessive vaginal discharge**
  - d. **Painful sexual intercourse**
  - e. **Decreased vaginal sensation**
  - f. **Frequent urinary tract infections**
  - g. Diarrhea (Constipation or difficulty emptying the rectum is very common)

- h. Vaginal bleeding or spotting
- i. Lower back pain
- j. Pelvic pressure

5. After performing a pelvic examination, which of the following images would the nurse practitioner determine the patient had a uterine prolapse?

a. Rectocele



A herniation of the terminal rectum into the posterior vagina, causing a collapsible pouch-like fullness.

b. Cystocele



A herniation of the bladder wall into the vagina, causing a soft anterior fullness.

c. Uterine Prolapse



d. Enterocele



A vaginal vault hernia containing small intestine, usually in the posterior vagina.

e. Which of the following are evidence-based nonpharmacological measures that the patient can initiate to reduce the irritating symptoms of a uterine prolapse? (Check all that apply)

- a. **Avoid heaving lifting**
- b. **Reduce weight**
- c. **Alleviate constipation**
- d. Avoid any sexual intimacy (Patient can participate in sexual intimacy as tolerated)
- e. **Avoid episodes of long coughing spells**

\***bolded responses** are correct answers

\*rationale in parenthesis

# POSSIBLE DISCUSSION QUESTIONS

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1. Describe your management plan for this patient taking into consideration her health conditions, risk factors, and social determinants of health barriers.
2. Write a referral letter to a women's health nurse practitioner for this patient describing her current health status (history and physical examination findings) and your initial recommendation plan.

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