BIOPSYCHOSOCIAL ASSESSMENT OF THE ELDERLY

HCS 12

PROGRAM GUIDE FOR HEALTH CARE PROFESSIONALS

National Educational Video, Inc.™ is an approved provider of continuing education. State Board provider numbers: Florida NCE2896, Alabama 5-97, California CEP8803, Kentucky 7-0045 and West Virginia WV96-0025RN. This activity provided by National Educational Video Inc. is approved as a provider of continuing education in nursing by Alabama State Nurses Association, which is accredited as an approver of continuing education in nursing by The American Nurses Credentialing Center's Commission on Accreditation.
PROGRAM DESCRIPTION

This program discusses how to perform a comprehensive assessment. This assessment information allows health care professionals to promote quality of life among clients/residents. Video running time: 36 minutes (2.0 contact hours).

OBJECTIVES

At the conclusion of this program, the participant will be able to:

1. Identify the role of the minimum data set in assessment of the functional status of clients/residents.
2. Conduct a comprehensive client/resident and/or family interview.
3. Identify factors that interfere with obtaining information from a client/resident and identify strategies for overcoming these obstacles.
4. Discuss the significance of identifying strengths or abilities of the client/resident as well as weaknesses or problems they may experience.
5. Specify a systematic method for the review of systems.
6. Recognize a significant weight loss in your client/resident.
7. Describe common problems occurring with the use of either prescription or over-the-counter medications in older adults.
8. Demonstrate the correct technique for a bowel and lung assessment utilizing a stethoscope.
9. State the purpose of an otoscopic examination.
10. Demonstrate a systematic assessment of the older adult.
The Nursing Process

The nursing process is a systematic method of problem solving. It is based on the scientific method. The nursing process is called "process" because it is ongoing. These are the steps of the nursing process:

**Assessment:** This is the systematic, ongoing collection of information from multiple sources. Assessment is done when a nurse interviews a client and the client’s significant others. A physical assessment of the client is also completed observing the following: laboratory data, daily client actions, assessing the client’s ability to carry out daily activities, symptoms and the client’s response to treatment. In long term care, resident assessment instruments are used to provide a comprehensive multidisciplinary assessment.

**Problem Identification or Nursing Diagnosis:** Assessment data leads to identifying client strengths and client problems. These may be actual problems the client currently experiences, or potential problems that may occur with that client in the future. Problems are stated and related to a cause or influencing factor.

**Planning:** The systematic steps that the nurse will enact, with others, to assist the client to meet the goals (or outcomes) that are set. For each problem, a measurable, specific goal is identified. The plan includes nursing actions, based on aspects of nursing theory, nursing science, other sciences, and research findings. The beliefs and values of the nursing profession as well as the values of the client are taken into account.

**Implementation:** Carrying out the plan.

**Evaluation:** This is the systematic process of examining each client goal-related outcome to determine if it were met and to revise the plan accordingly. Evaluation may also identify the resources that are needed for the client or the health care provider in their continuing plan of care.

**Professional Nursing Roles**
As the nurse carries out the nursing process, the nurse enacts a variety of professional roles. These are:

- clinician
- teacher
- client advocate
- leader

These roles may overlap. In the clinician role, the nurse may provide direct “hands on” care, or may assess a client’s needs and direct others to provide services to meet those needs. The nurse may conduct patient and family teaching in a teaching role. The nurse may also teach other health professionals when a multidisciplinary team addresses the client’s needs. The nurse is a client advocate when collaborating with the client, finding resources for the client, and acting on behalf of the client. The nurse is a leader when planning and assigning the care of a client to others, maintaining overall responsibility and accountability for that care, assisting other members of the health care team to set and meet goals or when providing resources to other health care providers.
BIOPSYCHOSOCIAL ASSESSMENT OF THE ELDERLY
HCS 12

PRE TEST

Choose the response that most accurately answers the following questions:

1. In most sections of the minimum data set, the only conditions or health problems you would check would be those present:
   a. in the past year
   b. in the past month
   c. in the past seven days
   d. since admission

2. A significant weight loss for a client/resident would be:
   a. 5% in the last 30 days
   b. 5 lbs in the last month
   c. 10 lbs in the last 6 months
   d. 20 lbs in the last 180 days

3. During the assessment process, the nurse should be aware that older adults tend to:
   a. complain a lot
   b. exaggerate their symptoms
   c. under-report their symptoms
   d. require a lot of time and attention

4. It is most important to begin your assessment with an evaluation of the _____________ of the client/resident.
   a. vital signs
   b. cognitive status
   c. mobility
   d. emotional state

5. Which of the following statements is NOT CORRECT about the respiratory assessment of the older adult?
   a. the chest wall is more rigid
   b. muscle contractions of the chest are diminished
   c. there is little or no change in the amount of oxygen received by the cardiovascular system
   d. respirations of the elderly are generally not as deep
DISCUSSION QUESTIONS/ANSWERS

1. What is the most important part of a client/resident assessment?
   
   It is the professional responsibility of health care professionals to provide the highest level of care and to promote the well-being of older adults; mentally, physically, and psychosocially.

2. What are the problems you have seen associated with over-the-counter medications?
   
   For group discussion.

3. In an assessment, what would you be looking for that might contribute to a potential for falling?
   
   Identifying any visual impairment that might cause them to trip and fall. To make certain their eyes are tested and glasses are appropriate.

   There is a loss of tactile perception that accompanies aging so that the individual may not really feel an object under his/her feet, that could result in a fall. The removal of objects that may block their path is also important.

   Avoid table and floor lamps that may cause shadows and distort what is seen.

4. What age-related changes affect dehydration in an older client/resident? How will this influence your assessment?
   
   Older adults may experience kidney function problems and may complain of nocturnal frequency, incontinence or need for appliances or pads.

   Men may develop enlarged prostate glands.

   Health care providers should look for cracked lips, skin turgor, dry skin, decreased skin turgor or dry mucus membranes.

5. What kinds of problems have you encountered when doing a client/resident assessment?
   
   For group discussion.

6. What is the value of using a body diagram for documentation of an assessment?
   
   Clients/residents may recall areas where they have problems and it provides an overall summary from which to document after the assessment interview.
POST TEST

Choose the response that most accurately answers the following questions:

1. The purpose of the minimum data set is to:
   a. collect data on organs and systems of the body
   b. assess the resident’s ability to function in meeting needs on a daily basis
   c. perform a comprehensive psychosocial assessment
   d. outline the resident’s ability to participate in activities of the nursing home

2. The coordination of the MDS assessment must be done by:
   a. a registered nurse
   b. a physician
   c. an administrator
   d. a family member

3. Data for the assessment should be collected from all EXCEPT:
   a. nursing assistants
   b. family members
   c. the medical record
   d. gossip

4. In a long term care facility, a resident is considered self-care until proven otherwise.
   a. true
   b. false

5. Choose the statement that best reflects the significance of identifying strengths of residents.
   a. “Do unto others as you would have them do unto you”
   b. “Use it or lose it”
   c. “Guilty until proven innocent”
   d. “If it isn’t charted, it didn’t happen”

6. The most common sensory deficit in the aging person is:
   a. decreased vision
   b. decreased sense of taste
   c. decreased tactile response
   d. decreased hearing
7. To overcome this deficit, you could:
   a. face the resident with a light on your face when speaking
   b. avoid table or floor lamps that could cause shadows
   c. obtain the necessary information from a family member
   d. provide privacy during the interview

8. The form for the MDS corresponds with a/an _____________ systematic method of assessment.
   a. system-by-system
   b. foot-to-forehead
   c. head-to-toe
   d. organ-by-organ

9. The residential history refers to:
   a. the last place of residence
   b. who the resident lived with before admission
   c. all places lived in the past five years and with whom
   d. the previous address of the resident

10. In most sections of the MDS, the only conditions or problems you would check would be those present:
    a. in the past year
    b. in the past month
    c. in the past seven days
    d. since admission
BIOPSYCHOSOCIAL ASSESSMENT OF THE ELDERLY
HCS 12

ANSWER SHEET

PRE TEST

1. c
2. a
3. c
4. b
5. c

POST TEST

1. b
2. a
3. d
4. a
5. b
6. d
7. a
8. c
9. c
10. c
BIOPSYCHOSOCIAL ASSESSMENT OF THE ELDERLY
HCS 12

RESOURCE ADVISOR

BARBARA KRIEG, MA, RN ... received her BSN from the University of Iowa and her MA from the University of Northern Iowa. She has taught physical assessment of the elderly to medical and nursing students for the past fifteen years. She is currently the Assistant Director of Cardiac Rehabilitation at the University.

NEVCO® video educational programs are prepared using specific criteria designed by National Educational Video, Inc. All educational programs are coordinated and reviewed under the direction of the NEVCO® Director of Education, who is a master’s prepared nurse.
REFERENCES


Hill, M.J. (1994) From the editor, Stop, look, listen... too often, nurses become very shortsighted in their observations. We tend to look for what we know and recognize, rather than questioning what we see and don’t understand (editorial). Dermatol. Nurs. 1994 Dec; 6(6): 392 (1 ref).

REFERENCES (Continued)


While NEVCO® strives to remain current with federal and state regulatory requirements, the information contained in this video presentation is always subject to governmental amendment. Therefore, we suggest that you contact your state and federal authorities for any possible revisions to this material.
### Participant Evaluation of Objectives

Please evaluate this program by circling the number that best represents how well this program met the following objectives:

<table>
<thead>
<tr>
<th>Objective</th>
<th>4=Excellent</th>
<th>3=Good</th>
<th>2=Average</th>
<th>1=Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify the role of the minimum data set in assessment of the functional status of clients/residents.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. Conduct a comprehensive client/resident and/or family interview.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. Identify factors that interfere with obtaining information from a client/resident and identify strategies for overcoming these obstacles.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. Discuss the significance of identifying strengths or abilities of the client/resident as well as weaknesses or problems they may experience.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. Specify the systematic method for the review of systems.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6. Recognize a significant weight loss in your client/resident.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>7. Describe common problems occurring with the use of either prescription or over-the-counter medications in older adults.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>8. Demonstrate the correct technique for a bowel and lung assessment utilizing a stethoscope.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>9. State the purpose of an otoscopic examination.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>10. Demonstrate a systematic assessment of the older adult.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
BIOPSYCHOSOCIAL ASSESSMENT OF THE ELDERLY
HCS 12

Participant Evaluation of Objectives (Continued)

COMMENTS:___________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Do you feel you met your personal objectives? _______________________

Time required to complete this program? _______________________

Return this form to the facilitator who distributed the learning materials. Thank you.
REQUEST FOR CERTIFICATES FOR CONTACT HOURS

**TYPE** the NAMES, LICENSE NUMBERS AND JOB TITLES (RN, LPN, MSW, CNA, PT, etc.) of the people who are to be issued a certificate for contact hours for attending the continuing education program:

(Facility Name)

(Title and Number of Video Program)

This request must be submitted along with the completed roster and evaluation sheets for the above named program.

<table>
<thead>
<tr>
<th>NAME</th>
<th>LICENSE NO.</th>
<th>JOB TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FACILITATOR’S EVALUATION
(NEVCO® Video Education Program)

Must be completed by the facilitator

EVALUATION OBJECTIVES:

(1) To assess extent to which the program was appropriate, adequate and effective.
(2) To identify, continue to develop and evaluate effective quality assurance activities.

Title of Program ______________________________________________________ Date _______________________
Place of Employment _________________________________________________Job Title _______________________

Please evaluate the presentation by circling the number that best describes your rating.
4 – Excellent  3 – Good  2 – Average  1 – Poor

ORGANIZATION OF COURSE

<table>
<thead>
<tr>
<th>Material was organized to facilitate learning</th>
<th>4 3 2 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>The amount of material covered was adequate and accurate</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>There was effective use of time to cover the subject</td>
<td>4 3 2 1</td>
</tr>
</tbody>
</table>

CONTENT OF THE FACILITATOR’S GUIDE

List total number of objectives in this facilitator’s guide _____________________
List by number the objectives that were met _____________________________

<table>
<thead>
<tr>
<th>The test material reflected the objectives listed</th>
<th>4 3 2 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content can be used to improve nursing practice</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Content reflected knowledge level and needs of learner</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>The material was current</td>
<td>4 3 2 1</td>
</tr>
</tbody>
</table>

Evaluate Test Questions

<table>
<thead>
<tr>
<th>Pre-Test</th>
<th>4 3 2 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion Questions</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Post-Test</td>
<td>4 3 2 1</td>
</tr>
</tbody>
</table>

FACULTY PRESENTING (Video)

<table>
<thead>
<tr>
<th>The presentation was</th>
<th>4 3 2 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>The presenter explained the material</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>The presenter demonstrated knowledge of material</td>
<td>4 3 2 1</td>
</tr>
</tbody>
</table>

OVERALL RATING

<table>
<thead>
<tr>
<th>I felt this teaching method was</th>
<th>4 3 2 1</th>
</tr>
</thead>
</table>

COMMENTS – (Please make suggestions for future topics and additional comments about the presentation or instructor)

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Thank you for your time in completing this evaluation! We appreciate your comments and suggestions. The NEVCO® Educational Staff
©1995 Revised 10/2004
EVALUATION
(NEVCO® Video Education Program)

Must be completed by every participant

EVALUATION OBJECTIVES:

(1) To assess extent to which the program was appropriate, adequate and effective.
(2) To identify, continue to develop and evaluate effective quality assurance activities.

Title of Program ______________________________________________________  Date _______________________
Place of Employment _________________________________________________Job Title _______________________

OBJECTIVES
Total number of objectives in program _________
Circle the number of objectives that WERE met  1   2   3   4   5   6   7   8   9   10   11   12   13   14   15
Circle the number of objectives that were NOT met  1   2   3   4   5   6   7   8   9   10   11   12   13   14   15

Please evaluate the presentation by circling the number that best describes your rating.
4 – Excellent  3 – Good  2 – Average  1 – Poor

ORGANIZATION OF COURSE
Material was organized to facilitate learning  4   3   2   1
The amount of material covered was adequate and accurate  4   3   2   1

CONTENT OF THE PRESENTATION
The test material reflected the objectives listed  4   3   2   1
Content and/or skills demonstrated can improve my ability to perform my job  4   3   2   1
Content reflected knowledge level and needs of learner  4   3   2   1
The material was current  4   3   2   1
Time for questions was  4   3   2   1
Effective use of time to cover subject was  4   3   2   1
Graphics were beneficial  4   3   2   1

NEVCO® FACULTY (who prepared the program and/or appeared in interviews)
The presentation was well prepared  4   3   2   1
The presentation explained the material well  4   3   2   1
The presenter demonstrated knowledge of material  4   3   2   1

OVERALL RATING
I felt this teaching method was  4   3   2   1
Facilities and classroom were adequate  4   3   2   1

COMMENTS – (Please make suggestions for future topics, content of program and instructors)
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Thank you for your time in completing this evaluation! We appreciate your comments and suggestions. The NEVCO® Educational Staff
©1995 Revised 10/2004
CONTINUING EDUCATION ROSTER

This form must be completed and returned to NEVCO®.
Keep a copy for your facility, but return the original to NEVCO®.

PRINT OR TYPE

Account # ____________________________________

Number and title of Video Program ___________________________________________

Dates Given _____________________________________________________________

Contact Hours ___________________________________________________________

Name of Facility _________________________________________________________

Address of Facility _______________________________________________________

City/State/Zip __________________________________________________________

RN Facilitator ___________________Signature _________________________________

National Educational Video, Inc.™ is an approved provider of continuing education. State Board provider numbers: Florida NCE2896, Alabama 5-97.0, California CEP8803 and Kentucky 7-0045.

This activity provided by National Educational Video Inc. is approved as a provider of continuing education in nursing by Alabama State Nurses Association, which is accredited as an approver of continuing education in nursing by The American Nurses Credentialing Center’s Commission on Accreditation.

ROSTER OF PARTICIPANTS

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Participant Signature</th>
<th>License #</th>
<th>Soc. Sec. #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participant Name</td>
<td>Participant Signature</td>
<td>License #</td>
<td>Soc. Sec. #</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------</td>
<td>-----------</td>
<td>------------</td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Certificate of Completion

This is to certify that

____________________________________________________________
Attended and Completed

____________________________________________________________
National Educational Video, Inc.™ Program Number and Title

For ____________ contact hours

On ____________

Date

____________________________________________________________
Facility / Agency Name

____________________________________________________________
Facility / Agency Address

____________________________________________________________
RN / Facilitator

CERTIFICATE FOR ASSISTANTS ONLY

National Educational Video, Inc.™ is an approved provider of continuing education. State Board provider numbers: Florida NCE2896, Alabama 5-97.0, California CEP8803 and Kentucky 7-0045.

This activity provided by National Educational Video Inc. is approved as a provider of continuing education in nursing by Alabama State Nurses Association, which is accredited as an approver of continuing education in nursing by The American Nurses Credentialing Center’s Commission on Accreditation.
CERTIFICATE OF COMPLETION

For each participant who has successfully completed a continuing education program, please make a copy of the blank NEVCO Certificate (on reverse side) and fill in the following information:

1. Name of the learner
2. Program title and number
3. Number of contact hours
4. Date the program was completed
5. Name and address of your Agency / Facility
6. Signature of the RN / Facilitator responsible for offering the program