

Ambulatory Care Nursing Simulation Toolkit Annual Wellness Visit

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Acknowledgement: This simulation was developed with support from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2,798,890 and with support from Coronavirus Aid, Relief, and Economic Security (CARES) Act supplemental funding totaling \$78,571, with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

1. Development & Background Information

1.1 Purpose

The **purpose** of this simulation-based activity is to understand the purpose and content of an Annual Wellness Visit (also called Medicare Wellness Visit) and how the RN role in conducting these visits represents top-of-scope practice.

1.2 Learning Objectives

By the end of this simulation-based experience, the learner will be able to...

1. Understand the purpose of an Annual Wellness Visit (AWV) and what assessments are obtained.
2. Describe the RN's roles and responsibilities in managing AWVs and how this represents top-of-scope practice.
3. Use patient-centered care strategies and communication to establish rapport, answer questions, and collect assessment data during an AWV.
4. Strategize nursing interventions for one or more priority health or health promotion issues identified through the assessment.
5. Identify opportunities for collaborating with other health care workers to follow-up on relevant AWV assessment findings.

1.3 Scenario Development

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Reviewer(s):	TBD
Date of initial development:	August, 2020
Last update:	May, 2022

1.4 Brief Summary

The setting for this scenario is a primary care clinic. The student will play an RN conducting an Annual Wellness Visit (AWV) with Charlie Plummer, a 78 year old man. Students should be able to explain the purpose of the AWV and how this differs from an annual physical exam. They should also clarify the patient's responses on the Health Risk Assessment form, identify areas of concern, and provide teaching/coaching on *one* of these concerns. The priority for this simulation is for learners who are new to the ambulatory care setting to gain an overview of top-of-scope RN practice. Learners likely will not finish reviewing the entire HRA with the patient actor and will only provide education on one of several potential issues.

This simulation is designed so it could be run **in-person** or **remote** (via video conferencing). Notes throughout this document give instructions for each type of delivery.

1.5 Activity Duration: 90-120 minutes

1.6 Intended Learners

The Ambulatory Care Nursing Simulation Toolkit was designed primarily for pre-licensure nursing students who have completed foundational courses (i.e., pathophysiology, pharmacology, fundamentals of nursing care, and medical-surgical clinical training). The course is also appropriate for RN Residents and for practicing RNs who are new to the ambulatory care setting.

1.7 Skills Required for Learners Prior to the Simulation Session

Psychomotor skills prior to the simulation:

- How to review and score the Health Risk Assessment

Knowledge prior to the simulation:

- Purpose and content of an Annual Wellness Visit
- How to engage the patient in making a wellness-focused plan of care

2. Simulation Set-up

2.1 Personnel Needed and Responsibilities

- **Facilitator(s):** One facilitator, may also play the patient.
- **Actor(s):** One acted role - patient

2.2 Acted Roles (scripted)

Role	Description
<i>Patient</i>	<p>The patient is Charlie Plummer, a 78 year old man who lives alone in a condo. The role will be acted by the facilitator or staff.</p> <ul style="list-style-type: none"> • In-person: the role will be played by staff. • Remote: the role will be voiced by staff and a picture of the individual may be shown on-screen.

2.3 Set-up Information

Set-up	Set-up information: <u>In-Person</u>	Set-up information: <u>Remote</u>
Setting Family medicine clinic	The simulation room should be set up as an outpatient exam room.	Use Zoom or other teleconferencing software with a neutral background.
Manikin or task trainer	A person (staff or facilitator) will play the patient.	<p>A person (staff or facilitator) will play the patient.</p> <p>Have the PowerPoint file “CHSIE AC Simulation AWV Remote PPT” open to screen-share images.</p>
Other manikin set-up/moulage	<ul style="list-style-type: none"> • (Optional) medications to show for med reconciliation • Brings letter reminder of AWV (print out – in Additional Materials) 	<ul style="list-style-type: none"> • (Optional) picture of medications to show for med reconciliation (included in the PowerPoint) • Show letter reminder of AWV on-screen (print out – in Additional Materials)
Orders and documentation	<p>Print out for the session:</p> <ul style="list-style-type: none"> • Patient Health Record <p>Have document available to review:</p> <ul style="list-style-type: none"> • Annual Wellness Visit Toolkit for Students (includes the “patient-filled” forms. 	<p>Images in the PowerPoint for screen share:</p> <ul style="list-style-type: none"> • <i>Patient Health Record</i> • <i>Vital signs</i> • <i>Health Risk Assessment</i> • <i>Medication bottles</i> • <i>Home Safety Checklist</i> • <i>Fall risk assessment</i> • <i>PHQ-9 with responses</i>

		<ul style="list-style-type: none"> • <i>PHQ-9 Scoring</i>
Other documents	Print for session: <ul style="list-style-type: none"> • Attendance record (one per group) • Actor script Provide document for students to print and bring: <ul style="list-style-type: none"> • Student Observer Form 	Print for session: <ul style="list-style-type: none"> • Attendance record (one per group) • Actor script Provide document for students to print and bring: <ul style="list-style-type: none"> • Student Observer Form

2.4 Fidelity

Type of fidelity	Characteristics of the simulation: <u>In person</u>	Characteristics of the simulation: <u>Remote</u>
Physical: Setting, patient/actors, and props are used to create realism.	The simulation room set up to appear as an outpatient clinic.	The “patient” will have the forms off-screen for use when cued by the student.
	Actor will have a gray wig, age-appropriate street clothes.	
Conceptual: Elements of the scenario relate in a realistic way.	Students will use and score real AWV forms.	
	The case was modeled on commonly encountered issues (e.g., not understanding the AWV, home safety fall risks).	
Psychological: Contextual elements. E.g., noise, lighting, distractions, time pressure, etc.	Home medications can be “brought” by the patient (in a bag or shown on-screen).	
	Scripting will allow for actual conversations for assessment and care planning.	

3. Facilitator Orientation

3.1 Scenario Overview (with correct treatment decisions– do not share with students)

The setting is a family medicine primary care clinic. In this simulation, students are completing Medicare-supported Annual Wellness Visit with a 78 year old man. He already completed an initial AWV 2 years ago, but has not had one since. The facilitator may choose to have the same student play the nurse in all 3 acts, or different students.

- **Act 1**, the student playing the nurse will meet the patient, establish rapport, and explain the purpose of the visit. The student will use the [AWV Student Toolkit materials](#). The patient initially will not be aware of the reason for the visit and will question how it is different from a physical exam, and whether or not it is important.
- **Act 2**, the nurse collects assessment data in an orderly manner, using the provided AWV checklist. In this scenario, the medical assistant measured vital signs and height/weight before the nurse meets the patient; therefore, the nurse will not perform any physical examination. As the student reviews the patient's forms, they should identify areas of concern that include mild depressive symptoms, alcohol misuse, poor nutrition and diabetes management, and fall risk. The facilitator should end the act if it runs longer than about 20 minutes.
- **Act 3**, the nurse explains the assessment findings *in one specific area* to the patient and provides relevant care (e.g., for depression, the nurse will assess suicidal ideation and explain that the patient will meet a behavioral health provider). The scenario ends by letting the patient know that the provider will come in to see the patient in a few minutes. Again, the facilitator should end the act if it runs long to allow time for debriefing.

3.2 Facilitator Requirements and Preparation

The facilitator must be competent in the appropriate simulation skills (i.e., briefing, acting in a simulation, and debriefing).

The facilitator should review the full simulation guide (i.e., this document). The facilitator also should review the readings/videos assigned in the Student Guide to incorporate teaching points in briefing and debriefing. In particular, the facilitator should thoroughly review the [AWV Student Toolkit](#) and the [AWV Checklist – Instructor's Guide](#) to be able to guide students on how to review these, how to identify areas of concern, and how to strategize nursing actions.

3.3 Level of Facilitation during the Scenario: High

Pre-licensure students should have completed a medical-surgical clinical course and prior simulations. However, most students do not understand the nurse role in ambulatory care and are not familiar with AWVs. Learners also might be overwhelmed by the number of items in the AWV and might need help focusing and prioritizing. The simulation is structured with breaks for discussion and care planning with the intention that, during the scenario, learners should be as independent as possible in providing nursing care.

3.4 Simulation Evaluation

This simulation was developed as part of a HRSA-funded Nursing Education, Practice, Retention, and Quality Research (NEPQR) project. We request that schools using this simulation ask students to complete the online evaluation form after they have participated in the simulation (including those who were observers). This evaluation includes the Simulation Effectiveness Tool-Modified (SET-M) and evaluation of the learning outcomes. For any questions, contact Nicole Summerside at nicoles1@uw.edu.

Online evaluation URL: https://docs.google.com/forms/d/e/1FAIpQLSeT5-xG5vHpPzHG3txIdb7FiTrGRMOQ-3PhI4Kc8Y4qCAx9nQ/viewform?usp=sf_link

4. Simulation Facilitation Guide

4.1 Simulation Scenario Suggested Timeline

Time	Event
10 minutes	Table time: learning objectives, learning preparation & essential scenario information.
10 minutes	Simulation Scenario – Act 1 & mini-debrief to prep for assessment
30 minutes	Simulation Scenario – Act 2 & mini-debrief on assessment and prioritization
15 minutes	Simulation Scenario – Act 3 on plan of care & patient teaching
30+ minutes	Debrief whole scenario

4.2 Briefing

- a. **Greet the group and establish a safe learning environment.**
 - i. Review the [Basic Assumption™](#) of simulation: “We believe that everyone participating in activities at (your organization’s name) is intelligent, capable, cares about doing their best and wants to improve.” Review the simulation agreement if you have one.
 - ii. Remind them of the ground-rules of simulation: full participations, professional behavior, and confidentiality. Establish a fiction contract. Learners are to engage in a respectful manner, honoring diversity of thought and of personal background.
 - iii. **Remote:** If the simulation is conducted over video conferencing, orient the learners to expectations pertaining to communication etiquette and use of audio, video, and mute functions.
- b. **Purpose of the Simulation (read to students).**

“Many nurses are unfamiliar with the Annual Wellness Visit, which is relatively new practice. The purpose of this simulation is for learners to understand the purpose and content of an Annual Wellness Visit and how the RN role in conducting these visits represents top-of-scope practice.”
- c. **Learning Objectives (review briefly).**

The purpose of reviewing the learning objectives is to orient the students just enough that they know what to the simulation. Not all facilitation prompts need to be reviewed; select as needed.

 - i. Understand the purpose of an Annual Wellness Visit (AWV) and what assessments are obtained. **Facilitation prompts:** *How would you explain the purpose of the Annual Wellness Visit?*
 - ii. Describe the RN’s roles and responsibilities in managing AWVs and how this represents top-of-scope practice. **Facilitation prompts:** *What are the RN’s responsibilities during an AWV? What would be outside of your scope of practice? [E.g., giving a diagnosis such as depression, providing treatment outside one’s scope].*

- iii. Use patient-centered care strategies and communication to establish rapport, answer questions, and collect assessment data during an AWV. **Facilitation prompts:** *What strategies can you use to promote patient-centered care during the visit? What are some behaviors to avoid?*
- iv. Strategize nursing interventions for one or more priority health or health promotion issues identified through the assessment. **Facilitation prompts:** *What are some nursing interventions that could be indicated based on your review of the Health Risk Assessment?*
- v. Identify opportunities for collaborating with other health care workers to follow-up on relevant AWV assessment findings. **Facilitation prompts:** *How might other health care workers be involved in care or follow-up related to the AWV?*

d. **Expectations/Learner Brief**

“In this simulation, you’ll play the role of an Annual Wellness Visit nurse, so you are the nurse primarily responsible for scheduling, completing, and following up on the wellness visits. This simulation will take place in three acts. We will pause briefly between each act to discuss what the nurse will do next. *[If applicable: We will also rotate who is in the role of the nurse in each act.]*

To start **Act 1**, you will meet the patient, obtain patient identifiers, establish rapport and make sure he understands the purpose of the visit. You’ll let him know that the provider will see him at the end of the visit. We will pause briefly to set the stage for Act 2.

In **Act 2**, the nurse will use the Annual Wellness Visit Checklist to guide the visit. As part of your preparation for this simulation, you should have reviewed the patient’s filled-out Health Risk Assessment form and identified items needing clarification or additional information. Remember that the Checklist walks you through 3 steps, with the ABC mnemonic: 1) **A**cquire an update of patient information, 2) **B**egin assessment, and 3) **C**ounsel patient. The first two steps will happen in Act 2, and the last, counseling the patient, will be in Act 3.

After your assessment, we will pause for a quick debrief on priorities and planned interventions before continuing the scenario. Based on the vital signs, questionnaires, and any other data you collect, you’ll identify specific areas of concern, which you’ll discuss with him. In **Act 3**, you will select one topic and will provide education/counseling on that topic. Right after the scenario, we’ll debrief.”

e. **Assign roles**

Role	Description
<i>Nurse</i>	One or more student will play the nurse (the facilitator may choose to change the student in the nurse role for Act 2 and/or 3).
<i>Observers</i>	Observers will complete the observer worksheet and will participate in debriefing.

f. **Orientation to manikin and space**

What should be done “for real” (e.g., VS, making phone call)	You don’t need any equipment other than your checklist and the Health Risk Assessment form that you’ll be reviewing.
What do observers do?	<p>In person and remote: Observers should complete the observer form. Notes will be used to participate in debriefing.</p> <p>Remote: Mute yourself and turn off your video while we’re acting out the simulation.</p>

4.3 Simulation Facilitation & Operation: Scenario Progression Outline

Act, Timing, Technical Notes Technical Notes	Student Performance Expectations	Facilitator Notes (actor notes here are only for the facilitator).
<p>Act 1 Greeting, explain reason for AWV (5 min simulation, 5 minutes mini-debriefing)</p> <p>In-person: Actor playing the patient is seated comfortably in a chair.</p> <p>Remote: Actor seated in view of screen.</p> <ul style="list-style-type: none"> • VS – screen share PowerPoint 	<ul style="list-style-type: none"> • Introduce self • Use 2 patient identifiers • Hand hygiene • Explain the purpose of the AWV 	<p>Act 1 briefing: “Your patient is Charlie Plummer, a 78 year old man. His vital signs were measured by the medical assistant when he ‘roomed’ the patient and are as follows: HR 85, SPO₂ 98% on room air, BP 140/85, RR 16, Temp 97.3°F temporal. Height is 5’11” and 180lb. In this section of the simulation you greet the patient and explain the purpose of the visit.”</p> <p>Act 1 mini-debriefing:</p> <ul style="list-style-type: none"> • Ask nurse <i>first</i> – how did that go? Is there anything you’d do differently now that we are paused? • Ask group – Do you think the patient understood the purpose of the annual wellness visit? What else might you have added to your explanation? <p>If applicable, switch the student playing the nurse.</p>
<p>Act 2 Assessment (20 min simulation, 10 min mini-debriefing)</p> <p>In-person: Patient gives the nurse the printout of the filled out HRA (if the student doesn’t already have it).</p> <p>Remote: Filled out HRA shown on-screen as needed</p> <p>Any additional forms needed should be provided by the facilitator (or shown from the PowerPoint). These include the</p>	<p>The student should use the AWV Checklist to work through the visit in an organized manner.</p> <p>Review forms completed at home:</p> <ul style="list-style-type: none"> • Health Risk Assessment • Fall Risk • Home Safety • Review record data (health history & providers) • Determine need for depression screen (PHQ-2, HRA items 34-35) 	<p>Act 2 briefing: “Use the Annual Wellness Visit Checklist as a guide to collect data patient from the patient and clarify information on the Health Risk Assessment form. You probably won’t get through all of those items. I will stop you at about 20 minutes, and I will summarize any information that you did not get to.”</p> <p>Notes: The focus of this act is for students to practice using the AVW Checklist in a systematic manner to guide the visit. Issues that the students should identify from the assessment include:</p> <ul style="list-style-type: none"> • Elevated BP • Low amount/intensity of exercise • Diet low in fruit/vegetables and high in processed foods and carbohydrates • Excess alcohol use (3 beers/day) • Arthritis pain

<p>full PHQ-9, Timed Up-and-Go, and MiniCog. Or results could be given verbally:</p> <ul style="list-style-type: none"> • PHQ-9 = 11 (moderate depression) • TUG – normal • MiniCog – normal 		<ul style="list-style-type: none"> • 1-2 missed medication doses • Sexual activity item left blank • Moderate depression on PHQ • Lack of advance directives <p>Act 2 mini-debriefing:</p> <ul style="list-style-type: none"> • What problems did you identify in the assessment? Is there anything else you would like to know about this patient? • Let’s pick one problem that you would discuss with the patient. What interventions are appropriate? How will you approach this discussion? (e.g., order in which to address issues, teaching materials, referrals)
<p>Act 3 (10-15 min) Patient education, care planning, and preventive services planning</p> <p>Act 3 content can be addressed in debriefing if time is limited.</p>	<p>Students should...</p> <ul style="list-style-type: none"> • Provide explanation of assessment findings and education • Discuss referrals and Medicare coverage • Collaborate with the patient on a plan of care and follow-up <p>If there is not sufficient time to address the Preventive Services Checklist in the scenario, this can be discussed in debriefing.</p>	<p>Act 3 briefing: “You’ll practice discussing the one topic we selected with this patient. If you feel comfortable, you can move on to discussing other issues identified, but we’ll stop after about 10-15 minutes so we have time to debrief. Remember to use good communication skills like teach-back.”</p> <p>Notes:</p> <p>Top priorities: Depression, alcohol use, diabetes management, fall risk reduction.</p> <p>Referrals: Behavioral health for depression, alcohol cessation program, diabetes self-management program.</p> <p>On the Preventive Services Checklist, students should identify: next yearly wellness visit date, alcohol misuse screening & counseling, cardiovascular screening, diabetes self-management, flu shot, glaucoma test, nutrition therapy, pneumococcal shot, prostate cancer screening</p>

4.5 Debriefing (after Act 3)

LET THE STUDENTS DO MOST OF THE TALKING

First, invite only active scenario participants to debrief, and ask observers to wait to speak until later in the debriefing. Remind students that simulation performance and debriefing are confidential. Briefly review the learning objectives.

Reaction Phase

1. How would you describe your experience? (Alternatively, “How did you feel during the scenario?”)

Analysis

Plus/Delta questions

2. What worked well? What would you do again?
3. If you could do this scenario again, what would you do differently?

Scenario-Specific Questions:

Purpose of the AWV

4. How will this annual wellness visit benefit this patient’s health management?
5. How did the assessments guide your plans for this patient? What else might you want to assess?
6. What follow-up would be useful for this patient?

Nurse Role & Responsibilities

7. How does the annual wellness visit represent top-of-scope RN practice? How does practicing at the top of one’s scope benefit the patient and the health care team?

Safety

8. Among the issues that we listed after Act 2, how would you prioritize (or triage) which to address first?

Patient Centered Care

9. What approaches or strategies did you use to establish rapport in your visit?
10. How did you promote patient-centered care in your assessment and counseling?

Teamwork & Communication

11. What other health team members should be involved with the care of this patient?
12. What information is important to document about this visit? How is the documentation important for promoting team-based care?
13. What are some strategies for coordinating care among this patient’s the health care team members?

Informatics

14. How could information technologies help the healthcare team manage, track, and follow-up on annual wellness visits?

Application

15. How would you summarize your experience? What are your “take aways”?

5. Acted Role: Patient

Charlie Plummer, 78 y/o (DOB 10/30/19XX), healthy weight, moderately active. You are pleasant and cooperative, but you are confused about the purpose of the visit and how it differs from an annual physical exam. You have several problems that are common with aging. Your health information is up to date. Students should identify issues from the *Health Risk Assessment* that you completed before your appointment. Your cues should focus on helping students recognize these issues.

Cues for Discussion (in the order of the Health Risk Assessment form)

Act 1: The student playing the nurse will meet the patient, establish rapport, and explain the purpose of the visit. **Patient role:** The patient will initially not be aware of the reason for the visit and will question how it is different from a physical exam, and whether or not it is important. To start the scenario, when the nurse greets you, respond: “Hi there. Can you tell me why I’m here today? I just got this letter saying I should come in” (hold up letter).

Act 2: the nurse collects assessment data in an orderly manner using the provided checklist and assessment forms. **Patient role:** Provide information (see below) and ask questions if the learner has not explained things in a manner that you would like to know if you were a real patient.

Patient History cues

Personal History	<ul style="list-style-type: none"> Retired construction contractor High school graduate, some community college education
Social History	<ul style="list-style-type: none"> Married twice, divorced x 10 years, no current partner. Ex-wife 10 years younger and healthier, sometimes stops by to “help out”. Lives alone, limited social network Three adult children, live out of state visit about once per year (or less)
Past Medical History	<ul style="list-style-type: none"> Type 2 diabetes x 15 years Hypertension x 20 years Hyperlipidemia x 15 years Osteoarthritis – left knee, both hands, lower back Depression x 25 years (no treatment currently)
Past surgical history	<ul style="list-style-type: none"> Inguinal hernia repair, 5 years ago Total knee replacement, right side, 10 years ago
Medications	<p>Listed on your Health Risk Assessment. Glucophage (Metformin), 500 mg by mouth daily Atorvastatin (Lipitor), 20 mg daily Lisinopril, 20 mg daily</p> <p>In the health record but not listed on the Health Risk Assessment. Student should ask: Apirin, 81 mg daily Acetaminophen 1250 mg extended release, as needed for pain</p> <p>Not in health record or HRA. Disclose if student asks about other medications/supplements: CBD topical salve for muscle pain</p>

Allergies	None
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Health Risk Assessment cues

Topic	Patient response/behavior
Activity	Take leisurely walks with dog daily, 20-30 m. No strength exercises.
Diet	Low fruit/vegetable, high processed/carb. Could use counseling, especially due to weight and diabetes.
Alcohol	Three beers/day. Drinking more, started last year from boredom, loneliness, and "feeling down." Now "kind-of just a habit." Patient not sure he can stop because it makes the evenings easier.
Sleep	No trouble. Nap only if gets <7h sleep.
Pain	>5 days/week. From arthritis. Patient does not feel that he needs more treatment. The acetaminophen "works fine".
Medications	Missed 1-2 times in past month. Does not use a pill organizer.
Sexual history:	"Well, that stuffs kind of personal. I don't see why you're asking about it." Willing to listen, but not to talk about it.
Falls	Two times in the past year. Tripped over area rug and tripped by dog.
Social	Lonely. Ex-wife sometimes checks in and brings meal. "She's real sweet. I can't bother her with my problems. She's got her own life going on."
Advance directives	Does not have one, does not know what it is.
Depression	PHQ-2 and PHQ-9 scores indicate moderate depression. Does not have suicidal ideation. Lonely and depressed after youngest adult child (36 y/o daughter) moved out of state. History of depression but not on current treatment.

Fall Risk

Items indicating risk	<ul style="list-style-type: none"> • Has fallen in the past year (just bruised) • Sometimes feels unsteady when walking • Needs to push with hands to stand up from a chair • Often feel sad or depressed
Home safety risks	<ul style="list-style-type: none"> • Has to walk around furniture, over cords, over bumps in area rugs • Has small runners that can bunch up • No light near the bed, dark between the bed and bathroom • Exterior walkway is cracked

Act 3: the nurse will provide education or counseling on one topic of concern. **Patient role:** Ask questions, if the student asks you for teach-back, skip over something to cue additional teaching.

6. Additional Materials

Other materials this document: (if **remote**, use separate files for screen sharing as indicated in the guide):

1. Annual Wellness Visit Checklist - Instructor's Guide
2. Patient Health Record
3. Annual Wellness Visit letter
4. Attendance Form
5. Annual Wellness Visit Toolkit for Students – available online at <https://collaborate.uw.edu/wp-content/uploads/2022/05/Annual-Wellness-Visit-Toolkit-for-Students-HRA-Filled.pdf>

Annual Wellness Visit Checklist – Instructor’s Guide

Instructions:

AWV Step	Elements & Instructions	Facilitator Information
Acquire Update of Patient Information		
<input type="checkbox"/> Meet the patient	Greet the patient, confirm identity Explain to the purpose of the AWV and answer questions	
<input type="checkbox"/> Update Health Risk Assessment (HRA)	Review HRA form that the patient was mailed to complete before the appointment: <ul style="list-style-type: none"> • Demographic data • Self-assessment of health status 	No change Issues that the student should address based on the responses include... <ul style="list-style-type: none"> • Elevated BP • Low amount/intensity of exercise • Diet low in fruit/vegetables and high in processed foods and carbohydrates • Excess alcohol use (3 beers/day) • Arthritis pain • 1-2 missed medication doses • Sexual activity item left blank • Moderate depression on PHQ • Lack of advance directives
<input type="checkbox"/> Assess functional ability and safety	Through direct observation or appropriate screening, assess for: <ul style="list-style-type: none"> • Hearing or vision impairment (ask about last vision check) • Ability to perform ADLs • Fall Risk • Home safety 	Last check 2 years ago, needs checkup (has DM) No difficulties Fell 2 times in last year. Some fall risks in the home on the screener
<input type="checkbox"/> Update list of current providers	Include current providers and suppliers regularly involved in providing medical care to the patient.	Patient did not list ophthalmologist and endocrinologist. Students should look on health record and ask about these providers.
<input type="checkbox"/> Update patient’s medical/family history	At a minimum, update and document the following: Medical events in the patient’s parents, siblings, and children, including diseases that may be hereditary or place the patient at increased risk.	No new history

	Past medical and surgical history, including experiences with illness, hospital stays, operations, allergies, injuries, and treatments. Use of medications and supplements.	No new history You only listed prescription meds. The student should ask about OTC meds and supplements (baby aspirin, Tylenol arthritis, CBD cream)
<input type="checkbox"/> Screen for depression	If patient is at risk (e.g., PHQ-2 score 3 or greater), give and score full PHQ-9.	The PHQ-2 is 3 and the PHQ-9 is 11 (with no suicidal ideation). Student could discuss mental health referral or warm hand-off to behavioral health.
Begin Assessment		
<input type="checkbox"/> Assess	Weight, height (may be self-reported) & blood pressure	Slightly overweight (BMI 25). Can be addressed with diet. BP slightly high.
<input type="checkbox"/> Detect any cognitive impairment	Assess cognitive function through direct observation with due consideration of information obtained via the patient's reports and concerns raised by family members, friends, caretakers, or others. .	No cognitive difficulties. Normal MiniCog.
Counsel Patient		
<input type="checkbox"/> Update written screening schedule	Base written screening schedule on: <ul style="list-style-type: none"> • Age-appropriate preventive services Medicare covers. • Recommendations from the USPSTF & ACIP • Patient's health status and screening history 	Student should review and update (or do as a group during debriefing).
<input type="checkbox"/> Update list of risk factors and recommended interventions	Include any risk factors and conditions for which primary, secondary, or tertiary interventions are recommended or underway.	The issues above should be noted by the student on the "Office Use Only" page. These are issues to address in patient teaching and will be discussed further in debriefing.
<input type="checkbox"/> Give	Give personalized health advice to the patient and referral, as appropriate, to health education or preventive counseling services or programs such as those aimed at ... <ul style="list-style-type: none"> • Community-based lifestyle interventions to reduce health risks and promote self-management and wellness. • Fall prevention. • Nutrition. • Physical activity. • Tobacco cessation. • Weight loss. 	Health Promotion areas: <ul style="list-style-type: none"> • next yearly wellness visit date • cardiovascular screening • diabetes self-management • flu shot • glaucoma test & vision exam • nutrition therapy • pneumococcal shot • prostate cancer screening

Patient Health Record

Name, DOB	Charlie Plummer 10/30/19XX (age 78 y/o)
Personal History	Retired Single
Family Medical History	Diabetes (mother, 2 siblings) Heart disease (father, 3 siblings) Arthritis (1 sibling) Cancer (mother, 1 sibling)
Past Medical History	Type 2 diabetes Hypertension Hyperlipidemia Osteoarthritis Depression
Past surgical history	Inguinal hernia repair Right total knee replacement
Medications	Glucophage (Metformin), 500 mg by mouth daily Atorvastatin (Lipitor), 20 mg daily Lisinopril, 20 mg daily ASA, 81 mg daily Acetaminophen 1250 mg extended release, as needed for pain Dragon Balm (over the counter CBD/THC topical ointment)
Providers	Dr. Kelly Riis (ophthalmology) Dr. Samuel Ojumu (endocrinology)

Outpatient Services

Simulation Center

Dear Mr. Plummer,

Medicare now pays for a yearly visit to talk about how to keep you healthy. This visit, the Annual Wellness Visit (or “AWV”), is not the same thing as a yearly physical exam; this visit focuses on improving your health and wellness.

At the AWV, we will talk about your medical history, review things that may be risks to your health, and provide a plan to help keep you healthy. The visit does not include a physical exam or review of your current medical problems, but we will talk about things that can keep you well.

The AWV is covered by Medicare. If we need extra time to talk about your medical problems or provide other services, those services may be billed separately. As a Wellness MVP Member, you will also receive a \$25 gift card for completing the visit.

We appreciate the trust you put in us for your health care. To schedule an AWV:

1. Call 555-234-5678 to schedule a visit.
2. Please fill out the included documents and bring them with you to the AWV.
3. Bring a list of all your doctors.
4. Bring a list of the medicines (both prescribed and over-the-counter) and supplements that you take.

Thank you,
Andrea Choi, MD, AGSF

**Annual Wellness Visit
Attendance Sign-in**

Date: _____ Group _____

Name	Role	<i>Instructor use – prep done?</i>
	<input type="checkbox"/> Observer <input type="checkbox"/> Nurse <input type="checkbox"/> Other	<input type="checkbox"/>
	<input type="checkbox"/> Observer <input type="checkbox"/> Nurse <input type="checkbox"/> Other	<input type="checkbox"/>
	<input type="checkbox"/> Observer <input type="checkbox"/> Nurse <input type="checkbox"/> Other	<input type="checkbox"/>
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	<input type="checkbox"/> Observer <input type="checkbox"/> Nurse <input type="checkbox"/> Other	<input type="checkbox"/>

7. References Used in Scenario Development

- American Academy of Ambulatory Care Nursing. (2017). *Ambulatory care registered nurse residency program: Transition to the specialty of ambulatory care*. Pitman, NJ: AACN.
- Annual wellness visit. (August, 2018). Centers for Medicare and Medicaid Services. Retrieved from https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AWV_Chart_ICN905706.pdf.
- The Basic Assumption™*. (n.d.). Center for Medical Simulation. Retrieved from <https://harvardmedsim.org/resources/the-basic-assumption/>
- Borsen, S. (2016). *Mini-Cog™: Instructions for administration & scoring*. Retrieved from <http://mini-cog.com/wp-content/uploads/2015/12/Universal-Mini-Cog-Form-011916.pdf>
- Eppich, W., & Cheng, A. (2015). Promoting Excellence and Reflective Learning in Simulation (PEARLS): Development and rationale for a blended approach to health care simulation debriefing. *Simulation in Healthcare, 10*(2), 106–115.
- Healthwise Staff. (August 22, 2019). *Your Medicare yearly wellness visit*. Kaiser Permanente. Retrieved from <https://healthy.kaiserpermanente.org/health-wellness/health-encyclopedia/he.your-medicare-yearly-wellness-visit.abr7782>
- INACSL Standards Committee. (2021). Healthcare Simulation Standards of Best Practice™. *Clinical Simulation in Nursing, https://doi.org/10.1016/j.ecns.2021.08.018*.
- Ludlow, J. (2020). *Prebriefing guide for remote, online, and virtual simulation* [Unpublished paper]. School of Nursing, University of Washington.
- Orange County Healthy Aging Initiative. (2017). *Annual wellness visit toolkit*. Retrieved from <http://www.ocagingservicescollaborative.org/wp-content/uploads/2014/07/Complete-AWV-Toolkit-2017-09-14.pdf>
- Orange County Healthy Aging Initiative. (2017). *Annual wellness visit toolkit video for Orange County* [YouTube]. Retrieved from <https://www.youtube.com/watch?v=i46mWOpFmEI>.
- Preventive Services Checklist*. (September, 2019). Centers for Medicare and Medicaid Services. Retrieved from <https://www.medicare.gov/Pubs/pdf/11420-Preventive-Services-Card.pdf>
- Rudolph, J. W., Simon, R., Dufresne, R. L., & Raemer, D. B. (2006). There's no such thing as "nonjudgmental" debriefing: A theory and method for debriefing with good judgment. *Simulation in Healthcare, 1*(1), 49-55.

Annual Wellness Visit: Student Guide

Please be sure to complete the [online evaluation](#) after your simulation session!

The **purpose** of this simulation-based activity is to understand the purpose and content of an Annual Wellness Visit (also called Medicare Wellness Visit) and how the RN role in conducting these visits represents top-of-scope practice. These visits often are conducted by primary care providers, but can also be done by RNs.

Starting in 2011, Medicare began coverage of Annual Wellness Visits for Medicare beneficiaries. The purpose of this visit is to check for any changes in health information, perform a *Health Risk Assessment*, and develop or update a *Personalized Prevention Plan*. The AWV is not the same as an annual physical. Physical examination normally is not done at this visit and is not reimbursed as part of the visit.

To prepare for this simulation, you will need to complete the assigned readings and videos, and you will also need to review the patient's completed *Health Risk Assessment* *in advance*. We will be using the Health Risk Assessment during the simulation, so you need to review it and identify potential concerns and areas where you need more information from the patient.

Learning Objectives

By the end of this simulation-based experience, the learner will be able to...

1. Understand the purpose of an Annual Wellness Visit (AWV) and what assessments are obtained.
 2. Describe the RN's roles and responsibilities in managing AWVs and how this represents top-of-scope practice.
 3. Use patient-centered care strategies and communication to establish rapport, answer questions, and collect assessment data during an AWV.
 4. Strategize nursing interventions for one or more priority health or health promotion issues identified through the assessment.
 5. Identify opportunities for collaborating with other health care workers to follow-up on relevant AWV assessment findings.
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Expectations

Learners are expected to arrive having (1) fully reviewed this student guide, (2) completed the assigned readings and videos, and (3) completed the Pre-simulation Questions. Students are also expected to have the [Observer Form](#) to complete should they be assigned that role.

In this simulation scenario, you will meet Charlie Plummer, a 78 year old man, for his annual wellness visit. He received notification of the visit by mail, along with the *Health Risk Assessment (HRA)* to

complete. You will collect and analyze the *HRA* (which you will review in the assignments described here) and will collect additional assessments, using the *Annual Wellness Visit Checklist* as a guide. We will pause to prioritize findings and strategize interventions as a group. You will provide teaching on a selected health issue identified in the *HRA*. In debriefing, we will discuss how you would collaborate with the patient on an overall plan of care, provide referrals, and review a schedule for recommended preventive services.

The briefing, scenario, and debriefing will take about 90-120 minutes.

Topics

- Medicare Annual Wellness Visits
- Health and aging
- Screening and prevention
- Fall risk
- Depression
- Home safety
- Collaborative care planning

Required preparation:

- Orange County Healthy Aging Initiative. (2017). Annual wellness visit toolkit video for Orange County [YouTube]. Retrieved from <https://www.youtube.com/watch?v=i46mWOpFmEI>. This is a very good overview video showing how one organization (OSHA) implements AWVs. You will be using forms from the toolkit during the simulation. These forms are linked below for you to review before the simulation. Some notes on the video – it is not entirely clear about who is doing the assessment (because she does not introduce herself, which she should do), but it seems to be a nurse. The physician (geriatrician) discusses the findings with the patient in the video, most of which could be done by the nurse (being careful to stay within your scope of practice). Even when the nurse conducts most of the visit, a provider (physician, nurse practitioner, physician assistant, etc.) reviews the assessment and speaks briefly with the patient at the end of the visit.
- Download the *Annual Wellness Visit Checklist and Patient Information*. Read this document thoroughly. You will be following the AWV Checklist during the simulation and reviewing/administering the assessments that are included. The *Health Risk Assessment* in your toolkit includes responses from your simulated patient. Be sure to review this form and consider your priorities. During the simulation, you will review the HRA with the patient, as well as collecting the other assessment data detailed in the *AWV Checklist*.

Recommended resources (not required):

- Healthwise Staff. (August 22, 2019). Your Medicare yearly wellness visit. Kaiser Permanente. Retrieved from <https://healthy.kaiserpermanente.org/health-wellness/health-encyclopedia/he.your-medicare-yearly-wellness-visit.abr7782>

- Annual wellness visit. (May 2022). Centers for Medicare and Medicaid Services. Retrieved from. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>. Select the tab for “AWV” at the top of the screen, then select and review “Subsequent AWV Components”.
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Pre-simulation Questions

1. What is the purpose of the Annual Wellness Visit? How does it differ from the annual physical examination? How would you explain the purpose of the AWV to a patient?
 2. What are the nurse’s roles and responsibilities in the AWV? What would be outside the RN scope of practice?
 3. How can the AWV benefit the patient and improve their health status?
 4. What potential health problems can you identify from the *Health Risk Assessment*? What additional information would you want?
 5. What preventive services could you coordinate? Review the *Preventive Services Card* and compare to the data you have in the patient’s responses.
 6. What health care team members might be involved with the AWV and follow-up? How can responsibilities be coordinated between these team members?
 7. After reviewing the AWV forms, do you have any questions?
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Observer Form

Learners who are not active participants in the scenario are expected to complete an Observer Form. Observers' insights offer key learning opportunities during debriefing. Have this form ready to fill out during the scenario.

Annual Wellness Visit: Student Observer Form

Instructions: This Student Observer Form is to help you apply critical thinking as you watch the simulation and to prepare you to actively participate in the debriefing. As you observe, complete the checklist based on are the simulation learning objectives and take notes on the debriefing questions.

Performance	Notes (What went well? What could have gone differently?)
<input type="checkbox"/> Learning Objective 1: Understand the purpose of an Annual Wellness Visit (AWV) and what assessments are obtained.	
<input type="checkbox"/> Learning Objective 2: Describe the RN's roles and responsibilities in managing AWVs and how this represents top-of-scope practice.	
<input type="checkbox"/> Learning Objective 3: Use patient-centered care strategies and communication to establish rapport, answer questions, and collect assessment data during an AWV.	
<input type="checkbox"/> Learning Objective 4: Strategize nursing interventions for the priority health or health promotion issues identified through the assessment.	
<input type="checkbox"/> Learning Objective 5: Identify opportunities for collaborating with other health care workers to follow-up on relevant AWV assessment findings.	