

Nurse Unit Manager briefing notes

Title

Managing behavioural and psychological symptoms of dementia and delirium

Summary/overview

There are three parts to the simulation:

Journey board meeting

The Nurse Unit Manager (NUM) will facilitate a journey board meeting. This will be a standing meeting. The NUM will outline information about two patients who have been admitted from the emergency department (ED). Participants will be given directions on which patients to see and what assessments they may need to conduct. This will last for 5 minutes.

Clinical assessment of patient

Participants will conduct a clinical assessment with a patient relevant to their discipline. If another participant is with the patient, participants may choose to review the medical file or make phone calls to relatives.

Participants may see the patients individually or in pairs. Participants may use 'time lapse' in the simulation and come in and out of the room as if time has passed. This activity will last for 25 minutes.

Multi-disciplinary team meeting

The NUM will then call a team meeting to discuss the patients' progress, and team strategies for managing these two patients on the ward. This meeting will last for 15 minutes.

Learning objectives

By the end of this simulation, participants will be able to:

1. Expand or enhance communication skills with patients who have behavioural and psychological symptoms of dementia and delirium
2. Communicate across disciplines about patients who have behavioural and psychological symptoms of dementia and delirium
3. Demonstrate key skills and strategies to assist in the management of patients who have behavioural and psychological symptoms of dementia and delirium
4. Develop an interdisciplinary team approach to manage patients who have behavioural and psychological symptoms of dementia and delirium

Scenario

This simulation is set in an acute aged care ward. The ward has a daily 'journey board' meeting for clinical handover, and a weekly multidisciplinary team meeting for more comprehensive discussion of the patient's progress. The multidisciplinary team involved in the patients' care includes medicine, nursing, social work, occupational therapy, physiotherapy and speech pathology. The team may also refer to dietetics, pharmacy, psychology and neuropsychology as appropriate.

Participants' tasks

The aim is for participants to incorporate the knowledge and skills presented in the teaching session in to their clinical practice. This will include psychosocial approaches to managing patients who have behavioural and psychological symptoms of dementia and delirium.

DISCLAIMER

Care has been taken to confirm the accuracy of the information presented and to describe generally accepted practices. However, the authors and publisher are not responsible for perceived or actual inaccuracies, omissions or interpretation of the contents of this simulation. All characters appearing in this simulation are fictitious. Any resemblance to real persons, living or dead, is purely coincidental.

About your role

Name:

Designation: Nurse Unit Manager

Opening line: "Good morning everyone. Can we get started? We've got to be quick this morning"

Wardrobe/makeup: You are wearing a NUM uniform. You have a clipboard with handover notes.

Your tasks

Journey Board Meeting

You will be running this meeting. You will provide a handover to the team on two patients who have been admitted from ED. Information to tell the team:

Helena - 85 year old woman

- Admitted from ED post fall in toilet at night in the context of increasing confusion.
- Lives at home with her husband (George) and walks with a 4WW.
- Overnight Helena has been getting up out of bed and wandering without her frame despite nursing staff telling her that she needs to use the buzzer if she needs to get up.
- Needs to be seen by the physiotherapist for mobility review as has been wandering, not using frame, and has history of falls.
- Needs to be seen by the occupational therapist for a cognitive assessment.

Margaret - 68 year old woman

- Admitted from ED because she is refusing food and has a UTI on background of Fronto Temporal Lobar Degeneration (FTLD).
- She lives at home with her son Geoff, but there is concern that he is not coping caring for Margaret.
- Geoff has not visited the hospital since Margaret was admitted and has not contacted the ward.
- Needs a social work referral to contact Geoff and follow up whether Margaret can return home.
- Needs to be seen by the speech pathologist for a swallowing assessment as the nurses have reported she is holding food in her mouth. May also require language assessment has unintelligible speech at times.
- She has been very agitated and yelling out to nursing staff.

Clinical assessment of patient

You will be on standby in case participants get stuck or if there is an issue. In this case, you may prompt the participants in your role as NUM. You can also facilitate a 'time lapse' in liaison with the facilitator if you feel participants need to move on in the scenario. A 10 minute time call can be made to encourage participants to re-enter the room and continue their assessment/intervention. After 25 minutes the facilitator will call time, and you will need to call a team meeting.

Multidisciplinary Team meeting

You will facilitate the team meeting. Explain to the patients that the registrar is dealing with an emergency admission and won't be able to attend this meeting. You will first facilitate the participants reporting on their clinical assessment, and then, most importantly, you will facilitate a discussion about team approaches to managing the behavioural symptoms of these two patients on the ward, and coming to a team agreement.

Additionally you may also like to focus on:

- Encouraging participants to 'speak up' within the team meeting,
- Stressing potential bed pressure issues and encourage team problem solving
- Discussing referral options.

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