

## Participant 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. You will be given directions on which patients to see and what assessments you may need to conduct. This will last for 5 minutes.

#### Clinical assessment of patient

You will conduct a clinical assessment with a patient relevant to your discipline. If another participant is with the patient, you may choose to review the medical file or make phone calls to relatives. You may see the patients individually or in pairs. You 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.

### Your tasks

The aim is for you to incorporate the knowledge and skills presented in the teaching session in to your 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 the patients

**Margaret** is a 68 year old female patient presenting with Frontotemporal Lobar Degeneration who was brought to the emergency department by her son, and was admitted with a urinary tract infection. She had been refusing to eat food at home.

**Social Work** You have received this referral as there have been questions raised whether Margaret's son is able to continue caring for her at home. He has not been in to see Margaret, and has not contacted the hospital since admission. You need to meet with Helena to ascertain her social situation, and also attempt to make contact with her son.

**Speech Pathology** You have received a referral for Margaret as she has been refusing food at home, and on the ward the nurses have reported she is holding food in her mouth and refusing to take medication. You will need to conduct a swallowing assessment to ascertain the nature of her swallowing issue, and whether she needs a modified diet. It has also been noted that at times Margaret has unintelligible speech and may require a language assessment.

**Helena** is an 85 year old female patient presenting with a delirium. She was admitted following a fall at home in the context of increasing confusion and reduced oral intake over the last week.

**Occupational Therapy** You have received this referral to conduct a cognitive screen. An initial assessment has already been conducted by an OT in the emergency department, so your main purpose for this interaction is to establish rapport with the Helena, and to conduct a cognitive screen, such as the Rowland Universal Dementia Assessment Scale (RUDAS), as appropriate.

**Physiotherapy** You have received this referral to review Helena's mobility. She has a 4WW but does not use it. She has had multiple falls over the past year. Helena is wandering on the ward and is very unsteady on her feet. The nurses are unsure how best to mobilise Helena and/or what instructions to give her. You are looking to do a mobility assessment given her history of falls, and her current cognitive status.

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