Simulation scenario development

About the simulation

Title:	Managing behavioural and psychological symptoms of dementia and delirium	
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Identified need

What is the issue and the need for training?

Managing patients who present with behavioural and psychological symptoms associated with dementia or delirium can be difficult. It is not the sole responsibility of one health professional/discipline to manage patients with these symptoms, but rather it requires a team approach. There is often a lack of communication between disciplines with regards to the management of patients (i.e. siloing) and a lack of shared responsibility around developing an appropriate action plan. Given that behaviours of patients are often unpredictable, and management of the situation requires high level communication skills, the use of simulation as an educational approach to learning about the management of these issues is an appropriate modality.

Target audience

Who is this simulation activity designed for?

This simulation is designed for graduate allied health professionals (AHPs) who have limited experience working with patients who present with behavioural and psychological symptoms associated with dementia and delirium. It is assumed participants will have an understanding of dementia and delirium, although education is also provided in the workshop component of this simulation. The number of participants can be increased by including observers. Observers can be tasked with observing and providing feedback, on either general or specific aspects of the simulation.

Learning objectives

What do you intend for participants to learn?

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 a multidisciplinary team approach to manage patients who have behavioural and psychological symptoms of dementia and delirium.

Background

List the background knowledge which needs to be reviewed or taught as well as any reference materials

The workshop will cover the following:

Useful strategies:

- Consideration of environmental set up (e.g. over stimulation, noise, timetable)
- Use of equipment (e.g. hi-lo beds, falls mats/switches)
- Orientation devices (e.g. clocks, boards, calendars)
- Consideration of patient supervision needs.

Communication skills:

- Active listening, empathy and patient-centred communication
- Questioning, negotiation and de-escalation techniques.

Clinical documents to support team management:

- Behaviour management log (e.g. Medical Record No. SM R110.060)
- Documentation used within Local Health District/Specialty Network.

Frameworks to support practice (e.g. local policies/key documents):

- Delirium guideline for Local Health District/Specialty Network.

Simulation activity

Modality (select more than one if applicable):
☒Simulated patient (or standardised patient) ☐Task trainer ☐Manikin/human patient simulator ☐Computer based ☒Role play ☐Animal or cadaveric ☐Hybrid ☐Virtual reality ☐Objective Structured Clinical Examinations (OSCEs)

This simulation has four participants, two confederates and two simulated patients. The number of participants can be increased by including observers. The facilitator observes the simulation from a distance and manages the time.

There are three parts to this simulation:

1. Journey board meeting
2. Clinical assessment of patient
3. Multi-disciplinary team meeting.

Journey Board Meeting

The Nursing Unit Manager (NUM) facilitates a brief journey board meeting and identifies two patients who have been transferred from the emergency department (ED) (or local equivalent) overnight. The NUM outlines the patient's behavioural symptoms which have been handed over. The meeting is concluded and participants then go off to see the patient individually. This will last for 5 minutes.

Clinical assessment of patient

There are two patients set up at the bedside in the room(s). One participant conducts the initial assessment while the other is observing and then they swap. Alternatively the participants can see the patient in pairs as a 'joint assessment'. It will be up to participants to decide how they will best manage their time. There are medical records and a telephone available to use while one participant is not seeing the patient. A confederate should be sitting in another room (i.e. technician's room if in a simulation centre) to take telephone calls from participants as the 'family member' of the simulated patient. Each participant will need to conduct a clinical assessment relevant to their profession according to what was handed over in the journey board meeting. The participants will need to utilise the knowledge and practise the skills learnt earlier in the workshop to manage

the patient's behavioural and psychological symptoms. This activity will last for 25 minutes.

Multi-disciplinary team meeting

The NUM (in liaison with the facilitator) will call a team meeting to discuss the patient's progress, and team strategies for managing the two patients recently admitted to the 'ward'. It is up to the NUM to facilitate a team discussion around management strategies, encouraging participants to 'speak up', stress potential bed pressure issues and encourage team problem solving and/or discussion of referral options. This meeting will last for 15 minutes.

Debriefing

A debrief is conducted altogether in another room. The debriefing should focus on the whether the learning objectives have been met and what participants learnt from the experience.

Setting/environment

In what context is the simulation occurring in? e.g. ward/home visit/acute/rehab/metro/rural/regional.

Context: This simulation is set in an acute aged care ward. The ward has a daily journey board meeting to discuss patient movements, and a weekly one hour case conference for more comprehensive discussion of the patients' 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 nutrition and dietetics, pharmacy, psychology and neuropsychology as appropriate. Note: the simulation in its current format has been written to involve social work, occupational therapy, physiotherapy and speech pathology. The inclusion of other disciplines would entail a slight change to the participant briefing notes.

Environmental set up: Ideally this simulation should be set up in adjoining rooms to minimise disruption. If this is not possible then set up two beds/chairs in the same room using a divider (e.g. curtain). Note: if there is one facilitator then that person will be 'floating' between rooms. If there are two facilitators, then a room can be allocated to each facilitator for observation.

Staff/faculty/confederates

List the staff/faculty/confederates required including tasks.

- 1 x facilitator
- 1 x confederate (NUM)
- 1 x confederate (telephone)
- 2 x simulated patients

Equipment, tools and resources

List the equipment and resources required for the activity including details of what needs to prepared prior to the simulation?

Tools: ☐Audio/video capture (ensure consent forms are signed) ☐Moulage ☐Props ☐Other - Details:

- PowerPoint and projector
- Whiteboard set up as journey board
- Mock patient rooms with hospital bed and/or chair
- Participant briefing notes for clinical assessment
- Telephone connected to another room and/or technician's room
- Medical record
- Medication chart

HELENA	MARGARET
Hospital gown	Hospital gown/dressing gown
Wig	Wig
Glasses	Glasses
Slippers	Slippers
Patient ID tag	Patient ID tag
4 Wheel Walker (4WW)	Book
Picture of husband	Radio
Handbag	Speech Pathology swallowing kit (including puree/thickened foods & fluids.)
Telephone	Telephone

Costs

List the cost required for the activity including details of individual charges, *in kind* support or not applicable.
Note: check with LHDs and Specialty Health Networks regarding appropriate approval process

Venue
Faculty/staff
Actor hire
Equipment hire
Consumables
Catering
Other – Details
Total

Subject details (profile of simulated patient, details of task trainer, details of confederate, etc.)

e.g. Condition, presentation, history, age, demographic.

Helena
85 year old female patient with a delirium.
Admission: Admitted post fall in toilet at night in the context of increasing confusion and reduced oral intake over last week.
Past Medical History: Diabetes
Social: Lives at home with husband who is frail. Family do not live nearby but are in phone contact.
Mobility: Has a 4WW but does not use around the house (has stairs). Has had three falls in the past twelve months. Largely stays at home due to anxiety about falling. She is a high falls risk.
Presentation on the ward: Disorientated to time and place at times. Does not follow instructions consistently. Very anxious to return home and is calling out for her husband to take her home. Only participates in therapy when the husband is present to encourage her. Has been found wandering around the ward without her frame and without supervision despite being told to press the buzzer for assistance.

Margaret
68 year old female patient with Frontotemporal Lobar Degeneration (FTLD).
Admission: Brought in by son to ED. Admitted refusing food and with a urinary tract infection (UTI).
Past Medical History: Hypertension and depression.
Social: Lives at home with son, Geoff, who is her full time carer. Staff has been unable to contact Geoff since Margaret's admission to ED. There is concern Geoff is not coping in his carer role.
Mobility: Previously walking with rollator and assistance of one person, however she has recently been too difficult to walk so has been using the wheeled commode chair to mobilise around the home. She is largely bedbound due to poor mobility.
Presentation on the ward: Recent changes to character and social behaviour. Speech problems include limited output and repetition of phrases. She also has word finding difficulties and has unintelligible speech at times. Margaret has been refusing food at home and on the ward the nurses have reported she is holding food in her mouth. Has been very agitated on the ward. She yells out and has become verbally confused and physically aggressive on occasion.

Timing

Welcome, housekeeping, introductions, overview and learning objectives	25 mins
Warm up activity	15 mins
Background/teaching session	30 mins
BREAK	*20 mins*
Briefing	10 mins
Simulation activity	45 mins
Debriefing	45 mins
Evaluation	10 mins
Faculty debrief (optional)	10 mins
TOTAL	210 mins **(3.5 hours)**

Briefing of participants

What needs to be discussed before the activity?

- Explain there are three parts to this simulation:
  - Journey board meeting
  - Clinical assessment of patient
  - Multi-disciplinary team meeting.
- How the simulation will run (see facilitator notes).
- That they are to try out the skills they learnt in the teaching session.
- Give out participant briefing notes for clinical assessment.
- Participants are to manage their own time.
- Participants are to determine if they see the patient together or in pairs.
- Provide explanation about using the 'time lapse cue' (see facilitator notes).
- If co-facilitating be clear about roles and responsibilities
- Explain the role of the observers (if applicable).

Debriefing and reflection

What needs to be discussed after the activity? Think about specific questions.

Refer to The Sim Guide – *Key Skill: Debriefing* for further information.

Suggested questions:

- How do you feel the team went with identifying approaches?
- I n retrospect, what else could the team have discussed to help manage the behavioural symptoms?
- How did the supporting documentation help/not help?
- What behaviours in the clinical assessment were the most difficult to handle? How did you handle them?
- How did the behaviours affect you? How did you reconcile that?
- What do you think you did well?
- What do you think you might do differently?
- What is the one thing you have learnt today that you will take into your clinical practice?

Evaluation

How might you evaluate the simulation?

Participant evaluation

- Provide participant evaluation form to participants to fill out before leaving.

Faculty debriefing (optional)

- 10 minute debrief with the faculty after participants have left covering.
  What went well? What did not go well? What might we do differently?