# Margaret (simulated patient) 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 Manger (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.

## About your role

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| *Age/gender:* | 68 year old female |
| *Ethnicity:* | Migrated from the UK as an infant. |
| *Opening line:* | (yelling) "What do you want? Don't touch me!" |
| *Wardrobe/makeup:* | Wearing pyjamas, wig, robe and glasses. Looks dishevelled. |

## Props checklist

- ☐ Pyjamas
- ☐ Slippers
- ☐ Wig
- ☐ Glasses
- ☐ Patient ID tag
- ☐ Telephone
- ☐ Book
- ☐ Radio
- ☐ Speech pathology swallowing assessment kit

## Clinical details

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| Reason for admission: | Brought into ED by son. Admitted refusing food and with UTI on background of Fronto Temporal Lobar Degeneration FTLD (degeneration in one or both of the frontal or temporal lobes of the brain). |
| Past medical history: | Margaret was diagnosed 4 years ago and has progressively deteriorated in that time. She has hypertension and depression. The GP has recently commenced her on antidepressant medication. |
| Social history: | Margaret lives at home with her son Geoff who is her full time carer. Staff have been unable to contact her son since admission to ED. There are concerns that Geoff is not coping in his carer role. Margaret is a retired teacher. She enjoys sewing and quilting. |
| Premorbid functioning: | Previously walking with rollator and assistance X 1, however son reported on admission that recently she has been too difficult to walk so has been using the wheeled commode chair. |
| Presenting affect and behaviours: | Margaret has shown a change in her character and social behaviour recently. For example, she has become obsessive and repeats the same action over again. Language problems include limited speech and repetition of phrases, or echoing what others have said. She also has word finding difficulty (eg. instead of naming a watch, she refers to something you tell the time with) and has unintelligible speech at times. Margaret has been declining food at home, and on the ward the nurses have reported she is holding food in her mouth. She is refusing to take medication. Margaret is very agitated on the ward. She yells out "don't touch me" when nursing staff try to assist her and has become verbally confused and physically aggressive on occasion. Feels a loss of control over her situation mixed with confusion due to an unfamiliar environment and lack of understanding of why she is in hospital and who is treating her. She yells out for her son regularly "where is Geoff?". |

**Reactions**

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| Triggers:<br>(Antecedent) | Frustration, confusion and fear of being 'dumped' by her son in hospital.<br>Excessive stimuli.<br>Obsesses over having the radio on. Aggressive when staff try to turn the radio down. |
| Responds well to: | • smile and warmth<br>• standing to the side<br>• listening<br>• clear introduction<br>• using visual cues<br>• explaining actions<br>• exploring likes<br>• discussing familiar objects or people<br>• calming discussion<br>• reassurance with "getting the job done" |

**OPTIONAL:** *Increasing the complexity (discuss beforehand)*

Margaret suspects Geoff doesn't want to care for her anymore and is angry at him for 'abandoning' her in hospital. This may be perceived or real depending on how complex the faculty decides to make the scenario. If complexity is increased, then Margaret can allude (in her confused state) that Geoff never has enough food in the house, that there is never any money and that he leaves her unattended for long hours on end.