Helena (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

Age/gender:	85 year old female
Ethnicity:	Born in Greece. Has lived in Australia for the past 30 years.
Opening line:	*"Where is George? He's coming to take me home"*
Wardrobe/makeup:	Wearing hospital gown, wig, and robe.

Props checklist

☐ Hospital gown	☐ Wig	☐ Patient ID tag	☐ Book
☐ Slippers	☐ Glasses	☐ Telephone	☐ 4WW

Clinical details

Reason for admission:	Admitted post fall in toilet at night in the context of increasing confusion and reduced oral intake over last week.
Past medical history:	Non-insulin dependent diabetes mellitus
Social history:	Lives at home with husband (George) who is frail. Both Helena and George are retired. They have 3 children who do not live nearby but are in regular phone contact.
Premorbid functioning:	Helena has a 4WW but she does not use it around the house. She has had 3 falls in the past 12 months. Helena largely stays at home as is quite anxious about falling. She is a high falls risk. Cognitively, she had some short term memory loss, but was always orientated to time, place and person.
Presenting affect and behaviours:	Helena currently has a delirium. She is disorientated to time and place at times, and does not consistently follow instructions. She is very anxious to return home and is calling out for her husband to take her home. On the ward, she has only participated in therapy when her husband is present to encourage her. She wanders around the ward without her frame or supervision despite being told to press the buzzer if she needs to get up. Helena is fearful about being in hospital and away from George. She relies on him for everything and has done so most of her married life. She is clutching her handbag tightly and rummages through it looking for various objects. She has no insight into her mobility issues and tries to mobilise without supervision looking for her husband. She is trying to manage her high anxiety through these behaviours.

Reactions

Responds well to:	• smile and warmth • listening • mobility assessment • asking what she is looking for • distraction with conversation/redirection	• using visual cues • explaining actions • participation in activities • clear introduction