**Session Plan – Simulated Education**

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| **Name of Session:** Psychiatric/Psychotic Patient | **Date:**7th September, 2012 |
| **Facilitator: Janet Punch, RN Staff Development Officer, Mental Health Services, SWHC, W’bool** | **Duration: 2-4pm** |
| **Venue:** Clinical Skills Room, Education Centre - WDHS | **Target Audience:** Undergraduate nursing and medical students |
| **Expected Outcomes:** **- that all learners attending have an understanding of how to interview/communicate with a non-communicative patient*** **All learners attending to have an understanding of safety issues for themselves and the patient**
* **Appropriate medications for this type of patient**
* **How to assess if patients condition is due to psychotic episode or delirium**
* **Understand how the Mental Health Act works for patients at risk**
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| **Time Frame** | **Content** | **Resources** |
| 1400-1415 | Introduction of speakers and how the session is going to runJanet’s roleMy role – I will speak up when session is over (I hope when Wil accepts recommendations from medical officer for treatment). | Clinical Skills roomChairs and table |
| 1415-1500 | Simulated Session |  |

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| **Time Frame** | **Content** | **Resources** |
| 1500-1600 | **Its 1.30am**Session starts with Wil being brought in by police to the Emergency Department.He was found loitering down the main street. On questioning by the police, he just said he couldn’t sleep.‘Smelling of alcohol and mumbling to himself’ was one of the statements by police. Observations: 36.5, P-95, BP 130/74, Resps – 20, spO2 97% on Room Air.Interview commences by ‘doctor’Risk Assessment? by doctorDebrief on issues raised during the interview.Other issues to potentially talk about are:-safety for patients and staff- medications-how to assess if a patient’s condition is due to delirium or a psychotic episode-what if the patient does prove a risk to themselves, and wont take recommended treatment – what then?Any questions? | Interviewer – volunteer medical studentNursing StudentPen and paper |
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