Transcript
Dimity Pond: Engaging GP's in case conferences (long version)

The GP really benefits a lot from being involved in the case conference. I think it is really important to have the GP actually there, having a chat to them from time to time, where I can talk to all the staff including the registered nurse about what I'm thinking about this particular patient and hear what they're thinking about them, how their dementia is progressing, if there is any particular issues that need to be addressed, if there's worries that maybe the family has that I haven't heard about that the family has talked to the staff about. I can hear all that as a GP, and I can start to address those things.

Any sort of verbal communication with staff, with family members, any sort of verbal communication is superior to written notes. What you might write in the patient notes, you know, it doesn't really convey your concerns about the postural hypotension for example. And the start that you might write 'postural hypotension' but the staff may not be able to read your writing, they might not get what, you know, that could involve falls. Whereas if you actually have even quite a brief interaction with them about that kind of issue, all of a sudden everyone's on the same page, they know what you are concerned about and they're willing to monitor that and watch out for it. So I think it's huge for you as a GP.

The family carer can talk about their concerns and then the staff and the GP together can brainstorm management, getting on the same page about ordinary issues such as medication, why are we giving this medication? Often it's difficult for nursing staff to understand quite why you're giving a particular medication and I've found there's a tendency in residential age care for nursing staff to think that perhaps, you know, because a person's old, they don't need all these tablets but when so many people have complex, chronic comorbidities as well as their dementia, its sometimes very difficult to escape from that. So then when can run through the pros and cons of each of the medications, it's good for the staff to know that too and then they can know how much to push the medication if the person doesn't want it and I think a medication review like that with the family is actually a really valuable thing to do.

I had a wonderful lady who loved to walk and she had mild dementia. She wasn't too bad, she would walk around the local area actually but the facility was worried that she might get lost and also she'd have conversations with people along the road and they weren't quite sure if she'd be entirely safe.

Then we had a case conference with her son, where we talked about some sort of tracking device bracelet thing or would it be better to keep her just walking around the facility but she was one that loved walking. She'd always walked. She lived up the Blue Mountains out of Sydney and she spent a lot of her younger days walking around and

she was very physically fit, it was her dementia that was really resulting her being in the facility.

Having the capacity to talk about our values issue, this women valued her autonomy, her ability to get out and she wanted to have a chat to people. She was very sociable and she loved that feeling of having been walking. So she valued her autonomy and her son was sympathetic to that up to a point. The facility of course wanted to keep her safe so I think the result of that case conference was her son googling something and looking into getting some electronic tracking device that she had for a while.

So there is a lot of education that can happen in these case conferences.

This is a transcript of Dimity Pond: Engaging GP's in case conferences (long) video. To view the video visit www.caresearch.com.au/DementiaCare.