

Improving Use of the 'Get to Know Me' Booklet Through Teaching to Support Delirium Prevention and Management of BPSD

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Introduction:

Personalised care is the cornerstone of delirium prevention. Understanding a patient's "baseline" cognition and communication needs allows clinicians to provide tailored support. The 'Get to Know Me' booklet captures this vital information early in admission.

The Problem:

- **Inconsistent use:** Despite its value, the booklet was underutilised.
- **Barriers for Resident Doctors:** Foundation doctors reported three main hurdles:
 - a. **Lack of Awareness:** Didn't know the booklet existed.
 - b. **Logistics:** Unsure where the booklets were physically kept.
 - c. **Role Confusion:** Unclear who was responsible for initiating it.

Aims:

To improve the awareness, confidence, and clinical use of the 'Get to Know Me' booklet among foundation doctors through a focused teaching intervention.

Methods:

A "Plan-Do-Study-Act" approach was used to assess and address knowledge gaps:

- **Pre-Intervention:** Baseline questionnaires evaluated current awareness and perceived responsibility.
- **The Intervention:** A practical teaching session covering:
 - Clinical importance of delirium prevention.
 - Practical walk-through of the booklet.
 - Logistics (where to find it and when to give it).
 - Emphasis on shared ownership across the multidisciplinary team (MDT).
- **Post-Intervention:** Repeat questionnaires measured changes in confidence and clinical behavior.

Results:

Post-intervention survey (n=25)

1. Increased Confidence & Understanding

- **72% of doctors felt confident** locating and providing the booklet.
- **The intervention successfully removed barriers:** doctors now understood where to access the tool and who should initiate it.

2. Rapid Behavioural Change

- **52% of participants** had already provided or recommended a booklet in practice within just one week of teaching.
- **Admission** was identified as the gold-standard time for introduction.

3. Perceived Value

- **88% of respondents** agreed the booklet is helpful for patients and their carers.

Interventions:

- **Multidisciplinary Engagement:** Attended a Task and Finish group with the MDT to identify systemic barriers and conducted ward outreach to audit real-time booklet usage.
- **Targeted Education:** Delivered departmental and local teaching to Consultants, Registrars, and Resident Doctors to clarify the booklet's purpose, storage locations, and shared responsibility.

Conclusions:

- **Brief interventions work:** A short, practical teaching session can bridge the gap between policy and practice.
- **Systemic Engagement:** Combining teaching with MDT "Task and Finish" groups ensures that both individual knowledge and ward-level barriers are addressed.
- **Long-term Impact:** Ensuring patients are known as individuals is invaluable for the management of behavioural and psychotic symptoms of dementia.