

Course module summary
Comprehensive care for patients with neuro-degenerative diseases

Semester/Term	Semester 02		
Course Unit/Module Code:	NEED TO DECIDE		
Course Unit/Module Name:	Comprehensive care for people with neuro-degenerative diseases		
Credit Value:	07		
Core/Optional	Core		
Pre-requisites	Completion of module 1-7		
Hourly Breakdown (Notional hours 350 hrs) (Direct contact 165 hrs)	Theory	Practical (clinical/community attachment)	Independent learning
	Lectures – 57.5 hrs Case based discussions – 06 hrs Case study presentation – 11.5 hrs (75 hrs - 05 credits)	90 hrs (02 credits)	185 hrs
Intended Learning Outcomes: At the completion of this course student will be able to,			
<ul style="list-style-type: none"> ➤ explain a structured approach to comprehensive care for persons with NDD. ➤ assess, plan, implement and evaluate person-centred holistic NDD care. ➤ lead and direct interdisciplinary comprehensive care for persons with NDDs and their caregivers. 			
Course Content: (Main Units/Lessons and Sub topics)			
<ol style="list-style-type: none"> 1. Unit 1 – Model applied to Caring for persons with NDD - The Roper Logan and Tierney (RLT) Model of Nursing, physical and biological factors, psychological factors, sociocultural factors, politico-economic factors, environmental factors influencing living with a degenerative neurological disease 2. Unit 2 – Aspects of caring of patients with NDD - Maintaining a safe environment, communicating, breathing and circulation, eating and drinking, elimination, maintaining personal hygiene and dressing, controlling body temperature, mobilizing, working and leisure, expressing sexuality, sleeping and resting and dying 3. Unit 3 - Care Planning - Students will learn through a range of educational activities how to set out the needs of people with a neurological degenerative disorder and their family caregivers by specifically identifying <i>problems (or issues)</i>, setting specific, measurable, achievable goals, specifying <i>interventions</i> and justifying how to <i>evaluate</i>, all in collaboration and agreement with the person receiving care and / or caregivers. These activities are integrated into the lectures for units 1 and 2. 			
Teaching /Learning Methods:			
Lectures 100% onsite teaching- drawing on resources including recorded lectures. Clinical/Community attachment Case study and case scenario discussions) (online - 50%, onsite – 50%) Reflective writing and independent learning			
Assessment Strategy:			

<p>Formative Assessment</p> <ul style="list-style-type: none"> • Supervisor’s assessment (1st and 2nd assessment) • Case scenario-based assessments • Reflective writing 	<p>Summative Assessment</p>	
<p>Recommended Reading</p> <ul style="list-style-type: none"> ➤ Cummings, J.L. and Pillai, J.A. eds., 2016. <i>Neurodegenerative diseases: Unifying principles</i>. Oxford University Press. ➤ Chang, R.C.C. ed., 2011. <i>Neurodegenerative Diseases: Processes, Prevention, Protection and Monitoring</i>. DOI; 10.5772/1252, EBOOK (PDF) ISBN978-953-51-4391-8 ➤ Jellinger, K.A., 2011. <i>Neurodegenerative Disorders. A Clinical Guide</i>. ISBN: 978-3-319-23309-3 ➤ <i>Management of Patients with Dementia</i>, A Publication of Sri Lanka Association of Geriatric Medicine 2021. 	<p>Continuous assessments (30%)</p> <ul style="list-style-type: none"> • Care planning (02) – 20% • Supervisor’s assessment – 10% (3rd assessment) 	<p>End course assessment (70%)</p> <ul style="list-style-type: none"> • Multiple Choice Questions MCQ (15) – 10% • Structured Essay Questions SEQ (02) – 30% • Objective Structured Clinical Examinations OSCE (02) – 30%

		<p>3. Psychological factors influencing living with a degenerative neurological disease (Recognize the impact of psychological impairment – delirium, depressions, pain, environmental stimuli, understand the triggers and responses to stressful behaviours such as pain)</p>	Lecture	2 ½ hours	
		<p>4. Sociocultural factors influencing living with a degenerative neurological disease (Social stressors; social stigmatization; family and community support; religious influences and traditions; traditional medicine)</p>	Lecture	2 hours	
		<p>5. Politico-economic factors influencing living with a degenerative neurological disease (Care centres, changes in family income, management of costs in care; government policies- government vs private care, mental; capacity)</p>	Lecture	2 ½ hours	
		<p>6. Environmental factors influencing living with a degenerative neurological disease (Rural vs urban settings; hospital vs community settings)</p>	Lecture	2 ½ hours	

<p>Unit 2 – Aspects of caring of patients with NDD</p>	<ul style="list-style-type: none"> • To discuss and recall the important aspects of caring a patient with NDD • To recognize the barriers in caring and legal and ethical background and strategies of managing the situation during caring for NDD patients. • To analyze the given case scenarios relevant to the NDD patients in different aspects • To develop a plan of care necessary for individualized case scenario applying the RLT model 	<ol style="list-style-type: none"> 1. Maintaining a safe environment - Managing risk- safety versus freedom/ independence, - falls management, driving and transport, living alone; adjustments in the environment; safety devices, dignity, mental capacity. 2. Communicating – Review lecture Language, impaired communication (verbal, non-verbal, written), Support from speech therapy, vision and hearing, memory, managing pain when communicating is impaired – Sensory stimulation, medication, non-pharmacological strategies, therapeutic touch, spiritual healing rituals, ayurvedic treatments, traditional devil dance, Complementary therapies/healing rituals/natural healers; managing challenging behaviour, interactive technology 3. Breathing and circulation – Posture at different AL, tracheostomy, laryngeotomy, exercise (including breathing exercises), vascular dementia, risk factors- polluted environments 	<p>Lecture discussions</p> <p>Case-based discussions</p> <p>Lecture discussions</p> <p>Case-based discussions</p> <p>Lecture discussions</p> <p>Case-based discussions</p>	<p>3 ½ hours</p> <p>30 minutes</p> <p>5 ½ hours</p> <p>30 minutes</p> <p>2 ½ hours</p> <p>30 minutes</p>	<p><i>Formative –</i> Case scenario discussions</p> <p><i>Summative –</i> MCQ (10), SEQ (1.5) OSCE (02)</p>
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		<p>5. Eliminating – Urinary/bowel urgency/frequency, effect of medications, constipation, diarrhoea; wearing continence pads, promoting and managing continence.</p>	<p>Lecture discussions</p> <p>Case-based discussions</p>	<p>2 ½ hours</p> <p>30 minutes</p>	
		<p>6. Maintaining personal hygiene and dressing Skin care, dress and undress, associated discomfort, self-care, skin care, infection, pressure wounds, intolerance of clothing, maintaining oral hygiene, decaying teeth, poor oral hygiene, rejection from society, deprived self-image</p>	<p>Lecture discussions</p> <p>Case-based discussions</p>	<p>2 ½ hours</p> <p>30 minutes</p>	
		<p>7. Controlling body temperature Loss of sensory input and regulation, sweating, shivering, assistance for temperature control, environmental changes to be considered, skin sensitivity to sun increased by some medications.</p>	<p>Lecture discussions</p> <p>Case-based discussions</p>	<p>2 hours</p> <p>30 minutes</p>	

		<p>8. Mobilising- maintaining posture/preventing falls (hospital, houses), gait, balance, focused vision, active daily living; bradykinesia, ‘freezing’, chorea, walking aids, wheelchair use, driving and transport,</p>	<p>Lecture discussions</p>	<p>3 ½ hours</p>	
			<p>Case-based discussions</p>	<p>30 minutes</p>	
		<p>9. Working and leisure – Leisure /recreational time, individual activities/social activities, occupational activities/fine motor skill development activities such as puzzles, hand stretching exercises, play activities, physical activities, meaningful days, interests, value in society; Psychological approaches – counselling, reminiscences, life story work, engaging in physical activities</p>	<p>Lecture discussions</p>	<p>3 hours</p>	
			<p>Case-based discussions</p>	<p>30 minutes</p>	
		<p>10. Expressing sexuality – Low intimacy, isolation, loss of partner, menopause related issues, body image, human contact, disinhibition, free choice, genetic factors</p>	<p>Lecture discussions</p>	<p>2 ½ hours</p>	
			<p>Case-based discussions</p>	<p>30 minutes</p>	
		<p>11. Sleeping and resting Insomnia, day time sleepiness, REM sleep disorders, difficult sleep initiation, sleep apnea, mouth</p>	<p>Lecture discussions</p>	<p>2 ½ hours</p>	

		<p>breathing, sleep hygiene, creating a calm environment, irritation free night clothes and bedding, dark-soft lights, relaxing music etc, day/ night orientation, comfort, night cramps, caregiver exhaustion and burnout, fatigue</p> <p>12. Dying - palliative care, end of life care – mostly provided by family members (children and grandchildren, religious rituals, bond between elderly and young, extended family systems, allowing for peaceful death, last will, donate the body to medical faculties, discussing end of life plans, living wills, research- brain donation, organ donation</p> <p>13. Specific issues in depth: Vision loss Managing dis-inhibition Visuo-spatial awareness</p>	<p>Case-based discussions</p> <p>Lecture discussions</p> <p>Case-based discussions</p> <p>Lecture discussions</p>	<p>30 minutes</p> <p>3 hours</p> <p>30 minutes</p> <p>6 ½ hours</p>	
<p>Unit 3 - Care Planning</p>	<ul style="list-style-type: none"> To apply the knowledge in the practical setting with various scenarios To demonstrate the ability in handling difficult situations when caring for NDD patients 	<p>An approach of care planning guiding the nursing process</p> <p>Students will learn through a range of educational activities how to set out the needs of people with a neurological degenerative disorder and their family caregivers by specifically identifying</p>	<p>Lecture discussions</p> <p>Clinical and Community visits</p>	<p>5 hours</p> <p>90 hours</p>	<p><i>Formative – Care planning presentations, Reflective writing</i></p> <p><i>Summative –</i></p>

	<ul style="list-style-type: none"> • To analyse the critical situations and adjust and implement appropriately when planning and caring of NDD patients • To lead and direct stakeholders for providing comprehensive care necessary for NDD patients. 	<p><i>problems (or issues)</i>, setting specific, measurable, achievable goals, specifying <i>interventions</i> and justifying how to <i>evaluate</i>, all in collaboration and agreement with the person receiving care and / or caregivers. The students will be allocated to clinical and community NDD care settings.</p>	<p>Case studies presentations</p> <p>Reflective writing</p>	<p>11 ½ hours</p>	<p>Care planning (02)</p> <p>Supervisor's assessment</p>
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