

Nursing Role in Treatment and Monitoring - The testing of MODE

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What to do

but not

How or Why?



Xue Wang

“The Patients need to know that clinicians care about their lives, are optimistic about treatment, affirm choices and see them as “whole persons” seeking meaning in illness/treatment”.

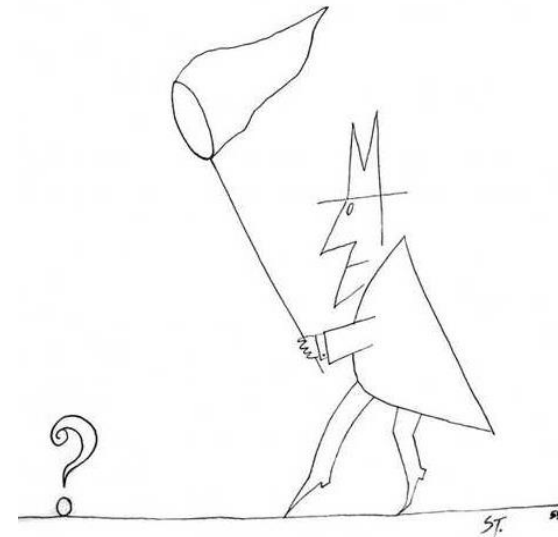
Rosedale, Kellner, Jarvenyausta, Odeberg 2016

The general setting

- Somatic, Psykiatry and Technical knowhow
- Short visit/ brief contact
- Diversity in diagsnoses
- Somatic stabilization
- Complexed sociality and enviroment

The big questions

- How do we combine the efficiency and technology-based practices, with a meaningful and personalized health care?
- How do we do it, in a general setting that is bound to challenge both patients and health care workers?
- At the same time, as we monitor the effect of their treatment?



MODE & SCL-10

| SCL-10 | MODE |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The self-reported part/ <i>questionnaire</i></p> <ul style="list-style-type: none">• Symptom burden | <p><i>Observation & Interview:</i></p> <ul style="list-style-type: none">• Memory• Depression• Functionality |

Participants & Method

| SCL-10 | MODE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• April >• Both in- and outpatients• Inpatients every other week• Outpatients once a month | <ul style="list-style-type: none">• March to May 15.• Only outpatients• Every visit |

MODE –The chosen ones

| | Sex | Age | Diagnose | Treatment interval (weeks) |
|----|-----|-----|------------------------------|----------------------------|
| 1 | F | 67 | Bipolar (mania) | 2 |
| 2 | F | 46 | Schizoaffektive | 1 |
| 3 | F | 52 | Major Depression | 2 |
| 4 | F | 68 | Bipolar (mania) | 1 |
| 5 | F | 30 | Major Depression | 1 |
| 6 | M | 40 | Schizoaffektive | 1 |
| 7 | M | 67 | Schizoaffektive | 2 |
| 8 | M | 55 | Major Depression. PTSD. | 3 |
| 9 | M | 62 | Major Depression | 2 |
| 10 | M | 49 | Major Depression. Aspergers. | 1 |

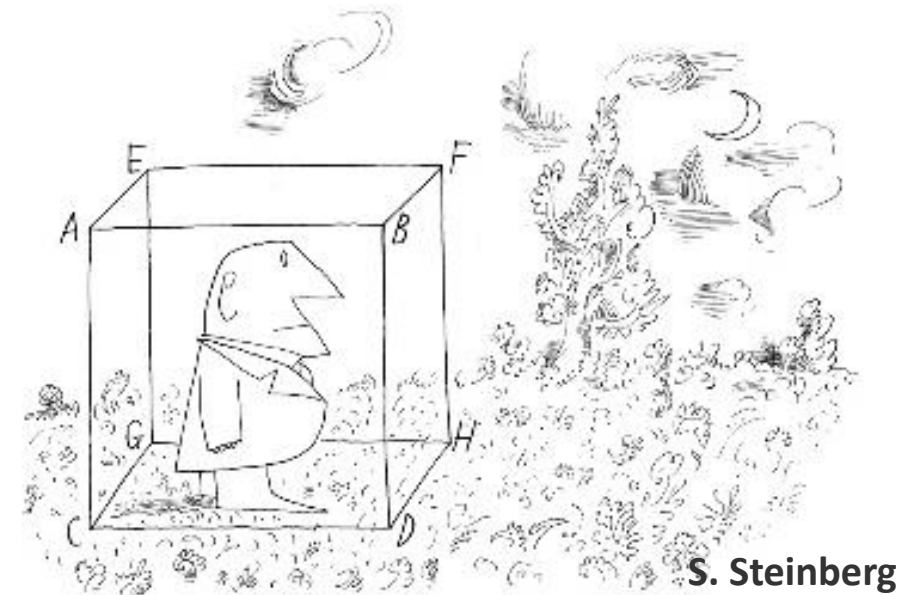
(preliminary) Result

- Be on top of every patients response to their treatment.
- Foresee a negative development in their illness
- Initiate further treatments to prevent hospitalization. Which, evidently is for the benefit of the system but most importantly beneficial for the patient.

We also found...

(preliminary) Result

- The overview that the ongoing SCL-10 score
- In a combination with...
- The targeted observations from MODE
 - And the personalizes interviews from MODE



Don't underestimate the power of a Post-it



