St George's University of London

PROFESSIONAL EDUCATION

Traumatic Brain Injury (TBI) teaching day 14th June 2023

09 00 Welcome and description of TBI patient vignette	Dr Colette Griffin and Dr Akshay Nair
09 10 Clinical presentations of TBI	Dr Colette Griffin
09 30 Breakout group discussion: "A time when I felt uncomfortable managing an agitated patient."	
09 40 My experience of a TBI	TBI patient
10 00 Cognitive changes in TBI	Cheryl Edwards
10 20 coffee	
10 30 Breakout group discussion: "How would I have managed the TBI patient in the vignette and what would I have found difficult?"	
10 40 Cognitive communication in TBI	Jenna Bouscarle
11 00 Behavioural challenges and agitation in TBI	Heather Liddiard
11 20 The role of a Neuropsychiatrist in TBI	Dr Akshay Nair
11 40 Breakout group discussion: "How would I now manage the TBI patient in the vignette now having heard the talks so far today?"	
12 00 lunch	
12 45 Capacity assessments and the MCA/DoLs	Daisy Tate
13 15 The role of physiotherapy in TBI	Sarah Latham
13 35 The management of headache post TBI	Ivy Ong
13 55 The management of vertigo post TBI	Hena Ahmad
14 15 Breakout group discussion: "What has changed in my management of the TBI patient in the vignette and how does this compare to my management plan when I arrived this morning?"	
14 30 coffee	
14 45 Sporting injuries and TBI	Etienne Laverse
15 05 MDT panel Q&A	
15 35 Quiz	
16 00 Closing remarks and reflection on learning points	

T: +44 (0)20 8266 6816
E: pec@sgul.ac.uk
St George's, University of London
Cranmer Terrace, London, SW17 0RE

Pre- course useful reading:

Parker TD, Rees R, Rajagopal S *et a*l, 2021. Post traumatic amnesia, Practical Neurology, Vol:22, Pages: 129-136 http://dx.doi.org/10.1136/practneurol-2021-003056

Head Injury for Neurologists Richard Greenwood Journal of Neurology, Neurosurgery and Psychiatry 2002;**73**(Suppl I):i8-i16.

Measurement and treatment of agitation following traumatic brain injury: II. A survey of the brain injury specialist interest group of the American academy of physical medicine and rehabilitation. Archives of Physical Medicine and Rehabilitation 1997;78(9):924-928.

During the course, we will use a case vignette as a basis for further discussion:

ME is a 29 year old lawyer, who was riding an e scooter and collided with a tree. He was brought to ED by HEMS, and intubated and ventilated due to extreme agitation. His CT scan of the brain shows bilateral frontal contusions, with surrounding oedema. He is reviewed by the neurosurgery team who advise that he is for conservative management and does not require surgery.

In addition to the traumatic brain injury, ME has sustained multiple spinal fractures, in both the cervical and the lumbar region. These have been reviewed by the spinal surgeons and the management plan is that he needs to wear a spinal brace and surgery is not indicated.

ME has been extubated, and has been stepped down to the trauma ward. He is very upset that he cannot go home, and has been e mailing his clients on his phone. He is rude to staff, disinhibited, and agitated. He is refusing to wear his spinal brace and is walking around the ward trying to leave.

He is very confused, and not orientated to time, place or person. He thinks he is in the departure lounge of terminal five. He is very clear that as a lawyer he can sign a self discharge form and be home in time for the birth of his third child.

During discussions with the ward staff ME admits to drug use and excess alcohol use, but he does not want his family or employers to be made aware of this. He lives with his wife who is expecting their first child in one weeks' time. He also has four year old twins who live with his ex partner.

ME has hit several nurses and refuses to stay in his bay. He cannot sleep at night and his confusion worsens at night. He has lots of pain in his neck and this is not controlled with high doses of Paracetamol and Codeine.

His brother (also a lawyer) arrives on the ward and asks you how you are going to "get control of the situation."