Delirium education - laying the foundation of excellence in care

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Objectives

- Why education?
- What is known?
- Where to start - UG
- How?
Cost of delirium

- Economic - complications additional costs of approx £13,000 per admission
  

- Human cost
Why?

- Delirium frequently missed
- Junior docs lack basic knowledge about the condition

*Davis D, MacLullich A. Understanding barriers to delirium care: a multicentre survey of knowledge and attitudes amongst UK junior doctors. Age and Ageing. 2009;38(5):559-63*
Why?

- Improves delirium recognition
- Reduce its severity
- Reduce length of stay
Towards an understanding of why undergraduate teaching about delirium does not guarantee gold-standard practice—results from a UK national survey

James Michael Fisher, Adam Lee Gordon, Alasdair M. J. MacLullich, Ellen Tullo, Daniel H. J. Davis, Adrian Blundell, Robert H. Field, Andrew Teodorczuk

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- UG - widely taught but inconsistencies in way its taught
- No attempt to address attitudinal learning outcomes
Barriers to education

- Ownership of the confused patient
- Negative attitudes
- Lack of understanding how frightened the person is
- Person centred care
- Communication
- Recognition of cognitive impairments
- Capacity assessments
Education drives up standards
<table>
<thead>
<tr>
<th><strong>What does the standard mean for older people in hospital?</strong></th>
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<td>Patients with suspected delirium are rapidly assessed, diagnosed and treated.</td>
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<th><strong>What does the standard mean for the organisation?</strong></th>
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<td>The organisation has systems and processes in place to support the assessment and management of delirium, including staff training and education.</td>
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<th><strong>What does the standard mean for staff?</strong></th>
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<td>Staff can:</td>
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<td>• demonstrate knowledge and competence in the assessment and management of delirium, and</td>
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<td>• support patients (and/or representatives) experiencing distress.</td>
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Safe, compassionate care for frail older people using an integrated care pathway:
Practical guidance for commissioners, providers and nursing, medical and allied health professional leaders

Adequate education and training for staff in all clinical areas focusing on care and compassion for frail older people
Quality Improvement

- Education is at the heart of this

- Clinical governance issue
Challenges
Potential Treatment Strategies (Maldonado 2008)

- GABA-benzodiazepine receptor complex Antagonist
- Acetylcholinesterase Inhibitor
- Dopamine Antagonist

- Melatonin Agonist
- NMDA Receptor Blocker
- 5HT-3 Antagonist
- Alpha-2 Agonist
• Workforce - size, turnover

• Language used - ‘confused’

• Time

• Attitudes
Is Our Teaching ‘Coherent’?

System-based
Disease-based
Theoretical

Work-based
Patient-centred
Multidisciplinary focused

Inter-professional education?
Shown to improve patient outcomes in delirium

Patient & Public Involvement?
Increased likelihood of attitudinal change
Spencer et al. Health Foundation: http://goo.gl/VrSLLt
Doing
Experience
Knowledge
Feelings
Expectations
Assumptions
Attitudes/behaviour
Beliefs
Values

Source: Fish and Coles (2005)
Undergraduate work

• EDA conference, London 2015

• Workshop:

  1. What should be taught?
  2. How should the teaching be delivered?
  3. Who should deliver the teaching?
  4. Where should the teaching be delivered?
  5. When should the teaching be delivered?
Delphi

- International group of experts
- Three rounds
- Submitted to Age & Ageing
**How should delirium be taught?**

- Where possible, patients, families and carers should be involved in the design of delirium teaching
- Built into each educational session should be time for reflection
- Case-based discussion
- Simulation
- Videos e.g. patient/care experience
- Interdisciplinary workshops
- Online learning resources

**Who should provide delirium teaching?**

- Geriatricians
- Old Age Psychiatrists
- Nurses
- Patients, families and carers

**Where should delirium teaching occur?**

- Acute settings e.g. emergency departments, hospital wards
- Long-term care homes

**When should delirium be taught?**

- Early in the patient journey e.g. community, emergency department, admissions ward
- In the early years of an undergraduate curriculum
- Exposure to longitudinal follow up should be facilitated where possible
Nursing undergraduate education

- FOI
- Similar themes to medical schools
Delivered by a Specialist Practitioner 6 homes over a 10-month period. The essential components of the intervention were:

- **A Delirium Champion** - (the Specialist Practitioner) to engage staff in the project
- **Education/training** - 3 x 20 minute interactive sessions to all staff, including night staff
- **Focus on targeting risk factors** - to target prevention
- **Staff engagement & ownership** - ideas and solutions were generated by the unit staff

Objectives For Learners

The objectives of the training are to enable workers in the residential care sector to:

- Know about symptoms of dementia and understand some of the difficulties service users could be experiencing.

- Recognise and understand the philosophy of Person Centred Care.

- Develop greater empathy towards people with dementia.

- Recognise different ways of communicating with people with dementia.

- Recognise possible causes of distress reactions.

- Be aware of different ways of validating feelings and realities.

- Develop quality focused services through improved environment, well being, and good practice.

- Recognise the importance of legislation affecting the lives of people with dementia and their carers.

- Understand the importance of good end of life care.
Care home education
How?

• Online resources - MOOCS
• Simulation
• Video - carer/patient experience
• Interdisciplinary resource
• Reflection
### Exemplar Online Learning Resources for Delirium

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<tr>
<th>Resource</th>
<th>Source</th>
<th>URL</th>
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<tr>
<td>Geriatric medicine Computer-aided Learning Packages</td>
<td>University of Nottingham</td>
<td><a href="http://goo.gl/8rIFrW">http://goo.gl/8rIFrW</a></td>
</tr>
<tr>
<td>Delirium Simulation Teaching</td>
<td>Newcastle University</td>
<td><a href="http://goo.gl/dC1EvZ">http://goo.gl/dC1EvZ</a></td>
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What works.....

- Drop in sessions
- Bite size teaching
- Staff taking ownership
- Relative feedback

Interactive (fun, engage, thinkdelirium)
Social media as an educational tool…?

- #icanpreventdelirium
- #WDAD2018
Take home messages

• Get the foundation right
• Set standards to drive standards
• Must involve patients, families & carers
• Invest in care homes

• If not, why not?
Questions?