Undergraduate Delirium Curriculum workshop

EDA London 2015

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@drjimbofish

#LondonEDA
## Outline

<table>
<thead>
<tr>
<th>What?</th>
<th>Who?</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>Claire Copeland</td>
<td>5mins</td>
</tr>
<tr>
<td>Update on current delirium teaching</td>
<td>James Fisher</td>
<td>15mins</td>
</tr>
<tr>
<td>Small group exercise</td>
<td>All</td>
<td>50 mins</td>
</tr>
<tr>
<td>Close of session</td>
<td>Andy Teodorczuk</td>
<td>5mins</td>
</tr>
</tbody>
</table>
• Towards an understanding of why undergraduate teaching about delirium does not guarantee gold-standard practice-results from a UK national survey.
• JM Fisher et al.

http://goo.gl/fPuHmw
Part of The Problem

• Junior doctors lack basic knowledge about the diagnosis and management of delirium

http://goo.gl/EsRCSD

Why?!

Undergraduate Learning about Delirium

Taught?
2008 – 17/17
2013 – 19/19

Examined?
2008 – 14/17
2013 – 16/19

http://goo.gl/Bx8zQf

https://www.surveymonkey.com/s/Delirium_Medical_School_Survey
‘Mapping’ Learning Outcomes

Knowledge
• “The doctor as a scholar”

Skills
• “The doctor as a practitioner”

Attitude
• “The doctor as a professional”

Tomorrow’s Doctors (2009)
http://goo.gl/Ko7yQo
Is Delirium Taught and Examined?

**Taught?**
- 2008 – 17/17
- 2013 – 19/19
- Gordon et al. 2010, 2014

**Examined?**
- 2008 – 14/17
- 2013 – 16/19

2014 - 24/24

2014 – 23/24
WHO?
(Delivers the Teaching?)

- Geriatricians
- Old-age Psychiatrists
- Nursing Staff
- General Practitioners
- Other Physicians
Were the Patient/Public Involved?

- Patient Videos
- Involvement of Carer in Seminar delivery

21

Yes | No
WHAT?
(Learning Outcomes relating to Delirium)

Knowledge
- 18/24 reported at least one outcome that mapped to the knowledge domain

Skills
- 19/24 reported at least one outcome that mapped to the skills domain

Attitude
- 2/24 reported at least one outcome that mapped to the attitudes domain

Data provided by 21/24 schools
HOW?
(What Teaching Methods are Employed?)
# Exemplar Online Learning Resources for Delirium

<table>
<thead>
<tr>
<th>Resource</th>
<th>Source</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<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>
</tr>
</tbody>
</table>

**Delirium ‘MiniGEM’ (Mini Geriatric e-Learning Module)**  
Association for Elderly Medicine Education  
Are students guaranteed to interact with patients with delirium in the clinical environment before graduation?

YES: 13/24

NOT SURE: 6/24

NO: 5/24
Discussion

• Widely taught and examined
  – But crucially, there’s failure to address attitudes

• Improving knowledge and skills alone ineffective at improving recognition

• There are negative attitudes out there
Is Our Teaching ‘Coherent’?

System-based
Disease-based
Theoretical

Work-based
Patient-centred
Multidisciplinary focussed

Inter-professional education?

Patient & Public Involvement?

Shown to improve patient outcomes in delirium

Increased likelihood of attitudinal change
Spencer et al. Health Foundation: [http://goo.gl/VrSLLt](http://goo.gl/VrSLLt)
Summary

- There was widespread failure to address attitudes on delirium within teaching.
- There was failure to involve patients and the public in teaching, and failure to guarantee exposure to delirium.
- Future teaching interventions should be directed at attitudinal outcomes with multidisciplinary input.
The next steps

• Modified Delphi process

• Bring together panel of experts (that’s you....)

• Small group discussion

• Email survey to refine the statements until consensus is reached. Usually 2-3 rounds.
Small group work

WHAT?
The most important aspect of undergraduate teaching on delirium is the content that is taught

HOW?
The most important aspect of undergraduate teaching on delirium is how the content is taught

WHO and WHERE?
The most important aspect of undergraduate teaching is who and where the teaching is delivered

The following statements are distributed around the room
Stand by the one that they most closely associate with
Group work instruction

• In your new small group decide on WHAT / HOW / WHO & WHERE [depending on your chosen statement] delirium teaching should be delivered
  – You have 20 mins
  – Nominate a scribe
  – Nominate someone to feedback from the group
  – Andy, James and I will facilitate one group each
  – A contact sheet for follow up will be circulated. Please add on your details if you would like to take part in The Delphi exercise.
  – Help yourself to sweets!

Any questions?
WHAT?
The most important aspect of undergraduate teaching on delirium is **the content that is taught**

HOW?
The most important aspect of undergraduate teaching on delirium is **how the content is taught**

WHO and WHERE?
The most important aspect of undergraduate teaching is **who and where the teaching is delivered**
# Resource links for ‘What’ is taught

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geriatrics</td>
<td>European UG curriculum</td>
<td><a href="http://ageing.oxfordjournals.org/content/43/5/695.full.pdf+html">http://ageing.oxfordjournals.org/content/43/5/695.full.pdf+html</a></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>RCPSYCH</td>
<td><a href="https://www.rcpsych.ac.uk/pdf/Undergraduate%20Psychiatry%20Curriculum%202011b.pdf">https://www.rcpsych.ac.uk/pdf/Undergraduate%20Psychiatry%20Curriculum%202011b.pdf</a></td>
</tr>
</tbody>
</table>
Member check

• In terms of:
  – WHAT should be taught there is consensus that ........................................
  – HOW it should be taught there is consensus that ........................................
  – WHO and WHERE should be taught there is consensus that ........................................

• Any last comments?

Thank you and we will be in touch...