Teaching about Delirium Using Standardized Patients and Collateral Informants

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Background:

• Eighteen physician faculty learners from Hematology-Oncology, Physical Medicine and Rehabilitation, Trauma and Critical Care Surgery, Emergency Medicine, and Hospital Medicine

• Task: Create didactics on core geriatric topics obtained via a needs assessment of the learners

• Learners included Department Heads, Deans, Program directors
Why Use Standardized Patients?
- Engage the learner
- Train the trainer
- “See one, do one, teach one”
- Delirium: I know it when I see it

Why Use Collateral Informants?
- Emphasizes critical step of obtaining information from caregivers or family members
- Some diagnoses in g
Workshop Basics

• 3 cases each with one or two unique learning points:
  - Delirium and polypharmacy
  - Hypoactive delirium
  - Terminal delirium
  - Goals of care
  - Alcohol use in the elderly

• Faculty facilitator provided feedback to the learners about their evaluation and management plan
Example Case

Mrs. George is a 73 year-old with mild Alzheimer’s dementia. She is a new admit to rehab after surgery for a hip fracture. On morning rounds, she continuously sits up, then lies back in bed, picking at the bed sheets. Her family states that she did not sleep at all. This morning she complained about “all the small children on her bed.” Her family says she is not herself. She startles easily, then seems distracted.
Standardized Patient Training

- Detail-oriented
- Question-answer period
- Frequent revisions made based on questions, concerns from the standardized patients
- Included training about delirium and the Confusion Assessment Method (CAM)
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Example Case
Facilitator Training

- Initially provided a management guide to assist the facilitator
- Feedback from facilitators suggested more training
- Learner experience was highly dependent on facilitator
- Formal facilitator training session was developed
Facilitator Training

- Ask the team, “What features of the Confusion Assessment Method (inattention, acute onset/fluctuating course, disorganized thinking, and altered level of consciousness) does the patient have?”

- Ask the team, “What do you think well/not well?” Have them reflect on the experience and decide on strategies that worked for the case and aspects that were particularly challenging.
Feedback from faculty learners was positive
Requested workshop for their learners
Developed program evaluation using pre and post-tests
Completed the workshop for 18 Emergency Medicine residents, 9 Hematology-Oncology Fellows
Plan to run workshop for 9 Physical Medicine and Rehabilitation residents, 20 Surgery residents
Submitted curriculum to MedEdPORTAL
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• MedEdPORTAL Publications is a free publication service provided by the Association of American Medical Colleges in partnership with the American Dental Education Association. MedEdPORTAL Publications maintains a rigorous peer review process based on standards used in the scholarly publishing community.
Qualitative Feedback From EM residents

- “SPs were spot on!”
- “Great experience…Please do this again—workshops for other types of patients”
- “Loved getting interactive.”
- “More handouts with take-home facts!”
- “Would be helpful to do…a physical” exam
- “Heme/Onc fellows are wrong audience”
Quantitative Feedback: Confidence

Emergency Medicine Residents

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Quantitative Feedback: Knowledge
• Emergency Medicine Residents

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Specific Challenges:

1. Adapting cases for learners at different levels and specialities
2. Training facilitators from different specialties with different levels of engagement
3. Learner experience was highly dependent on facilitator and standardized patient
4. Initial feedback was all qualitative
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Lessons Learned:

1. Obtain a champion in the specialty or group of learners to set a positive tone
2. Encourage a fun, low-stress environment
3. Provide detailed, standardized training of all involved
4. Have concrete goals, learning objectives for the learners
5. Design program evaluation when developing the program plan with learning objectives in mind
Lessons Learned: Think publication!

1. Review requirements in Author Handbook for MedEdPORTAL submission and create curriculum documents based on their requirements

2. For example, create an Instructor’s Guide that indicates how and when to use materials as you are designing your curriculum
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