Education to Increase Nurses’ Understanding of Delirium
Juanita Davidson BSN, RN , Jennifer Graves BSN, RN, Dara Schlecht BSN, RN-BC, & Rose Buckingham MSN, APRN, GNP-BC

Introduction

Purpose: To identify effective methods for staff education regarding the identification and assessment of delirium in the verbal patient in a non-ICU setting.

Background:
- Delirium - common problem in the acute care older patient.
- Delirium - often mislabeled or unidentified thus leads to increased length of stay.
- Prevention and early recognition of delirium - an important component of improved outcomes.
- Nurses lack knowledge regarding delirium and differentiating it from dementia and other conditions.
- Education process in the clinical setting often frustrating for staff. Current education process typically only includes completing an online learning module.
- Desire for evidence-based approach to providing staff education regarding delirium.
- Literature support of multi-method approach to providing education.
- Use of combination: active and passive learning enhances nurses’ unique learning styles.
- Learner sense of success and increased comfort level with improved mastery of content.
- Increased retention and incorporation of education into daily practice.

Methods

The project included anonymous online pre and post-tests to measure knowledge of delirium, risk factors, high-risk medications, differentiating delirium versus dementia, nursing interventions, and improving patient outcomes. Pre and post tests also assessed baseline and post education perceptions regarding the importance of delirium identification and intervention as well as nurse/physician communication regarding delirium.

Education:
- Participation documented to ensure 100% completion
- Anonymous pre and post-tests
- Attendance at an in-service which included discussion time and a video made by GRNs demonstrating use of the CAM (Confusion Assessment Method) assessment tool to identify delirium
- Posters placed in key positions on the unit
- 10-15 minute 1:1 session with a GRN for each staff nurse using the teach back method to demonstrate understanding
- Handouts specific to the nurse’s knowledge deficiency and/or interest providing additional education and key points. These handouts consisted of research articles and lists of risk factors and nursing interventions.

Objectives

Overall goal of the Quality Improvement/Education Project:
- Increase the use of active education instead of the traditional passive education
- Increase the retention and application of complex education content
- Identify specific learning needs of a diverse population nurse learners
- Provide cost-effective education
- Long term goal: Decreased incidence and duration of delirium.

Goals of the education offered:
- Define delirium and identify patients at risk for developing delirium
- Recognize the impact delirium has on hospitalized patients
- Illustrate the use of a tool to identify delirium
- Demonstrate nursing interventions to prevent delirium and improve outcomes of a patient that has delirium

Pre-test

Lecture with Video

Teach Back

Posters & Handouts

Post-test

Results

• 33 nurses participated
• RN experience:
  - 0-5 yrs - 21%
  - 6-10 yrs - 21%
  - >20 yrs - 6%

When asked “How do you best learn new concepts or skills?” the most common answers were:
- Hands on learning
- Using more than one method of learning
- Other preferred styles of learning include:
  - Lecture with discussion
  - Visual aids
  - Acting it out
  - Asking co-workers

Conclusion:
- The improvement in nurses’ knowledge of the focused educational areas occurred despite barriers including time and budget constraints. The retention and application of complex education will improve patient care and satisfaction.
- Our results support prior research indicating the benefit of multiple methods of education. Similar approaches can be utilized by nurse leaders in multiple areas of healthcare to address areas of need.

Recommendations

• Key points to be repeated and reinforced at planned, regular intervals for retention of knowledge and sustained change in practice.
• Providing education across variety of disciplines such as physicians, nursing assistants, pharmacists, physical and occupational therapists.
• Use of multiple methods, preferably active methods of learning, to provide education that meets the needs of staff having a wide range of age, education, and experience.

Key points:
- Most common answers were:
  - Hands on learning
  - Using more than one method of learning
  - Lecture with discussion
  - Visual aids
  - Acting it out
  - Asking co-workers

Learning Pyramid

Source: National Training Laboratories, Bethel, Maine

Delirium can cause permanent cognitive impairment. Many of our nursing staff were NOT aware of this prior to the education received.

Hypoactive delirium often goes unrecognized by nurses as well as physicians. Hypoactive delirium also has a higher mortality rate as compared to hyperactive delirium.

Conclusion:
- The improvement in nurses’ knowledge of the focused educational areas occurred despite barriers including time and budget constraints. The retention and application of complex education will improve patient care and satisfaction.
- Our results support prior research indicating the benefit of multiple methods of education. Similar approaches can be utilized by nurse leaders in multiple areas of healthcare to address areas of need.

Recommendations

• Key points to be repeated and reinforced at planned, regular intervals for retention of knowledge and sustained change in practice.
• Providing education across variety of disciplines such as physicians, nursing assistants, pharmacists, physical and occupational therapists.
• Use of multiple methods, preferably active methods of learning, to provide education that meets the needs of staff having a wide range of age, education, and experience.

Nurses:
- Tell me in your own words what you learned about Delirium?
- Why do we want to identify Delirium?
- What nurse sensitive indicators can we improve?
- Can you tell me about the 4 sects of Delirium?
- Tell me about how and when you will be administering the modified CAM.
- What will you do when you have a patient that is CAM + for Delirium? What nursing interventions will you consider?

GOAL: Screening, Early ID, & Quick Reversal of Delirium

Posters placed on the unit.