



EDA/SDA/RCPE Delirium Teaching Day Wednesday 4 September 2019

Speaker Abstracts

Session 1

10.00 Delirium: To Hell and Back

Mr Mark Hudson

There are many wordy descriptions the medical world uses to describe delirium. My definition is a few words, Pure unadulterated terror. Delirium places the patient in a state where they believe terrible things are happening to them like torture, being experimented on or constantly being hunted down. This is not visibly apparent to those looking after the patient, its effects are not visible either. Understanding that Delirium will have effects on the patient's mind afterwards possibly leaving them with depression, anxiety and PTSD. Each of these can be debilitating to recovery and have long-lasting effects on the patient early and effective intervention can change a patient's entire world. Writing is a useful tool in recovery not just in writing what you are feeling as a patient but as an outlet for emotions.

Session 2

11.45 Care of The Highly Agitated Patient With Delirium – A Case Based Approach

Dr Gillian Scott

Specialist Registrar in Psychiatry, Glasgow

The presentation will take a case based approach to management of patients with more complex delirium presentation, particularly focusing on management of those who are highly agitated. Four cases will be discussed, all following the same format of background information, reason for referral to old age psychiatry liaison, their presentation at review and the management they received, Learning points from each case will then be discussed, including medication options, use of the mental health act and importance of considering other causes for delirium other than infective causes. The end of the presentation will focus on more general tips for management of delirium, including non-pharmacological approaches.

12.10 Medico-legal aspects of delirium: avoiding the major pitfalls

Dr Alan Duncan

Consultant in Old Age Psychiatry, NHS Dumfries and Galloway

A practical guide to using the various aspects of the law in regards managing patients with delirium covering current and future legal issues from a Scottish perspective. Follows a case example through the various issues, pitfalls and what you can and can't do.

12.35 Delirium Education in healthcare settings: how to make it effective

A/Professor Andrew Teodorczuk

School of Medicine, Griffith University, Gold Coast Campus, Queensland, Australia

As an under recognized and undetected disorder teaching staff and students about delirium can represent a high yield activity. Within this talk we consider practical teaching takeaways at both a generic level and delirium discipline level that if applied can help make educating hospital staff more effective. At a generic level consideration is given to the research findings into instructional teaching methods and suggestions as to how teaching delirium can be adapted are proposed. The importance of retrieval practice, sustaining learning, aligning objectives to teaching method, focusing on success as a motivator of learning and building relationships with learners is highlighted.

Delirium specific approaches to enhance education in healthcare settings are outlined with reference to a qualitative study that reconceptualised our understanding of delirium practice gaps. The importance of involving carers and patients in teaching to change attitudes, ensuring an interprofessional education experience if possible, focusing on learning by doing (mimetic learning), systems learning and teaching staff to teach up carers will be outlined. At a theoretical level these approaches address the affective and psychomotor components of learning about delirium practice. Finally, with reference to a brief video aimed at teaching healthcare students about delirium an example of good educational practice will be showcased that highlights the role of art, discovery and humor in creative teaching. The talk concludes with a summary of the ten principles of effective delirium education.

References

- Rosenshine B, Principles of Instruction: Research based strategies that all teachers should know. American Educator. Spring 2012 American Educator 12 – 20
- Teodorczuk A, Mukaetova-Ladinska E., Corbett S., Welfare M., Reconceptualising models of delirium education: Findings of a Grounded Theory study. *International Psychogeriatrics*. 2013 25(4) 645 – 55
- Teodorczuk A, Mukaetova-Ladinska E., Corbett S., Welfare M., Learning about the patient: An Interprofessional dementia and delirium education programme. *Clinical Teacher* 2014. Dec; 11 (7) 497-502
- Teodorczuk A, Mukaetova-Ladinska E., Corbett S., Welfare M., Deconstructing hospital dementia practice: Using Social Activity Theory to inform education approaches. *Advances in Healthcare Sciences Education* 2015 20(3):745-64.