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Using simulation to translate delirium knowledge into practice

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Abstract

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Keywords

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Using simulation to translate delirium knowledge into practice

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Background

Delirium is common in hospitalised older adults resulting in significant morbidity. Despite clinical guidelines and evidence on best practice, delirium continues to be under recognised and poorly managed. The aim is to evaluate the implementation of an innovative delirium education program involving simulation, specifically perceptions of confidence and competence about delirium care.

Methods

A pre-post quasi-experimental design was used to evaluate the education using surveys. The education consisted of face-to-face and online learning, simulation using an Objective Structured Clinical Examination (OSCE) and a reflective activity. The setting was aged care units (regional, urban public and urban private hospitals), NSW, Australia. The education was delivered by senior clinicians and assistants in nursing role played the OSCE scenarios. The participants were registered nurses, medical doctors, physiotherapists and occupational therapists. The urban private hospital had an addition of a post-intervention observation of practice to evaluate if knowledge gained translated into clinical practice.

Result

A total of 138 clinicians completed the education. Significant improvements were recorded at the regional hospital in perceived competence ($p \leq 0.001$) in delirium care. The urban private hospital had similar findings with improvements in perceived confidence ($p=0.005$) and competence ($p=0.006$). The urban public hospital had high pre and post scores (no statistically significant changes). Post-intervention observation of practice found no significant difference between high OSCE scores (mean score 88.70%) and observation of practice scores (mean score 81.49%) ($p=0.07$), suggesting delirium knowledge gained translated into clinical practice. Participants were overwhelmingly highly satisfied with the education (91%).

Discussion

The inclusion of OSCEs in an education intervention resulted in increased perceptions of confidence and competence in delirium care. The effectiveness of OSCEs as an educational intervention needs to be tested widely. This study has now been extended into two randomised controlled trials, with non-OSCE education as the control, in Taipei, Taiwan and Sydney, Australia, to evaluate OSCEs internationally.