MDTea Trolley: A multidisciplinary teaching tool to improve knowledge and confidence in recognising and managing delirium

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Introduction.
Delirium affects 20-30% of inpatients and is associated with poor outcomes. Awareness of treatment, assessment and management is also poor1. As part of ‘Delirium Month’ at the Bristol Royal Infirmary we designed and delivered a ‘Delirium Tea Trolley’ with the goal of improving confidence in recognising and managing delirium amongst the Multidisciplinary team. The ‘Tea Trolley’ idea came from work in the Anaesthetic department at Royal United Hospital2 which has been highlighted as good teaching practice by the Royal College of Physicians3.

Methods.
A mobile training station was developed to provide brief training sessions on wards across the Bristol Royal Infirmary, Bristol Haematology and Oncology Centre and South Bristol Community Hospital. The Tea Trolley was stocked with tea, coffee, biscuits and training materials. We set four key delirium teaching points:

1. Recognition
2. Diagnosis (using 4AT)
3. Causes
4. Management

Teaching sessions were based around the #FOAMed delirium infographics4. Posters and handouts were supplied to wards. Pre and post training questionnaires were performed with self-confidence scoring on a 5-point Likert scale.

Results.
We successfully engaged a wide multidisciplinary group, all 67 staff members trained completed pre and post questionnaires. Only 17% had heard of the 4AT before teaching.

All participants significantly improved their confidence scores in all areas assessed.

100% Felt the intervention would improve their management of Delirium and 100% recommended running further Tea Trolley Teaching.

Additional benefits.
We recognise that formal teaching sessions are expensive and lead to staff shortages and rota gaps. Example costs of £230 per day for ALS and £300 per day for APLS.
Assuming £250/day 67 Staff trained at ≤2 day per person leads to a potential £2’093 saving to the trust. With the added benefit of taking teaching out of the education centre and onto the wards.

Conclusions.
Following training all participants significantly increased their confidence scores of overall maintained this at 1 month.
The Tea Trolley method provided multidisciplinary training in the normal working day for minimal cost or need for study leave and was well received by all. We have offered to support other teams in the hospital to use the same method for teaching and even featured in our trusts staff magazine.

References