Dear Ms Dingwall

Your request for information received on 21 May 2019 has been dealt with under the provisions of the Freedom of Information Act 2000 (FOIA).

You asked:

I am contacting you on behalf of the Scottish Delirium Association with a request for information under the Freedom of Information Act (2000). My request regards the provision of delirium-related education in the accredited Nursing and Allied Healthcare Professional programmes delivered by your Higher Education Institution.

Of particular interest to us are your Degree and Masters Level programmes relating to:

- Adult nursing
- Mental Health nursing
- Learning Disability nursing
- Physiotherapy
- Occupational Therapy

We would be grateful if you would provide separate information in response to the questions below, for each programme, including post qualifying and postgraduate that you deliver:

1. Does the curriculum include delivery of delirium education?
2. At what point(s) in the programme do you deliver delirium education?
3. Who do you involve in the development and delivery of delirium education?
4. What teaching/educational strategies are used in delirium education?
5. Where is delirium education delivered, e.g. skills/simulation suites, lecture theatres, clinical areas?
6. How is the impact of delirium education evaluated?
7. How do you assure the quality of the delirium education delivered?
8. How do you collaborate with colleagues in the public sector, third sector, private sector and with service users to develop and deliver delirium education?
9. Do your students have the opportunity to gain supervised experience in caring for people with delirium?

**University Response**

**Adult Nursing:**

1. Yes it does include some content, not specifically referred to as delirium education.
2. We can identify some inclusion in the year 3 content and also in the AP year 2 programme.

   NIP2006 Care of Acutely Ill includes Sepsis and Thermoregulatory disorders which can also then include delirium.

   NIP2007 Long Term Conditions is inclusive of Alcoholism and Medication Toxicity in the elderly, which can lead to delirium and management of same.

   NIP3013 Preparation for Professional Practice includes a Service User Session which may focus or include this aspect. We do also have a session on protecting the at risk adult in a session entitled "Safeguarding" that involves a quiz, reading and group work on who is defined as "vulnerable" and the 8 categories of abuse (Northway & Jenkins 2017). These include mention of service users in confusional states.

   NIP3012 Complex Care Needs may also cover this within the case scenarios on complex care.

   NIP3233 Transitional Skills currently has a patient story as the embedded content for discussion and debate, albeit the delirium is as a result of infective causation.

3. We use content inclusive of podcasts, patient stories, case studies and lecture/workshops.
4. Involvement includes academic staff, service users and mental health team.
5. It is delivered in classroom settings/lecture forums.
6. It is evaluated through nominal techniques, classroom feedback and online evaluations of modules.
7. Changes are made according to feedback, current guidelines and national agendas.
8. Modules are developed within teaching teams, including service user input and cross field fertilisation.
9. Within the placement settings which cover half of the programme, the students may experience in caring for such clients. This is dependent on placement area and type, so will vary.

**Nursing Associate Programme**

We appreciate that delirium is different to dementia but often the two can be associated. Dementia training is currently covered in Year 1. Year 2 module below covers acute illnesses, assessment and management of an acutely ill patient which encompasses delirium.

Year 1:
Foundations of Nursing Associate Practice *current code* NIP1019, for FdSc programme new module code and name - NIP1903 Foundations of Nursing Associate knowledge.
Year 2:
Delivering care across boundaries current code NIP2106, for FdSC programme new module code and name - NIP2901, Developing Scientific Principles for Nursing

Child Nursing

Not taught / covered

In response to the information requested above, BSc Adult Nursing Programme Year 2 does not deliver delirium education per se. Acute confusion is however taught as a possible manifestation of poor tissue perfusion to the brain as a consequence of deterioration in patient’s condition in a module on Nursing the Acutely Ill. Teaching students on acute confusion is part a seminar-based teaching of the systematic ABCDE assessment of the patient who is acutely ill or deteriorating. This would also include a discussion of how to safely manage confusion; the discussion would also be responsive to students’ previous experience in clinical placement.

The impact of delirium/acute confusion education is not formally evaluated. Nevertheless, on the same module, students are expected to write an essay on how they would assess and manage care of patient based on a scenario of an acutely ill patient. Depending on the scenario, a student may be expected to assess the patient’s acute confusion and how to safely and effectively manage them, and their knowledge and understanding would then be evaluated.

We do invite service users to talk to our students in year 2. However, the condition discussed with them would depend on our service users’ condition, and delirium had not been one of them. Students then get opportunity to gain supervised experience in caring with patients with delirium when they go to their clinical placements, where their practice is supervised by their mentors. Students are encouraged to write their reflections on their learning experience while in practice; and again, whether they would have an experience on caring for patients suffering from delirium would depend on the clinical area they had their placements on.

Programme: BSc Nursing (Mental Health)

Assessment for confusion/ acute confusion states is part of the global assessment offered to patients using the National Early Warning Score 2; the revised version of this scale from AVPU to AVCPU (Alert, Voice, Confusion, Pain, Unconscious) recognizes new onset confusion/ confusional states when assessing a critically deteriorating patient.

In year one, student nurses are taught a range of practice skills including assessing level of consciousness using the Glasgow coma scale or the short version NEWS 2. For the remainder of the training, trainee nurses are taught and develop their knowledge in using the track & trigger tool (NEWS2) in practice and through University lectures. The application of this tool is taught to UG and Post Graduate students, where students are taught how to apply NEWS2 in practice. Teaching is expanded in year 2 and year 3 in the modules MHR 2000 and MHR3032 in sessions that build on prior learning.

Teaching is delivered in classrooms and lectures theatres through a mixture of case studies, PowerPoints, Interactive learning, videos, pre-reading, workshops and simulation sessions. After each taught session students have the opportunity to ask questions and evaluate the day sessions. Towards the end of the module, students can also provide anonymous feedback through Module Evaluation forms. Quality monitoring and inclusion of Mental Health experts in teaching is used to assure the standard of education delivered.

At Middlesex University we collaborate with people with lived experience in our teaching delivery. We also have clinical expertise from colleagues who are delivering current practice. Students have the opportunity to attend placements in a variety of elderly care settings which will give them access to various conditions experienced by older people.
**PGDip Mental Health Nursing Pre Reg**

Delirium education is covered at Level 7 Year 1 of PGDip Mental Health Nursing in the module MHR4050, Knowledge for Mental Health Nursing Practice.

Teaching is delivered by lecturers in lecture theatres through a variety of educational strategies which include; case studies, interactive learning, PowerPoints and videos. As the module draws to a close, students have the opportunity to evaluate the module and provide anonymous feedback which contributes to quality monitoring and assurance.

At Middlesex University we collaborate with people with lived experience in our teaching delivery. We also have clinical expertise from colleagues who are delivering current practice. Students have the opportunity to attend placements in a variety of elderly care settings, which will give them access to various conditions experienced by older people.

**Continuing Professional Development**

For CPD, the training is offered via non-credit bearing study days or whole physical health modules planned in collaboration with NHS Trusts to upskill staff to be ready and prepared to work with acutely unwell or deteriorating patients by identifying those at most risk of- sepsis, acute or chronic confusional states (delirium falls under this category). The application of this tool is taught to UG and Post Graduate students, where students are taught how to apply NEW2 in practice.

**Inter Professional Learning Symposium**

Weekly Inter-professional Learning Symposiaums are held within the school of Health and Education led by key subject experts on a range of themes which include delirium education. These sessions are open to all staff and students, recorded with pre and self-directed learning materials uploaded to Moodle but it is mandatory for Nursing students to attend a number of sessions as part of their IPL learning.

I trust this satisfies your request sufficiently. Under the Freedom of Information Act 2000, you have the right to complain about the University’s response to your request for information. If you have such a complaint, you may contact Mr David Maplas, Director of Student Affairs, Middlesex University, Hendon campus, London NW4 4BT, tel: 020 8411 5830, d.malpas@mdx.ac.uk within 40 days of the date of this letter for a review of the University's decision. If you remain unsatisfied with the outcome of that complaint, you may seek further recourse by lodging an appeal with the Information Commissioner.

Yours sincerely

**John Gilchrist**

Freedom of Information Officer