SUGGESTIONS FOR INCORPORATING DELIRIUM INTO PRE-LICENSURE NURSING SIMULATION

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Delirium is an acute change in neurocognitive status and is associated with myriad undesirable outcomes. This condition often goes unrecognized and untreated, and some have called for delirium to be an "essential component" in undergraduate nursing education (Copeland & Barron, 2019).

Simulation has been identified as an effective strategy for applying knowledge to potential clinical scenarios. Since simulation-based experiences provide controlled and supportive learning opportunities (Rudolph, Raemer, & Simon, 2014), the simulation lab may be an ideal setting for students to gain experience with identifying delirium in simulated patients.

The purpose of this brief article is to offer suggestions for faculty to design, implement, and evaluate simulation experiences that focus on delirium detection in hospitalized older adults. Standards 1 through 6 of the Healthcare Simulation Standards of Best Practice by the International Nursing Association of Clinical Simulation Learning (INACSL) will be used as an organizing framework (INACSL Standards Committee, 2016).

STANDARD 1: SIMULATION DESIGN

This standard focuses on the intentional and purposeful creation of learning experiences. Recommendations to achieve Standard 1 include:

- Identify specific knowledge gaps related to delirium detection. This information can come from didactic course faculty, alumni, current students, and clinical partners. It may also be reasonable to assume that students have not had any opportunities to evaluate patients for delirium in the clinical setting.
- A consultant with expertise in delirium detection may be helpful in designing the scenario and preparatory reading assignment.
- The scenario should be as realistic as possible and include sufficient clinical context so that the student can identify delirium risk factors, signs, and symptoms.
- Anticipate any moulage, costumes, props, medical equipment, and supplies that will be needed.
- Create a script for the scenario that clearly provides evidence of delirium.

STANDARD 2: OUTCOMES AND OBJECTIVES

This standard focuses on the development of measurable objectives to achieve learning outcomes. Recommendations to achieve Standard 2 include:

- Delirium detection does not need to be the sole focus of the scenario, but it should have its own learning objective.
- Objectives should focus on knowledge, skills, attitudes, behavior change, and improved quality of care related to delirium detection, rather than measuring the student's satisfaction with the simulation experience.

STANDARD 3: FACILITATION

This standard focuses on managing the simulation experience as it unfolds, from pre-briefing to debriefing. Recommendations to achieve Standard 3 include:

- Ensure that the simulation educator has experience with simulation pedagogy and delirium detection. This may require consultation from a gerontological clinical nurse specialist, nurse practitioner, or geriatrician.
- Assign pre-simulation activities to get students ready for their experience. Examples include the Try This series (https://hign.org/consultgeri/try-this/general-assessment), a brief worksheet or quiz focusing on delirium risk factors and manifestations, or a video from YouTube that features a patient with delirium.
- Anticipate cues that may be needed during the scenario to guide your students through the delirium assessment.
- Either a remote-controlled high-fidelity simulator or, preferably, a standardized patient should be used to mimic the signs and symptoms of delirium. Since delirium is often detected based on extremely subtle verbal and non-verbal cues, the voice actor or standardized patient must be comfortable portraying, and often escalating, these cues. If a remote voice actor is used, the output quality of audio equipment must be sufficient for students to hear clearly.

STANDARD 4: DEBRIEFING

This standard focuses on designing a period of interactive discussion that focuses on improving future performance. Recommendations to achieve Standard 4 include:

- Recognize that working with a patient who has delirium can be unsettling, so provide ample opportunity up-front to let students express their feelings.
- Ensure that the learning objectives related to delirium detection are discussed during the debriefing.
- If time allows, provide students an opportunity to share their (de-identified) experiences caring for patients with delirium, and relate those experiences to the learning objectives.

STANDARD 5: PARTICIPANT EVALUATION

This standard focuses on designing a period of interactive discussion that focuses on improving future performance. Recommendations to achieve Standard 5 include:

- The evaluation can be formative, summative, or high-stakes.
- Since there is no established threshold for the accuracy of delirium detection among nursing students, a theoretically based passing or "cut-off" score should be established beforehand.

STANDARD 6: PROFESSIONAL INTEGRITY

This standard focuses on designing a period of interactive discussion that focuses on improving future performance. Recommendations to achieve Standard 6 include:

- Role model and encourage appropriate techniques for communicating with hospitalized older adults who have cognitive impairment.
- Require that students and simulation facilitators maintain confidentiality about the scenario, student performance, and debriefing conversations.