CLINICAL PRACTICE

An approach to developing a continuing professional development workshop for nurses to differentiate, delirium, dementia and depression among older adults

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Received: December 10, 2019 **Accepted:** April 22, 2020 **Online Published:** April 25, 2020
DOI: 10.5430/jnep.v10n8p16 **URL:** https://doi.org/10.5430/jnep.v10n8p16

ABSTRACT

Delirium, dementia, and depression challenge nurses in acute care settings. They negatively impact older adult's health, well-being, and quality of life. Misdiagnosis of delirium, dementia, and depression is associated with higher mortality rate, functional decline, increased length of stay, higher admission and institutionalization rates, and higher health care expenditures. Nurses in acute care settings have a lack of knowledge about delirium, dementia, and depression. This lack of knowledge could have implication as necessary referrals to physicians is needed in order to ensure initiating of appropriate treatment. Continuing professional development is necessary to keep nurses abreast of the rapid changes in knowledge and technology needed to provide safe and high quality services. Providing an opportunity to participate in continuing professional development on this particular subject would go a long way to facilitate knowledge translation. As a result nurses will be equipped with the adequate knowledge and skills to meet the overall goal of providing quality care for older adults in different care settings.

Key Words: Dementia, Delirium, Depression, Elderly

1. INTRODUCTION

Elderly populations need special care and attention either in hospitals by expert and skilled nurses or at home by well-trained caregivers or family members. Elderly populations undergo changes in body system functions due to the aging process, so serious attention to the neuropsychiatric status is important. Welsh-Bohmer and Attix (2015)[1] explained that age-related cognitive changes are not pathologic and normally develop across the lifespan. These changes could include but are not limited to intact memory, but with slower recall and declined visuoperceptual and visuospatial function; however, verbal abilities are more preserved.[1] The most common disorders that elderly patients suffer are dementia, delirium, and depression; they are sometimes referred to as the 3Ds. Dementia is a gradual cognitive decline, while Delirium is a temporary state of confusion, and Depression is a cognitive change linked to mood. The 3Ds are significantly associated with a high mortality rate and have a significant effect on older adults' quality of life and recurrent hospital admission. Nogueira, Lagarto, Cerejeira, Renca, and Firmino (2013)[2] explained that elderly patients with comorbid psychiatric condition such as dementia, delirium, or depression occupy up to 65% of acute hospital beds. The prevalence of these disorders is high; it increases to up to

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61% for delirium, 53% for depression, and 40% for dementia. Moreover, individuals can experience one of the three disorders or combinations of all.[3]

Nogueira et al. (2013)[2] claimed that early recognition of the 3Ds is crucial to improve patients' clinical outcomes and reduce complications. Nurses are the frontline healthcare professionals, who work closely with elderly patients and are expected to play a significant role in detecting the 3Ds in order to refer these patients to physicians. This can be done through observation, documentation, and reporting of any unusual behaviors or symptoms for immediate interventions. Therefore, an important first step is to determine and ensure that nurses in acute care settings are able to recognize and distinguish between each of the features associated with the 3Ds. Differentiating between delirium, dementia, and depression is challenging, it requires knowing the characteristics of each disorder. Although the clinical features of delirium, dementia, and depression could overlap in older adults. Sorting them out is essential to providing accurate assessment, reaching clear diagnosis, and to set proper interventions. Therefore, it is essential nurse are able recognize and differentiate the features of these in order to refer on to physicians.

Continuing education has a great impact on healthcare professionals' performance. Thus it is recommended as a strategy to identify the gap between pre-licensure education and nursing practice in the workplace.[4] Continuous education is also proven to be associated with enhancing nurses' attitude towards patients and ensure high quality care. Continuing Professional Development (CPD) is a lifelong learning process, which maintain and improve knowledge, skills, attitudes, and performance across all professional areas of practice.[5] Through CPD processes, nurses can reflect on their own professional needs and undertake education to broaden, maintain and improve knowledge and expertise. The purpose of CPD is to provide new skills and sustain competence, which are required for contemporary practice needs.[6]

2. Developing a continuing professional development model

Continuing professional development (CPD) is one of the strategies that enhance nurses' knowledge and practice at the workplace. According to Pool, Poell, and ten Cate (2013)[7] continuing education is a life-long process that assists nurses to maintain continuing competence, promote professional practice and support career goals achievement through active engagement in learning activities. Baumbusch et al. (2017)[4] have recommended continuing education to identify the gap between education and workplace practice. While, Pool et al. (2013)[7] discussed that with the rapid changes in knowledge and technology in healthcare, it is necessary to stay abreast to these changes through continuing education and training. Literature states that CPD has an impact on patient care, healthcare organization and its professionals.[8]

3. Theoretical framework

Educational activities are more beneficial and successful if they are strongly structured. Adopting a framework to guide in conducting the needs assessment and identifying the learning objectives is an essential step for well-developed content. The education method also has an impact on the new gained knowledge. Therefore, constructivist learning theory and bloom's taxonomy were used as frameworks to develop the CPD to help nurses differentiate delirium, dementia, and depression among older adults in order to note these changes and refer to physicians.

4. Constructivist learning theory

Constructivism is a theory basically found in observation and scientific study, which is concerned about how people attain knowledge and learn about a particular phenomenon.[9] Bada and Olusegun (2015)[10] stated that constructivism has roots in psychology, philosophy, sociology, and education. They also explained that in constructivist learning theory, people acquire new knowledge and form meaning based on their experiences. Furthermore, they claimed that learners in constructivism are actively engaged in the new knowledge construction through two key concepts: assimilating and accommodating. Constructivist learning theory will be applied to the proposed CPD, to foster a democratic learning environment. Educators structured learning activities based on analysis, classification, and prediction. In addition, educators encourage learners to ask questions and to communicate actively with each other. This should lead learners to build their own meaning and to draw a conclusion.

5. Bloom's taxonomy framework

Bloom's Taxonomy is a learning and objectives classification system, which was first developed in 1956 by Benjamin Bloom and his colleagues.[11] Bloom's Taxonomy as explained by Forehand (2010)[11] is used widely in education and has been translated into 22 languages since published. It is used to improve the student learning in different education levels. It encourages instructors to think of learning objectives that can lead to deeper understanding, which can be applied to different tasks.[12] Forehand (2010)[11] clarified that Bloom's Taxonomy identified three domains of learning, which are (a) the cognitive that consists of six levels, (b) the affective, which consists of five levels, and (c) the psychomotor, which consists of six levels. According to

Adams (2015),[12] Bloom's Taxonomy utilization focuses more commonly on cognitive learning skills than the other two domains. Furthermore, Adams (2015)[12] claimed that the six levels of cognitive domain range from the lower-order skills to higher-order. The lower level skills require less cognitive processing, and they are knowledge, comprehension, and application. In contrast, the higher level skills require greater cognitive processing; they are analysis, synthesis, and evaluation.[11,12] These six levels changed in a later revision that was published in 2001 to remember, understand, apply, analyse, evaluate and create.[11,12] This revision added a new dimension to all levels in the cognitive process, and it addressed the four types of knowledge; factual, conceptual, procedural, and metacognitive. This CPD was developed with these three domains in mind. It consisted of didactics and pre-post evaluation to encourage learners to utilize problem solving and critical thinking skills, which will assist in addressing the cognitive aspect of the taxonomy. Discussion and real case scenarios to help learners interact more and build the self-confidence, which recognizes the affective domain and lastly this CPD addresses the psychomotor domain of the taxonomy by including hands on practice.

6. Conclusion

With the rapid increase of older adults in acute care settings and with the lack of nurses' knowledge about the 3Ds, there was a need for specific education to improve nurses' knowledge in this area. Continuing professional development has an impact on patient care, healthcare system, and professional practice development. The proposed CPD was structured on (a) the three domains of bloom's taxonomy to ensure deeper knowledge, and (b) the constructivist learning theory as an educational method to keep nurses actively engaged. As a result, nurses will go back to their work places equipped with adequate knowledge and skills about the 3Ds to meet the overall goal, which was to provide quality care for older adults in different care settings.

Conflicts of Interest Disclosure

The authors declare that there is no conflict of interest.

References

[1] Welsh-Bohmer KA, Attix DK. Neuropsychological assessment of late-life cognitive disorders. In The American Psychiatric Publishing textbook of geriatric psychiatry. American Psychiatric Publishing, Washington DC. 2015. https://doi.org/10.1176/appi.books.9781615370054.ds06

[2] Nogueira V, Lagarto L, Cerejeira J, et al. Improving quality of care: focus on liaison old age psychiatry. Mental Health in Family Medicine. 2013; 10(3): 153.

[3] Downing LJ, Caprio TV, Lyness JM. Geriatric psychiatry review: differential diagnosis and treatment of the 3 D's-delirium, dementia, and depression. Current Psychiatry Reports. 2013; 15(6): 365. PMid:23636988 https://doi.org/10.1007/s11920-013-0365-4

[4] Baumbusch J, Shaw M, Leblanc ME, et al. Workplace continuing education for nurses caring for hospitalised older people. International Journal of Older People Nursing. 2017; 12(4): e12161. PMid:28707743 https://doi.org/10.1111/opn.12161

[5] Qatar Council for Healthcare Practitioners, (n.d.b). QCHP-AD continuing professional development program: a manual for healthcare practitioners. Available from: http://www.qchp.org.qa/en/AccrdDocuments/Practitioner%20Manual-QCHP-AD%20Continuing%20Professional%20Development%20Program.pdf

[6] Ross K, Barr J, Stevens J. Mandatory continuing professional development requirements: what does this mean for Australian nurses. BMC Nursing. 2013; 12(1): 9. PMid:23537293 https://doi.org/10.1186/1472-6955-12-9

[7] Pool I, Poell R, TenCate O. Nurses' and managers' perceptions of continuing professional development for older and younger nurses: A focus group study. International Journal of Nursing Studies. 2013; 50(1): 34-43. PMid:22944285 https://doi.org/10.1016/j.ijnurstu.2012.08.009

[8] Pool IA, Poell RF, Berings MG, et al. Motives and activities for continuing professional development: An exploration of their relationships by integrating literature and interview data. Nurse Education Today. 2016; 38: 22-28. PMid:26833276 https://doi.org/10.1016/j.nedt.2016.01.004

[9] Brandon AF, All AC. Constructivism theory analysis and application to curricula. Nursing education perspectives. 2010; 31(2): 89-92.

[10] Bada SO, Olusegun S. Constructivism learning theory: A paradigm for teaching and learning. Journal of Research & Method in Education. 2015; 5(6): 66-70.

[11] Forehand M. Bloom's taxonomy. Emerging perspectives on learning, teaching, and technology. 2010; 41(4): 47-56.

[12] Adams NE. Bloom's taxonomy of cognitive learning objectives. Journal of the Medical Library Association: JMLA. 2015; 103(3): 152. PMid:26213509 https://doi.org/10.3163/1536-5050.103.3.010