

Survey A

Delirium - National Survey of UK Healthcare Practitioners

Survey Legend

* = Mandatory question

○ = One response only

□ = Multiple responses accepted

R = Responses randomised

**Need to finish off which ones were * and R
and R(excluding bottom option)**

We greatly appreciate your interest!

Who are the intended respondents?

This survey is intended for UK-based doctors, nurses, physiotherapists and occupational therapists that come into contact with adult patients with delirium (or 'acute confusional state') as part of their routine work.

Please do not fill in this survey if you are not a UK health practitioner.

Why this survey?

There is some variation among healthcare practitioners regarding how delirium is detected and assessed. As part of our efforts to improve delirium detection and assessment, we are interested in finding out more about these variations.

What is delirium?

Broadly speaking, delirium is an acute deterioration in cognition or other mental functions caused by an acute medical problem, drug side-effects or other acute causes.

What does the survey cover?

Attitudes and knowledge around delirium detection and assessment.

Who is funding this survey?

The UK National Institute for Health Research, Health Technology Assessment programme.
Link to NIHR webpage on the study.

Which institutions are involved?

Team members are employed by the NHS (Edinburgh, Sheffield, Bradford, Leeds), the University of Edinburgh, the University of Sheffield, the University of Leeds and the University of East Anglia.

Are my responses anonymous?

The survey is completely anonymised. No personal identifiable information will be collected as part of the survey. No computer location information will be collected. There are some broad questions on your professional background, the type of setting you work in, and the country in which you work.

The results of this survey will be published and some completely anonymised responses may be quoted in these publications.

How long will the survey take?

10-15 minutes.

If you are interested in helping with the survey, please read the first question below and if appropriate, click 'I agree':

Do you agree to participate in this survey and consent to the potential use of your anonymised responses as described above? *

I agree

I do not agree

Asterisks (*) are shown beside questions that require an answer to allow the survey to proceed.

For those working in community-based palliative care, please refer to your work settings where the survey uses the term 'unit'.

Please click Next to begin.

Which clinical setting(s) do you currently work in? (primarily, but tick more than one option if your time is divided)

Emergency department

Acute assessment / medical assessment unit

Intensive care

Medicine of the elderly

Orthopaedics

Rehabilitation ward

Oncology

Stroke

Hospice / Palliative care

Internal medicine specialist ward (e.g. cardiology, respiratory, gastroenterology, nephrology, endocrinology, neurology)

Old age mental health ward

Liaison mental health

Surgical ward (not including orthopaedics)

Other (please specify)

What nation do you work in? *R

England

Northern Ireland

Scotland

Wales

Other (please specify)

How many years have you been working (approximate full-time equivalent) since obtaining your primary professional qualification?

Which field is your primary professional qualification in? *R

Medicine

Nursing

Occupational therapy

Physiotherapy

Other (please specify)

===== Begin filter: For respondents who chose 'Medicine' in the previous question =====

Which stage of your career are you at? *R

FY1 – 2

ST1 – 2

ST3+

Consultant

Specialist doctor

Associate specialist

GP

Other (please specify)

Which of the following specialties are you trained in (i.e. to CCT/CCST level) or undergoing training in?

General Practice

Surgical specialty

Intensive Care

Palliative Medicine

Emergency Medicine

General (Internal) Medicine

Geriatric Medicine

General Adult Psychiatry

Anaesthetics

Old Age Psychiatry

Acute Medicine

Liaison Psychiatry

Other (please specify)

The following four questions concern various aspects of delirium assessment. Please answer according to your own views. These questions are not intended to test knowledge but rather to understand more about existing variations in clinical opinion.

In your opinion, in order to allow bedside assessment for delirium, does a patient need to have a sufficiently high level of consciousness to produce verbal responses?

Yes

No

Don't know

If a patient presents with recent onset drowsiness and is not producing verbal responses, but is responding intermittently to one-stage commands, in practice which of the following terms would you most likely use to describe this state?

Coma

Obtundation

Delirium

Stupor

Encephalopathy

Other (please specify)

A patient has recent-onset drowsiness and is not producing verbal responses, but is responding intermittently to one-stage commands. In your opinion, how likely is it that the patient has delirium?

Very unlikely 0 – 20%	Unlikely 21 – 40%	Neither likely nor unlikely 41 – 60%	Likely 61 – 80%	Very Likely 81 – 100%

Please answer the following questions using the 5-point scale provided.

	Never/rarely (0 – 20%)	Sometimes (21 – 40%)	About half of the time (41 – 60%)	Frequently (61 – 80%)	Almost always/ always (81 – 100%)
In patients with cognitive impairment, how often do you seek a history of mental status changes from collateral sources (e.g. family, GP, etc.)?					
When you have detected delirium, how often do you record this using the term "delirium" in the case notes?					

==== End filter: For respondents who chose 'Medicine' in earlier question ====

In your opinion, of all the cases of delirium in your unit, what percentage of patients have their delirium diagnosed and documented?

0 – 20%	21 – 40%	41 – 60%	61 – 80%	81 – 100%	(I don't know)

Please indicate the extent to which you think the following potential causes contribute to under-detection of delirium in your unit.

	Very small	Small	Moderate	Large	Very large	(Don't know)
Lack of consensus on which screening tools/criteria are used						
Detection is considered the duty of certain healthcare practitioners only						
Lack of staff knowledge of delirium						
Time constraints						
Delirium detection not part of routine assessment						
Difficulty in discriminating delirium from dementia						
Lack of staff confidence in assessment						

Please list anything else you think contributes to under-detection of delirium in your unit, and the extent to which you think they contribute.

Please indicate how often the following terms are used in your unit to describe patients with acute deterioration in cognition or other mental functions caused by an acute medical problem, drug side-effects or other acute causes.

	Never/rarely (0 – 20%)	Sometimes (21 – 40%)	About half of the time (41 – 60%)	Frequently (61 – 80%)	Almost always/ always (81 – 100%)
Septic encephalopathy					
Delirium					
Confusion					
Acute confusional state / Acute confusion					

Please list any other terms and how often they are used in your unit to describe the clinical syndrome described above.

Are there guidelines in place for any of the following in your unit?

	No	Yes
Delirium detection		
Delirium management		

In your opinion, how often are these guidelines followed?

	Never/rarely (0 – 20%)	Sometimes (21 – 40%)	About half of the time (41 – 60%)	Frequently (61 – 80%)	Almost always/ always (81 – 100%)	Don't know	N/A
Delirium detection							
Delirium management							

Add comments here.

Are there routine audits of any of the following in your unit?

	No	Yes
Delirium detection		
Delirium management		

Do you think there has been an increase in awareness of delirium among colleagues in your specialty in the last three years?

Yes

No

Don't know

N/A (if qualified less than three years)

Do you think there has been an increase in how often delirium is mentioned in the following domains, in the last three years?

	No	Yes	Don't know
Clinical Journals			
Twitter			
Facebook			
Clinically-related websites			
Professional conferences			
Training events			
General media coverage (e.g. BBC, newspapers)			
Training curriculum			

Any comments or additional domains?

What is your level of confidence in your own ability to detect delirium? *

(Can't decide)	Very low	Low	Moderate	High	Very High

Have you ever used a tool to detect delirium? (i.e. a specific assessment tool or cognitive test)

- No
- Yes

Please rank the following tools/criteria in order of how often you have used them to detect delirium in your clinical practice.

Drag-and-drop the options below into the appropriate order, where 1 = most often.

Please mark the items that you have never used as 'N/A' using the option on the right; this could apply to all the items listed

Confusion Assessment Method (CAM)	N/A
Delirium Observation Scale (DOS)	N/A
Confusion Assessment Method – Intensive Care Unit (CAM-ICU)	N/A
Nursing Delirium Scale (NU-DESC)	N/A
Delirium Rating Scale (DRS/DRS-R-98)	N/A
4AT	N/A
Other 1 (please give details below)	N/A
Other 2 (please give details below)	N/A

Many more delirium assessment tools exist. Please add any other tools that you have used.

When you are assessing a patient for possible delirium, how often do you use bedside cognitive testing?

Never/rarely (0 – 20%)	Sometimes (21 – 40%)	About half of the time (41 – 60%)	Frequently (61 – 80%)	Almost always/ always (81 – 100%)

When you use a cognitive test as part of assessment for possible delirium, which test(s) do you use?

Drag-and-drop the options below into the appropriate order, where 1 = most often .

Please mark the items that you have never used as 'N/A' using the option on the right; this could apply to all the items listed

Abbreviated Mental Test – 10 item	N/A
Abbreviated Mental Test – 4 item	N/A
Months of the year backwards	N/A
Days of the week backwards	N/A
Counting from 20 down to 1	N/A
Serial 7s	N/A
Digit span	N/A
Orientation to time, place, person	N/A
Vigilance test (e.g. SAVEAHEART)	N/A
Mini-Mental State Examination	N/A
Montreal Cognitive Assessment (MoCA)	N/A
Other 1 (please give details below)	N/A
Other 2 (please give details below)	N/A

Please add any other cognitive tests that you have used.

Please briefly describe your approach if/when you do not use a delirium assessment tool or cognitive test to detect delirium.

Please indicate your level of agreement with the following statements.

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
Making a formal diagnosis of delirium is important to provide good delirium care					
Delirium treatment improves patient outcomes					
Distinguishing between delirium and dementia is important in providing good care					

In your opinion, which of the following tasks should each healthcare practitioner consider their duty in regards to delirium detection?

	Flagging potential cases	Screening high risk patients	Making a formal diagnosis
Doctors			
Nurses			
Physiotherapists			
Occupational Therapists			

Please use this space to comment on any of the issues raised in this survey or additional issues surrounding the detection and assessment of delirium that have not been addressed.

We may wish to contact some participants to ask them to expand on some of their answers. If you're happy to share another few minutes of your time please enter your name and email address below. (optional)

By providing contact details your results will no longer be anonymous; however this information will only be used to contact you and will not be used for any other purpose.

If you do not wish to provide contact details please press next.

Name

Email
address

Your responses have been submitted

Thank you - your time and effort is very much appreciated!

This survey is part of a larger study which aims to develop and validate the 4AT - a new triage tool for delirium - developed at the University of Edinburgh.

We would be very grateful if you could help us reach more UK health practitioners.

Please consider:

- Forwarding the email you received to relevant medical, nursing, physiotherapy and occupational therapy staff in your department, Trust/Health board and contacts list. (e.g. Emergency department, ICU, AAU/MAU, Elderly Care, Trauma & Orthopaedics , Oncology, Stroke services, Palliative care/hospices).
- Displaying an A4 poster highlighting the survey in your staff area (simply email astiohba@staffmail.ed.ac.uk for a copy)

Clicking 'Done' will bring you to www.the4at.com/ where you will find more information about the 4AT.