

## Postoperative Delirium General Surgery Curriculum Educational Plan

### Educational Plan and Specific Learning Objectives

*All residents will complete the following activities listed below:*

#### **A. Assessment of Knowledge**

- Complete the pre-test prior to starting the curriculum. (refer to attached page with link)
- Complete the post-test after completion of the curriculum.

#### **B. Self-Study Material**

- Prior to the small group learning session, go online to <http://www.surgicalcore.org/> and complete the surgical council on resident education (SCORE) module on Postoperative delirium and do the post-module quiz.

#### Objectives

After completion of the online module, *the surgical resident will be able to:*

1. Identify the pathophysiological causes of postoperative delirium.
2. Identify risk factors for the development of postoperative delirium.
3. Recognize interventions to prevent postoperative delirium.
4. Describe the common presentation of delirium and be able to distinguish delirium from dementia and depression.
5. Recognize evidence based assessment tools (e.g. 3D CAM, 4AT, etc.) as reliable ways to screen for postoperative delirium.
6. Describe the major effects that delirium has on surgical and patient outcomes.

#### **C. Small group learning**

- Attend the small group learning session on the date assigned to you and complete the case guide during that session.
- Complete the feedback form after completion of the small group learning session.
- You will be given pocket cards to have available to aid you when seeing patients in the hospital.

#### Objectives

After completion of the small group learning session, *the surgical resident will be able to:*

1. Correctly employed a validated delirium assessment tool (e.g. 4AT) to screen postoperative delirium in non-ICU older confused surgical patient.
2. Calculated the correct delirium risk assessment score for a case scenario.

3. Proposed strategies for mitigating preoperative, intraoperative, and postoperative risk factors for a common general surgery case scenario.
4. Identified "best-practice" non-pharmacologic and pharmacologic treatment strategies to manage postoperative delirium given a case scenario.

*As a result of the curriculum, surgical residents will rate as important that surgeons should know:*

5. Treatment strategies for postoperative delirium.
6. How to screen for postoperative delirium using a validated assessment tool.
7. Strategies to prevent postoperative delirium.

**D. Mini-Cex**

- You will be given a mini-cex form to complete within 6 months after completion of the small group learning session and to be turned in to your program coordinator.

**Objectives**

*After completion of the postoperative delirium curriculum, the surgery resident will:*

- i. Have demonstrated to their attending or geriatric consultant the correct use of a validated delirium assessment tool to screen for postoperative delirium in non-ICU older confused surgical patient.

**E. Assessment of Behavior**

- Geriatric consultant team will be given a check sheet form when the residents call for geriatric consult on a surgical patient to see if after completion of this curriculum if there has been a change in behavior related to the prevention, assessment and treatment of postoperative delirium.

**Objectives**

*After completion of the postoperative delirium curriculum, the surgical resident will:*

- i. Perform prevention measures and monitor delirium development via evidence based assessment method (e.g 4AT) prior to geriatric consult.