

Instrument	Ultra-Brief Confusion Assessment Method (UB-CAM) NOTE: This card is populated with information from the instrument's original validation study only.
Acronym	UB-CAM
Primary use	Screening
Area assessed (Number of questions)	Addresses the 4 CAM diagnostic features: Acute onset or fluctuating course; Inattention; Disorganized thinking; Altered level of consciousness; Initial 2-item interview with up to 8 additional interview questions and 10 observational items with skip pattern
Description	A two-step protocol with skip pattern involving a clinician-administered two-item interview (UB-2), followed, when positive, by a short interview (3D-CAM) and rating scale that uses verbal responses and observations by the rater to rate the Confusion Assessment Method (CAM) diagnostic algorithm. The following skip pattern is applied—as soon as one incorrect answer or positive patient symptom report or interview observation is positive, the remainder of the items in that CAM feature can be skipped.
Versions	1
Scoring information	Begin with 2-item interview. If the patient gets both items correct, the screen is negative for delirium. If one or both items are incorrect, then this is a positive screen, then move to 3D-CAM with skip pattern. Considered positive for delirium based on the CAM diagnostic algorithm: Presence of CAM Features 1 and 2, and either 3 or 4. Each of the 20 items pertains to a specific CAM feature and is coded either yes/no or correct/incorrect.
Cognitive testing	Cognitive testing is embedded within the interview.
Estimated time to rate	3D-CAM (all items administered, no skips): 3 minutes 13 seconds UB-CAM: UB-2, followed in positives by 3D-CAM with skip: 1 minute 14 seconds
Require trained rater	Yes – can be trained lay raters or clinicians
Administer to	Patient, in-person
How to obtain	Detailed free instructions at https://deliriumnetwork.org/ub-cam/
Licensing Fee*	No charge for nonprofit or educational use
Languages available	English
Highest COSMIN** rating	5/6†
Test Performance Characteristics	<p>Motyl 2020</p> <p><u>Simulation scenarios were used to determine test performance characteristics. Reference standards were determined by the 3D-CAM validation study: Clinician assessment consisting of an in-depth patient interview with cognitive testing, caregiver interview, and medical record review. These data used to inform final delirium diagnoses adjudicated by an expert panel.</u></p> <ul style="list-style-type: none"> •Sensitivity (of simulations) 93% [95% [CI] of 0.81 – 0.99]) •Specificity (of simulations) 95% [95% [CI] of 0.90 – 0.98])

* Fees and licensing information is effective as of 2020, but is subject to change over time

** COSMIN is used to rate a study's evaluation of a survey or test's measurement properties. COSMIN does NOT rate the instrument itself, but helps readers understand if they can have confidence in the results of studies evaluating measurement properties of surveys and tests. For example, a rigorous study evaluating a test with poor measurement properties will receive a "good" COSMIN rating, while a poorly-conducted study evaluating a test with good measurement properties will receive a "poor" COSMIN rating. Small sample size can impact all COSMIN ratings. You must consider both the COSMIN rating and the results of studies provided when forming your opinion about that test. *COSMIN ratings shown are based solely on the instrument's original validation study.* † COSMIN breakdown: content validity: GOOD, effect indicators: GOOD, internal consistency: NONE, inter-rater reliability: GOOD, construct validity: GOOD, external validity: GOOD

Last updated on **August 19, 2020**. If you are aware of any updates required for this document, please notify us via nidus@hsl.harvard.edu



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Reference: Motyl, C.M., Ngo, L, Zhou, W., Jung, Y., Leslie, D., Boltz, M., Husser, E., Inouye, S.K., Fick, D., Marcantonio, E.R. (2020). Comparative Accuracy and Efficiency of Four Delirium Screening Protocols. J Am Geriatr Soc. In press.

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