

## Supervising medical students in Old Age Psychiatry

### The Challenge



### Consider:

#### What do we want students to gain in the placement?

- To show an awareness of older people's mental health issues as a minimum whatever career they are interested in as the 3 'D's' ( delirium, depression, dementia) will present whether a radiologist looking at a CT head or a paediatrician whose child's main carer has one of '3 Ds'
- At the best, being inspired that old age psychiatry is the career for them that I hope these top tips will enable.

#### What do they need to know about old age psychiatry?

- They should know their curriculum expectations and be able to guide you to it if not sure
- All will be expected to know about delirium, dementia, depression, self harm, alcohol misuse, capacity which is our 'bread and butter' and comfort zone so little preparation needed from you other than using the below top tips to give them an excellent placement and show them what a great career we have

### Top Tips for a great placement:

#### 1) Initial meeting/Briefing

# **hello** my name is...

#### Students value:

- An individualised introduction , enthusiasm and a smile
- Tell them a little about you and ask about them (not just medicine)
- Ask what they have loved in medicine so far

- Have they any career aspirations so you can fit their placement experience around what they can learn most for that.



- Timetable is a MUST so you both have agreed joint expectations and building in reflection time and admin time for portfolio/case log development is so valued by them.
- Learning outcomes (medical school will have given them these including number and type of work placed assessments)

## 2) Placement

**ALWAYS make the student:**

“Be an active participant, not a silent observer.”

**Be overt about learning in any situation and when you will go over things to feedback**

### a) Non patient contacts ( MDT etc)

Set them some tasks and spend 10 minutes discussing at end or tell them when you will have time to go over them together

E.g:

- Write down the symptoms suggestive of cognitive decline
- List the biological symptoms of depression
- Any important factors in background or medical history missed?
- Write down the '5 Ps' during the presentation of an assessment
- Write down the risks identified during the presentation of an assessment
- What presentation tools are used such as SBAR and why important?
- Did they take an informant history and what did it add?
- What communication skills shown by you during MDT and why important? E.g. active listening, summarising, clarifying, safety netting
- What investigations would be needed in this case?

### b) Patient involvement

Students cannot get enough of seeing patients. Try and utilise as many opportunities as possible and always get patient consent upfront.

E.g:

- When accompany you on home visit/nursing home visit and patient/relative agree, let them go back alone if not risks identified for lone visit and do full history and MSE

- When in clinic/ward round with you, identify a suitable patient for them to follow up and for example do a cognitive screen
- In clinic/ward round with you set them a task for each patient even if they are not directly interviewing them e.g.
  - MSE
  - Suicidal ideation
  - Insight into forgetfulness
  - Signs of carers stress
  - Risk assessment
- In clinic/ward round, let them do part of the interview as a minimum and at best let them lead a clinic/ward review
- If you have a DNA, pretend to be a depressed or confuse older person and get them to take a history
- Try and see if they can accompany the MDT on home visits and ask them to focus on how these provide useful information for older people versus clinic. I get team to oblige by swapping and taking nursing student to clinic

**c) Feedback**

Students want this and expect this as remember they are ‘paying’ to progress. Explain when and how you will feedback and keep feedback



I prefer Pendleton’s rules approach (learners and teachers should concentrate on the positive first and then say what and how they thought could have done it better) as gives good two way discussion and works well for them to reflect on developmental needs.

Finally if you ignore all above,

*Tell me, I forget.*

*Show me, I remember.*

*Involve me, I understand.*

**--Chinese proverb**



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