
Teaching old age psychiatry to medical undergraduates

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There are many different course designs for the teaching of old age psychiatry. It may be taught in blocks or spread over the undergraduate curriculum and/or integrated with either psychiatry or medicine for the elderly. Whichever approach is used, at the end of their undergraduate training, students should have the same core knowledge, skills and attitudes. One of the first publications to deal specifically with teaching old age psychiatry to medical students was by Arie (1983), whose stated aims and objectives were:

- (a) to acquaint students with the nature and scale of the issues of growing numbers of very aged people in modern societies;
- (b) to give some understanding of the biological and social bases of ageing;
- (c) to foster an understanding of the organisation of services, defining priorities, rationing of resources, team work and advocacy;
- (d) to emphasise those aspects of medicine which are different in relation to the elderly, and particularly the very elderly; this includes the presentations and natural histories of mental illness in old age and the complex inter-relationships between physical and mental disorders and the special aspects of therapeutics in the elderly; and
- (e) to help develop positive and realistic attitudes towards work with old people.

These are very similar to the recommendations published in a joint report by the Royal College of Physicians and the Royal College of Psychiatrists (1989; see Box 1). However, these recommendations do not state precisely what should be taught and give no indication with regard to how these can

be achieved. The report does recommend that the teaching of old age psychiatry should be achieved by using a variety of settings according to local arrangements and suggests that much of the teaching should be in community facilities or patients' homes. The report also indicates that where possible, there should be teaching relevant to old age psychiatry from other disciplines including pathology, pharmacology and general practice.

Box 1. What should be taught to medical students studying old age psychiatry

Knowledge

The process of ageing and adaptation to retirement
The prevalence, pathology, clinical features and management of the mental disorders of old age
Ethical questions
The provision of services

Skills

Interviewing and assessing the mental state of old people, particularly those with organic impairment
Evaluating the reactions and experiences of carers
Collaboration between team members

Attitudes

Fostering positive attitudes towards mentally ill old people
Acquiring insight into the sources of negative attitudes

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Teaching old age psychiatry

The aims and objectives of the course (or teaching session) should be stated clearly in advance. In general, these should also be made available to students at the start of the course. The content of the course should also be decided in advance and it may be helpful to produce a syllabus which can also be given to students. This will help students to focus on the important clinical and related issues since the time allocated for the teaching of old age psychiatry is likely to be limited. It should also indicate to students what areas they will be examined on. Information in advance also gives students the opportunity to undertake self-directed study in their own time but in a focused way.

Attention also needs to be given to audio-visual aids, teaching techniques, staff resources and settings. A wide range of audio-visual aids should be used but videos of 'real' subjects are particularly appreciated by students (students are very good at spotting actors). It is helpful to use a range of different teaching techniques, and although small group teaching is time-consuming it is consistently highly rated by students. A very useful topic for small group discussion at an early stage is 'attitudes to ageing', which invariably generates lots of discussion and provides a framework for understanding a number of other issues in old age psychiatry. Students should also have contact with and learn from as wide a range of patients as possible, supplemented by contact with relatives and other health care professionals such as community psychiatric nurses, social workers, clinical psychologists and occupational therapists. It is also important for students to have regular contact and discuss clinical issues with medical colleagues – students should be actively involved in the clinical team. One useful way of doing this is to ask students to present and discuss patients they have seen to medical staff (including the consultant); this is a process which is time-consuming if done well but students are invariably appreciative of this kind of teaching.

Although the time available for teaching old age psychiatry is usually very limited, the teaching periods can be made more effective if teaching is well thought out and planned in advance. During the 'theoretical' part of the course (usually during the university placement) students can be given basic information (see Box 2) to enable them to 'make sense' of their clinical attachment. The aim is not to cover all aspects of old age psychiatry in detail but to introduce students to some of the general themes in old age psychiatry. This knowledge can be built upon by self-directed learning (usually

Box 2. Possible content of the 'theoretical' part of the old age psychiatry teaching

Taking a psychiatric history (how does this differ from general psychiatry)
 Mental state examination (how does this differ from general psychiatry)
 Attitudes to ageing
 Demographic changes with increasing age
 Pathology and epidemiology of common disorders in old age psychiatry
 Natural history and presentation of psychiatric disorders in old age
 Management of common psychiatric disorders in old age
 Organisation of old age psychiatry services

through textbooks) and learning opportunities offered during the clinical attachment, in addition to developing a number of core skills such as undertaking cognitive assessments in subjects with dementia.

It is useful to give students information in advance about the aims and objectives of the clinical attachment (Box 3). It is helpful to discuss these with students at the start of the attachment, at some point during the placement and at end. The same objectives can also form the basis of the consultant's assessment of the student at the end of the clinical attachment. There is clearly no point seeing the student on the last day of the attachment

Box 3. Aims/objectives and assessment of students during their clinical attachment

Rate each of the following out of 10:

Ability to take a psychiatric history
 Ability to do a mental state examination
 Knowledge of the epidemiology of old age psychiatry
 Knowledge of common psychiatric syndromes in old age psychiatry
 Diagnostic skills/knowledge
 Knowledge of treatment options in old age psychiatry
 Rapport with patients
 Rapport with relatives
 Relationship with other health care professionals
 Knowledge of service provision and organisation

and noting that the key objectives of the attachment have not been achieved, since the student will have no further opportunities to acquire them. At the start of the clinical attachment, students can be given a check-list of the types of patients they should see and discuss, and a number of activities and meetings that students should experience. This should provide students with experience of a range of patients and health care professionals involved in the assessment and management of older people with psychiatric disorders in a range of different clinical settings (Box 4). These aims and objectives and the clinical attachment check-list orientate students (students often feel quite 'lost' for several days), encourage them to concentrate and focus on the important clinical issues and enable them to use their time more effectively.

It is important that students are appropriately assessed in old age psychiatry. It is unlikely that this will be via a specific old age psychiatry examination. It is more likely that the assessment will be integrated with either the undergraduate psychiatry examination or be part of the general medicine examination. In either case, there should be a component devoted to old age psychiatry and this will usually be in the form of multiple choice questions, short answer questions, essays and clinical examinations, but there is wide variation. The recent introduction of 'special study modules' at the recommendation of the General Medical Council (1993) is an important development. Students who choose to undertake a special study module in old age psychiatry will have an opportunity to develop a particular topic in depth and may develop an interest in the discipline (important for recruitment). We have found that simple, clinically oriented projects are the most successful, such as the development of patient information leaflets. Students usually want to be 'told' what to do and they may find it difficult to think up a special study module topic. Although staff should offer sufficient support and guidance, the special study module topic should be one the student has actively chosen for him/herself and the bulk of the work should be undertaken by the student.

Conclusions

As the age of the general population increases, so too will the number of elderly people with psychiatric disorders. It is therefore important for doctors, particularly those planning to go into general practice, to have sufficient knowledge and skills for effective management of community-

Box 4. Check-list for medical students during the clinical attachment in old age psychiatry

Try to see patients with the following disorders during your clinical attachment:

- Depressive illness
- Manic illness
- Suicide attempt
- Bereavement reaction
- Neurotic disorder
- Paranoid disorder
- Delirium
- Alzheimer's disease (mild, moderate and severe)
- Multi-infarct dementia
- Reversible dementia
- Depressive pseudodementia

Try to do as many as possible of the following:

- Spend one half-day in a day hospital
- See one new patient in clinic and present this to the consultant/senior registrar
- Visit a patient at home with a community psychiatric nurse
- Attend and participate in a multi-disciplinary team meeting
- Attend and participate in a ward round
- See one patient at home with the consultant or senior registrar
- Present at least three patients to medical staff attached to the team
- See one patient in an acute setting with the consultant or senior registrar
- Interview the relatives of one patient
- Speak to one general practitioner about a patient
- See one patient on a medical/surgical ward with the consultant or senior registrar

based older people with psychiatric disorders. The limited time available for the teaching of old age psychiatry is a constant difficulty but with careful planning students can be given a broad and clinically relevant introduction to old age psychiatry.

References

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