

Method We audited all patients referred to the Liaison Geriatrician from 2008 to October 2015 from the Mount Hospital Leeds, which consists of 4 Old Age Psychiatry wards. Data was collected in October 2015 and included referral date, patients' age and sex, number of referrals, reason for referral and the outcome.

Results We assessed 339 (142 F, 197 M) patients with a mean age of 77 (range: 56–94). The cardiovascular problems constituted the majority (34%) of the referrals, central nervous system (11%), respiratory (8%), gastrointestinal (8%), infection (8%), musculoskeletal (7%), renal (3%), others (19%) and the reasons were unknown in (2%) of the 440 referrals. Some unusual problems were diagnosed including a spontaneous pneumothorax, primary biliary cirrhosis.

Conclusion The audit highlights the essence for more training in recognising and assessing medical problems in psychiatric settings - the simulation programme (RAMPPS) in Old Age Psychiatry. As a result of the service model, we are developing a simulation-training course tailored to the mental and physical health needs of the elderly.

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EW228

Indicators in psychiatric assessments: an evidence-based practice

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There are subtle signs and symptoms that can function as strong, significant and evidence-based indicators to improve upon diagnosis of mental illness as a primary clinical issue. With the well-being of patients at stake and services experiencing mounting pressure on their time and resources, the accuracy of such a diagnosis is critical. The data used in this study was obtained from the Hampshire Police of individuals arrested under Section 136 of the Mental Health Act 1983 (Amended 2007). Documented observations by the arresting officers were transferred onto a list of signs and symptoms, adapted for clinicians and non-clinicians. Answers to all 23 indicator questions were assigned a binary coding and became the input data. A logistic regression model (LRM), sensitivity and specificity analysis, analysis of maximum likelihood estimates, and confusion matrix, were applied. Three significant evidence-based indicators for primary mental illness diagnosis: "fixed stare/looking (possibly) confused" (perplexed), "calm/seemingly calm", and "poor attention and concentration, not able to follow instructions easily" (distracted). There was suggestion that when all three identified indicators are absent within the same assessment period, primary mental illness should not be diagnosed. A correlation was observed between the presence of one, two, or all three indicators and the increased chance of patients suffering from moderate-to-severe primary mental illness. The indicators would very likely be particularly helpful in cases where signs and symptoms of primary mental illness are less obvious and made more complex by actual underlying problems of drugs/alcohol, difficult personality traits, and/or criminal behaviour.

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Lessons from a Balint group scheme led by psychiatry trainees for year 3 bristol medical students on their medicine/surgery placements

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Background The UK General Medical Council highlights the centrality of effective communication, reflective practice and the doctor-patient relationship in medical practice. A decline in empathy has been documented as occurring within clinical and early postgraduate years, potentially affecting diagnostic processes and patient engagement. Access to Balint groups can enhance awareness of the patient beyond the medical model, but remains limited at many UK medical schools. This scheme offered Balint groups to Bristol medical students in their first clinical year, demonstrating that this method is relevant beyond psychiatry.

Methods Initial focus groups with medical students indicated that many felt unable to discuss distressing aspects of clinical encounters. During 2013–2014, a Balint scheme run by psychiatry trainees was started for 150 students in their psychiatry placements. During 2014–15, the scheme was introduced to all third-year medical students on their medicine/surgery placement. Balint leaders have group supervision with a psychoanalytic psychotherapist. Evaluation of the scheme was based on pre- and post-group questionnaires and leaders' process notes.

Results Sixteen groups led by 12 trainees were run twice over the year to serve 246 medical students. Two example cases are discussed here. Students appreciated the chance to discuss complex encounters with patients in a supportive peer environment, and work through a range of emotionally challenging issues.

Conclusions Novel aspects of this work include the implementation of Balint groups within medicine and surgery placements; the enrolment of psychiatry trainees as leaders with group supervision and leadership training workshops from the UK Balint Society; and the scale of the scheme.

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Emergency psychiatry

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Delirium symptoms' development during the intensive care unit post-surgery staying is related with reduced intraoperative cerebral oxygen saturation in the elderly subjected to cardiac surgery

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