

Psychosocial Assessment in Aging | Tutor Guide

 **FH JOANNEUM**
University of Applied Sciences **jamk** | University of Applied Sciences **SANTA MARIA**
HEALTH SCHOOL
Escola Superior Saúde Santa Maria **UNIVERSIDADE DA CORUÑA**

Authors

Asha Wettasinghe - University of Colombo, Sri Lanka

KRM Chandrathilaka - University of Colombo, Sri Lanka

Kaveera Senanayake - University of Colombo, Sri Lanka

Sabela Rivas Neira - University of A Coruña, Spain

Jamile Vivas Costa - University of A Coruña, Spain

Consortium CAPAGE

1. University of Applied Sciences FH JOANNEUM, Austria
2. JAMK University of Applied Sciences, Finland
3. Santa Maria Health School, Portugal
4. University of A Coruña, Spain
5. Eastern University, Sri Lanka
6. General Sir John Kotelawala Defence University, Sri Lanka
7. University of Colombo, Sri Lanka
8. University of Jaffna, Sri Lanka
9. University of Peradeniya, Sri Lanka
10. University of Ruhuna, Sri Lanka



All content is licensed CC-BY-SA-4.0

Content

Psychosocial Assessment in Aging: Tutor Guide	3
Pre-Session Preparation for Instructors	3
Detailed Facilitation Guide	3
Assessment and Evaluation Framework	8
Troubleshooting Guide	9
Post-Session Activities	10
Resources for Continued Learning	11

Psychosocial Assessment in Aging: Tutor Guide

Course: Common Geriatric Assessments

Topic: Psychosocial Aspects of Aging - Mental Well-being and Social Support

Duration: 3 Hours

Session Type: Group Activity and Peer Learning

Number of Groups: 5 Groups

Pre-Session Preparation for Instructors

Learning Environment Setup

- **Room arrangement:** 5 distinct group areas with flip chart space
- **Materials distribution:** Ensure each group has complete assessment packets
- **Technology needs:** Timer, projector for demonstrations, microphone if needed
- **Assessment forms:** Prepare scoring sheets and interpretation guides

Instructor Preparation Checklist

- ✓ Review all five assessment tools thoroughly
- ✓ Prepare challenging patient scenarios for each group
- ✓ Create evaluation rubrics for demonstrations
- ✓ Develop intervention strategies for struggling groups
- ✓ Prepare summary slides for integration discussion

Detailed Facilitation Guide

Phase 1: Introduction and Group Formation (15 minutes)

Opening (5 minutes)

Key Messages to Convey:

- Psychosocial assessment is as important as physical assessment
- Mental health conditions are underdiagnosed in older adults

- Multiple tools may be needed for comprehensive assessment
- Cultural sensitivity is crucial in psychosocial evaluation

Group Formation Strategy:

- Consider mixing students from different backgrounds
- Ensure each group has varied skill levels
- Assign groups based on interest or random selection
- Provide group number tags and seating assignments

Tool Assignment and Overview (10 minutes)**For Each Tool, Briefly Cover:**

- Target condition and population
- Approximate administration time
- Key strengths and limitations
- Integration with comprehensive assessment

Phase 2: Active Facilitation During Group Work (90 minutes)**Circulation Strategy (Throughout 90 minutes)****Recommended Schedule:**

Minutes 1-30: Visit each group twice, 3 minutes each visit

Minutes 31-60: Focus on struggling groups, longer consultations

Minutes 61-80: Final check-ins, demonstration preparation support

Minutes 81-90: Quick rehearsal observations

Group-Specific Facilitation Points**Group 1 (GDS-15) - Common Issues to Address:**

- Students may rush through questions
- Remind about importance of allowing thinking time
- Discuss when to use 15-item vs. 30-item version
- Address scoring ambiguities

Facilitation Prompts:

"How might medical illness mask depression symptoms?"

"What would you do if a patient says 'I'm just old'?"

"How do cultural attitudes toward mental health affect responses?"

Group 2 (PHQ-9) - Common Issues to Address:

- Students may focus too much on scoring
- Emphasize suicide risk assessment (question 9)
- Discuss limitations in cognitively impaired patients
- Address follow-up planning

Facilitation Prompts:

"How does this compare to geriatric-specific depression scales?"

"What's your plan if someone scores high on question 9?"

"How might you adapt this for patients with mild cognitive impairment?"

Group 3 (UCLA Loneliness Scale) - Common Issues to Address:

- Students may not differentiate loneliness from depression
- Emphasize social vs. emotional loneliness concepts
- Discuss intervention implications
- Address reverse-scored items

Facilitation Prompts:

"Can someone be alone but not lonely? Lonely but not alone?"

"How does loneliness relate to health outcomes?"

"What interventions might you recommend based on results?"

Group 4 (GAI) - Common Issues to Address:

- Students may struggle with somatic vs. anxiety symptoms
- Discuss age-related changes in anxiety presentation
- Address medication-related anxiety
- Emphasize geriatric-specific design

Facilitation Prompts:

"How does anxiety present differently in older adults?"

"What medical conditions commonly cause anxiety symptoms?"

"Why might standard anxiety scales be less effective for older adults?"

Group 5 (RAID) - Common Issues to Address:

- Students may struggle with observer-rating concept
- Emphasize behavioral indicators
- Discuss caregiver training needs
- Address reliability concerns

Facilitation Prompts:

"How do you assess emotions when someone can't tell you how they feel?"

"What behaviors might indicate anxiety in dementia?"

"How would you train a family caregiver to use this?"

Phase 3: Demonstration Management (45 minutes)**Pre-Demonstration Setup (2 minutes before each group)**

- **Ensure proper positioning** for visibility
- **Check materials** are ready and accessible
- **Set timer** and brief group on time management
- **Prepare transition** to next group

During Each Demonstration Your Role:

- 🔍 **Timekeeper:** Give 1-minute warning signals
- 🔍 **Quality observer:** Note teaching effectiveness
- 🔍 **Question facilitator:** Help manage Q&A if needed
- 🔍 **Safety monitor:** Intervene if content is inaccurate

Common Issues and Interventions If a Group Runs Over Time:

- Give clear time signals
- Step in diplomatically: "Let's hold questions for after all demonstrations"
- Keep demonstrations moving smoothly

If Information is Inaccurate:

- Make note for clarification during wrap-up
- Don't interrupt unless safety/clinical accuracy is at risk
- Address privately with group if needed

If Demonstrations Lack Engagement:

- Ask clarifying questions to help the group
- Encourage audience participation
- Model active listening and note-taking

Evaluation During Demonstrations**Use This Real-Time Assessment Framework:**

- 🔍 **Excellent (4):** Accurate, engaging, well-organized, clear teaching
- 🔍 **Good (3):** Mostly accurate, some engagement, adequate organization
- 🔍 **Satisfactory (2):** Basic accuracy, minimal engagement, unclear organization
- 🔍 **Needs Improvement (1):** Inaccurate information, poor engagement, disorganized

Rate Each Group On:

- Clinical accuracy and adherence to protocol
- Teaching effectiveness and peer engagement
- Organization and time management
- Demonstration quality and realism
- Response to questions and flexibility

Phase 4: Integration and Wrap-Up Facilitation (15 minutes)

Discussion Questions to Pose

1. **Clinical Integration:** "When might you use multiple tools together?"
2. **Cultural Considerations:** "How do cultural factors influence these assessments?"
3. **Practical Applications:** "What challenges do you anticipate in real practice?"
4. **Professional Development:** "What additional training might you need?"

Key Points to Reinforce

- **Screening vs. diagnosis:** These are screening tools, not diagnostic instruments
- **Clinical judgment:** Scores must be interpreted within clinical context
- **Follow-up importance:** Positive screens require appropriate referral
- **Documentation:** Proper documentation and communication of results
- **Ethical considerations:** Consent, confidentiality, and patient autonomy

Assessment and Evaluation Framework

Formative Assessment Opportunities

During Group Work:

- Individual engagement and participation
- Quality of peer interactions
- Problem-solving approaches
- Help-seeking behavior when needed

During Demonstrations:

- Accuracy of tool administration
- Quality of peer teaching
- Professional communication skills
- Ability to answer questions effectively

Summative Assessment Options

Group Demonstration Rubric (100 points total):

Clinical Accuracy (30 points): Correct administration and scoring

Teaching Effectiveness (25 points): Clear explanation and peer engagement

Professional Communication (20 points): Appropriate patient interaction

Organization and Preparation (15 points): Smooth flow and time management

Critical Thinking (10 points): Thoughtful responses to questions

Individual Assessment Options

- Reflective journal entries (post-session)
- Case study analysis assignments
- Peer evaluation forms
- Self-assessment questionnaires

Alternative Assessment for Struggling Students

- **Additional practice sessions** with instructor support
- **Modified demonstration format** (e.g., co-presenting)
- **Extended reflection assignment** in lieu of presentation
- **Peer mentoring** arrangements

Troubleshooting Guide

Common Student Challenges and Solutions

Challenge: Students uncomfortable with mental health topics **Solution:** Normalize mental health as part of comprehensive care, provide safe discussion space

Challenge: Cultural resistance to mental health assessment **Solution:** Discuss cultural adaptation strategies, emphasize screening vs. diagnosis

Challenge: Students rush through assessments **Solution:** Emphasize quality over speed, model appropriate pacing

Challenge: Difficulty with scoring/interpretation **Solution:** Provide additional practice examples, use worked examples

Challenge: Poor group dynamics **Solution:** Intervene early, reassign roles if needed, provide structure

Technical Issues and Solutions

Challenge: Assessment forms unclear or incomplete **Solution:** Have backup copies, clarify instructions, provide examples

Challenge: Time management problems **Solution:** Use visible timer, give regular time updates, adjust schedule if needed

Challenge: Room setup issues **Solution:** Have backup plan for space, ensure adequate materials for all groups

Post-Session Activities

Immediate Follow-Up (Within 24 hours)

- **Provide feedback** to each group on their demonstration
- **Share assessment results** and overall performance
- **Distribute additional resources** for continued learning
- **Address any** unresolved questions or concerns

Extended Learning Opportunities

- **Arrange practice sessions** with standardized patients
- **Organize visits** to geriatric mental health settings
- **Provide access** to online assessment training modules
- **Connect with** clinical preceptors for supervised practice

Assessment Documentation

- **Complete evaluation forms** for each student
- **Document learning objectives** achievement
- **Note areas** for curriculum improvement
- **Prepare feedback** for course coordinator

Resources for Continued Learning

Professional Development Opportunities

- Mental Health First Aid for Older Adults
- Geriatric Mental Health Specialty Training
- Cultural Competency in Aging Services
- Suicide Prevention in Later Life

Assessment Tool Resources

- Original validation studies for each tool
- Cultural adaptation guidelines
- Electronic administration platforms
- Training videos and webinars

Clinical Practice Integration

- Integration with electronic health records
- Workflow development for routine screening
- Staff training protocols
- Quality improvement initiatives

This comprehensive guide ensures effective facilitation of psychosocial assessment training while promoting deep learning and clinical application skills among students