Learning Clinical Psychiatry in a Provincial Mental Hospital

By BRIAN BARRACLOUGH and GODFREY WACE

I hold every man a debtor to his profession; from the which as men of course do seek to receive countenance and profit, so ought they of duty to endeavour themselves by way of amends, to be a help and ornament thereunto.

FRANCIS BACON.
Maxims of the Law.

Postgraduate teaching in psychiatry has always been a function of the provincial mental hospitals, but nothing before has equalled the expansion of theoretical teaching which has taken place over the past ten years. At the heart of the training of a psychiatrist, however, there is the National Health Service job with its own demands, where the practical clinical skills are acquired. The job has not changed much, even though the arrangements for theoretical instruction have improved. Yet changes may be possible which will make the registrar's job more efficient as an educational experience by removing the unsystematic and random elements.

With this aim in mind we examined the teaching of psychiatry in a mental hospital, using an educational technology approach to discover where improvements might be made. We report the more important findings here, believing that those responsible for teaching clinical psychiatry, and those being taught, may find them useful.

The survey was commissioned by the Chichester and Graylingwell Hospital Management Committee, who requested Educational Systems (Bristol), Ltd. (ESL) to examine the existing provision for psychiatric training at Graylingwell Hospital and advise about practical steps to improve it. The study was to be directed to the registrars' requirements, because that is the training grade in which the basic skills are acquired and the examinations prepared for. This paper is based on their report.

Before discussing the survey itself, ESL and Graylingwell Hospital will be described briefly.

ESL specialize in the analysis of factors influencing training for jobs in industry and advise about the most effective training methods, including the provision of audio-visual aids. It may be thought that methods applied in industry are not suited to medicine, but although that is true for some aspects, the general principles are relevant to any setting where the acquisition of new knowledge and behaviour can be defined. A formal test of clinical ability, the Membership examination for example, implies a belief that such acquisitions can be defined, and it is to the definable aspects that the survey was directed.

Graylingwell Hospital has 800 beds and is staffed by four registrars, two senior registrars, one medical assistant and six full-time consultants. The provision for postgraduate training may compare quite well with that of other hospitals. It comprises 33 whole days attendance per year at the Wessex Regional School of Psychiatry, which is forty-five minutes drive away; case conferences; journal clubs; visiting speakers; weekly psychotherapy supervision, and clinical instruction from consultants. A reasonable library is maintained. The training is directed by a salaried (£400.00 per annum) tutor, appointed and paid by the British Postgraduate Medical Federation (University of London).

Now to discuss the aims of the survey and the method employed.

The specific aims of the survey were:

(1) To consider the skills, knowledge and attitudes expected by consultants and registrars as the outcome of the training.

(2) To analyse the present learning situation and recommend changes in methods of clinical training within the constraints of the hospital setting.

(3) To investigate the influence of the professional examination upon registrars' work habits.

The method comprised structured interviews, conducted by G.W. and analysed in the light of learning theory (3, 4) and his practical experience with it in industrial settings.
The following people were interviewed: 4 Registrars; 2 Senior Registrars; 5 Consultants; 2 Clinical Tutors; the Principal Social Worker; the Head of the Psychology Department; the Regional Advisor for Postgraduate Psychiatric Training, Wessex Regional Hospital Board; the Professor of Psychological Medicine, University of Birmingham.

Two teaching seminars were attended, and three registrars kept diaries of their work for five consecutive days.

Expected Knowledge, Skills and Attitudes

Both consultants and registrars agreed that the study of theoretical aspects of psychiatry for the examination is a reasonably straightforward matter, and the present arrangements were satisfactory. Certainly the total number of hours worked in a sample week does not preclude private study (see Appendix).

In contrast, the acquisition of clinical skills, knowledge and attitudes appropriate to a practising psychiatrist, as described by the former R.M.P.A. (1), are the most demanding part of the training, and it is here that improvements should be made. We have attempted first to make explicit the educational objectives and the criteria of attainment in the clinical setting, which are applied implicitly by consultants at Graylingwell, and secondly to discuss how the training could be improved.

<table>
<thead>
<tr>
<th>Objective of registrar performance</th>
<th>Criteria of attainment of performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establish a good relationship with the patient.</td>
<td>Patient should feel and possibly say that the registrar understands him. The patient should talk freely with the registrar. The consultant should observe that the registrar spends the appropriate amount of time dealing with his patient.</td>
</tr>
<tr>
<td>2. Take histories in a systematic way; obtain and identify the relevant information.</td>
<td>Basic information and all relevant further information should be given during the case presentation and be written down in the case notes. Ideally, the consultant recognizes that no superfluous information has been presented and that he need ask no further questions before commenting on the case.</td>
</tr>
<tr>
<td>3. Present the case concisely and completely.</td>
<td>Consultant agrees with formulation and diagnosis and investigations recommended; or, if he does not, recognizes that the registrar’s differing opinion is rationally based.</td>
</tr>
<tr>
<td>4. Make a formulation and differential diagnosis; take decisions for further special investigations.</td>
<td>Consultant considers that the treatment plan is correct. Patient’s progress is generally in accordance with similar cases.</td>
</tr>
<tr>
<td>5. Determine and provide a practical plan for treatment appropriate to the diagnosis</td>
<td>Staff respect the registrar’s method of working and agree that responsibility appropriate to their skills is delegated to them.</td>
</tr>
<tr>
<td>6. Show consideration towards views of all staff and appreciation of their skills. Conform to the needs of working as part of a team.</td>
<td>Acts responsibly towards and in best interests of the patient during treatment. In case discussions states own attitudes and moods objectively and, in the view of the consultant, correctly.</td>
</tr>
<tr>
<td>7. Recognize own attitudes, prejudices and moods when dealing with patients.</td>
<td>Cases which the consultant or senior registrar believes need their advice are referred on the registrar’s initiative.</td>
</tr>
<tr>
<td>8. Recognize own limitations of knowledge and skill in diagnosis and treatment.</td>
<td>During case discussion, the registrar suggests use of facilities appropriate to each case. Uses information from journals, books and other sources in clinical work.</td>
</tr>
<tr>
<td>9. Know all the treatment facilities which the hospital can provide.</td>
<td>At least a majority of consultants agree that he does so.</td>
</tr>
<tr>
<td>11. Act in accordance with the accepted standards and modes of behaviour in the profession.</td>
<td></td>
</tr>
</tbody>
</table>
These objectives are similar to those accepted as desirable in the R.M.P.A's report on postgraduate training (1). Graylingwell is therefore attempting to train its registrars on agreed lines, and the following analysis and recommendations will be applicable in other hospitals using the R.M.P.A's report as a guide for training.

ANALYSIS AND RECOMMENDATIONS

The first four sections are directed to the registrar as an individual, the second four to various aspects of the hospital setting which promote educational standards.

1. Defining and agreeing objectives

Defining and then making explicit objectives in the way outlined is essential, for it makes clear to the registrar what is expected of him; the objectives are behavioural, unambiguous and can be agreed. But it is not enough that objectives be merely stated, there must be agreement between teacher and taught, and both must then act in accordance with the agreement. Failure to agree, covertly or overtly, by either party results in continuing discontent and can completely undermine a teaching programme.

It is recommended that, at the start of his training and at intervals subsequently, discussions should be held between registrars, consultants and tutor to ensure that a common understanding is reached about both objectives and criteria of attainment.

2. Learning clinical skills

A useful approach is the stimulus response model. The stimulus to learn is the patient's illness, which presents a 'problem', and the registrar learns by solving that problem. The range of stimuli must be diverse because several 'problems' of any one type have to be experienced before the learner can identify the characteristics that are uniquely relevant to defining that type. Thus, a wide clinical experience is important, but it must be organized experience or inessentials may be mistaken for essentials, or worse, no useful abstracting may take place.

The registrar's response to the stimulus is a plan of clinical management. Rapid feedback is known to be an effective way of ensuring that learning takes place because it reinforces correct responses and extinguishes wrong ones. The patient's progress can provide that feedback, but on such a long time scale it may be ineffective. Immediate feedback from the consultant, provided from his experience, can provide a vicarious reinforcement and thereby speed up the acquisition of skills and prevent the learning of less than optimum clinical habits. 'The arrangement of contingencies of reinforcement is the main task of the teacher' (4). The consultant's approval is without question the most powerful reinforcer of the registrar's response, in the clinical setting.

Feedback given to registrars about their clinical decisions is insufficient at Graylingwell. Some means must be found of overcoming the registrar's clinical isolation, but without encroaching on consultant's time. The most efficient method seems to be the teaching ward round. However, because of demands made on the consultants' time an alternative solution is worth consideration. Clinical methods are regarded by the Wessex Regional School as the hospital's teaching responsibility, but the National Health Service demands on consultants' time make it unlikely they can give any more to individual clinical instruction. There is therefore a good case for at least some aspects of clinical instruction being taken out of the mental hospital and becoming the Regional School's responsibility; they have the means to expand.

Another factor which limits the consultants' influence is interest in teaching. There seems no reason why everyone should either be dedicated to teaching registrars or have a special aptitude for it. Such factors need consideration when registrars are inducted and it is recommended that one consultant might take special responsibility at least for the initial clinical teaching, and perhaps even from then on.

3. Attitudes

Attitudes will be formed or changed by the registrar's work experiences in a random way,
but positive formal steps can also be taken. It is generally accepted that attitudes, or subjective systems about values, are best influenced by small group discussions, which are based on factual knowledge and led professionally. The best size of such a group is five or six people, and it needs to meet frequently enough to form itself into an effective unit for discussion (6).

Informal and casual discussion between students is an important means of attitude formation at University, but the small size of the registrar group even in a large mental hospital makes spontaneous group conversation on serious matters an infrequent event, a grave disadvantage which the District General Hospital will not improve. Furthermore, such discussions are not 'led', and hence attitudes may be formed on inadequate or partially understood information.

Forming correct attitudes is especially important in psychiatry, because lack of objective knowledge may lead to the extremes of adopting either an excessively nihilistic approach or some attractive system with wide explanatory powers. It is important, therefore, that the reasons for believing one particular set of facts rather than another should be understood.

Discussion on particular patients at ward rounds affords one opportunity to guide the registrar's thinking. Guidance is in the hands of the consultant, because he can select for the discussion both the cases and the points on which he invites comment, when his own outlook will have an important influence. The other available approach, extended discussion of a selected paper at the Journal Club, under skilled leadership, affords opportunities for coming to grips with the scientific method. Yet neither of these approaches to forming attitudes is as satisfactory as a rigorous discussion group comprising the registrars' peers and expertly led. This deficiency is probably the most serious of the provincial mental hospital's; and it cannot be overcome at present.

4. Assessment of progress

Assessments of the registrar's performance in the acquisition of clinical skills are made by consultants, but are not communicated formally to the registrar as they should be. Although it is not appropriate to treat a qualified doctor as a student, subject to termly reports, nevertheless courteously discussing with him how his performance is judged and what shortcomings need correction is very important.

Indeed, regular discussions between registrar and clinical tutor, modelled on the lines of the so-called 'appraisal interview' provide a most effective means of achieving a common understanding about under-achieving and what to do about it. The 'appraisal interview' is a structured discussion in which the trainee's performance is frankly discussed with him. It may be preceded by a meeting of a small assessment panel, and is a technique much used in industry because it is useful and fair and seen to be so (5).

5. The Clinical Tutor

His main job is to be an organizer of 'learning situations', not only arranging seminars, discussion groups and formal courses, but also ensuring that the learning resources of the hospital are deployed in the optimum manner for the registrar to meet his training objectives. He is the man who makes things happen, namely:

1. Arranging that all are agreed on objectives and the criteria of their attainment.
2. Assessing the registrar's progress, at regular defined intervals, and then informing him of the results.
3. Ensuring that all the necessary facilities are available for the registrars, especially for the special subjects.
4. Maintaining a record of each registrar's training experience.
5. Leading the discussion in seminars concerned with attitudes, or ensuring that a suitably qualified person does.
6. Ensuring that the standard of the hospital's library is maintained, and that self-instructional material is made available.
7. Agreeing with the Regional School who should teach what.

6. The Senior Registrar

Because the senior registrar has recently been a registrar himself he should be able to under-
stand the registrar's difficulties, and provide effective help in the early stages of training with learning history-taking, the interpretation of symptoms, and especially the organization of the working day in a novel and puzzling institution. However, at Graylingwell, the relationship between the registrar and senior registrars appears to be the same as that between registrar and consultant and hence is affected by the same considerations. In any reorganization of training that takes place, one of the senior registrar's functions should be the early education of registrars.

7. The regional school

The Wessex Regional School is considered by registrars to provide an 'examination passing' service. If that is true, it is a restrictive view of its potential, and more use might be made of the expertise available to it. For example, the theory of interviewing might be taught at the school, so that observation of the consultant's methods and discussion with him rests on a foundation of knowledge. The school might also provide self-study material and advice about access to it, and, as already touched on, the teaching of clinical psychiatry could be expanded there by taking advantage of the larger number of clinicians who could be employed. A store of videotaped material, cases illustrating rare signs and symptoms or the progress over time of common and uncommon disorders would rapidly extend the registrar's knowledge.

8. The provision of self-study material

Some specialized self-study material is available for psychiatry, but there is nothing which covers the examination syllabuses systematically. Programmed material for the whole course would be too expensive, and in any case it is unlikely to be acceptable to postgraduate students accustomed to freedom in study methods. Nevertheless, the numbers of postgraduate students and the relative isolation in which they work does justify consideration being given to providing a 'Study Guide'. The guide should contain reference to information sources and how to use them; this means, the places from which books, journals, programmed texts, audio-tapes, tape-slides, films and video-tapes may be borrowed, and a bibliography of those relevant to psychiatry and its basic sciences. The College's Reading List (2) is a first step in that direction, and the projected Book List a useful second step. Some existing audio-visual material is relevant, but its value would be enhanced if tutorial comments for clinical tutors were prepared for use with it. But for most aspects of the subject new material is required. Preparing it needs special skills and experience in producing self-study material and the ability to work closely with subject matter experts. There is no reason why psychiatry could not be supplied either by commercial enterprise or from the College's own resources, with expert advice.

THE Examination's Influence

'In an examination, those who do not wish to know ask questions of those who cannot tell.' It is a truism that the syllabus of a course and the subsequent examination control the learning of students. Any change made in either the M.R.C.Psych. or D.P.M. will be a powerful tool for manipulating registrar behaviour for better or for worse. Present learning, for example, is divided into two parts, one examination-directed, the other clinically set; their differing requirements undoubtedly conflict. In the early part of a registrar's career, theoretical instruction in basic sciences is given at the Regional School and studied at night, while on the wards the registrar may grope to grasp the fundamentals of psychopathology. With the first part of the examination looming, which takes priority? A section of the examination directly related to the registrar's everyday clinical work would offer a clear guide to the behaviour expected in his work and substantially increase effort on clinical problems. The extended description and discussion of a series of clinical cases required by the Australasian College of Psychiatrists is an example of a technique which would concentrate attention on clinical matters. Clinical research presented as a dissertation, as required for the University of London M.Phil. also deserves serious consideration as a method of increasing the importance of clinical matters.
DISCUSSION AND CONCLUSIONS

Can results derived from one mental hospital and its four registrars' experiences be generalized, for that would be the justification for the study? Almost certainly they can, for British mental hospitals are very similar to one another in those aspects which have a bearing on the standard of training. Graylingwell is atypical because of its M.R.C. Unit, but what is not up to standard at Graylingwell may be even harder to achieve in hospitals less well endowed.

The recent improvements in postgraduate psychiatric education in the provinces, the result of injecting public money into the field, giving enhanced status to clinical tutors and inflicting the penalty of insufficient staff on hospitals showing no interest, have concentrated more on academic instruction. That is because lectures and seminars are easy to mount and there is no difficulty in releasing psychiatric registrars to attend them. Nobody seriously suffers as a consequence. The apprenticeship in basic clinical skills, on the other hand, may not have improved to the same extent. This study at Graylingwell is in accord with that view and emphasizes that the most important of the agents for change is the consultant. In this way, one of the most ancient themes in medicine, the responsibility of the physician to his pupil, is underlined and the Baconian motto justified.

Our most important recommendation is the need for consultant and registrar to be agreed on goals and the especial requirement for feedback to the registrar both on his daily clinical work and his progression towards those goals. Consultant and registrar may need to spend more time together, although for the consultant it need not necessarily be at the expense of patient time. If this provision cannot be met—and there may be sound practical reasons why it cannot—the present arrangements for postgraduate education are placed in jeopardy. Serious consideration may then have to be given to confining training to fewer hospitals—those which have a greater commitment to teaching.

The clinical apprenticeship is an informal learning situation, and it needs to be monitored and in some degree, controlled by a person who is educationally aware. This is the clinical tutor's role, but he should also maintain a close liaison with the school that provides the formal instruction.

The Regional School is the one element in the present arrangement which may be able to expand its teaching substantially. We think the School should consider providing clinical instruction and give more time to seminars directed to influencing the registrars' attitudes to psychiatry.

The importance of the examination's influence on the registrar's conduct of his training period can hardly be exaggerated. In its present form, tremendous emphasis is placed on book knowledge; this may not always further the aim of producing a sound clinician with practical skills and the scientific approach.

SUMMARY

The clinical teaching of psychiatry to registrars in a provincial mental hospital was assessed with an 'educational technology' approach. Teaching methods based on learning theory and which relate the academic aspects of training more closely to clinical work are considered likely to be more efficient than present methods.

ACKNOWLEDGEMENT

The Allen Bequest Fund paid for the survey. Those interviewed provided the observations for the survey and we are grateful to them.

REFERENCES


### APPENDIX

**Analysis of professional activities during a working week of five days**

<table>
<thead>
<tr>
<th></th>
<th>Registrar</th>
<th>Average of three (to nearest five minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td><strong>Psychiatric activity</strong></td>
<td></td>
<td>h. m.</td>
</tr>
<tr>
<td>Interviewing patients</td>
<td></td>
<td>18.55</td>
</tr>
<tr>
<td>Ward visits</td>
<td></td>
<td>2.25</td>
</tr>
<tr>
<td>Consultant discussion or observation</td>
<td></td>
<td>3.15</td>
</tr>
<tr>
<td>Lectures and trial examinations (Wessex Regional School of Psychiatry)</td>
<td></td>
<td>4.00</td>
</tr>
<tr>
<td>Other learning</td>
<td></td>
<td>1.00</td>
</tr>
<tr>
<td>Journal Club</td>
<td></td>
<td>1.10</td>
</tr>
<tr>
<td>Group psychotherapy supervision</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>Hours spent in psychiatric activity</td>
<td></td>
<td>30.45</td>
</tr>
<tr>
<td><strong>Miscellaneous</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seeing relatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical examinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting from place to place</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approximate hours spent in miscellaneous activity</td>
<td></td>
<td>20.00</td>
</tr>
<tr>
<td>Approximate total hours</td>
<td></td>
<td>51.00</td>
</tr>
</tbody>
</table>

A synopsis of this paper was published in the February 1974 *Journal*.

Brian Barraclough, M.B., M.R.C.Psych., F.R.A.C.P., *Late Clinical Tutor, Graylingwell Hospital*

Godfrey Wace, *Training Services Division, Educational Systems (Bristol) Ltd., Bristol, BS1 2HF*

*Received 10 August 1973*
Learning Clinical Psychiatry in a Provincial Mental Hospital

BRIAN BARRACLOUGH and GODFREY WACE

BJP 1974, 125:303-309.
Access the most recent version at DOI: 10.1192/bjp.125.3.303

References
This article cites 0 articles, 0 of which you can access for free at:
http://bjp.rcpsych.org/content/125/586/303#BIBL

Reprints/permissions
To obtain reprints or permission to reproduce material from this paper, please write to permissions@rcpsych.ac.uk

You can respond to this article at
/letters/submit/bjprcpsych;125/586/303

Downloaded from
http://bjp.rcpsych.org/ on June 26, 2017
Published by The Royal College of Psychiatrists

To subscribe to The British Journal of Psychiatry go to:
http://bjp.rcpsych.org/site/subscriptions/