

support of high quality junior staff. There are opportunities for travel to attend and speak at meetings in this country and abroad. Sabbatical leave of between six months to a year can be taken at some universities (after a specified period of time in post) for the senior lecturer to work abroad or write. Teaching and encouraging young trainees to develop their own research interests and areas of expertise is a particularly rewarding aspect of the job. Senior lecturer posts are generally more flexible than consultant posts: they can be ultimate career posts but more often lead to professorial appointments or a further move to an attractive NHS consultancy.

Conflicting demands between university and NHS commitments can be a source of frustration and invariably clinical work intrudes into research time. Keeping whole days free for research, with a research base away from the hospital, is one way of protecting valuable time. Having an effective secretary who can filter phone calls and requests is extremely important, and spending one day a week at home to write can be another useful ploy. Although the senior lecturer has equivalent clinical status to the professor, he/she does not have complete autonomy. Not to be one's own boss after so many years of training can be an occasional source of discontent.

There is, in addition, considerable pressure to generate new research ideas and unfortunately, present economic trends dictate that obtaining research monies are the yard stick by which one is judged.

Final comment

Being a senior lecturer is a stimulating and rewarding job for the trainee with a Type A personality! Work is more varied than in an NHS post. There are greater opportunities for travel and meeting and collaborating with fellow researchers from around the world. Developing new ideas and working on original projects can be very exciting. With recent financial pressures on universities, however, senior lecturer posts are becoming more pressured and less rewarding.

Further reading

BLACK, D. & GUTHRIE, E. (1990) Everything you always wanted to know about research but were afraid to ask. *Psychiatric Bulletin*, 14, 719–720.

WILKINSON, G. (1990) Sixteen thoughts on getting that paper published! *Psychiatric Bulletin*, 14, 252–254.

Psychiatric Bulletin (1991), 15, 420–421

Training matters

A local research course for trainees in psychiatry

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Trainees in psychiatry are encouraged to become involved in research during their training (Sims, 1988). As Crisp (1990) points out, research skills are basic to a number of attributes such as problem

solving abilities, consultation skills, self-audit, and the audit of others. Both the College and senior registrar appointment committees seem to value some research experience as it demands persistence,

as well as the ability to think both creatively and logically. The College does provide a research option for the MRCPsych Part II, but this is only chosen by a minority of candidates. In addition the College runs its own course. Nevertheless, many trainees find it very difficult to know how to set about research unless they have previous experience or their job specifically involves research.

Some psychiatric training schemes have traditionally enjoyed a relatively high level of research support to junior doctors leading to a post graduate degree such as the MPhil, MSc, MMedSci and occasionally MD. In other areas the lack of experience in research among the consultants and lack of time available to both trainee and supervisor away from clinical duties make this impractical.

In Southampton there was adequate research expertise but no formal structure for delivering this to the trainees. A course was therefore offered to enable trainees to carry out a project of their choosing or a project offered by a supervisor.

In mid 1989 all trainees, senior registrars, registrars, and SHOs in Wessex were invited to enrol for the course. Eventually ten people (eight registrars and two senior registrars) committed themselves to attending every second Thursday morning for two hours, the alternate Thursdays being left for work by the members on their research projects. In total 15 meetings were held over three academic terms.

At the first meeting four members brought their current projects while the rest were encouraged to discuss various ideas they had for research. In addition a list of projects suggested by consultants was circulated. All trainees were required to have a local clinical research supervisor to ease the passage of the project through any political or ethical problems in the relevant health district. At this early stage a member of the ethical committee discussed the role of the committee and how best to apply for approval.

Each session was centred around our individual projects and acquiring skills to progress a step further: in choosing a hypothesis, writing a protocol, formulating questionnaires or choosing suitable research tools. The computers at the university department were made available to members and there were tutorials in the use of word processing and SPSSx. A member of staff skilled in the use of all the software was usually at hand to assist novices when it became necessary to tabulate or analyse data.

A statistician from Southampton University attended twice, once in the second and third terms, to suggest suitable statistical tests for each member's project. Statistics tends to be a subject which brings fear into the heart of many trainees, only reluctantly and briefly faced for the College exams. However, for

the first time we found that the basic statistical tools began to make sense when manipulating our own real data.

The interest and support of the group proved of great value as unworkable ideas had to be abandoned or 'mid-project blues' set in. Those who were more advanced in their work could share ideas and experience with those who were still grappling with the first stages.

In the final term those who were nearing completion were encouraged to present their project formally. By this stage the cohesiveness of the group enabled very frank and useful feedback to be given. Clear guidelines for writing up and submitting research were covered, as well as the differing preferences of various journal editors.

The course was well attended throughout the year and enthusiastically received by the trainees. Eight participants completed a feedback form at the end of the course and all rated it 'excellent' or 'very good' with regard to formal teaching and group discussion. Some highlighted their difficulty finding an appropriate local supervisor. It was felt that the time from October to June was too short a period for some to initiate and complete a project as some trainees are still in the process of data collection or analysis. In future it is planned to run the course from Easter to Easter, giving a full calendar as well as academic year.

We learnt from each other's mistakes, such as choosing too ambitious or complex an idea or a topic currently too politically hot to handle. It became clear that data collection is a slow process and if you want anything done 'do it yourself'. With regard to publications, it is early days as the projects move slowly forward competing with the demands of clinical work, exams, and family commitments. One article has been submitted for publication (with a list of alternative journals in mind if first rejected!)

The course highlighted how time-consuming and demanding it is to do good research and enabled us to assess published studies more critically. The style of the course, running over a whole academic year, helped support the trainees more than a 'short, fat' course would have done and did not over-strain local resources. It may be an appropriate model to be considered even in non-university based schemes.

References

- CRISP, A. H. (1990) The case for teaching and research experience and education within basic specialist training (registrar grade) in psychiatry. *Psychiatric Bulletin*, **14**, 163–164.
- SIMS, A. P. C. (1988) Research as a registrar. *Bulletin of the Royal College of Psychiatrists*, **12**, 382.