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Training matters

Consumer audit of psychiatric training

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Postgraduate psychiatric training is usually assessed by regular College visits. A number of training schemes, including the Liverpool training scheme, also scrutinise their training independently of the College. As far as we know, trainees as the 'consumers' of training have never assessed its quality themselves. The following account deals with two such audits in the Mersey region organised under the mantle of the Association of Liverpool Psychiatrists in Training (ALPIT).

The only way trainees in the region can express their view on their particular training post is through regional internal audit panels which parallel College approval panels (Birchall & Higgins, 1991). This approach has been found to be satisfactory but has some disadvantages as far as trainees are concerned.

(a) Audits for a particular post are only held once every two years.
(b) Trainees are expected to discuss their job face to face with auditing panel. Although interviews are relaxed and friendly trainees may feel that expressing frank opinions to more senior psychiatrists from within the region might single them out as troublemakers.
(c) The results of the audit are not made known to the trainees.

We therefore decided to audit training from the trainee's perspective. Feeding back the results to all trainees we felt, would improve their awareness of what they could expect from a training scheme. We decided that the clinical tutor would be given the chance to express his/her opinion on the results before they were circulated. This and the awarding of a crude 'quality rating' for the post would not only give the tutor a 'shop floor' view of training, but hopefully promote an air of competitiveness among tutors.

The study

A questionnaire was designed to establish mainly whether the College recommendations on training were being achieved (Royal College of Psychiatrists, 1990). We asked trainees to rate the clinical experience, formal training, enjoyment and challenge offered by each post. These scores were added to provide a crude 'quality score' for each post. Other items rated were parking and canteen facilities, secretaries' helpfulness, security of car and room, access to audio-visual aids, and library facilities. A space was provided at the end for additional comments and the trainees were not asked to identify themselves in the questionnaire.

The questionnaire was sent to all trainees who had worked in either hospital over the previous two years. The results were collated, with anonymity of trainees and consultants preserved at all times. All questionnaires were destroyed after analysis. Both clinical tutors provided extensive and informative replies to our audits. These and the audit results were featured published in the ALPIT newsletter and distributed to all the trainees in the region.

Findings

Two hospitals were audited, one with five training posts and the other with 12. The first survey elicited a 58% response which increased to 77% for the second survey, perhaps signifying a wider acceptance of the exercise.

Both good and bad points were highlighted. On the down side, most trainees wished they had more community experience as an integral part of their training and not merely as an afterthought. Supervision and training in liaison psychiatry was generally felt to be unsatisfactory and few trainees received formal teaching from their consultant. The attendance rate of consultants at journal clubs and case presentations was thought to be poor. Even basic presentation aids such as acetate sheets and pens were in short supply. Some trainees felt that employing a phlebotomist, particulary in the psychogeriatric wards, would remove an added burden and allow them more time for development of their psychiatric skills. Most trainees felt that the contact with clinical

psychologists was very limited. Very few felt able to discuss with the clinical tutor any emotional problems related to their job, perhaps fearing an adverse effect on career prospects. Finally, GP trainees felt their requirements were different from career psychiatric SHOs and their training should take this into account.

Despite these criticisms, not all the comments were negative. Well organised audit was universally liked and seen as a positive experience. Most trainees felt that their opinions were solicited and listened to during ward rounds. The secretaries – maybe the most under-estimated members of the psychiatric team – were universally liked and seen as helpful. The close involvement of a ward pharmacist on one site was also seen as advantageous. Both hospitals were rated favourably overall with a score of 28 and 30 respectively out of a maximum of 40.

Benefits of the audit

We feel that this audit, done by the consumers of the training, has benefits for both trainees and scheme organisers.

Benefits for the trainees

Apart from a 'therapeutic whinge', a frank but not too personal discussion about jobs and training is beneficial in itself. The written reply from the clinical tutor gives trainees a feeling that their views are being noted and allows the tutor to draw attention to ways in which the posts are being improved. The increased awareness of College requirements for training and knowledge of the problems and advantages of each post allows genuinely informed decisions to be made about future career plans.

ALPIT, as the umbrella organisation under whose auspices the audit was organised, benefited by being seen as a forum for constructive criticism and as a consequence enhanced its influence, especially in the contentious area of unsatisfactory posts.

Benefits for scheme organisers

The space provided for general comments allowed concerns not specifically addressed by College guide-lines to be brought up. Audit organised over a number of intakes of trainees can give a long-term view of training posts. We found that having positive as well as negative findings, and an immediate right to reply, led to good co-operation from clinical tutors. Shortcomings revealed by the audit were taken seriously and explanations given for problems beyond the control of the trainers. The tutors' replies provided an opportunity to publicise the efforts they were already making to improve the quality of training.

We hope that the introduction of a quality score for each team may encourage a sense of competitiveness as well as providing a benchmark for future audit. If audits like ours were to become widespread, feed-back from trainees would be available for use in future revisions of the College recommendations.

Comments

In general, very few of the training posts audited completely fulfilled the College recommendations. The audit was informative for both clinical tutors and trainees but only time will tell if it was influential in improving training. The essence of audit is repetition after the shortcomings have been addressed. We hope that colleagues both locally and nationally will find our approach helpful.

References

BIRCHALL, E. & HIGGINS, J. (1991) Outcome of training – the Liverpool training scheme. *Psychiatric Bulletin*, **15**, 357–359.

ROYAL COLLEGE OF PSYCHIATRISTS (1990) Statement on approval of training schemes for general professional training for the MRCPsych. *Psychiatric Bulletin*, **14**, 110–117.

A copy of the questionnaire used is available on request from either author.