Conference briefings

Information is power*

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Will computers take over from clinicians in assessing psychiatric patients? With the advent of cheap micro-computers in the 1960s such fantasies started to become reality as researchers invented the first self-administered computerised psychiatric assessments. These instruments had obvious advantages: they were surprisingly acceptable to subjects, required little supervision and proved easier to use than expected. In particular, they achieved a significantly higher degree of standardisation, eliminating the need for 'clinical judgement' in making a diagnosis. However, although initial optimism was high, claims that, for example, 'a computer can diagnose schizophrenia in five minutes' remain unsupported. It now seems that while they may be valid instruments to facilitate obtaining information in research, as Dr Glynn Lewis suggested, their usefulness in clinical practice will need further careful evaluation.

Interviewing a psychiatric patient involves more than simply the gathering of information; it is the start of therapy, an interaction between two people which should be as meaningful for the person answering the questions as the questioner. On the other hand, use of a computer to gather basic data may allow doctors to spend time with patients in a more constructive way and so assist the psychotherapeutic process.

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Medical audit – that is the systematic critical analysis of the quality of medical care, including the procedures, use of resources and the resulting outcome and quality of life for the patient – presents particular problems for psychiatrists. This task can, however, be greatly simplified if clinicians are able to exploit technical advances in collecting and analysing data. The Community Mental Health Resource Centre in Ealing run by Dr Mike Morgan has harnessed the new technology to its advantage in developing systems of audit over the last six years. Debate continues though since good outcome indicators are only slowly emerging as clinicians are still asking, for example, 'What is an outcome?' 'Who is the observer?' and 'Can the indicators be generalised?'. According to Dr Carl Littlejohns, the problem of outcome analysis is closely allied to the concept of the information system: both require data collection and storage, the conversion of data into information and its presentation, and finally, action.

Professor John Wing too encouraged his audience to make use of technical advances in order to evaluate and so improve services. He hoped the College would consider underpinning new systems of audit piloted in different regions and perhaps offer training in their use. For members of the audience keen to have some hands-on experience there were plenty of opportunities to try out computer systems currently being developed for clinical use and which were on demonstration at the meeting.

Report on the Scottish trainees' day, 7 September 1990

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The cultural event of the Scottish trainees' year was held in the cultural capital of Europe – Gartnavel Royal Infirmary, Glasgow.

Opening the performance was Professor A. C. P. Sims, giving his first talk since becoming President of

the Royal College of Psychiatrists. He told us about the structure of the College, that we should not believe that it is London (where?!) dominated, and also that Glasgow was the city in the world where he had most often lost his umbrella. He urged trainees