

## Training matters

### The use of log-books during senior registrar training in child and adolescent psychiatry

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The aim of this paper is to continue a dialogue regarding the possible future use of log-books during training. The Royal College of Psychiatrists has been considering their use at various stages of training in psychiatry. Cole & Scott (1991) rejected log-books as a tool for self-audit during registrar training because they were often not kept up to date. The situation in higher professional training is more complex; there is not the clear focus of studying for the Membership examination and there are many more training components to cover during a four year period. Thus, we feel that a system for self-audit and monitoring could well prove valuable at the senior registrar level. There is a tension for senior registrars with whom we discussed this issue at the last Annual Meeting of the Section and among colleagues on our rotation.

Within our rotation we have piloted the log-book outlined here, have completed them ourselves, and have sought guidance from other Royal Colleges (General Practice, Obstetricians and Gynaecologists, Surgeons and Pathologists). In these, log-books serve different purposes, such as whether they are used at a pre or post membership stage, and the extent to which the log-book is the property of the trainee.

A period of evolution will be required should log-books be introduced to higher psychiatric training. A proposed version has been circulated from the College to training scheme organisers. We would like to suggest some additions and hope that further creative thought about log-books will follow.

#### *Suggested content*

The log-book format that we have piloted has a standard front sheet or check-list outlining the breadth of expected clinical experience. For reasons of confidentiality we used case numbers or initials when recording clinical work. Information about the presentation of the child and diagnosis or formulation was noted. Space was provided for recording the senior registrar's involvement in activities, for

example the type of assessment performed, model of therapy used, attendance at case conferences, appearance at court etc. Thus, the focus was on recording skills learnt and experience gained rather than collecting the number of clinical cases seen. We have found it useful to record a learning point for each case (for example, a change in treatment plan leading to recovery). Completing this item was most thought-provoking for the trainee.

We also included sections for:

- (a) academic training – sub-sections for formal training in child psychiatry and for therapeutic skills courses
- (b) research activity
- (c) teaching – of trainees or other professionals, frequency and range of experience
- (d) management – courses, training or experience gained
- (e) other sections could be added as appropriate to the trainee. For example, trainees may wish to record conferences attended or experience in an area of special interest.

From the other Colleges we discovered that log-books are more readily accepted when they are the property of the trainee and when pen-pushing is minimised by developing standard abbreviations. By writing brief comments only, we could complete our suggested format on average in two minutes per case. Input from trainers and clarity regarding the purpose improves the motivation to complete log-books (Cole & Scott, 1991). Thus, a statement from the College about the anticipated function of log-books would be welcome.

#### *Benefits of the use of log-books*

From our point of view, the prime benefit for the trainee in maintaining such a record is the facilitation of overall planning of varied experiences during the four year training period. We found that completing a log-book encouraged thoughtfulness about the training purpose of these activities. This is an

example of self-monitoring clinical audit, increasingly considered an important part of continuing professional education (Batstone, 1990). In addition, a completed log book is a valuable aide-memoire when compiling a curriculum vitae.

As demands during training increase, an important role for the log-book may be to aid the review of prior experience and career plans in order to prioritise future components of training. As suggested by Cole & Scott (1991), completing such a document would encourage the development of time-management skills in preparation for a consultant post, which is particularly important at senior registrar level.

For trainers and the College, log-books can only improve the monitoring and assessment of training schemes, and so further benefit trainees.

### *Risks associated with log-books*

The most obvious risk is that log-books will not be kept up to date, particularly if they are seen by trainees as an imposition. Child psychiatrists are facing many changes; audit, reforms within the Health Service and the Children Act, and so any

innovations (no matter how small) will need to be eased into existence. Durability will be enhanced by an open dialogue between all parties and by including some flexibility, in order to develop a system that is seen as valuable to trainees (Glaser & Backer, 1980). Some trainees have expressed anxiety that valuable discussions in supervision might be reduced to simply handing in the log-book for review!

### *Conclusion*

We welcome the suggestion of a system of self-evaluation and monitoring during higher training in CAP, and would like to encourage ongoing discussion about how this could be achieved.

### *References*

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- COLE, A. & SCOTT, J. (1991) A study of the use of log books in the training of psychiatrists. *Psychiatric Bulletin*, **15**, 214–216.
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## **Behavioural and cognitive psychotherapy experience and supervision: a possible model of delivery**

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In 1987 and 1989 surveys of junior doctors' experience of behavioural and cognitive psychotherapy in the South West Thames Region were published (Drummond & Bhat, 1987; Drummond & Bhat, 1989). These surveys demonstrated that a marked increase in the numbers of trainees gaining cognitive and behavioural experience was shown following monthly visits by the peripatetic Senior Lecturer in Behavioural Psychotherapy. The number of trainees gaining experience of treating at least one case under supervision increased from 17% to 42% over this period. However, this still fell short of the College recommendations that every trainee should receive this experience and treat at least two cases under supervision.

### *Working party*

In 1987 a working party was convened in the South West Thames Region to ascertain the educational

goals, content and processes for the learning of communication skills and psychotherapy by doctors working in the South West Thames Region who were training in psychiatry and preparing for entry into higher specialist training. This working party produced a document (Crisp *et al*, 1987) which set out educational goals and objectives as well as content and process for communication skills, dynamic and behavioural cognitive psychotherapies. The goals of behavioural psychotherapy training were set out as:

1. the ability to formulate the presenting problem in behavioural terms
2. the ability to assess a patient's suitability for treatment
3. the ability to design appropriate treatment programmes
4. the ability to implement the treatment
5. the ability to evaluate the outcome of treatment.