

**S06.03****ASSESSMENT OF CLINICAL SKILLS**

S.P. Tyrer. *Department of Psychiatry, Leazes Wing, Royal Victoria Infirmary, Newcastle-on-Tyne, NE1 4LP, UK*

**Background:** The skills a psychiatrist requires include the ability

- i. to take a full, relevant and empathic psychiatric history from a patient
- ii. to describe the mental state comprehensively
- iii. to carry out a relevant physical examination.
- iv. to give a full differential diagnosis
- v. to explain a plausible aetiological formulation.
- vi. to describe a management plan to treat the disorder.

These skills can be assessed by regular appraisal or by examination.

**Assessment Techniques:** The following techniques can be used:

- i. Log Book. The trainee writes up a number of selected cases.
- ii. Presentation of patients to the supervisor and/or to others.
- iii. Videotape assessment. This can give feedback to the trainee involved.
- iv. Written Examinations

Diagnostic and management skills can be tested by using tests such as the Extended Matching Items Test. Alternatively Problem Boxes can be used that develop a scenario that evaluate diagnostic skills initially and then consider a range of management options.

**Examination Methods:**

- i. Assessment of a real psychiatric patient
- ii. Assessment of a simulated psychiatric patient.
- iii. Assessment of management skills
- iv. Assessment of a series of diagnostic and management options using the Observed Structured Clinical Examination or OSCE.

**Conclusions:** Regular appraisal is of benefit in improving clinical skills in psychiatric trainees. Examinations require the evaluation of issues posed by real or simulated psychiatric patients.

**S06.04****EXAMINATION OF PSYCHIATRISTS IN CANADA**

R. Swinson

No abstract was available at the time of printing.

**S06.05****THE FUTURE OF PSYCHIATRIC TRAINING: WHAT, WHERE, WHO AND HOW**

R. Balon. *Wayne state University, Detroit, Michigan, USA*

In an era of diminishing resources, psychiatry training has faced numerous challenges and has become the forgotten item on the agenda of academic psychiatry. However, it is necessary to challenge the trend of a decreased emphasis on teaching psychiatry. Poor teaching in psychiatry will not only undermine the quality of patient care in the future, but will also threaten the level of excellence within the field of psychiatry. Inadequately prepared psychiatrists will be unable to face external (e.g., from other mental health professions) and internal (e.g., rapidly emerging research findings) pressures. The teaching of psychiatry needs reevaluation on all levels. Certain areas (e.g., where, by whom and how psychiatry is going to be taught; collaboration with other mental health professionals and patients' groups) will require special attention while planning the training of future generations of psychiatrists. This presentation will focus on issues such as; A) What are we going to be teaching (biopsychosocial model? Neuroscience findings?); B) How are we going to teach (computers?, video?) and how will we evaluate

our teaching (oral vs. written exams?); C) Who is going to be teaching (faculty vs. voluntary faculty, faculty development); and D) Where are we going to be teaching (inpatient vs. outpatient, special centers?).

**S07. Update of genetic research in schizophrenia and affective disorders**

*Chairs:* H. Ewald (DK), W. Maier (D)

**S07.01****GENETIC DETERMINANTS OF RESPONSE TO PSYCHOPHARMACOLOGICAL TREATMENT**

M.M. Nöthen

No abstract was available at the time of printing.

**S07.02****CURRENT STATUS OF THE SEARCH FOR GENES CONTRIBUTING TO BIPOLAR AFFECTIVE DISORDER**

H. Ewald. *Department of Psychiatric Demography, Institute for Basic Psychiatric Research, Psychiatric Hospital in Aarhus, Denmark*

It is hoped that the identification of genes involved in susceptibility to bipolar affective disorder will make further research into the etiology and pathophysiology possible. This may lead to improvement of treatment, treatment choice, diagnostic classification and perhaps even preventive measures.

The first association and linkage studies of bipolar affective disorder were performed around four and three decades ago respectively. Developments in diagnostic instruments and criteria, molecular genetics, computer programs and statistics have helped to identify more than 10 candidate chromosome regions potentially containing genes which increase susceptibility to bipolar affective disorder.

Based on molecular genetic studies it appears less likely that a single specific disease allele is present in all or most cases. Genetic mapping studies have suggested that a combination of susceptibility and perhaps protective alleles at a number of loci determines the genetic risk of developing bipolar affective disorder in the individual. Some of these are possibly also involved in the etiology of schizophrenia.

Though no DNA sequence variation of relevance has yet been reported the ongoing sequencing of the human genome and recent developments for high-throughput genotypings and other molecular genetic methods will facilitate this.

Considerable efforts are now being aimed at identifying the risk genes in the most promising chromosome regions including chromosome 4p, 12q, 18, 21 and Xq.

**S07.03****CURRENT STATUS OF THE SEARCH FOR GENES CONTRIBUTING TO SCHIZOPHRENIA**

W. Maier\*, M. Rietschel, D. Lichtermann, D. Müller, T. Schulze, S. Schwab, D. Wildenauer. *Department of Psychiatry, University of Bonn, Germany*

Major progress in unraveling the genetic basis of schizophrenia occurred during recent years. A series of genome-wide scans for positional cloning of contributing genes have been completed.