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Trainees' forum

A pre-planned assessment sheet

A suggested aid for the MRCPsych examination

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A useful part of the MRCPsych residential revision course at the University of Surrey in Guildford is the mock clinical examination. One of the peculiarities of the mock examination for the Membership course which I attended was that all examinees interviewed patients in one large hall. I found it intriguing to observe the note-taking techniques of my equally nervous colleagues. It seemed to me that there was little organisation in the way candidates wrote down the information acquired from their interviews. Most people left the hall clutching a jumble of disjointed sheets of paper to start a scrambled five minutes of hasty preparation before presenting the case. Much of this precious time was then spent attempting to decipher and organise their notes, when clearly it would have been better employed in thinking and trying to anticipate likely questions.

It occurred to me that what was needed was some means of bringing discipline and structure to clinical note-taking in an examination situation. I began by always trying to write down the same sections of the history or mental state on the same quadrant of my note paper. From this developed a typed sheet with relevant headings prepared in advance. I used this extensively both in routine clinical work and in any mock examination presentations that I made. I could not take a copy of the assessment sheet into my Membership examination, but by then I knew the headings so well that it was a simple matter to prepare them by hand once I had entered the interview room. I firmly believe that it was time well spent.

The final form of the assessment sheet is shown in Fig. 1. When full size it occupies two sides of an A4 piece of paper. It follows the suggested headings given by useful texts (Pfeffer & Waldron, 1987; Holden, 1987), and was also influenced by the guidelines of the Royal College of Psychiatrists (Royal College of Psychiatrists, 1987) on the requirements expected in their clinical examinations. The main advantages to be gained from its use are:

(a) It ensures that the notes derived from the interview are immediately organised and meaningful without much further effort having to be spent on them.

(b) The layout of the assessment sheet encourages a candidate to think of his case in the correct manner (assessment, management, prognosis) and to present it as such.

(c) Towards the end of an interview, it is immediately obvious whether there are any major omissions in the information obtained so far. It is important to remember that basic errors happen all too easily when anxious.

(d) The relevant sections of the history and mental and physical findings are always written in the same place. A candidate who has had extensive practice with the assessment sheet can easily remind himself of relevant details during his presentation without having to search through his notes. He thus has the opportunity to look directly at his examiners who will be more impressed by his confident and organised manner. More importantly they will be spared talking to the top of his head.

(e) The crucial component of the clinical examination is the time spent preparing the case for presentation once the interview is complete. Not surprisingly this period of time is limited. It takes barely a minute to prepare the relevant headings on paper at the start of the interview, but the advantage gained in the preparation phase more than compensates.

(f) The clinical examination is a stressful experience. Following the principles of stress inoculation, it makes sense for a candidate to start the examination with the simple task of writing down prepared headings. Their reassuring familiarity will calm nerves, and he can gain strength from the knowledge that this

PSYCHIATRIC ASSESSMENT SHEET

Hospital No:..... Surname:..... ...Forenames:.....

Age:..... Job:.....

Accommodation:..... Address: .....

.....

Married/Single: ..... Children/Siblings: .....

.....

Occupation:.....

PRESENTING COMPLAINT

BACKGROUND

Family History: Past Medical/Psychiatric History

Personal History: Personality:

MENTAL STATE:

PHYSICAL EXAMINATION:

DIFFERENTIAL DIAGNOSIS: **Factors for:** **Factors against:**

CONCLUSION:

AETIOLOGY

PREDISPOSING CAUSES

PRECIPITATING CAUSES

MAINTAINING CAUSES

MANAGEMENT

a. Further Information/Investigations

b. Immediate Management

c. Long Term Management

PROGNOSIS

a. Illness/Disorder

b. Short Term

c. Long Term

FIG. 1 Assessment sheet

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assessment sheet has successfully helped in previous mock examinations.

The pre-planned assessment sheet has found a use for itself outside the examination scenario. Senior colleagues have taken to using it routinely in their out-patient clinics. It lends itself ideally to preparation of the clinical formulation of in-patients as advised in a respected pamphlet on clinical recording (Institute of Psychiatry and Maudsley Hospital, 1987). If it is of A4 size, it fits neatly into most hospital record files. The detailed format could easily be adapted to suit local needs. The small space allocated to the physical examination (meant simply to record positive findings in an examination setting) may not be sufficient for a head injured or severely physically handicapped patient.

The pre-planned assessment sheet cannot claim to confer a statistically proven advantage in the MRCPsych examination. Nevertheless, of the relatively small number of trainees who have included it as part of their examination technique, all reported on it favourably and all so far have been successful in their respective attempts at Part I and II of the MRCPsych. I therefore feel that it is now appropriate to suggest its use to a wider audience.

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Conference reports

Community care or community neglect?

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Junior Health Minister Roger Freeman faced a critical audience at the National Schizophrenia Fellowship Conference held on 6 December 1989. Mr Freeman has been keen to demonstrate his concern over the welfare of the mentally ill and their carers. In a provisional statement made in July he pledged support to ensure adequate care would be provided for all psychiatric patients before discharge from hospital into the community. The government's White Paper on Community Care (1989) sets out plans to develop locally based hospital and community services. At the NSF conference Mr Freeman reaffirmed support for this more 'civilised and humanitarian' policy.

Mr Freeman raised a number of issues in relation to the White Paper. He commented on the current lack of knowledge about the causes of mental illness, forcing doctors to take a pragmatic approach in developing new treatment strategies. He believed the need for hospital care, both on acute admission wards and in asylums for longer term management would continue, but at the same time he saw that greater opportunity for care in the community was essential. He also discussed the proposed care programme approach due to be launched in October 1991. This will require all psychiatric patients to be individually assessed for their health and social needs, so that realistic discharge plans can be drawn up involving available community facilities where possible before an individual leaves hospital. By managing resources at a local level, service planners will be able to determine the priorities of their own areas. Mr Freeman admitted the provisional nature of the plans. However, he hopes to work in close co-operation with statutory and voluntary services enabling modification of the new developments as necessary.

Mr Freeman's picture of future achievements did