

Correspondence

Computerised literature searches – how complete?

DEAR SIRS

Trainee doctors, particularly in hospital specialities, are becoming increasingly aware of the pressing need to publish research in order to progress in their chosen branch of medicine. Recent papers, notably in the psychiatric literature, have shown that to progress up from one grade to the next is substantially more difficult without research; the *number* and, to an extent, the *type* of publications on trainees' CVs significantly affecting their likelihood of success (Katona & Robertson, 1993; Lewis, 1991).

Many trainees, in response to this "publish or be damned" message, rush into research, possibly leading to a substandard result. In the BMJ last year there were items relating to the quality of research in medical journals (Dixon, 1992; Haynes, 1992) and to errors in reviews of published reports (i.e., literature searches) included in such papers, throwing their overall value into question (Jones, 1992). The use of a bibliographic searching tool such as MEDLINE on CD-ROM has been suggested as the possible solution to the latter problem.

Those with access to the MEDLINE programme will no doubt feel that it has made an enormous difference to the speed of literature searches. It is not easy, however, to be sure of the *completeness* of one's work when using such a tool. One is often surprised to find a familiar, apparently important, paper not cited. Unfortunately, it is not possible to "ask" the computer for details about what information is available to, or being accessed by, the user. How many journals are covered? Which supply most citations? How many and which journals relevant to one's specific area of interest are cited in the program?

My investigations, as part of a comparison of MEDLINE with another programme, have led to some answers. For the most recent disc (1987 to present), I found 3,946 journals listed as providing cited articles, as of the end of 1991. Of these, 107 were of *primarily* psychiatric/psychological content and 63 of *probable* relevance to these areas. (The former having words such as 'psychiatric', 'psychological', or 'psychopharmacology' or subject titles, e.g., 'drug addiction', as part of their title; the latter being general, e.g., BMJ and *Lancet*, or neurological/other pharmacological.)

A "Top 10" of journals in the former group, their position being dependent upon the number of cited articles from them is:

	Citations
1. <i>American Journal of Psychiatry</i>	2,249
2. <i>British Journal of Psychiatry</i>	1,903
3. <i>Journal of Neurology, Neurosurgery and Psychiatry</i>	1,675
4. <i>Psychopharmacology</i>	1,336
5. <i>Biological Psychiatry</i>	1,219
6. <i>Hospital and Community Psychiatry</i>	1,111
7. <i>Journal of Clinical Psychiatry</i>	989
8. <i>Acta Psychiatrica Scandinavica</i>	927
9. <i>British Journal of Addiction</i>	829
10. <i>Canadian Journal of Psychiatry</i>	776

Although MEDLINE compares favourably with other bibliographic searching tools, there is a need for information about *content* to be readily available. When using such a system one is not, after all, accessing an entire universe of literature – merely a selection.

The quantity of citations from different journals will also affect which journals are requested most often by users of the program, thus being important information for libraries. My own university medical library takes only five of the above "Top 10", for example.

Such descriptive data relating to content of computerised bibliographic searching tools are extremely important and should be easily available when using these programs. If not, the user may be making as complete a search as possible but from a database about which he or she knows virtually nothing.

PETER J. TRIGWELL

*St James's University Hospital
Beckett Street, Leeds LS9 7TF*

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Research for psychiatrists in training

DEAR SIRS

Since the College devoted a session of the Autumn quarterly meeting to research in 1980, it has been

concerned to promote research by trainees in psychiatry. There is considerable awareness among trainees themselves of the need to become involved in research and to publish in order to progress in their careers (Junaid & Staines, 1990). When asked, trainees claim to be well motivated to carry out research (Royal College of Psychiatrists, 1991).

Trainees consistently complain of inadequate training, advice and support with regard to research. The 1991 report of the Collegiate Trainees' Committee stated that 40.5% of trainees were unaware of any available research training, locally or nationally. Only 24% felt that their research training was 'adequate', and among trainees working in district general hospitals, this figure dropped to 14%. Amazingly, 16.2% of trainees reported active discouragement in producing research.

Surely the College should now advocate systematic research training and supervision for all trainees in psychiatry. The recent initiative from the Research Committee of the College in proposing the creation of a network of research tutors is a welcome first step (Freeman, 1992). The tutors will have a general responsibility for promoting research among trainees, and for giving guidance and advice. This may be done personally, or by a nominated supervisor. They will also keep a register of trainee research and a data bank of important research methods, papers, books and questionnaires.

In addition the College should advance a set of guidelines in order to standardise training in research.

- (a) Each training scheme should have a nominated tutor responsible for coordinating and supervising trainee research, and promoting a research programme.
- (b) Each trainee should have his/her progress reviewed at regular (at least six monthly) intervals.
- (c) Each trainee should have time set aside in the timetable for research and research training.
- (d) Each training scheme should provide an organised course of teaching covering literature searching, ethics, protocol design, data collection and the statistical and computer analysis of data.
- (e) The College's Central Approval Panel should be asked to consider the level of provision of teaching and supervision of research when asked to approve a training scheme in psychiatry.

I submit that the College should move to establish minimum standards for the teaching, supervision and promotion of research by trainees, and that advocating the above guidelines would be a good beginning.

GARY SULLIVAN

*St Cadoc's Hospital
Caerleon, Gwent NP6 1XQ*

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Reply

DEAR SIRS

I support all the points that Dr Sullivan has made and would like to reassure him that all his suggestions are being taken further by the Research Committee and its Research Tutors Initiative. I don't think that a formal review of progress every six months would really solve the problem of supervision. Research supervision needs to be flexible. It may need to be quite frequent at the planning and writing-up stages of a project but quite widely spaced at other times. I think it is important that we don't put further hurdles in a trainee's career. Research is important and every trainee should have teaching in research methods and be able to critically appraise research projects and published papers, but actually carrying out a research project is not for everyone.

From the evidence of our Research Methods Courses there is no doubt that there is plenty of enthusiasm for research among trainees and many good ideas but that trainees still find great difficulty in finding good quality supervision. Our hope is that in the future the Research Committee can concentrate its efforts on helping to train and support the research trainers rather than offering the training directly. It is not going to be an easy task. It is likely that post Calman psychiatric training will be considerably shorter and more intense, perhaps leaving even less time for research. Many of those who would be best suited to be research tutors are busily involved in their own research projects as well as doing full-time clinical jobs and therefore have little time left for supervision.

C. P. FREEMAN
Chairman
Research Committee

Royal College ECT video

DEAR SIRS

I was pleased to see this excellent introduction to ECT, but would comment on areas which may prove controversial.

The guidelines on room sizes could have been more prescriptive. The anaesthetic and nursing guidelines will make life easier for service planners, as well as