

Correspondence

Teaching formulation skills—a new approach

DEAR SIRs

The Royal College of Psychiatrists now indicates that Membership candidates should be prepared to discuss detailed aspects of assessment, management and prognosis in the clinical examination.¹ This is important because previously candidates were uncertain what the examiners would require. In 1983 Hollyman and Hemsli found that there was poor agreement among all grades of psychiatrists when asked what the formulation should include.² Furthermore, the examiners themselves were found to have a wide diversity of opinion on the subject.³ Although the word 'formulation' is not used in the College's guidelines, it seems clear that the areas of assessment, management and prognosis together constitute what many have regarded as a 'formulation' of a case (e.g. Greenberg and colleagues⁴).

Many candidates continue to fail the Membership Examination because they are unable critically to evaluate cases. Formulation skills should not, however, merely be regarded as a necessary attribute for success in the Membership Examination—clearly they are central to sound clinical practice. During our own training we have met with trainees from many centres and it was apparent there is a general lack of teaching formulation skills.

We decided to run a course of seminars for trainees on the St. Mary's Hospital rotation specifically designed to teach these skills and we think our experience may be of interest and value to those elsewhere.

The Course

Twenty-four one-hour seminars were held for eight trainees. At the beginning of each seminar a trainee presented the full history and mental state examination of one of his patients followed by an attempt at a formulation. After this the rest of the group were invited to comment on the formulation offered, suggest any improvements, or even present alternative versions. In the first few seminars we were asked by the registrars to formulate the cases ourselves, but in later seminars it was possible to adopt a less directive approach, so that the registrars themselves achieved an acceptable formulation by consensus. Anxiety levels in the early sessions seemed high in both the registrars and ourselves but these decreased as confidence was gained in subsequent sessions. On average each registrar presented three cases fully as well as contributing to the discussion on other cases.

At the end of the course all participants were asked to complete a questionnaire anonymously, the results of which are presented below.

Course feedback

Only half of the eight registrars had presented formulations regularly to the consultants they had worked for and none had previously received formal teaching in formulation skills. All the participants said they had found the seminars useful. Six

registrars noted the value of peer group feedback, five the usefulness of practice, and three commented favourably on 'being able to see others' mistakes'. One registrar suggested that a useful byproduct of the seminars was the clarification of phenomenology.

The participants were also asked to comment on unhelpful aspects of the course and only three comments were received. One registrar felt the criticism was at times 'nitpicking', and whilst one complained of 'being put on the spot too much' another felt that 'there was not enough peer criticism for fear of being destructive'. There was no consensus on how the format of the sessions could be improved, but a suggestion was made that all participants should have a written summary of the case to be presented. To a question 'How confident do you feel about being able to formulate a case for the MRCPsych. exam?', six reported increased confidence as a result of the course while two maintained low confidence.

Comment

The regular attendance of the participants, together with their feedback comments suggest that this course was particularly well received. The format made for lively, stimulating discussion and only one participant seemed to find the sessions uncomfortably threatening. Indeed, peer group learning may be less anxiety provoking for some trainees than teaching on a multidisciplinary ward round. We suggest, however, that seminar teaching of this kind can only supplement apprenticeship learning of clinical skills from consultants and should not be seen as a substitute for it. Senior registrars are perhaps in a unique position to facilitate formulation teaching as they have recently been exposed to the Membership Examination themselves and as a result are particularly aware of registrars' needs. It was our impression that the registrars' formulation skills improved considerably during the course and future courses are planned.

J. L. HERZBERG
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REFERENCES

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- ⁴GREENBERG, M., SZMUKLER, G. & TANTAM, D. (1982) Guidelines on formulation (Correspondence). *Bulletin of the Royal College of Psychiatrists*, 6, 160–162.