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Logbook for specialist registrars in general adult psychiatry: development and peer evaluation

AIMS AND METHOD

Despite the Royal College of
Psychiatrists' recommendation that
higher specialist trainees in general
adult psychiatry should use logbooks
to record their training-related
activities, none is currently available.
We developed a logbook and
conducted a postal survey of
specialist registrars in general adult
psychiatry in the West Midlands and
Merseyside Training Schemes to elicit
their perceptions of its usefulness
and feasibility.

RESULTS

All of the 35 specialist registrars who completed the questionnaire felt that there was scope for a logbook and that this format was easy to use. Three-quarters of the respondents suggested that their training curriculum should be incorporated into the logbook and 71% felt that the use of logbooks ought to be mandatory. Despite all acknowledging the need for a logbook, only 14% were currently using one.

CLINICAL IMPLICATIONS

Logbooks would greatly help higher specialist trainees to organise (identify, record and review learning objectives) the multifaceted aspects of their training. They would also help immensely in preparing for the Record of In-Training Assessment, appraisal and revalidation. There is clearly scope for a more 'centrally' produced (College) logbook for specialist registrars in general adult psychiatry, as indicated by the results of this survey. For logbooks to work in practice, they need to be simple and easy to use.

The period of higher specialist training in psychiatry offers considerable flexibility to trainees in terms of planning and addressing their learning objectives and training requirements. With the extent of individual variation in training structure that is possible, arises the potential for lack of organisation and loss of focus. It is therefore surprising that there is currently no instrument for higher specialist trainees in general adult psychiatry to record their training-related activities – i.e. a logbook.

The Royal College of Psychiatrists is undecided on the issue of use of logbooks by specialist registrars in general adult psychiatry. Pilot studies by the College of implementing the logbook in training schemes for senior house officers demonstrated the need for the logbook to be trainee-owned, and that it should be used to record and review training opportunities and education objectives, not as a checklist of all cases seen (Royal College of Psychiatrists, 1997).

Some deaneries encourage specialist registrars to use locally devised logbooks, although this is not considered mandatory, and often request specialist registrars to fill in a logbook, if they have one, in preparation for completing the Record of In-Training Assessment (RITA). It was out of this need that we decided to devise a logbook. We describe this as a simple tool, which provides trainees with a framework for organising and recording their various training-related activities in a user-friendly and time-efficient manner. This is by no means a comprehensive record of the multidimensional facets of specialist registrar training and would need to be adapted to suit individual training requirements.

Having developed the logbook, we conducted a survey among specialist registrars in general adult psychiatry in the West Midlands and Merseyside on their perceptions of its usefulness and feasibility.

Method

Development of the logbook

Initially, the authors met to discuss the possible contents of the logbook. The College logbook for senior house officers, the Higher Specialist Training Handbook (http://www.rcpsych.ac.uk/traindev/postgrad/ hst_handbook.htm) and the General Medical Council's good medical practice document (General Medical Council, 1998) were identified as useful templates. It was decided to keep the logbook simple and easy to use but to provide flexibility for individual trainees to adapt it to suit their training needs. The following broad areas of training were included: clinical experience; teaching and training; management and administrative experience; and academic experience. Following informal discussions with other trainers and trainees, we met again to finalise the draft. The preliminary draft of the logbook was piloted among five consultants and five specialist registrars in general adult psychiatry. Suggestions made were incorporated in the final version.

Structure of the logbook

The logbook is divided into four sections: introduction, log forms, curriculum vitae and any additional notes (an electronic version of the logbook can be obtained from the corresponding author). The log forms section is divided into the subsections discussed below.

Clinical experience

The subsection of clinical experience subsumes the trainee's clinical work, special interest work and consultant supervision. There is also an option to note one's weekly timetable. The documentation of clinical work is not



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recommended to be exhaustive, but could include interesting cases seen, diagnostic conundrums and management challenges. After detailing the types of clinical work undertaken (e.g. ward rounds, home visits and on-call work), any relevant comments can be noted. Learning objectives that have been identified as being in need of further attention should be recorded. This can also be done in conjunction with the training requirement checklist prescribed by the College, as applicable to the relevant sub-specialty. Similarly, an account of one's 'special interest' work should be given: this again includes area of work, learning objectives met or unmet, and any other comments. Finally in this subsection, a detailed record of consultant supervision should be made, including frequency and duration, topics discussed and a rating of the overall quality of supervision.

Teaching experience

The subsection on teaching experience focuses on the trainee's involvement in any formal or informal teaching of colleagues or other professionals. An account of the date, venue, audience and topic should be documented. Important lessons learnt, teaching methods used and feedback from the audience can be incorporated. It is also important to have a record of the training courses and conferences attended. Again, the date, topic and the organising body of the training course (such as 'teaching the teachers') and their relevance to the overall training and the learning objectives achieved should be recorded.

Administrative and management experience

This subsection should be used to record relevant training courses attended (such as management courses for specialist registrars), experience of shadowing the Chief Executive of the trust, writing a business plan and chairing team meetings — to list just a few. This should be documented in as much detail as possible. Trainees are encouraged to comment on the appropriateness of the organisational and managerial experience gained.

Academic experience

Academic experience includes any audit or research project undertaken, and the trainee's publications. Each project needs to be recorded under the following headings: title, supervisor, type of study, nature and extent of trainee's involvement, and outcome. The date, topic and audience of presentations made as part of training also need recording. A list of published, accepted and submitted publications should be included in this subsection.

Survey

A simple questionnaire was devised and sent by post to 50 specialist registrars in general adult psychiatry, 34 in the West Midlands training scheme and 16 in the Mersey rotational training scheme. It comprised 11 questions, all except two of which could be given 'yes/no' and 'any other comments' answers. The two other questions concerned how often the logbook should be completed (weekly, monthly or yearly) and whether there were any other suggestions. A copy of the logbook was also sent,

together with a pre-paid envelope to return the completed questionnaire. No incentive was offered for completing and returning the questionnaire. Twenty-four specialist registrars replied within the first 4 weeks and the rest were sent reminders in week 5. A further 11 replies were obtained over the next 3 weeks, giving an overall response rate of 70%. Broadly, the patterns of responses of individuals from the two training schemes were similar, and since there was no obvious confounder invalidating the homogeneity of the sample, the results were pooled.

Results

The results of the survey are summarised in Table 1.

Discussion

The Record of In-Training Assessment, appraisal and revalidation for specialist registrars are interlinked assessment processes aimed at identifying educational and development needs, ensuring satisfactory progress in training and safeguarding high standards of clinical practice. The logbook will specifically provide documentary evidence required in the appraisal folder under the sections of good clinical care, teaching and training and the personal development plan. The logbook will also be a strong supporting document in collating information on the trainee's clinical, research and management experience, all required for the RITA. A logbook will avoid duplicating the work in preparation for RITA and appraisal, and if satisfactory would fulfil the requirements for revalidation.

Notwithstanding the methodological limitations of a postal questionnaire survey and a small sample, some important inferences can still be drawn from our survey. Of the 35 specialist registrars who completed the questionnaire, all (100%) felt that there was scope for a logbook and that the simple format we suggested was feasible for use. Although they all recognised the need for a logbook, surprisingly only 5 (14%) were currently using one. These findings are broadly in keeping with an earlier study by Cornwall & Doubtfire (2001), who

Question	Yes n (%)	No n (%)
Do you already maintain a logbook?	5 (14)	30 (86
Is there scope for a logbook?	35 (100)	0 (0)
Is this format feasible for use?	35 (100)	0 (0)
Should it be made mandatory?	25 (71)	10 (29)
Did you maintain a logbook as an SHO?	7 (20)	28 (80
Is it too simplistic?	4 (11)	31 (89)
Should the curriculum for the appropriate subspecialty be incorporated?	26 (74)	9 (26)
Would it help in preparation for RITA?	33 (94)	2 (6)
Would you prefer an electronic version?	21 (60)	14 (40)

SHO, senior house officer; RITA, Record of In-Training Assessment.

surveyed psychiatric trainees and trainers and found that there was a lack of mutual commitment to the use of logbooks.

The Collegiate Trainees' Committee, while debating whether to introduce logbooks for specialist registrars, stated 'We are concerned that a detailed logbook would be more prescriptive and so impair higher specialist training by reducing flexibility', and so opposed their introduction (Sullivan et al, 1997). The committee also feared that maintaining a logbook would amount to duplicating the preparation for the RITA. This was contrary to our finding that 33 of 35 specialist registrars (94%) agreed that logbooks would help in preparing their RITA. Even more surprisingly, 25 of 35 (71%) felt that the use of logbooks ought to be mandatory. This has wider implications and needs to be the topic of a much broader debate.

It seems logical to assume that psychiatric trainees who do not use logbooks as senior house officers are likely to continue not to do so as specialist registrars. Our finding supports this: 7 (20%) of the 35 respondents used logbooks as senior house officers and 5 of those 7 continued to use them when they were specialist registrars. This highlights the need to recognise and address the use of logbooks in basic specialist and higher specialist training as on a continuum. The idea that logbooks need to be simple and user-friendly, if they are to be used by trainees, guided us in our design of this logbook. Of the 35 trainees who responded, 31 (89%) felt it was not too simplistic and they all recognised that it was a usable format.

Given the varied training requirements and learning objectives of higher specialist trainees in general adult psychiatry, it is surprising that there is no uniform method of recording the multifaceted aspects of their training. We have developed a simple and easy-to-use logbook for these trainees. In our survey, all respondents

felt that there was scope for use of a logbook (100%) and that it was user-friendly (100%), and 96% felt that it would help with the preparation of the RITA. Logbooks can also help greatly in preparation for appraisal and revalidation. Although only 14% of our respondents currently maintained a logbook, the fact that all were receptive to the idea is cause for optimism, and calls for a more systematic evaluation of designing and implementing a College-approved logbook.



Acknowledgements

We thank Professor Ilana Crome for her guidance and support, and all those who participated in the survey.

Declaration of interest

M.J. is the programme director of the West Midlands specialist registrar training scheme.

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