



## education & training

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### Do trainees have adequate access to computers and computer software?

#### AIMS AND METHOD

To find out whether trainees have access to computers and computer software; to estimate the demand for more access and training; and to see whether requests for more computer access over a 2-year period led to change. A questionnaire was sent to trainees in November 1997, and again 2 years later.

#### RESULTS

Only half of the senior house officers and three-quarters of specialist registrars said they had access to computers. For those with access, this tended to be for word processing and Medline. Only one-quarter had access to the internet. There was a strong demand for wider access and for more training. There was

little change in the provision of computers and software over the 2-year period.

#### CONCLUSION

To take advantage of developments in technology, psychiatrists need to have access to computers. This survey suggests that trainees are not being adequately prepared for the future.

In recent years, as computers have become smaller, cheaper and more efficient, their presence in offices and homes has become commonplace. In medicine, computers are already widely used for tasks such as administration, research and prescribing; medical records are gradually being computerised; and the internet is allowing patients and doctors access to support and special interest groups, reports and medical papers.

In psychiatry it is not beyond the realms of possibility that, instead of a *British National Formulary* in the drawer, a computer on the desk will offer a range of treatment information. Scales and information sheets will be easily downloaded, medical records, e-mails relating to the patient and general practitioner letters will be available on the internet and patient data may be automatically audited. Common advice will be "If you need to know any more about this condition please visit the website <http://www.goodmentalhealth.net>."

Psychiatrists will need to be able to use computers to take advantage of these developments and keep up with their patients. Williams & Curran (1998) identified poor access to computers as one reason why specialist registrars (SpRs) fail to complete research projects. We wished to examine the access that trainees have to computers and see whether they wanted more access and training. We repeated the survey after 2 years to see whether or not there had been any change.

#### Method

A short questionnaire was designed with questions about how much access to computers trainees had, how much they

wanted and whether they wanted training. As well as closed questions, comments were sought. The questionnaire was sent to all trainees on the St Mary's Hospital senior house officer (SHO) and SpR training schemes in November 1997. Further questionnaires were sent to those who failed to respond on the first occasion. Over the following 2 years, the issue of trainees' poor access to computers was raised repeatedly at meetings with consultants and managers. The survey was repeated in November 1999. Responses were entered directly into a computer.

#### Results

The response rates were 53/64 (83%) in November 1997 and 58/78 (74%) in November 1999. In the earlier study 36/45 (80%) of SHOs and 17/19 (89%) of SpRs completed the questionnaires. In the later survey 40/58 (69%) of the SHOs and 18/20 (86%) of SpRs completed the questionnaires.

Approximately half of SHOs and three-quarters of SpRs reported having access to a computer at work. There was little change over the 2-year period although access actually reduced in some areas (see Table 1). The vast majority of trainees without access did in fact want access to computer programs and the proportion wanting access increased over the 2-year period (see Table 2). In November 1997 28% of SHOs and 53% of SpRs said they had received training in the use of computers and in November 1999 the figures were 28% of SHOs and 35% of SpRs. At the first survey 83% of SHOs and 82% of SpRs said they would like training and at the second survey the percentages were 78% and 80%, respectively.



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**Table 1. Percentage of trainees with access to a computer and software in November 1997 and November 1999**

	Senior house officers		Specialist registrars	
	1997 (n=36)	1999 (n=40)	1997 (n=17)	1999 (n=20)
A computer at work	67	55	82	70
A computer in their office	19	25	47	50
Word processing	53	50	65	75
Statistics	14	13	35	15
E-mail	14	20	29	5
Internet	19	28	29	10

**Table 2. Number (%) of trainees without access to computer software who would like access in November 1997 and November 1999**

	Senior house officers		Specialist registrars	
	1997 (%)	1999 (%)	1997 (%)	1999 (%)
Word processing	9/12 (75)	13/15 (87)	3/5 (60)	2/2 (100)
Statistics	10/21 (48)	19/27 (70)	6/9 (67)	12/13 (92)
E-mail	14/23 (61)	22/26 (85)	10/11 (91)	15/16 (94)
Internet	12/21 (57)	23/24 (96)	9/11 (82)	13/15 (87)
Medline	9/14 (64)	15/17 (88)	6/6 (100)	9/9 (100)
Reference manager	9/18 (50)	19/23 (83)	11/12 (92)	13/13 (100)

Some trainees commented that they only had access to old, under-powered 'hand-me-down' computers. Others made the point that access to the internet was available at a nearby hospital library; however, this was not convenient and the terminals were often busy.

## Discussion

The poor access to computers and software is consistent with the findings of Williams & Curran (1998). In their survey of trainees in the Northern and Yorkshire regions in 1995 only 81% of SpRs had access to a computer. The similarity between their findings and the findings in 1997 and 1999 suggest that little has changed over this period. This is surprising considering the fall in price and increased use of computers. Although access did not improve, this survey suggests there was an increasing demand from trainees for access to these programs over this period. This is likely to reflect a growing realisation of the value of the tools and a higher expectation that clinicians should be familiar with the new technologies.

The internet, for example, is becoming more important for a range of health care issues. Patients are turning to it for information and the amount of information it contains is increasing, although the quality of advice remains variable – there have been concerns that some sites for people with depression may encourage suicide (Thompson, 1999). Health care professionals could help patients find good-quality health information on the internet (Shepperd *et al*, 1999). The internet has also become an important means for training. The *British Medical Journal* can be searched and articles downloaded free (<http://www.bmj.com>), the British Medical Association also offers free access to Medline (<http://www.ovid.bma.org.uk>) and the Royal College of Psychiatrists runs a site with publications and other information (<http://www.rcpsych.ac.uk>). Doctors visiting the site for the Centre for Evidence Based Mental

Health can read *Evidence Based Mental Health* and other teaching resources (<http://www.cebmh.com>).

So it remains unclear why access and training have not improved despite the general increase in computer availability at home, an increase in demand from juniors and an active campaign to improve access. The answer may be partly financial. Over this period the general climate was one of cost-cutting, and computers for juniors requires extra expenditure. Second, consultants may see acquiring computers for themselves as a higher priority. Without the support of consultants it is difficult for juniors to demand extra resources. Finally, although junior doctors are expressing a demand for greater access to computers, they may be somewhat ambivalent about using them. Many of the present junior doctors trained before computers were available at school or medical school. They may not feel confident enough to pressurise services for access to computers and training. This may change as juniors became familiar with computers prior to training in psychiatry.

In summary, this survey has shown that trainees have poor access to computers and computer software. They are keen to have improved access and this desire has increased over the study period. The presence of computers in offices and homes is now commonplace and their presence in trainees' rooms is long overdue.

## References

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