the columns

correspondence

Communication skills of overseas doctors and training implications for psychiatry

The ability to communicate effectively is fundamental for a doctor practising in any medical specialty, and it assumes crucial importance in psychiatry. Good communication between doctor and patient is necessary for history-taking, eliciting symptoms of mental illness, exploring sensitive issues and establishing rapport with patients. Proficiency in the English language may not be sufficient in understanding its subtleties and nuances.

The General Medical Council (GMC) guidelines state that doctors should have adequate language and communication skills to practise in the UK, involving submission of an original International English Language Testing System (IELTS) certificate, showing attainment of minimum scores in speaking, listening, reading and writing English (www.gmc-uk.org/doctors/registration_applications/join_the_register/language_proficiency.asp). In 2008, just 6% of candidates sitting Paper 1 of the Membership of the Royal College of Psychiatrists examination were UK graduates (www.rcpsych.ac.uk/member/rcpsychnews/august2008.aspx). A majority of psychiatry trainees for whom English is not their first language have received training overseas.

A qualitative survey was conducted to gauge the opinions of trainers, trainees and service users regarding communication skills of overseas doctors. Self-report questionnaires addressing communication and language were completed by a sample of consultant trainers, psychiatry trainees and service users of Greater Manchester West Mental Health NHS Foundation Trust. Questions addressed issues regarding effective communication, language ability, impact on patient care and training implications for psychiatrists.

There were 99 respondents (11 trainers, 15 trainees and 73 service users). Trainers perceived the need for additional training for trainees if their language skills were deficient. They suggested that a system for assessing language competency should be provided by the Royal College of Psychiatrists. Trainees reported a high level of English language competency, but regarded IELTS as not meeting the requirements for training in psychiatry. They also suggested additional training components and language testing to be introduced by the College and the GMC. Service users who had been seen by overseas doctors perceived them to be good communicators with minimal language difficulties. They also felt that doctors who had problems speaking English should receive additional training.

Although overseas doctors' language competencies are regarded as being adequate by trainers, service users and trainees, additional formalised language training is felt to be necessary. This should be recognised by the GMC and the Royal College of Psychiatrists. Localised language training should be facilitated and encouraged as part of skills development and should be assessed through regular workplace-based assessments.

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Dealing with transphobic harassment: the experience of a transsexual in-patient

Up to 33% of female in-patients on psychiatric wards experience unwanted sexual comments and pestering of women patients is also common (56%).[1] Harassment has been a particular problem for one our patients, a male-to-female transsexual who required admission for depression and suicidal thoughts. She has found hospital admission particularly difficult both due to prejudice from fellow patients and because of what she describes as 'transphobic' abuse from staff. Even during the first hours of her admission it became clear that our in-patient service was not going to find it easy to meet her needs and she was moved between wards, allocated a bed in a female area, then in a male area, and then finally moved to a single bedroom in a mixed ward.

Although these were real practical issues (i.e. trust wards operate either as same-gender wards or as wards with specific male/female areas with gender-specific bathrooms), it also seemed that staff's attitude was a major factor in the patient's feeling harassed and discriminated against. Following a complaint to management she has agreed to meet with ward managers to discuss the issues.

Helpfully for the medical staff, the patient also agreed for her case to be presented at the academic programme to which all grades of doctors attend. She preferred to be present throughout the presentation of her history, talked of her own experiences and participated in the subsequent discussion.

A questionnaire survey of the attendees at the presentation revealed that most understood the difficulty experienced by the patient and appreciated the issues of harassment and discriminatory practice as she described them. The majority (76%) had no training in transgender issues and would welcome some.

The Department of Health guidelines on transgender issues[2] do not specifically refer to in-patient accommodation but are more focused on staff attitudes.

It would be interesting to see whether in-patient accommodation would prevent the harassment described by our patient or whether staff awareness is the more vital component.

1 LawnT, McDonald E. Developing a policy to deal with sexual assault on psychiatric in-patient wards. *Psychiatr Bull* 2009; **33**: 108–11.

2 Department of Health. *Trans: A Practical Guide for the NHS*. Department of Health, 2008.

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Xenophonia: a new term in psychiatry?

Studying the international literature in psychiatry and the publications in psychiatric journals, we could not identify