

not covered by the workshop. This was because the whole workshop dealing with breaking bad news, death and dying was scheduled for later in the course.

Most common concerns at the end of the workshop

The types of concern given by the students as being raised by the workshop were almost identical to those listed at the beginning of the workshop; 32 (43.8%) of students reported no additional worries raised by the sessions.

Comment

This paper demonstrates that medical students approach the clinical part of their training with a number of apprehensions. Their feelings of inadequacy and immaturity are often as frequent and as worrying to them as specific worries about history technique and lack of medical knowledge.

One half day workshop addressed many of their anxieties. It has been shown that students with fewer such anxieties are rated as better interviewees by their teachers and are also more competent doctors preferred by their patients (Thompson & Anderson, 1982). Therefore our workshops may be expected to have improved their self confidence, competence and the way they are perceived by patients. Clearly such a brief introduction to interview skills can only be expected to have a very limited benefit to the students and needs to be viewed as a first step to an integrated programme of training in consultation skills which should continue throughout medical school. We believe that by introducing this subject early in a student's training helps to emphasise the fundamen-

tal importance of good communication skills for doctors. Further studies are needed to ascertain whether such a brief teaching session does have long-term effect.

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Careers in psychiatric specialities

4. Community psychiatry

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Definition

Community psychiatry is at present an ill defined specialty. The emphasis is on psychiatry practised in

the community, often in the context of a community mental health centre (CMHC), although in-patient facilities are still an important component of most services.

Career prospects

Most general hospital psychiatry posts are likely in future to have some degree of community orientation, and there will be an expansion in consultant posts specifically for community psychiatry.

Training requirements

Training requirements are as for general hospital psychiatry posts. There is no agreed obligatory training requirement for community psychiatry, although there is a Social, Community and Rehabilitation Section of the Royal College of Psychiatrists.

Job structure

The job structure can vary enormously and needs to be tailored to the community being served. There is no single, universally applicable model. Community psychiatry is general psychiatry adapted to provide a more accessible and appropriate service for a given population. It can range from a hospital based job with one or two out-patient clinics in a general practice health centre to a fully integrated community psychiatry service based in a CMHC, with only minor input to the hospital. Community psychiatry is very much a clinically orientated speciality with a large proportion of the consultant's time spent treating patients with a variety of psychiatric conditions. Establishing networks of health and other professionals is also an important component of the job. While effective management is vital to the running of a good service, the consultant may have to develop decision making processes with nursing and social services managers in the CMHC.

Satisfactions and frustrations

Many community services are new and forward looking, with enthusiastic staff and a pleasant working environment away from the rigidity and constraints of hospital general psychiatry. It can be more rewarding to see patients in their homes, although in some services based in deprived inner city areas, travelling alone may provoke anxieties about the safety of both the psychiatrist and his/her car!

Frustrations can again arise from conflicts with other members of the multidisciplinary team. While other health professionals may hold strongly divergent views about the treatment of patients, it is the psychiatrist who still has to carry medical responsibility for any decisions or mishaps. A particular problem, which has been documented in the American literature, is for the service to become swamped with the "worried well" to the detriment of more severely and chronically ill patients, who are

less rewarding and more difficult to engage in treatment. The problem of identifying this latter group is often ignored.

As the consultant is community based, he/she may become isolated from his/her peer group, and loneliness and demoralisation may ensue. Relationships with non-medical staff may, however, be stimulating and rewarding, and new ideas may develop from contact with groups such as the clergy, probation service and voluntary agencies.

Research

There is a wide spectrum of research possibilities. These range from studying the effect of social and familial factors upon psychiatric illness, to examining the effectiveness of biological treatments in a community setting. Although there has been a considerable body of work evaluating community mental health services, much of this has been conducted in the United States. It is unclear how relevant such findings are to services in this country, and there is a need for similar studies to establish the efficacy of community care in the United Kingdom. Good quality community care is not a cheap option, although it might be politically expedient to regard it as such. It is thus vitally important that methodologically sound research examining the true costs of community care are carried out.

Conclusion

The majority of general psychiatry posts will include a degree of community work; it is therefore an area that most trainees need to gain experience in. Community psychiatry may be more stressful and demanding than hospital based psychiatry as there is an absence of some of the support and backup that is commonly available in the hospital setting. It is most suitable for a well trained, clinically experienced individual who has an interest in developing services, and who particularly enjoys working closely with patients.

Further reading

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