

very thinly throughout the wards, resulting in a poor liaison service for staff and patients and a less than adequate experience of the specialty for the trainee. At Westminster this problem has been partially resolved by restricting the liaison attachment to a limited number of departments (e.g. the ward for HIV patients) which allows the trainee to offer and experience liaison psychiatry to a more fulfilling degree. Of course this means that other departments in the hospital suffer from the lack of a liaison attachment and have to rely on referrals to the local psychiatric hospital. Unfortunately, this situation is typical of the state of consultation and liaison psychiatry throughout Britain today (Mayou *et al*, 1990). If resources allowed, a fully qualified multi-disciplinary liaison team could be developed, resulting in a better service for all hospital staff and patients, and a better training for the liaison registrar.

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Thirty-six questions for the MRCPsych

DEAR SIRS

As a result of the work done with trainees preparing for both parts of the MRCPsych examination, and two groups of senior registrars, over the past five years and a bit, I have worked out a set of 36 questions which have had a very interesting history: every candidate who has successfully worked through *all* of these questions, and wholeheartedly participated in the related clinical audits, has been successful in the Part I or Part II MRCPsych Examination *immediately following* this training programme.

As this training programme has been so helpful to quite a few doctors, I would like to share it with all, trainees and tutors alike, and hope that this contributes something of value to education and training in psychiatry.

The questions

1. What is psychiatry all about?
2. What do you understand by the expression 'disorders of the mind'?
3. What are the functions we attribute to mind?
4. How does the brain work?
5. What is the relationship between brain physiology and the functions we attribute to mind?
6. How do we think that the mind develops?
7. How may disorders of the mind manifest?
8. What are the causes of mental disorders?
9. Are mental disorders diseases?
10. Why do we classify mental disorders?
11. How are mental disorders classified?
12. Do mental disorders manifest in the same ways all over the world?
13. How would you arrive at the conclusion that a person is suffering from a mental disorder?
14. What do you know about the individual psychiatric syndromes?
15. What are the physical treatments for mental disorders?
16. What are the physiological effects of the physical treatments?
17. How do the physical treatments produce their therapeutic effect?
18. What are the psychological treatments for mental disorders?
19. How do the psychological treatments produce their beneficial or adverse effects?
20. How did these psychological treatments become established?
21. What are the social and environmental treatments for mental disorders?
22. How do these social and environmental treatments generate a therapeutic effect?
23. What are the settings in which these various forms of treatment – physical, psychological, and social and environment – may be given?
24. What people carry out the treatment of mental disorders, and how did they get involved in this sort of work in the first place?
25. On what grounds would you admit a mentally disordered person into hospital?
26. How does being admitted into hospital get patients better?
27. How could being in hospital make patients worse?
28. How would you prepare a person for return to meaningful living in the community after a period of treatment in hospital?
29. What continuing help is available for those who have been discharged from hospital?
30. What conditions may present as emergencies in the field of psychiatry?
31. What do you know about the Law that regulates the admission, treatment, discharge and the management of the property of people suffering from mental disorders?
32. Are mental disorders preventable?
33. What becomes of the mentally disordered in the long run?
34. How have we acquired the body of knowledge we now possess about mental disorders?
35. What do managers do, and what is the relationship between them and the clinicians?

36. What personal attributes would enable you to work well as a member of a multi-disciplinary clinical team?

The method

Each week, after doing his or her own literature search, the trainee writes an essay on one question, for marking by the tutor. (Depending on the trainee's stage, each question can be approached at various levels of complexity). As far as possible, the substance of the essay is related, in the subsequent discussion, to practical examples. Each session is rounded off with a case history and ten multiple choice questions.

Clearly, this is a fairly intensively interactive activity between the trainee and the tutor. It is evident that the tutor has to be at least as motivated as the trainee to go through with this.

The rewards

There are rewards on both sides. For the trainee, a sound foundation in psychiatry, in factual knowledge as well as clinical skills, with the attendant enhancement of a faculty more precious than either: the capacity to think. Being able to think skilfully and efficiently is of considerably greater value than stuffing the mind with data.

For the tutor, the reward is the experience of the unique pleasure a part of facilitating the expansion of another person's consciousness, world-view, and general capacity to deal competently with life.

I would like to extend my best wishes to all trainees

and tutors who might wish to give this 36-question training programme a try.

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Appeal from "Cradle"

DEAR SIRS

I wish to appeal to your readership for information, news, or submission of articles relevant to the aims and objectives of the organisation I represent in order that we may establish an informative newsletter/magazine.

The organisation is "Cradle" which is a local group of people in Hastings from both professional and non-professional backgrounds who have joined together to pursue their common interest in promoting positive aspects of mental health issues relevant to pregnancy, childbirth, and early parenting. The group is currently moving in the direction of an educational and informative role and hence the emphasis on promoting good communication.

We would be very interested to hear from individuals or groups of similar interest in order to push forwards our aims and objectives, and would invite anyone wishing further information to contact me.

PETER GEORGE

*Chairman, "Cradle"
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Psychiatric Bulletin (1991), 15, 117

Wisdom

A short series of short pieces (with questions)

3. Knowledge

"Suppose you and I argue. If you win and I lose, are you indeed right and I wrong? And if I win and you lose, am I right and you wrong? Are we both partly right and partly wrong? Are we both all right or both all wrong? If you and I cannot see the truth, other people will find it even harder."

"Then whom shall we ask to be the judge? Shall I ask someone who agrees with you? If he already agrees with you, how can he be a fair judge? Shall I ask someone who agrees with me? If he already agrees with me, how can he be a fair judge? Shall I ask someone who agrees with both of us? If he already agrees with both of us, how can he be a fair judge? Then if you and I and others cannot decide, shall we wait for still another? Waiting for changing opinions is like waiting for nothing."

"Seeing everything in relation to the heavenly cosmos and leaving the different viewpoints as they are, we may be able to live out our years."

These words were set down by Chuang Tsu, an official in the lacquer garden of Meng in Honan Province around the 4th century BC.

Knowledge has the property of incontrovertibility. Knowledge is what you know.

How do we know what we know?

LARRY CULLIFORD

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