

## Correspondence

### *Patients' participation in MB Finals in Psychiatry*

DEAR SIRS

I am writing in response to the interesting article by Drs Persaud & Meux (*Psychiatric Bulletin*, February 1990, 14, 65–72). As I have been involved with organising MB Finals in Psychiatry on three occasions, I thought it may be of relevance to report on the effect of the examination on the mental states of the 80 patients good enough to participate. Each patient was assessed by the two examiners, as well as the nursing and medical staff involved in their care as suitable cases for Finals.

The commonest reaction was anxiety or plain boredom. However, six patients showed significant changes in their mental states during the process. One patient with a schizoaffective illness who had been stable for several weeks, suddenly became grandiose and euphoric in the middle of his first morning in Finals. When not being interviewed, he acquired a large shopping trolley, chef's hat and uniform and propelled himself up and down the corridor of the examination hall. This behaviour had a beneficial effect on the other patients, examiners and candidates, with requests made that he become a regular attender to brighten up the proceedings. Unfortunately he later became suddenly sexually disinhibited when he saw the female medical student he was to be interviewed by. He had to be interviewed, however, as there was no time to arrange an alternative patient. To remedy any potential hazard a large, strong female nurse was used as a chaperone, which must be an uncommon experience in Final MB in psychiatry! Needless to say the candidate passed with flying colours.

Another patient was on the way to the room where Finals were to be held and without warning became suspicious that it was a police station and double-backed and ran, absconding into freedom! One chronic schizophrenic patient became manneristic and irritable and refused to be interviewed unless he had his requisite supply of cigarettes, which had run out! Another chronic schizophrenic who was at that time symptom-free (and in fact had never experienced auditory hallucinations in his illness), became very suspicious and asked me if he should be hearing voices if he had this diagnosis, as everybody was asking him about this! A rapid-cycling manic-depressive who had had his longest period of mood stability prior to Finals, became irritable (mostly with examiners who were asking "stupid questions" of the

candidate) following an incident in which the lock of the toilet had jammed; and there was a delay before this could be opened. One previously-recovering depressed patient developed a panic attack when inadvertently left alone in the examination room for five minutes after her interviewer and the examiners had left ahead of schedule.

I think that this level of morbidity and relapse (6/80 or 13%) is significant. This is despite the fact that these patients were carefully selected for their reliability and were pre-discharge or had a stable mental state. It would be interesting to hear if fellow organisers or examiners have had similar (or worse) experiences!

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### *Whither the MRCPsych day release courses?*

DEAR SIRS

Wessex has a day release course based at Southampton which I suppose is not atypical of the other courses throughout the country. It was set up in 1966, well before the College was founded, to help trainees pass the DPM. In those days there was little postgraduate education in psychiatry outside the main teaching centres. The Wessex school was set up especially to supply courses of formal lectures and to act as a centre for advice and a place where trainees from all over the region could meet with their peer group and supply mutual support during their psychiatric apprenticeship.

Things have changed since then and although course organisers have tried over the years to keep abreast of these changes, there have been stages when the whole system has needed reappraisal. One such time was following the founding of the College and the introduction at the MRCPsych examination and phasing out of the DPM. I feel we are now at another crucial point when the whole system needs reappraisal.

Those who organise MRCPsych courses have no forum in the College in which to discuss their courses. I am writing this letter to pin-point some of the pressures for change which are currently affecting us and to invite the College to set up a national forum where organisers can share ideas and perhaps help each other to work out a national response to the present needs of the trainee.