



normal. Only 4 participants with hyperprolactinaemia complained of any prolactin-related symptoms. One person complained of prolactin-related symptoms despite having a normal prolactin level.

The prevalence of hyperprolactinaemia in this study was 80% compared with 53% reported by Bushe & Shaw (2007).

Most individuals taking depot risperidone will have hyperprolactinaemia and reported symptoms are an unreliable guide to prolactin levels. Further study is required to inform decisions about the clinical management of this patient group.

Declaration of interest

None.

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'I wish to speak to a psychiatrist, please': psychiatric vocabulary in phrase books

Phrase books play an important role for many tourists and travellers in helping to manage everyday situations. Whether or not individuals with mental health problems can express their needs in local languages using the vocabulary found in commonly available phrase books has not been assessed.

We wished to ascertain whether the expression of basic psychological distress was possible using widely available phrase books and whether vocabulary requesting access to psychiatric services was covered. Seven publishers of phrase books were identified: Teach Yourself, Dorling Kindersley Eyewitness, Lonely Planet, Berlitz, Rough Guide, Collins and BBC Active. For each publisher we aimed

to assess phrase books in Spanish, Portuguese, Mandarin Chinese and Polish. All seven publishers produced phrase books for Spanish and Portuguese, two did not publish a Mandarin Chinese phrase book and one did not publish a Polish one. We assessed whether a particular phrase book contained a section on health and vocabulary regarding symptoms of depression, anxiety, psychosis, suicidal ideation, asking to see a psychiatrist, requiring psychotropic medication, specifically explaining that one is taking psychotropic medication, explaining that one is taking lithium. We obtained a total of 25 phrase books from the seven identified publishers.

All the books had sections on health: 12% ($n=3$) had vocabulary for depression and 40% ($n=10$) had vocabulary for anxiety disorders. Two of the publishers had produced phrase books which contained a word for 'anxious' in the general dictionary, without any cultural context, 16% ($n=4$) had a (context-free) expression for 'I feel strange,' but none had a word for 'psychosis' or stated how to say 'I have a diagnosis of schizophrenia.' None had any of the other vocabulary elements surveyed.

Publishers of phrase books were contacted for their comments and advice before the survey. The one representative of a publishing house who responded informed the authors that phrase books follow a set template closely (personal communication with Anna Stevenson, Harrap Publishing Manager, Chambers Harrap Publishers, 26 October 2007). It would be irresponsible to suggest that anything more than very basic expression of psychological distress and relevant needs would be possible using a phrase book. Cultural sensitivity would be required to help facilitate effective communication of the most immediate needs. However, as phrase books are prepared according to a template, it would seem a straightforward matter for psychiatrists to approach the publishers of phrase books with a few suggested phrases. Perhaps this is an opportunity to the specialty to work with the publishers to help, in a small way, make the lives of our patients easier.

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Attitude to workplace-based assessment

We conducted an email survey to evaluate attitudes to workplace-based assessment. The questionnaire was sent to consultants, career specialists and trainees working in the East London Trust ($n=245$). We received 59 responses (response rate 24%). Among the responders there were 25 consultants, 12 specialist registrars/specialty trainees year 4, 19 specialty trainees years 1–3, 2 associate specialists and 1 staff grade. Almost two-thirds of the responders ($n=39$, 66%) were uncertain whether the system of competency assessment was better than older systems; 21 (35%) were unsure whether it would improve patient care in the long run and 18 (30%) believed it would not improve patient care. Thirty-six responders (61%) believed that it would increase their paper work and distract from their clinical work. The majority (42% v. 21%) of the workplace-based assessment trained group also believed that new tools would fail to provide more non-judgemental and informative feedback compared with established assessment procedures. The survey shows uncertainty among trainees and trainers about the effectiveness of the new workplace-based assessment tools. However, attitude changes with familiarity. In case of the Calman reforms trainees were more satisfied after 18 months of initial application of the system (Paice *et al*, 2000). This survey indicates the need for further robust investigation to examine the questions of confidence in the workplace-based assessment, the content of the workplace-based assessment tool training sessions and the development of workplace-based assessment methods requiring less time to reach valid and reliable conclusions about the competency of the trainees.

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