

most, I am concerned at the need to maintain morale and a sense of identity amongst psychiatrists at a time when their role is under fierce challenge. We hope that *South West Psychiatry* will help by fostering their sense of common identity and purpose.

One last point concerning your comment on Philip Seager's article, inevitably brief but crystal clear to us, though not to you. It might interest you to know that widespread interest and discussion has been stimulated by this particular paper, and we believe it achieved its primary aim splendidly.

Let us now give *South West Psychiatry* a fair trial without further ado, shall we?

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**The Evaluation of Quality of Life in the Community:
E QUAL: C Individual Recording Booklet and
E QUAL: G Group Recording Booklet.**

By M. Harris, Huddersfield Health Authority.
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Several large-scale quality of life (QOL) surveys have been carried out since the mid 1970s to determine the subjective and objective assessments of the American way of life. Collecting comparable information from chronic mental patients living in community residential units was shown to be feasible by Lehman *et al* (1982). Such patients tend to be single, unemployed and disabled by symptoms; they are often poor and have little contact with others. These features were mirrored in the main areas of QOL dissatisfaction: finance, unemployment, health, relationships and personal safety. It was also noted that there was discrepancy between objective and subjective assessments; living conditions which satisfied over half of the residents appeared to be undesirable by the average American.

This publication comprises two complementary booklets aimed at assessing the QOL in community residential units. E QUAL: C covers the main QOL items for individual residents. It also includes ratings of the individual's sense of autonomy and involvement in future plans. Discrepancies between the resident's perception and the rater's assessment are noted. A summary and recommendations for further action are made and results of subsequent interventions are recorded at a follow-up interview.

E QUAL: G sums up the information culled from the individual booklets to compile a profile of the residential unit in order to assist future planning.

The ratings should go a long way towards achieving the intended aims: however, their value would be augmented by a predetermined cycle of periodic re-assessments. It should be remembered, however,

that the translation of QOL questions into measurable terms remains problematic (Lehman *et al.*, 1982).

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Reference

LEHMAN, A. F., WARD, N. C. & LINN, L. S. (1982) Chronic mental patients; the quality of life issue. *American Journal of Psychiatry*, 139, 1271-76.

Examination Techniques in Psychiatry.

By N. L. Holden, London: Hodder & Stoughton. 1987. Pp.45. £2.50.

This booklet attempts to help the MRCPsych candidate improve his or her examination techniques. The book covers six chapters and includes advice on writing essays, multiple choice questions, short answer questions, clinical examination, preparing for the clinical assessment, management and prognosis and the oral examination.

The first chapter on essays seems to state the obvious; one should present a clear, concise, structured and factual answer to the question asked. The MCQ chapter mainly focuses on knowing one's own level of guessing – whether one is almost certain or choosing at random. The need for a logical structured and comprehensive answer to short questions is underlined in the SAQ chapter. The examples given clearly make the point that comprehensiveness coupled with good factual knowledge is the goal to aim for. In the fourth chapter useful hints are offered to the candidate to help him or her organise the time during the interview with the patient. One also gets interesting fashion hints and advice on etiquette! The chapter on assessment and management also makes interesting reading and again advises on clear, concise and confident presentations. Useful hints on organising aetiological factors appear, but it is notable that caution is advised on psychodynamic assessments. The last chapter on oral examinations gives good simple advice – “don't waffle”.

Most of the content of this booklet I would expect most candidates to have already assimilated, particularly from colleagues who have done the examination or from tutors. It may be useful for candidates who have not got close contact with registrars of a similar level or who have difficulty in passing the examination. It would also be useful to read as good common sense on the night before the examination to calm the nerves and it is cheap!

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