- Sensky, T. (2002) Knowledge management. Advances in Psychiatric Treatment, 8, 387-396.
- Wattis, J. & McGinnis, P. (1999) Clinical governance: making it work. Clinician in Management, 8, 12–18.
- Wing, J. K., Marriott, S., Palmer, C., et al (1998) The Management of imminent Violence: Clinical Practice Guidelines to Support Mental Health Services (Occasional Paper OP41). London: Royal College of Psychiatrists.

## Multiple choice questions

- 1. Clinical governance means that quality monitoring and improvement are:
  - a the responsibility of the trust board
  - b mainly undertaken by management consultants
  - c the responsibility of every clinician
  - d an optional activity
  - e the sole responsibility of NHS managers.
- 2. Clinical audit is more likely to lead to improvements in patient care if:
  - a it has support from senior trust managers
  - b it is done by multi-disciplinary clinical teams
  - c managers are not involved
  - d it is used to identify and punish poorly performing doctors
  - it receives practical support from trust information departments.
- 3. During the course of professional development, psychiatrists should:
  - a identify sources of good practice advice (including patient consent) for clinical audit
  - b participate in clinical audit projects that aim to identify mistakes in clinical practice

- c identify the implications and risks of miscoding data
- d design and carry out an audit in the workplace that makes best use of the available information technology
- e only participate in clinical audit projects that involve only other psychiatrists.
- 4. Clinical governance includes:
  - a research and development
  - b evidence-based practice
  - c risk management
  - d financial management
  - e clinical audit.
- 5. The aim of clinical audit is to:
  - a save money
  - b obtain evidence for use in disciplinary procedures
  - c improve patient care and outcomes
  - d gather information
  - e ensure clinical practice is based on the best available evidence.

MCQ	answers			
1	2	3	4	5
аТ	a T	аТ	a	a
b F	b T	b F	b	b
с Т	c F	с Т	c	c
d F	d F	d T	d	d
e F	e T	e F	e	e

## Corrigendum

Culliford, L. (2002) Spiritual care and psychiatric treatment: an introduction. *APT*, **8**, 249–261.

Figure 1, p. 252, contains a drawing error in its lower half. A corrected version of the figure is shown opposite.

Range of mental disorder
Treatment/cure

Maximal disorder
(symptoms, disease)

Minimal disorder
(symptom remission)

Minimal mental health
(illness)

Optimal mental health
('wellness', maturity)

Healing and growth, renewal
Range of mental health

Fig. 1 Health within illness, the two continua model (after Tudor, 1996, with permission)