

allocated to alternative preregistration schemes. For example, one particular hospital group could collaborate with local GPs to offer both traditional preregistration schemes (medicine plus surgery) and expanded schemes (medicine plus surgery plus general practice), and applicants for these jobs would have to agree to random allocation to either scheme (though they could still express within-scheme preferences). If the sample size were large enough, outcome studies could establish the relative merits of the alternative schemes for future GPs, future psychiatrists, future surgeons, and so on. Although time-consuming and expensive, formal outcome studies may prove to be as useful in improving medical education as they have been in improving therapeutics.

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Conference Report

Conference for Psychiatric Tutors in Teaching Interview Skills*

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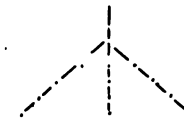
This was the first course run for clinical tutors and 21 of us rolled up clutching our videotape of an interview with a patient. The skills of the three course tutors, Professor David Goldberg, Dr Francis Creed and Dr Peter Maguire, were immediately obvious when they overwhelmed us from the beginning with their positive comments, direct eye contact and friendly empathic approach. David quickly desensitised our phobia of the subject and made clear, with precision, the aims of the course. We were to be both trainee and tutor in the groups that followed and were to use our own tapes as demonstrations. We were fed some research, as befits an academic department, which showed us how effective the techniques were and how long the good effects lasted.

We then split into three groups and experienced each of the course tutors in turn in a supervisory capacity. We quickly learned that our interview skills were in need of improvement and the new language (lack of control, over-focused questions, backing off from emotion, ignoring non-verbal cues, exhibiting premature closure) to name a few, flashed past at tantalising speed.

With David, we were forced to look at the needs of the patient in the interview situation. We came to realise how much our look, gesture and voice affected what the patient told us. We were firmly made to consider the type of questions we were asking; whether they were open, closed, short-cut or precise and what responses they would elicit from the patient.

With David, each second on the tape counted and we were amazed how much we could learn from a minute of recording. Then we spent a session with Francis, feeling we

were in the presence of a very precise, orderly mind that has the following symbol imprinted on it.



This was a choice point, we learnt. There were many in each interview and the number of prongs was important in deciding how the interview should proceed. He showed us, by frequently stopping the tape, (under a bit of resistance from the group, who were beginning to get punch drunk) how much we allowed ourselves to get sidetracked in a normal interview. His visual aide, the "tools in the bag", (which he kept down on the floor beside him), helped us to understand how there was a way out of every interview difficulty (each one had its own "tool"). We got a clear message that without a concise *aim* to the interview, the end product would also be vague and lacking in essential information.

Then we switched tempo with Peter, who liked to let the tape run and who also liked the group to give answers. He told us that the trainees would always know the answers, if we asked them to contribute, which was very comforting to us beleaguered tutors. By now we had group cohesion and were happily pointing out each other's faults and suggesting solutions. Peter reminded us that the real expert in an interview was the patient, if only we would let him talk to us.

Talking to several tutors at the end I discovered that each was making rapid plans to use the new knowledge and to start running courses on interview skills. I certainly felt inspired. One plea though, course tutors; please, more handouts, so that we have something to refer to when we have left the comforting haven of your expertise.

The course will be running again this year and is highly recommended.

*Held at the University Department of Psychiatry, Rawnsley Buildings, Manchester Royal Infirmary, Manchester on 8 and 9 January 1987.