postgraduate education to ensure that individuals are informed of topical issues, current management and medical procedures. Those who carry out the training should ensure that they themselves are adequately trained. Hospitals are advised to establish policies to cover both physical and verbal abuse. There should also be implementation of a procedure for reporting violent incidents and an audit of these incidents. Employers should carry out a risk assessment and provide staff with adequate training to understand the risks involved and enable them to defuse dangerous situations and only as a last resort to take physical action to deal with violent attacks. Procedures to minimise post-traumatic stress disorder should be instituted by the availability of confidential counselling.

The importance of dealing with violence in order to reduce stress among doctors must not be underestimated. This issue must be taken seriously to protect the most precious resource of the health service—its staff.

SCHNIEDEN, V. & MAGUIRE, J. (1993) *A Report on Violence at Work and its Impact on the Medical Profession within Hospitals and the Community*. BMA North Thames Office. Copies of the report are available from the North Thames Office.

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Pro re nata medication: a risk factor for suicide

Sir: We read with interest the paper by Elizabth King (*British Journal of Psychiatry*, 1994, **165**, 658–663) on suicide in the mentally ill. Establishing factors predicting suicide is invaluable. We wish to report an interesting observation.

A near fatal suicide attempt by a schizophrenic patient was preceded by an unusual request for a p.r.n. neuroleptic. Following this a review of p.r.n. medication preceding successful suicides since 1975 in our Special Hospital was undertaken. The case-notes of nine of ten suicides were traced. Six had requested p.r.n. medication prior to their suicidal acts (range four hours to four days). Three of these were regular p.r.n. requesters. The other three had requested p.r.n. neuroleptic medication in the 24 hours prior to committing suicide. In these three patients, the requests were most unusual, these patients not having had any p.r.n. medication for more than six months in two cases and for three months in the third case.

We feel that an unusual demand for p.r.n. medication by a long-stay in-patient may be a sign of increasing patient distress that could predate suicide and may be worthy of objective study.

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Proposals on continuing medical education (CME)

Sir: Sensky's study (1994) on the experiences and opinions of consultant psychiatrists on CME takes into consideration teaching and attendance at educational meetings. I would like to comment on the latter point.

The assumption that attendance at academic meetings achieves what it purports to accomplish, that is the acquisition of knowledge, may be incorrect. Meetings differ in quality and, unless objective evaluations are carried out, the value of particular meetings may be questionable.

Multiple choice question tests are reliable methods to assess acquired knowledge, easy to administer and to mark with the aid of computers. I propose that speakers and lecturers should prepare a few (say five) MCQs on their topics which would be distributed at the end of the talk. The format should be similar to that used in the MRCPsych examination (i.e. correct, false, and don't know answers). An optimum interval or range of response rate for each item of a question should be agreed in advance to eliminate questions with low discrimination power. To facilitate the analysis, there should be a box to indicate that each particular item in a stem question was known or unknown to the respondent prior to the lecture. A minimum number of respondents or percentage of the audience, or both, should be agreed in advance if results are to be

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