

'horses' pull a load that none of them could manage individually. How such research troikas could be set up to carry out their activities is described. It would be very important that such a project was evaluated both quantitatively and in terms of the benefits accruing to each individual and employing authority.

References

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- PELOSI, A. (1992) Research training in psychiatry: "By their fruits shall ye know them". *Association of University of Teachers of Psychiatry Bulletin*, Spring, 1–4.

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Original articles

A new discharge summary

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A good discharge summary is an important part of in-patient psychiatric care. It should provide a useful précis of the admission in the hospital notes, and also provide the general practitioner with details needed for the immediate and longer term management of the patient after discharge.

The study

The quality of summaries and their adequacy to the needs of GPs have been recently examined. The aim of our study was to examine the effect of a newly introduced set format on the time taken to complete the summary after discharge. We also wanted to look at how this approach improved the content of summaries.

The study was carried out within the Elderly Mental Health Division, St James' Hospital, Portsmouth. The hospital serves a total catchment area of 270,000 of which about 56,000 are over 65 years and therefore come under the care of the department should they develop mental health problems.

The new format was introduced in April 1991, and included headings of prognosis and information given to patients and relatives. These were items

noted in the recent studies to be poorly covered, but felt to be very important by GPs.

The summary was ideally to be completed at the last consultant ward round, prior to discharge, although this was not always practical.

All patients discharged in the months of May 1990 and May 1991 were looked at. Where discharge summaries were present, they were examined for the delay between discharge and writing, and also the information contained within them.

Findings

In May 1990, 42 patients were discharged. Of these, there were 29 summaries completed. Of the remaining 13, four patients had died and nine had been brief admissions for arranged shared care.

In May 1991, 45 patients were discharged. For these, 32 summaries were completed. One of the remaining 13 was a brief admission who returned to another area, and 12 were admissions for shared care. No patients studied died during this time so we looked at 29 summaries from May 1990 and May 1991. The percentage of summaries completed in six days or less improved from 48% to 84%, with a mean of seven days to complete summaries in 1990

TABLE I.
Comparison of content of summaries between May 1990 and May 1991

Item	No. of summaries in which item is present			
	1990		1991	
Reason for admission	29	(100%)	20	(68%)
Progress on ward	24	(83%)	20	(70%)
Diagnosis	29	(100%)	32	(100%)
ICD-9 Code	0	(0%)	27	(84%)
Investigations	21	(72%)	10	(31%)
Information to patients & relatives	0	(0%)	26	(81%)
Prognosis	0	(0%)	31	(97%)
Follow-up	27	(93%)	29	(91%)
Medication	29	(100%)	32	(100%)

compared with a mean of four days in 1991. In 1990, 10% of summaries took over 13 days to be completed compared with 2% in 1991. Table I compares the content of the summaries between the two years.

Comments

Any such study over short, well-defined periods of time will be influenced by the individual junior doctors completing the summaries. It may be useful to repeat the procedure using a different set of staff. However, it is hoped that the set format and the plan to complete it during the ward round will go towards standardising this. Also the study does not take into account possible delay in signing the typed summary, or the time taken for it to reach the GP after signing.

Another consideration would be whether filling in this form during a ward round significantly increases its length. We have found that it can, at most, add five to ten minutes per patient, but this would presumably be much less time than the junior doctor

would otherwise spend completing it alone. Also for the less experienced junior doctor it could be seen as a useful learning experience.

The context of the new summary was improved in that it contained the prognosis and stated whether information had been imparted to patients and their relatives, although the extent of this information was not usually stated. However, there was less mention of why the patient had been admitted and what investigations had been carried out.

Recommendations

This study has demonstrated an improvement in the efficiency of completion of discharge summaries. However as with any audit exercise, actually looking at the effect of action, i.e. changing the format of the summary, has shown up other deficiencies. We therefore intend to revise our format to include the headings 'Reason for Admission' and 'Investigations Undergone'.

Use of College Reception Rooms

Council has agreed that the College receptions room should be made available to members for social functions such as wedding receptions, retirement parties, anniversary dinners etc.

Any member wishing to obtain further details about hiring these facilities, should contact Mr

Francis Bloomfield, Office Services Manager at the College.

VANESSA CAMERON
The Secretary