of the situation in one hospital; however, we feel the situation is a worrying one, and, in our experience, typical of psychiatric hospitals.

The perception of the doctors of their abilities to manage an arrest were, in the main, exaggerated. Knowledge of local crash call procedures were inadequate; although it is the nursing staff who usually put out a crash call and take equipment to an arrest, we felt it important that all those obliged to attend an arrest have an understanding of local procedure and equipment storage – especially important if, for instance, the senior nurse on duty is unable to bring any equipment.

Theoretical and practical knowledge and skills were also shown to be insufficient, especially when compared to training recommendations in the literature (The Royal College of Physicians, 1987).

Perhaps the most alarming from this study was the lack of recent, appropriate training for these doctors. It has been suggested in the literature that refresher training updates should occur at six monthly intervals (Goodwin, 1992); most of the trainees received too little training, too long ago.

One finding that emerged consistently from discussion with these doctors during this work was that none of them were clear what level of competence they should meet. Although arrest protocols for general hospitals have been published, there are no such guidelines for psychiatric hospitals. It may be that our measuring these doctors' abilities against the Royal College of Physicians' guidelines is inappropriate, but until exactly what the expectations of the on-call doctor in an arrest in a psychiatric hospital have been defined, this will remain unclear. It is a matter for debate whether, with the change in psychiatric care from institution-based to community-based and other difficulties peculiar to psychiatric hospitals, trainee psychiatrists should be expected to provide emergency medical cover; however, until this change is complete, the on-site junior doctor will be the nearest medical help to the patient, and we feel it reasonable that an arrested patient should have a fighting chance of survival until the arrival of an ambulance. This means the institution of arrest procedure guidelines, training and audit to ensure training goals are being met. A start might be to ensure that every on call doctor is capable of single- and two-person cardiopulmonary resuscitation. Until then, the expectation that psychiatric trainees continue to provide an on-site resuscitation service is an unreal one.

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Computer workshop

The Computers in Psychiatry Special Interest Group of the Royal College of Psychiatrists and the Senior Registrars Forum (An Educational Service for Psychiatry Wholly Sponsored by Lundbeck) are holding a two day residential workshop titled *A Novices Guide to the PC*. This will be the first in a series of practical computer workshops for senior registrars and post Membership registrars in psychiatry and is aimed at those who consider themselves almost computer illiterate. It will be held at the College of Continuing Education, University of Oxford, Rewley House Oxford from 10 to 11 September 1993. Further information: Dr Jonathon Bisson, Sunningdale House, Caldecotte Lake Business Park, Caldecotte, Milton Keynes, MK 7 8LF.

Computer workshop

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