

# Brief Communication

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## THE TEACHING OF FORMULATION

### Facts and Deficiencies\*

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The ability to formulate a case in psychiatry is important. First, it is essential to good clinical practice. Second, it is required of the candidate in the specialty certification examinations in Canada and the United States. Further, in the British M.R.C.Psych. examination the candidate is given instructions pertaining to the formulation which is to be written down and handed in to the examiner.

There has been concern about the quality of training on formulations expressed by both teachers and trainees in recent years. Trainees seek opportunities to interview a patient in conditions similar to that of the certification examination, this interview to be followed by a presentation and formulation of the case. In the University of Toronto, Department of Psychiatry, the annual departmental clinical examination for residents includes marks for the formulation of the case the candidate has examined. We wondered what help trainees could get when starting to acquire this important skill.

We looked at a number of standard textbooks and were astounded to see what little help there was in this area. Most textbooks offer a fairly extensive description of what is required in psychiatric history-taking and in systematic examination of the mental status, but little guidance is given about how to synthesize the wealth

of data elicited in the history and mental status into a coherent formulation. In seven standard works consulted the longest section on formulation ran to a page and a quarter.

From this brief study of textbooks it seemed that the trainee would not obtain his main help there in learning to formulate cases. We therefore decided to study the teaching of formulations in a variety of postgraduate centres and undertook the survey reported here.

Child and adolescent psychiatry textbooks were not perused; this paper refers to the teaching of formulation in adult psychiatry.

### Methods

A brief questionnaire was designed and sent to the Co-ordinator of Post-graduate Education or Chairman of the Department of Psychiatry in the following places:

1. All university Departments of Psychiatry in Canada. (French questionnaires were sent to francophone universities.)
2. Separate questionnaires were sent to the Postgraduate Co-ordinators at each of the settings taking part in adult psychiatry training in the University of Toronto program.
3. Thirty university departments in the United States.
4. Twenty-six university departments in the United Kingdom and Republic of Ireland (U.K.-R.I.).

Respondents were asked whether residents are issued formal written guidelines about formulation, whether they are given literature references to read on the topic and whether the topic is dealt with in central didactic programs. (We assume that most teaching of this topic takes place in clinical settings.) The covering letter with the questionnaire invited comments and suggestions about the teaching of formulation.

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## Results

A total of 57 questionnaires were returned, pertaining to the training of some 1300 residents, which was an overall response rate of 70%.

Written guidelines on formulation were reported as being issued to trainees in 40% of centres. However the rates were 30% for Canada (outside Toronto), 38% from the U.S. centres polled and only 22% from units in the Toronto program, while 55% of the British and Irish schools reported the giving of written guidelines.

The question about references to read on the topic revealed that about one-quarter of the U.S. and U.K.-R.I. respondents gave references. None of the Canadian schools outside Toronto gave references on formulation to residents and only one of the Toronto units did so.

The comments on the questionnaire revealed that 60% of all respondents and 80% of Canadian respondents felt that the topic was important and inadequately stressed in training. Some 35% of respondents reported that the teaching was left to individual clinical teachers.

## Discussion and Conclusions

We received, with the questionnaire responses, very few guideline schemata and only eight references, although the responses covered the training of over 1300 residents.

Those schemata we did receive were notable more for their similarity than for their differences. Some were very brief and sketchy although one or two ran to several pages of detailed advice. Some described the psychodynamic formulation as a separate section from the rest of the formulation; we feel that such a distinction is overly restrictive. In our view, a guideline should be couched in general terms which could be used by psychiatrists of any theoretical orientation. For example, relevant psychological factors in a patient's early environment could be presented in psychoanalytic terms by an analyst but, equally, in language derived from learning theories by a behaviour therapist.

The strongest recommendation to come out of this survey is that increased attention to formulation in clinical training is desirable. Trainees would probably benefit from having the assistance of clear guidelines about how to tackle a formulation. We propose one very simple schema without claiming that it is necessarily ideal (Appendix). It has the merit of being brief enough to fit on one page; it also encourages the trainee to view formulation as the complete synthesis of the case including clinical phenomena (history and the mental state), diagnosis, aetiology, treatment plan and prognosis. The method proposed by Kline and Cameron (1) does not include a management plan; it does include "data collection" which we regard as preliminary to formulation, more usually termed the "psychiatric history" or "anamnesis". Kline and Cameron suggest that aetiological factors be grouped under the headings biological, psychological, and so on, regardless of whether they are predisposing factors in the past, or current precipitating or perpetuating factors. It is probably easier to discuss all the predisposing background factors as a group, subdivided into biological, psychological and so forth, and to discuss current aetiological factors separately.

We believe that the educational discipline of having to write out the formulation is valuable. The trainee has to avoid equivocation and sort out his thoughts sufficiently at least to give, for example, his differential diagnosis in his order of probability.

A final suggestion (which is not worthy of a stronger title "recommendation"), is to try a teaching exercise of group formulation. It is assumed that much of the teaching of this skill will take place in clinical settings where the trainee may be in a one-to-one situation with his supervisor. Trainees in our hospital have found a seminar entitled "Formulations for All" both valuable and enjoyable. A case is presented by one of the group, the patient is interviewed briefly by the teacher and then everybody present, from junior medical student to senior psychiatrist, sits down and writes

for the next 15 to 20 minutes his formulation of the case. These are read out in turn, usually starting with the most junior person, and a free discussion of different aspects of the formulations takes place. It has been chastening to a senior teacher and heartening to the trainees to find a medical student with one month's experience giving appropriate emphasis to something the teacher has omitted.

### Acknowledgments

We are grateful to all the colleagues who took the time and trouble to respond; many of the comments were very helpful.

We thank Mrs. Nancy Forbes for her willing secretarial help.

### Summary

Reasons are presented for believing that the skill of formulation is inadequately covered in textbooks.

A survey was made of 57 psychiatric training centres in Canada, the U.S.A and the United Kingdom and Republic of Ireland (in which 1324 doctors are trained). Of North American respondents only a minority give written guidelines about how a formulation should be undertaken. In the United Kingdom and Ireland 55% issue written guidelines. Only 31% of all centres polled give references on the topic.

The results are discussed and a brief schema to help trainees formulate cases is proposed.

### Reference

1. Kline, S., Cameron, P.M.: Formulation. *Can Psychiatr Assoc J*, 23: 39-42, 1978.

## APPENDIX

### The Formulation

The purpose of a formulation at the end of eliciting a patient's history and examining his mental state is to bring together the welter of information into a brief summary which tells another person what you really make of the case. In contrast a Case Summary should include, in brief, every aspect of the history and examination; a Formu-

lation is a distillation in which you do not include that which you regard as unimportant and do include that which you find *relevant*.

It is suggested that the formulation might be brought together under the following headings:

1. *A brief outline of the presenting problems and main points in the psychiatric history.*
2. *A brief synopsis of the relevant findings (positive or negative) in the mental state.*
3. *Diagnosis; differential diagnosis if appropriate.*
4. *Aetiology*
  - A. Background Factors
    - (i) Genetic Factors
    - (ii) Early Environment
      - biological factors
      - life experiences (psychological factors)
    - (iii) Personality (which is itself a result of (i) and (ii)) Consider assets as well as liabilities.
  - B. Precipitating Factors
    - (i) Biological
    - (ii) Psychological
    - (iii) Socioeconomic
  - C. Perpetuating Factors (if relevant)
5. *Management*
  - A. Investigations proposed (include further information needed here)
  - B. Treatment
6. *Prognosis*
  - A. For present ) state the prognosis  
episode ) operationally (say
  - B. Long term ) what will happen —  
avoid waffle such as  
"guarded")

Your Formulation should be *written*, otherwise you may be tempted to "sit on the fence." Don't forget items 5 and 6 which are what the whole Formulation has been for.

### Résumé

On présente les raisons donnant lieu de

croire que les techniques de formulation diagnostique sont inadéquatement traitées dans les manuels.

Une enquête a été conduite auprès de 57 centres au Canada, aux États-Unis, au Royaume-Uni et en République d'Irlande, ayant au total 1324 candidats en formation psychiatrique. En Amérique du Nord, elle a révélé que seulement une minorité des répondants pouvait fournir par écrit une marche à suivre dans la formulation d'un

diagnostic. Au Royaume-Uni et en Irlande, 55% des centres ont pu en produire une. Seulement 31% de tous les centres regroupés ont fourni de la bibliographie sur le sujet.

Après avoir discuté des résultats, on propose un bref schéma visant à aider les candidats en formation psychiatrique à établir une formulation diagnostique de leurs cas.