

Book and Media Reviews

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Publishers who wish to submit books for possible inclusion in *Family Medicine's* book reviews section should send texts to Cathleen Morrow, MD, *Family Medicine* book reviews editor, Dartmouth-Hitchcock Medical Center, Department of Community and Family Medicine, HB 7015, 1 Medical Center Drive, Lebanon, NH 03756. cathleen.morrow@dartmouth.edu. Reviewers interested in writing reviews for publication should contact Dr Morrow as well.

All books reviewed in this column are available for purchase at amazon.com through the STFM portal at www.stfm.org/bookstore.

How to Teach Continuing Medical Education, Mike Davis, Kirsty Forrest, Oxford, UK, BMJ Books/Blackwell Publishing Ltd, 2008, 121 pp., \$39.95, paperback.

How to Teach Effectively: A Brief Guide, Bruce D. Friedman, Chicago, Lyceum Books, Inc, 2008, 48 pp., \$19.95, paperback.

Teaching in Your Office: A Guide to Instructing Medical Students and Residents, Second Edition, Patrick C. Alguire, Dawn E. DeWitt, Linda E. Pinsky, Gary S. Ferencich, Philadelphia, ACP Press, 2008, 173 pp., \$49.95, paperback.

Your Teaching Style: A Practical Guide to Understanding, Developing, and Improving, Kay Mohanna, Ruth Chambers, David Wall, Oxford, UK-New York, Radcliffe Publishing, 2008, 124 pp., \$32.68, paperback.

Experienced teachers and beginners alike will be inspired by these four books to learn new teaching techniques, improve tried and true methods, and ground strategies in adult learning theory. The texts serve to educate the educator on some aspects of the why, what, when, where, and myriad of hows of effective teaching, each from a

different perspective. Within these four texts, there is something for everyone, from developing CME courses to improving and expanding skills in office precepting.

How to Teach Effectively: A Brief Guide is what I would consider a “down and dirty” guide to effective teaching. While the author comes from a social work background, the book would be appropriate for all instructors who find themselves in the company of adult learners. It is selective rather than exhaustive in its presentation of topics, moving quickly and efficiently through a first chapter on teaching and learning styles to a second chapter on tips and tools for teaching. The pyramid diagrams on learning styles found in Chapter 1 nicely display the various levels that learners move through as they better incorporate knowledge and skills. Chapter 2 concentrates on the collaborative and cooperative learning techniques most relevant to adult learners. At only 45 pages, I would not consider it thorough enough to be the only book on effective teaching you ever read, but it would be a good first read for someone new to teaching and a fine addition to a personal library for someone who wants some basic theory to complement what he or she regularly does.

Teaching in Your Office: A Guide to Instructing Medical Students and Residents is a more comprehensive treatise on office-based teaching. The book, geared toward community preceptors, walks a preceptor through the steps of office-based teaching from preparation to evaluation. The chapters cover important relevant topics for preceptors, including how to be more efficient while precepting and how to give feedback to learners. Chapter 7 on teaching procedures is very detailed and includes examples of skills checklists for learners, which, while a nice addition, seems like something preceptors should be receiving from programs sending students and residents as opposed to creating themselves. Appendix B is most useful; summarizing the key points in each chapter, it serves as a helpful reference section for busy office preceptors prepping for a day of teaching. This book would be great for programs and medical schools to share with their preceptors, as well as to guide program faculty on what might help preceptors best prepare for teaching.

Your Teaching Style: A Practical Guide to Understanding, Developing, and Improving is a focused piece on teaching styles. The book begins with a self-assessment inventory, which when scored,

categorizes the reader into one of six teaching styles. The successive chapters explain each of the six styles in detail, including making the most of your preferred style and incorporating styles that you tend not to use, stretching yourself to that uncomfortable place you might not otherwise dare go without some guidance! The teaching style names are quirky and descriptive, and the English spellings of common words are quite refreshing and natural given the background of the authors. The final three chapters return the readers, regardless of teaching style, to a more general coverage of teaching techniques, evaluation, and developing competence as a teacher. For those interested, there is an appendix reviewing the research on how the teaching style inventory was derived. An additional strength of this text is the research evidence provided in many of the chapters to support the information on teaching strategies.

If you're planning on teaching CME courses, *How to Teach Continuing Medical Education* would be the best fit of the four books reviewed here. It focuses mainly on formal teaching in continuing medical education, and each chapter includes its own learning outcomes, activities for the reader, suggested responses to activities, and extensive reference lists. Similar to many books on teaching and learning, Chapter 1 covers theories of adult learning. It's more comprehensive coverage than any of the other three books, but some readers may find it less well organized. The remainder of the book devotes chapters to teaching techniques, including lecture, group discussion, role play, teaching skills, and clinical teaching. It also, appropriately, includes a chapter on e-learning, an important consideration for teaching this generation of learners. The second chapter was my favorite, briefly covering preparation needed for effective teaching, which in this busy world is too often taken for granted.

I would not consider any one of these books sufficient to teach you everything you need to know about teaching, but a combination of them is a good beginning. Each has its audience and utility, and a medical school or residency looking to expand its faculty development library or reward its community preceptors with helpful readings might benefit from purchasing one or more of these books.

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When Doctors Become Patients,
Robert Klitzman, New York, Oxford University Press, 2008, 333 pp., \$24.95, hardcover.

When Doctors Become Patients addresses the ethos and pathos of a universal but frequently taboo subject for physicians. Robert Klitzman, a psychiatrist and bioethicist at Columbia University, has composed a print documentary consisting of the distilled and interwoven narratives of nearly 50 physician-patients combined with the author's deft analysis and measured self-reflection. The reading of Dr Klitzman's thoughtfully conceived and constructed book is instructive and therapeutic as it allows the reader to contemplate his or her own responses to illness and suffering.

Klitzman's previous works have established him as an astute and caring observer, commentator, and advocate for individuals whose status and/or illness frequently result in loss, marginalization, and stigmatization. Such wounds may be self-inflicted or, all too tragically, administered by an indifferent or even calculating medical education and profession. In the beginning of his current work, Dr Klitzman bravely reveals and briefly describes his own descent into depression following the death of his sister Karen at the World Trade Center on 9/11, a disclosure

that solidifies his bonds with his fellow "wounded healers" whose stories he invites and shares with care and reverence.

The book is divided into three sections that seek to report and analyze the physicians' relationship with their illness, patients, and profession and the resultant transitions between the "tripartite self"—person, physician, and patient. Framing these three sections, "Becoming a Patient," "Being a Doctor After Becoming a Patient," and "Interacting With Patients," is an introduction in which Dr Klitzman shares a portion of his own illness narrative and further presents the rationale and methodology for his book. A reference section that will inspire readers to consult from among the wealth of resources that informed and shaped the author's investigation and commentary is also included.

In the introduction, Dr Klitzman indicates that he conducted 20 pilot interviews to clarify topics and themes of inquiry and then proceeded with his investigation of physician illness experiences in two phases. The initial cohort consisted of 24 doctors with HIV and included one dentist, one medical student, and two physicians who lost their partner to HIV/AIDS. The second cohort included a similar number of doctors whose primary illnesses were attributed to cancer, heart disease, or mental health disorders. Individuals who Dr Klitzman interviewed ranged from ages 25–87, were 75% male, were predominantly Caucasian, and were primarily specialists from New York.

While space limits the full telling of the physicians stories, an important topic is the intertwined personal and professional identity and existential crises that many of the subjects described in their transitions from doctor to patient and from wellness to physical and/or mental illness and suffering. Dr Klitzman notes that the public self of the doctor may frequently be at