

# PostScript

## BOOK REVIEWS

### PACES for the MRCP.

Tim Hall. (Pp 611; £29.99.) Elsevier Science, 2003. ISBN 0-443-07190-X.

It is only to be predicted that a single author, especially a specialist training registrar, would fail in an attempt to produce a book that would successfully cover the whole of medicine. It could also be predicted that a generalist would fail to provide appropriate balance when paraphrasing the essence of each specialty (a task much more difficult than providing exhaustive comprehensive accounts which omit nothing). This book disproves both predictions.

The book deals in turn with the five stations of PACES. Station 4 (communication skills and ethics) is particularly helpful as there are many suggested gambits which would be helpful in real medical life.

On one level this is a general medical textbook appropriate for MRCP level clinicians. Definitive summaries of medical conditions, their physiology and investigations are clearly laid out. Data overload occasioned by the onslaught of medical conventional wisdom is a continual risk in such books, but the author provides occasional wry comments that refresh the mind—for example the internal capsule has a *disappointing* blood supply. On another level PACES questions are posed throughout, which ensures that it cannot be read passively in the hope that some bits will be remembered: active transport of knowledge rather than osmosis is thereby encouraged. Useful tips are scattered throughout the text. The further reading references at the end of each chapter are appropriate and include some in 2002. Finally, the index is such that this book could be used as a quick reference about subjects about which one was less than knowledgeable.

This book is remarkable. At least one specialist training registrar worked harder than contracted! I rarely write such good reviews, especially when I am envious of the breath of knowledge and energy that must have been required to write this book.

**P D Welsby**

Consultant Physician in Infectious Disease,  
Western General Hospital, Edinburgh, UK;  
p.welsby@ed.ac.uk

*Declaration of interest.* I am a PACES examiner.

### ABC of Learning and Teaching in Medicine.

Edited by Peter Cantillon, Diana Wood, and Linda Hutchinson. (Pp 64; £16.95.) BMJ Books, 2003. ISBN 0-7279-1678-5.

This is an attractively presented short introductory text for medical educators. Sixteen authors produced 14 chapters on a variety of

topics relating to the philosophy of adult learning, techniques of acquiring skills and knowledge, and the assessment of results. A rather erratic chapter order probably reflects the fact that the book originated as a series of *BMJ* articles.

The most helpful chapters are the first one applying educational theory to medical teaching, and the last on creating relevant teaching materials. The middle section on large group, small group, individual, and clinical teaching is also effective. A future edition might with benefit include specific chapters on how adults learn and on how individual teachers may achieve maximum effectiveness.

The emphasis is heavily on student contribution rather than lecturing methods with the learner encouraged to contribute the majority of the talk time. There are valuable insights into satisfactory techniques. It is humbling to think that the objective structured clinical examination (OSCE) was introduced 30 years ago, since its UK introduction has been relatively recent. There is appropriate reticence about the impact of web based learning, conjuring up the image of an unhappy isolated anorak clad student who is trying to compensate for a lack of interpersonal skills.

Drawbacks are predictable. Ideas in education are ephemeral, and some of the concepts presented are outdated; why on earth should the verb “enjoy” be unacceptable in learning? Jargon can confuse, and I am still struggling with “self-actualisation” as a concept that could have been better expressed if it means anything. One hopes the word “andragogy” does not replace “adult learning”. For small group and individual clinical teaching the concept of BOGERD (background, opportunity, goal, evaluation, rescue plan, deal) is not discussed. Does this mean it is obsolete or merely that the authors do not subscribe to it? Another quite useful concept is PQRS assessment which emphasises the role of Praise before questioning students how they might improve, reviewing progress, and summarising the exercise. Similarly the relaxing concept of the doughnut tutorial is not specifically mentioned. Students prepare materials and present to each other, and the educator’s role is merely to provide refreshment and referee the debate.

The overall impression is favourable. This is not totally comprehensive, sometimes hindered by technical language, and not always at the cutting edge of educational practice, but in general a useful text.

**M C Bateson**

Consultant Physician and Specialist in  
Gastroenterology, General Hospital, Bishop  
Auckland, County Durham, UK;  
batesonm@smtp.sdhc-tr.northy.nhs.uk

### Medicines for Children.

Royal College of Paediatrics and Child Health and the Neonatal and Paediatric Pharmacists Group. (Pp 897; £60.) RCPC Publications, 2003. ISBN 1-900954-68-0.

The first edition of *Medicines for Children* was published in 1999 and the second edition is a

timely replacement. Produced by a partnership of the Royal College of Paediatrics and Child Health and the Neonatal and Paediatric Pharmacists Group, the editorial board has the support of 75 contributors and 60 reviewers ensuring this publication is both authoritative and comprehensive.

The preface gives useful information on paediatric prescribing issues including the use of unlicensed medicines, providing information for children and families, breast feeding, and drug interactions. In addition, systems based guidelines which are balanced but of necessity not always comprehensive cover the majority of paediatric practice. More information on prescribing errors and how to avoid them would be a useful addition to this section in the next edition.

The main body of the book contains alphabetically listed drug monographs presented in a standard format. They include a description, use, presentation, and dosage of each drug. Most monographs provide dosage by age and route of administration, usually in tabular form. The layout of these data are clear and easy to use and enhanced by the use of green shading.

*Medicines for Children* has rapidly become the gold standard for paediatric prescribing practice in the UK. I like the presentation and style, particularly the use of the Royal College dark green on the cover and to highlight each section as it has a calming and authoritative effect. Inevitably the book will have a short shelf life as prescribing practice changes rapidly so keeping costs to a minimum is important if it is to be widely used. At £60 it is expensive compared with the *British National Formulary* and this will, I fear, limit the numbers of copies available in paediatric units.

**N J Wild**

Consultant Paediatrician, Warrington Hospital,  
Warrington, UK

### 100 Grey Cases in Paediatrics.

Nagi G Barakat. (Pp 197; £15.95.) Royal Society of Medicine Press, 2003. ISBN 1-85315-524-1.

Although wading through examination questions is a tedious and often superficial learning method, this book is a useful resource for pre-exam practice. The “grey case” type of question comprises of a fairly wordy clinical case description, together with a range of investigation results, is followed by a choice of one or more relevant options from a list. The candidate must choose the best one or more (as defined by the question) for the most appropriate further investigation or treatment. Many paediatric postgraduate trainees are unfamiliar with this method of assessment, although many undergraduate medical schools are moving to a similar format but usually using more abbreviated summaries to describe the clinical scenarios. Questions like this are not easy to construct without falling into the trap of cueing the answer to one question when a subsequent question is asked on the same case. The

author effectively avoids this error. The cases are well written and feasible, although the use of some colloquialisms and occasional grammatical inaccuracy would be unusual in professional examinations.

One of the greatest challenges for authors writing preparatory material for specific examinations is guessing the appropriate level of difficulty. As this book is specifically aimed at the MRCPCH, a check with the examination questions made available freely by the Royal College of Paediatrics and Child Health allows a favourable comparison. This website link is [http://www.rcpch.ac.uk/publications/examinations\\_documents.html](http://www.rcpch.ac.uk/publications/examinations_documents.html).

A number of the grey cases in Dr Barakat's book are aimed at a rather more complex level, however this provides the link with the expanded answers in the sections that follow each series of questions. These are admirably concise. If readers attempt the question, commit themselves to giving an answer, and only then read the material that supports the correct answer, a great deal could be learnt in this active learning process.

Overall this book is well structured, carefully written, and a likely to be a helpful resource for those preparing for this examination as well as useful discussion material for their teachers and trainers.

#### G Clayden

Reader/Honorary Consultant Paediatrician,  
Guy's, King's and St Thomas' School of  
Medicine, Kings College London, UK;  
[graham.clayden@kcl.ac.uk](mailto:graham.clayden@kcl.ac.uk)

## Cardiology Core Curriculum—A Problem-based Approach.

Edited by John D Rutherford. (Pp 596; £45.)  
BMJ Books, 2003. ISBN 0-7279-1690-4.

At 596 pages, this new textbook neither fits into a white coat pocket, nor possesses encyclopaedic exhaustiveness. Nevertheless, the chapter structure of text followed by clinical case based questions promotes immediate revision of new learning for the student, and criterion based self assessment for the more advanced trainee. The authors are all American; for the British trainee, the approach to clinical decision making whereby most investigations are performed to exclude unlikely diagnoses, not to confirm clinical judgment, will be unfamiliar though perhaps challenging. The chapter dealing with history and examination paradoxically discusses investigations at length, even though later chapters are dedicated to such investigations.

The paragraphs are usually long, and much information buried in text could have been presented diagrammatically. The referencing of didactic pronouncements, such as percentage point specific risks of cardiac complications of non-cardiac surgery, is patchy.

Discussion of risk factors for coronary artery disease excludes any mention of homocysteine, low birth weight, or socioeconomic factors. Risk assessment of the acute coronary syndromes excludes some

of the newer biomarkers—for example, C-reactive protein and soluble CD-40 ligand. Similarly, the chapters dealing with arrhythmia management do not reflect recent literature clarifying the indications for implantable cardioverter/defibrillator therapy, or focal pulmonary vein ablation for atrial fibrillation. The role of device based cardiac resynchronisation therapy for heart failure is not discussed, neither the concept of diastolic ventricular interaction.

In contrast, the chapter dealing with pulmonary embolism and pulmonary hypertension presents elegant decision making algorithms and is admirably concise.

Discussion of cardiovascular pharmacology is entirely case based. A strategy based on the statement "If it is difficult to decide whether a 'wide-complex' tachycardia is VT or SVT with aberrancy, then procainamide is an appropriate antiarrhythmic to consider using" is not one that I would recommend to the target audience for this textbook in the UK. There is no discussion of low molecular weight heparin versus unfractionated.

In summary, this textbook lacks coverage of the scientific context of some "bread and butter" management dilemmas relevant to district general hospital practice, but does contain detailed equations for calculating regurgitant volumes, stenotic gradients, and transvascular resistance by echo or catheter techniques.

#### N Pegge

University Hospital of Wales, Cardiff, UK;  
[nicholas.pegge@btopenworld.com](mailto:nicholas.pegge@btopenworld.com)