BOOK REVIEWS

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Teaching and Learning in Clinical Settings

RICHARD HAYS

EXTENT P/H	168 p, paperback
PRICE/ISBN	£24.95 1857757513
PUBLISHER	Radcliffe (Oxford), 2006
REVIEWER	David Mitchell
STAR RATING	***

This is one of a current plethora of books aimed at improving learning in medicine, particularly in relation to clinical settings. Its author, Richard Hays, has made a full-time academic career out of medical education and has based this work on a previous book, which was designed specifically for general medical practitioners. The aim of this book was to expand previous principles to a far wider general clinical field. How, then, does this book differ from the numerous others competing in this market place?

It is well structured and comparatively easy to read. The author makes a real effort to distance himself from overuse of medical educationalists' jargon and a small glossary of medical education terms is included at the end, which is accurate and extremely useful. Recommended sources for further reading are included but he has avoided the irritating tendency of many educationalists to grossly over-reference their work in an attempt to emphasise academic integrity. This is an author who understands he is speaking to people who are primarily clinicians and are well intentioned but enormously busy. There is rightly a well-accepted emphasis on learning as opposed to teaching and there is a wealth of scenarios, examples, anecdotes and tables throughout the book.

Where can this book be improved? The author has specifically aimed to move beyond general medical practice as its principal target. Unfortunately, as his own clinical practice is restricted to experience within rural general practice and a very small part-time clinical practice, he really has little in the way of connection with the trials and tribulations of the acute and secondary care sectors. From this point of view as a surgeon, there is an irritating overemphasis on anecdotes from general practice and the teaching of undergraduates. This emphasis on teaching and learning for undergraduates means that useful principles that could frequently be applied to postgraduates are hidden in a plethora of undergraduate-based anecdotes and examples.

The section on assessment, in particular, suffers from a lack of insight into the fundamental problems of assessment of high-functioning postgraduates whose assessments must, by their very nature, include the ability to interact both with peers and patients and the ability to perform complex tasks, sometimes under extremely unfavourable conditions.

The bottom line for any book review is would you buy it? If you are a surgeon with a major interest in education and a job plan which includes both undergraduate and postgraduate teaching, looking for a single book which encompasses educational principles and useful additional tips perhaps as a supplement to a 'training the trainers' course then this would be a useful book. If you are a surgeon whose main teaching is of postgraduates and your own staff then the author's advice 'Clinicians who do not enjoy teaching probably should not do it' should be taken to heart.

Surgeons who find being repeatedly hectored for falsely perceived inadequacies regarding teaching and training may find this book simply not worth the additional cost or effort.

Top Knife: the Art and Craft of Trauma Surgery

ASHER HIRSHBERG, KENNETH MATTOX

EXTENT P/H	234 p, paperback
PRICE/ISBN	£25.00 1903378222
PUBLISHER	tfm (Shrewsbury), 2005
REVIEWER	Jim Evans
STAR RATING	****

This book is written by two trauma surgeons from the Ben Taub General Hospital in Houston, Texas. Between them, they clearly have many years of experience in the management of trauma victims. The book is concise, well written and very easy to read. The text is also well supported by frequent good-quality illustrations.

The book is divided into four sections. Section 1 is essentially an introduction and sections II, III and IV deal with trauma to the abdomen, the chest, and neck and extremities, respectively. The important principle of damage limitation in trauma surgery is emphasised throughout the book and the authors have succeeded in conveying the potential pitfalls in relation to particular trauma operations. A useful summary of key points is also given at the end of each chapter. The principles of trauma surgery are clearly set out with an emphasis on decision making in particular scenarios.

A practical summary of the salient points of the operative technique are given, rather than a detailed description such as that provided by a standard operative textbook. The book also does not discuss the non-operative management of trauma or pre- and postoperative care. In addition, there are no references to key research papers to support the text. These factors limit the usefulness of the book in the preparation for examinations but, despite that, it does represent a useful practical guide to dealing with general surgical trauma on a day-to-day basis. My biggest criticism is the lack of an index, which I found quite irritating when one wishes to look up a specific scenario.

This book would be invaluable to general surgical trainees, in particular specialist registrars in general surgery who, with changes in surgical training, are likely to have increasingly limited opportunity to become confident in the operative management of trauma. I would also recommend it to all basic surgical trainees involved in the care of trauma patients.

Breast Surgery: A Companion to Specialist Surgical Practice (3rd edn)

MICHAEL DIXON

EXTENT P/H	320 p, hardback
PRICE/ISBN	£67.00 0702027383
PUBLISHER	Saunders (London), 2005
REVIEWER	Hugh Bishop
STAR RATING	*****

The Companion series in specialist surgical practice is designed to meet the needs of surgeons in higher training and to update practising consultants. Does this book achieve its goal? Yes it does: it is superb.

The book logically charts the diagnostic and therapeutic pathway of the present-day breast patient. Its structure reflects the multidisciplinary nature of modern practice in this field, with excellent chapters from radiologists and pathologists. There is an intriguing chapter on ductoscopy in breast cancer by William Dooley, hinting at a new approach in diagnosis.

The surgery of breast cancer is well addressed, the editor himself considering in chapter 4 the crucial issue of the balance between good local control and cosmesis. This is a fair and up-to-date statement of the current position. There are good chapters on partial breast reconstruction and an excellent chapter by Gareth Evans and Andrew Baildam on the genetics of breast cancer and risk-reducing surgery. The chapter on breast reconstruction by Eva Weiler-Mithoff is a concise summary of modern techniques. Adjuvant therapy and radiotherapy are well covered as one might anticipate.

Where the book really scores is in its chapters on 'difficult' subjects like ductal carcinoma *in situ* (DCIS). This is a masterly summary of the present situation in this relatively ill-understood condition. I enjoyed the chapter on uncommon breast cancers, as well as the chapters on psychosocial issues, palliative care and benign breast disease. It is also a salutary reminder of modern surgical breast practice that there is a chapter on litigation.

How easy is this book to use? I have a series of talks on different aspects of breast cancer to deliver in the next 6 months. I have consulted it deliberately to test its usefulness

and I have found it invaluable. The references are excellent, with key references flagged up with a scalpel motif, and an accompanying summary of the paper.

In short, this book has most that the candidate for the Part 3 UK examination needs in preparation. The authors are leaders in their field and give a balanced view on current controversies in breast disease.

Previous editions of *Companions to Specialist Surgical Practice* have combined breast surgery with endocrine surgery. No longer: the overall editors now recognise that breast surgery is an independent specialty that has come of age. This book contains the working detail that breast surgeons need in current practice. The emphasis is on multi-disciplinary working producing good local control of disease by selecting the correct operation for the individual patient. Careful selection can achieve very acceptable oncological and aesthetic results. This book is highly commended. Each breast trainee needs their own personal copy and I am certainly not letting anyone borrow mine.

Spinal Instrumentation: Surgical Techniques

DANIEL KIM, ALEXANDER VACCARO, RICHARD FESSLER

EXTENT P/H	1330 p, hardback
PRICE/ISBN	£225.00 313141331X
PUBLISHER	Thieme (Stuttgart), 2005
REVIEWER	Paul Thorpe
STAR RATING	***

This is a large-volume text aimed at surgeons involved in the field of spinal implantation, including orthopaedic and neurosurgical spinal surgeons as well as fellows and trainees with a specific interest in spinal surgery. The authorship is certainly comprehensive, with the contributors' list reading as a who's who of North American and continental European spinal surgery.

The book aims to be a comprehensive (and it claims 'complete') guide to modern spinal instrumentation. In a different approach to many traditional operative surgery texts, it focuses on implant-specific guidance with a chapter on each proprietary device that the authors have identified as being part of the armamentarium of the modern spinal surgeon. It does not attempt to describe or address different pathologies in the spine and their differing instrumentation requirements but structures the chapters in broad anatomical applications, with a useful summary chapter of anatomical approaches heading each group of implant chapters.

The authors have, therefore, made a laudable attempt to provide an 'implant roadmap', using each chapter to identi-