



Book Reviews

Creating Community Responsive Physicians: Concepts and Models for Service-learning in Medical Education

SARENA D. SEIFER, KRIS HERMANN & JUDY LEWIS (Eds)
American Association for Higher Education, Washington, DC (2000)
175 pp., ISBN 1-56377-014-8, US\$28.50

Creating Community-Responsive Physicians is a slim volume of 15 chapters, of which 10 are case studies or examples of service-learning and five are conceptual. The introduction provides a definition of service-learning and its relationship to community-based education in the health professions. I found this chapter to include one of the best available summaries of the three topics—community-based education (CBE), service-learning, and a comparison of traditional clinical medical education and service-learning. As for the last, the authors emphatically assert that service-learning and traditional clinical education are very different. Furthermore, in this introductory chapter, the authors assert that "... service-learning is a pedagogy that fosters learning through both action and reflection". The purpose of the volume is to provide "... readers with a valuable source of information and inspiration to develop and expand service-learning across the continuum of medical education".

This book focuses on the US health care and education system. This could be expected since service-learning is very much a US phenomenon and the series publisher is the American Association for Higher Education. For example, the chapter by O'Neil, "The changing health care system and expectations of physicians", could have the words "in the US" added since all of the case examples are drawn from the United States. The 10 examples provided of service-learning, in my view, fall into two categories: those that address cultural change in the approach to medical education (WSU/SOM and ETSU) and those that appear to be add-ons, mostly elective or even voluntary experiences.

The chapter by Gardner *et al.* is very helpful as it introduces the reader to community-oriented primary care (COPC) and continuous quality improvement (CQI) as it applies to service-learning and presents "Systems Theory", as promoted by Senge in his well-known book *The Fifth Discipline*, to bridge this theoretical gap. Among the many observations that are particularly useful in this chapter is the following: "Currently, much of health care professionals' training consists of taking in information. Learning is also about understanding how we think and challenging our most basic assumptions".

Evaluation is addressed in one of the later chapters. Like all evaluations, this one serves to help clarify two questions, "why?" and "so what?" Such clarity helps the initiators of a project. It also presents the view that service-learning needs to be evaluated holistically, using both quantitative and qualitative methodologies. Gelmon *et al.* assert that in order to promote service-learning in medical education as an educational methodology there is a need for "... systematic and objective evaluation data". The authors proceed then to provide a way of gathering such data based on

their experience evaluating the Health Professions Schools in Service to the Nation (HPSISN) project. Five examples of their research questions are provided which are very useful to consider. They do not, however, address the thorny issue of whether evaluation is research. Not adequately addressed are the issues that I believe to be central to the adoption of service-learning by medical education. They are (1) the culture of hospitals where most medical education takes place and (2) the question of who controls what in medical education. All in all, though, this little book provides food for thought and is worth reading. In my judgement the editors and authors have achieved their stated goal of providing "...readers with a valuable source of information and inspiration to develop and expand service-learning across the continuum of medical education".

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Interactive Group Learning: Strategies for Nurse Educators

DEBORAH L. ULRICH & KELLIE J. GLENDON

Springer, New York (1999)

115 pp., ISBN 0-8261-12 38-2, US\$32.95

This slim volume contains a wealth of clearly written information that will be of immediate value to many educators in the health sciences. The early pages provide a clear overview of many aspects of the theory of learning with tables listing an analysis of critical thinking and questions that encourage students' critical thinking, followed by a thoughtful section on cooperative learning and its potential outcomes. The construct and use of "cases", followed by the use of photographs, television, simulations, concept mapping and the construct of flow charts is particularly interesting. However, the warning to readers that group membership needs to be stable over time would appear to be contradicted by subsequent descriptions of how active learning can be managed by alternating between work in class, small groups and by individuals.

The reader might have welcomed references to the literature on learning in small groups, not least Westberg and Jason's (1996) *Fostering Learning in Small Groups*, issued by the same publisher. One chapter concentrates on ensuring that students have "the factual information they need to achieve these high levels of thinking skills". What was the educational environment that shaped the authors' experiences and thus their approaches to active learning? If their curricula were essentially teacher-centred, discipline-based with practising knowledge acquisition first and knowledge application second, they are to be congratulated for a major effort towards change for active learning. However, if their curricula consisted of a helical construct for cumulative learning, horizontally and vertically integrated and contextual for professional practice, why is the mention of problem-based learning, as a prime example of student-centred learning, so conspicuously absent in this text? The final chapter provides succinct, positive as well as negative reactions by both students and

teachers to active learning in groups. This is used as a basis for suggesting how teachers can learn from such experiences.

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Teaching Alone Teaching Together: Transforming the Structure of Teams for Teaching

JAMES L. BESS & ASSOCIATES

Jossey-Bass Incorporated, San Francisco (2000)

258 pp., ISBN 0-7879-4798-9, US\$29.95

James Bess and the scholars who have joined him in writing this book contend that the notion that college teachers should continue to play multiples roles—lecturer, researcher, mentor, discussion leader and more—is outdated. The instructional process, they say, is complex and demanding, requiring a range of characteristics and expertise that cannot usually be found in one person. They suggest that faculty in the various disciplines create teams composed of a Pedagogue, who creates designs for teaching; a Researcher, who generates knowledge for team teaching; a Lecturer, who works with large groups; a Discussion Leader, who fosters student learning in small groups; a Mentor, who facilitates out-of-class cognitive and affective growth; an Integrator, who links curricular and co-curricular experiences; and an Assessor, who appraises student and team performance. In the chapters devoted to each of these team members, the authors describe some of the personal characteristics and skills needed by each of these team members. The authors contend that these faculty members can build on their collective strengths by working together. They argue that this way of organizing instruction would be both more efficient for the college or university and more satisfying for the faculty.

It is true that many teachers in the health professions are assigned tasks for which they aren't suited, so teachers and administrators might find it useful to study some of the chapters in which the authors describe the tasks of the different team members and the characteristics and competencies needed for doing these tasks. However, the tasks are described in the context of teaching in US colleagues and universities, so some are not fully relevant to the education of health professionals in the US or the rest of the world. Most schools in the health professions have concluded that students learn much more when they are actively practicing needed competencies in small groups and clinical settings than when they are sitting passively in a lecture hall. (This is probably true of all students.) Consequently, the chapter on the "Discussion Leader" might be helpful, but the chapter on the Lecturer is likely to be of less value to health professions educators. Also, there is no chapter that discusses the task of fostering learning in simulated and real clinical settings or some of the other important tasks of health professions educators.

The organizational scheme described by Bess and his colleagues contrasts greatly with the schemes that many schools in the health professions are moving toward.

While Bess and colleagues are proposing a scheme that appears to be faculty and university-centered, many schools in the health professions are trying to create learning communities that focus primarily on the needs of health professions students and the communities they are being prepared to serve.

The goal of having teachers work together rather than in isolation would be applauded in many schools in the health professions. Many health professions teachers are trying to work more collaboratively with their colleagues. However, unlike the uni-disciplinary teams proposed by Bess and colleagues, an increasing number of teams in health professions education are interdisciplinary. Also in the health professions, students and residents are playing a larger role in planning and evaluating their learning and in mentoring one another.

The authors give very little attention to how teachers will be helped to become specialists on the academic teams. Bess does say that the graduate education of these teachers should include “training” in their “primary knowledge base” (e.g. mathematics) as well as in the basic skill specialization that the faculty member wishes to bring to the team (e.g. lecturing).

Bess does not describe the audience for which this book is intended, but it appears to be written chiefly for administrators, policy makers, and, perhaps also, frontline teachers in US colleges and universities. For this and the other reasons mentioned above, this book is likely to be of limited usefulness to most educators in the health professions.

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