

Book Reviews

Professional Ethics: A Guide for Rehabilitation Professionals

RON SCOTT

Mosby, Inc., St. Louis, MO (1998)

231 pp., ISBN 0-8151-2525-9, US\$31.00

Professional Ethics: A Guide for Rehabilitation Professionals is an important resource not only for rehabilitation professionals but also for health professionals involved in other specialties, including clinicians, administrators, teachers, and attorneys. Actually, this book will be of interest to any consumer of healthcare resources. The author, a physical therapist, university faculty member, and attorney, discusses ethics and law and the deep connections between the two, as well as their differences.

This book is designed to foster a deeper understanding of the complicated issues surrounding professional ethics. The book is organized into nine chapters that include information on informed consent, professional practice, sexual harassment and misconduct, professional business arrangements and considerations, life and death decision making, and much more. The book is a detailed, well-organized, clearly written useful contribution to the field of professional ethics that combines theory with practical application. Each chapter begins with a brief introduction and concludes with case studies and questions along with suggested answers. Research and appropriate theories support the chapters' content. While significant information is included in text boxes and figures in only a few chapters, extensive references and suggested readings are included at the end of each chapter. Some reference materials are more than five years old, but most materials listed are current and/or classic citations. Nonetheless, the majority of references cited are linked to the discipline of physical therapy rather than the more general literature on the topic.

The application of this information extends to health professionals throughout the United States and may be of interest to international readers. The codes of ethics and/or guides for professional conduct for various healthcare disciplines in the US along with an example of a policy statement on withholding and withdrawal of life sustaining treatment are located in the 10 appendices for easy reference.

The chapter on informed consent in terms of both intervention and research issues in managed care environments is a major strength of this text. Employment of "gag clauses" restricting provider–client communications and nondisclosure of provider financial conflicts of interest are included in this section. Another "must read" chapter concerns professional ethics in research, education, and client care delivery. Focused within this chapter is a section specific to individuals in college or university settings, academicians, clinical faculty, guest lecturers, and students. All have ethical duties incident to the educational process. Educators have the responsibility to instruct students appropriately in order to prepare them for entry-level practice and to accurately and fairly assess and report their level of competence. Additionally, students owe professional ethical duties of respect, fidelity and candor, among traditional others.

Students and professionals in practice and education settings who are required to follow a discipline-specific code of ethics will find this book a valuable edition to their library. Teachers in preparing future healthcare professionals may well use this text in classroom activities and discussions, as students begin to render care and meet the needs of their clients.

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How to Learn and Teach in Medical School: A Learner-Centered Approach

MARK E. QUIRK

Charles C. Thomas, Springfield, IL (1996)

205 pp., ISBN 039805925X, US\$54.95

Quirk's *How to Learn and Teach in Medical School: A Learner-Centered Approach* is aimed at helping students, faculty, and administrators succeed in their roles within medical education. Quirk worries that students are often forced to resort to the superficial learning of a multitude of facts that are current only for a short while and must be remembered only to pass an exam. Quirk suggests that to foster truly effective training of physicians, medical educators must shift their focus away from medical content and toward the lifelong, accurate, self-directed learning required for competent clinical practice. Thus Quirk's book promotes creation of undergraduate medical education environments that foster efficient and effective lifelong learning.

This book is divided into three sections. In the first, "The learner", students are provided with specific, well-researched advice on reading scientific information for comprehension and speed. He suggests strategies that include previewing, focused reading, note taking, and review; listening and taking notes; and learning through observing the patient and the environment in the clinical learning setting. Effective learning techniques for memorizing, problem solving, and communicating are also described. In this section Quirk generally speaks directly to learners, but at several points he directs comments to teachers and administrators. While valuable for those audiences, these passages could prove a bit frustrating for students. Happily, learners are the major focus of this section, and faculty and administrators will benefit both from direct advice and from gaining the learner's perspective.

Medical teachers must plan learning experiences effectively and help students conduct effective learning experiences for themselves. Quirk recognizes that most of the hard work of learning must be done by students when they are outside of the classroom or clinic, as they process, assimilate, and augment the information gained in those settings. Thus Quirk devotes Part II, "The teacher", to helping faculty understand both barriers to and facilitators of learning. This section is well developed and is ideal for teachers across the continuum of medical education. Faculty and administrators can gain a deeper understanding of both affective and cognitive aspects of learning and of learning problems. Quirk provides concrete advice for diagnosing and reducing the impact of individual differences in learning,

identifying and remediating learning problems, and fostering students' enthusiasm and motivation to learn.

Part III, "The medical school environment", is a thoughtful analysis of the organizational structure of medical school and the content and methods of the curriculum. As might be expected, Quirk recommends that medical schools examine their commitment to the educational mission and to the personal growth of both learners and teachers. Passages describe how to establish a learner-centered climate and revitalize the curriculum.

Throughout the book, Quirk presents a historical and authoritative foundation within each subject area. Complex concepts are explained in reader-friendly, useful terms. The author offers a comprehensive array of thorough, understandable, specific directions for how to conduct and facilitate effective learning behaviors. Quirk provides clear guidelines for taking a proactive rather than reactive approach. The book is thoughtfully and respectfully written and includes relevant examples and exercises. Helpful text features such as spacing, italics, and boldface focus the reader's attention on levels of importance. Quirk's book reflects a thorough understanding of learning theory, students, teachers, and curriculum, as well as a deep and caring commitment to the success and satisfaction of students and their teachers and administrators.

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Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care

KENNETH M. LUDMERER

Oxford University Press, NY (1999)

514 pp., ISBN 0-19-511837-5, US\$29.95

Kenneth Ludmerer writes the best kind of medical history. As a physician, he brings the knowledge and insight of an insider, and adds the historian's careful research and standards. He brings the full benefits of sociological, cultural, and educational contexts in addition to historical research in primary as well as secondary sources (with extensive endnotes). His first volume, *Learning to Heal: The Development of American Medical Education*, was published in 1985 to wide acclaim for its depth and perception.

In his new volume, *Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care*, Ludmerer brings his history to the present. The title *Time to Heal* is apt in more than one way, for two of the themes in the history have to do with time. One is the decreasing proportion of time and emphasis devoted, to the extent that the 21st century begins with that education dangerously eroded. The other is his contention that US medical education has time to heal itself. In fact, he believes that medical education has already begun what he calls its "second revolution", the counterpart to the first medical revolution that is usually associated

with the Flexner Report (1910). Ludmerer describes clearly the nature of medical education and its institutions before the reforms of this earlier revolution. These reforms produced the medical education structure familiar to us today. Ludmerer traces its development, showing the ways in which important changes in physician education, and its institutions and goals, reflected the currents and values of the larger society.

Ludmerer sets the stage well for the development of the social contract between academic medicine and the US people. The government would give generously, even lavishly, to medical schools, teaching hospitals, and research programs. In return, physicians and researchers would have a commitment to work for the good of society and their institutions would fulfil needs in the larger community. He describes the enormous investment in the biomedical and medical education enterprise in the 30 years after World War II (such as the creation of the National Institute of Health, Medicare, new medical schools and teaching hospitals, and capital investment everywhere). And then he describes the unraveling of this carefully constructed system under social and financial pressures. In responding to these pressures, he believes, academic medicine institutions betrayed their missions, broke the social contract perhaps irrevocably, and exchanged the values of medicine and healing for those of commerce and Wall Street. He does, however, feel that it is not too late and that physicians and academic medicine can reclaim their heritage through a second revolution.

Time to Heal will be a standard reference in the field and should definitely be read by anyone who wants to understand how our system of educating physicians and delivering care was constructed and came to be in its present dire straits.

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