

## Book Reviews

### **How to Survive Peer Review**

ELIZABETH WAGER, FIONA GODLEE & TOM JEFFERSON

BMJ Books, London (2002)

62 pp., ISBN 0-7279-1686-6, including Glossary and Index

*How to Survive Peer Review* is a useful, concise description of the peer-review process for medical professionals. While its primary focus is on the sort of “peer review” that evaluates submissions of grants, articles for publication, conference presentations and the like, the authors recognize that many people use the term to also refer to what they call “performance appraisal”, quite a different thing, and thus include a short chapter on that topic.

The three main chapters, “What is peer review?”, “How to be a reviewer”, and “Surviving peer review”, are each divided into subsections focused on journal articles, conference abstracts, and grant proposals. “What is peer review” discusses, briefly but with satisfying thoroughness, the different types of review systems in use, in particular, by journals, with the advantages and disadvantages of each. These include “Top Down” vs. “Bottom Up” review, in-house vs. external review (with examples of journals that use each) and masked vs. open review. The two final chapters are “Professional peer review”, which addresses the performance appraisal area noted above, and “Informal peer review”, which reviews giving and receiving feedback from colleagues. The latter is an excellent synopsis of how to effectively use peer feedback, while the former tries to address a major content area very different from the rest of the book in a few pages, and would have been better omitted.

The content is clear, and made more so by the generous use of tables and boxes with bullet points. The authors are British, and both the content and writing style are affected by this. In terms of content, the examples are largely for British journals or style preferences; while these are usually also appropriate for American journals and conferences, US readers may find some of them, well, a bit “foreign”. Similarly, the authors use the slightly irreverent and humorous style of writing more often seen in British and Canadian commentaries than in the US. Overall, I found this made the book more entertaining and easier to follow. Many of the tables emphasize their points by being written in the negative: “How to ensure that your paper is rejected” and “How to ensure that you never present your work at a conference”, and “How not to do informal review”.

Overall, the points they wish to make are simple, and they follow the dictum “say what you are going to say, say it, and say what you have just said”.

Every academic, medical or otherwise, who wishes to present or publish his or her work, or obtain grant support for it, will have to undergo peer review,

and early in one's career this can be a very intimidating process, and one in which we have little training. Similarly, being asked to review the work of others for the first time, while an honor, can be similarly scary. This short book – 48 small pages + references and a useful “glossary” – can be read in less than an hour and ease a great deal of anxiety by simply answering questions that you were afraid to ask (for fear of appearing ignorant) or issues that you were just unaware of. It can also serve as an easy pocket “how to” reference for performing reviews, figuring out how to react in the most positive manner to reviews of your own work, and even looking up terms you might have forgotten the meaning of in the “glossary”.

*How to survive peer review* is not a comprehensive tome, but in terms of value – ease of understanding it, the time invested in reading it, and the space it occupies on ones bookshelf – it is well worthwhile, and I recommend it to early and midcareer faculty who are receiving or anticipating receiving peer review of their work, or providing it to others.

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### **HIV, Health, & Your Community: A Guide for Action**

REUBEN GRANICH & JONATHAN MERMIN

The Hesperian Foundation, Berkeley (2006)

238 pp., ISBN 0-942364-40-6

This book is an updated edition of the 1999 book *HIV, health, & your community: A guide for action*. In the introduction, the authors explain that their impetus for writing the book was to create a comprehensive reference, written in plain language, covering basic topics related to the worldwide HIV epidemic. The authors' stated intended audience is local health and community workers who have a desire to learn more about HIV. However, this book may be more widely applicable, such as students studying public health education and the educators teaching them, community volunteers, or members of the general public interested in learning more about HIV/AIDS.

The scope of the book focuses on community-based outreach, diagnosis, care, treatment, education, counseling, and prevention; and covers these topics in a fairly thorough manner. The book takes a largely conversational tone, beginning and ending each chapter with a fictional vignette of a member of the global community who may be impacted by HIV. The text is accompanied by helpful illustrations by Mona Sfeir. The text is also complemented by specific tables with descriptive titles and real-world examples. Readers may find that these tables contain the most useful information in the book. The authors do a

solid job covering the basics of HIV, as well as more advanced topics, such as issues specific to women and children; addressing needle use; stigma/myths; the connection between other STDs/tuberculosis/substance abuse and HIV; how poverty, war, cultural factors, and lack of education in third-world countries may necessitate specialized outreach efforts; the importance of using neutral language during counseling sessions; and considerations in seeking funding for community-based projects.

At times issues raised in the book may need to be expanded upon, and if this book is used as a text accompanied by a lecture, the lecture may help develop certain topics. For example, on p. 51 the book outlines detailed instructions with diagrams explaining condom use, however these instructions do not warn condom users to ensure that they have unrolled the condom in the correct direction, to avoid contamination of the outside surface of the condom. There are no instructions included for the female condom. In discussing mitigating HIV risk to health care workers in clinics, the authors did not address the concerns specific to midwives of HIV+ women, but did address avoiding contracting or spreading HIV in a more general sense, and needed information may be extrapolated from this advice (p. 66). In the chapter entitled “How to Support and Care for a Person with HIV”, the authors could have included more detailed information on assessing suicide risk and intervening with patients who appear to be in imminent danger of harm to themselves or others, such as a lover (pp. 112, 116, 124). However on the whole the authors have done a nice job in attempting to broadly address their subjects in a straightforward manner.

This book does particularly well in addressing HIV worldwide, and the authors have carefully tailored their examples and data to address issues on a global scale. For example, they have addressed stereotypes and common misunderstandings about HIV found in less industrialized nations, such as a belief that witchcraft and casual contact may cause HIV (pp. 100–101, 151), and how to adapt educational efforts to form a collaborative relationship with the community the worker intends to serve. The text is written in a clear and easily understood language. The Appendix outlines current HIV medicines, other opportunistic infections, STIs, and their treatments, and would best be utilized by health care workers in particular, although it is of some use to other readers. This fourth printing provides updated information on antiretroviral medicines and other treatments commonly given to HIV+ patients, though the authors are careful to caution that treatments change frequently over time and may not be available in all areas. Updated epidemiological data is also included.

In writing this book the authors achieved their goal of creating a comprehensive and comprehensible reference text on HIV for outreach and health care workers in communities around the world. Counseling women who may be in relationships where patterns of violence, power and control are present, and the importance of developing a microbicide that would allow women to protect themselves independent of the cooperation of their partners

are deserving of more direct attention, however (Simone, 2006). The text could be supplemented as needed, particularly in industrialized nations where information on HIV is more readily accessible but where more complex issues in doing outreach and counseling may emerge. The issue of men who have sex with men (MSM) has historically polarized HIV outreach efforts (Simone, 2006). In the United States and Europe, where knowledge of HIV on the whole may be more sophisticated but where politics have often played a negative role in the dissemination of needed information, this book may not be as complete in addressing its intended audience. Examples of information that could be improved upon include providing a more detailed outline of the 25-year history and progression of the diagnosis, treatment and care of HIV, and the experience of those living with HIV, with particular attention paid to the lessening but still-present stigmas and politics attached to HIV. Although the authors do address the history, “misunderstandings”, stereotypes, and myths about HIV at points throughout the book, these points tend to get lost in the conversational style of the book and could be better addressed by delegating a full chapter on this subject.

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## Reference

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## CD-ROM REVIEW

### **Breastfeeding: The Biological Option. A self learning module for students of the health professions**

CD-ROM prepared by TEJINDER SINGH, Professor of Pediatrics and Dean, Christian Medical College, Ludhiana, India

<http://www.healthlibrary.com/reading/breastfeeding/breastfeeding1/ppt>

One might be forgiven for thinking that the practice of breastfeeding should need no special promotion or teaching. After all, it is 100% natural, free of cost, instinctual to the infant and biologically programmed in the mother. The health benefits of breastfeeding to mother and child are undisputed in the medical community. Yet anyone providing maternity health services soon learns that it

is insufficient to simply tell a new mother that exclusive breastfeeding is the healthiest option for herself and her baby. Those who wish to promote breastfeeding need accurate information, specific practical skills, and a familiarity with the wide variety of obstacles to the initiation and continuation of breastfeeding and how they may be overcome.

*Breastfeeding: the biological option*, a self-learning program in PowerPoint format by Dr Tejinder Singh, is a potentially useful tool for training health care professionals who are beginning to learn how to promote breastfeeding. It is divided into 8 sections, each consisting of about 40 to 80 slides, and each concluding with a brief, self-correcting quiz. The slide sets review basic anatomy and physiology of lactation, its advantages (with particular emphasis on the prevention of infection), and the institutional practices and individual skills which can support breastfeeding. Particularly useful are the sections on special situations, such as prematurity and cesarean section, and on solving common problems, such as engorgement, sore nipples and refusal to feed.

As befits a PowerPoint format, the information on each slide is limited to a few key ideas, and the accompanying diagrams are simple. Given this streamlined approach, the amount of material touched upon is admirable in breadth, though limited in depth. A number of problem-solving techniques (e.g. the use of breast shells for flat nipples) are explained only by a single picture or diagram; mastery of these would be impossible without supplemental reading or clinical mentoring.

This is a practical tool and not a scholarly work; there are no footnotes and no references given, although there is a short list of recommended texts, and a rather useful page of internet links at the conclusion of the module. The evidence behind the claims and recommendations that Singh makes is never given, except for two brief mentions of studies favorable to breastfeeding without bibliographic information or description of the methodology. Nevertheless, the information presented is accurate and well-supported in other sources (such as the American Academy of Pediatrics' Policy Statement on Breastfeeding). The only two questionable statements I noted were claims that breastfed babies were less likely to cry, and less likely to become jaundiced than artificially fed babies. At the very least, these claims deserve an asterisk, as they are controversial.

Since the material is based on the WHO/UNICEF training course in breastfeeding counseling, the focus is international, with information that is clearly meant to be generalizable to as many settings as possible. This is mainly a strength, but occasionally leads to statements that do not hold true in the United States. For instance, the author states that pumped breast milk should usually be discarded, due to difficulties in maintaining its sterility. Similarly, he makes the point that the advantages of breastfeeding for infant mortality may outweigh the risks of HIV transmission when the mother is seropositive; this is clearly not the case in the United States or in other developed countries.

There are some minor technical difficulties with the module. A breastfeeding history form is referenced in several slides, but cannot be viewed directly. Some of the internet links are to incorrect addresses or inactive sites. A few diagrams and photographs are blurry, although most are clear.

As indicated in the subtitle, this program will be most useful for students of the health professions – nursing, midwifery, medicine and medical support services. It is not sufficiently detailed for use by lactation consultants. A well-educated mother or a lay patient advocate might find it helpful, but the program does assume a pre-existing knowledge of basic anatomy and physiology, as well as an ability to evaluate mothers and newborns for medical problems such as dehydration. Some students will appreciate Dr Singh's simple syntax, straightforward explanations, and friendly, conversational style. Others may prefer to seek more concentrated information from textbooks or scholarly articles. One the whole, however, this module is an accurate, clear and welcome addition to the menu of options for learning how to provide effective encouragement and support for the nursing couple.

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