Book reviews

LEARNING TO CARE—Person to person (1973). P. S. BYRNE and B. E. L. LONG. Edinburgh and London: Churchill Livingstone. Pp. VII +120. Price: £2·00.

This book is written for those who have to add teaching to their main professional role; more particularly for those whose profession is concerned with personal service to people; more particularly still for general practitioners of medicine, after their university training and before full entry to their professional group. It is about methods of learning and teaching and the situations in which learning can take place. It concentrates on one-to-one learning and teaching because the writers believe that this is the best learning situation in which to start when a profession is concerned with people and its job has to be learned in conditions of real life. Teaching is defined as 'causing someone to learn' and the particular sort of learning described is about behaviour rather than about theory or information.

Of the need for training: 'Training attempts to encapsulate into one year what might have taken many years' experience to learn. It also differs from experience because the trainee is in a position to receive some evaluation of his performance soon after completion'. This he gets from his teacher, instead of having to rely on bitter experience. For experience without training or supervision does carry risks. 'One obvious purpose of attachment is that the learner shall come to grips with reality by being exposed to reality. If this were simple, there would be no point in writing this book. The problem with reality is that it is full of risk. There exists not only the risk that the learner may misinterpret the medical clues in a situation, and then come to a wrong diagnosis and wrong therapy, but also that he may mishandle the patient in such a way that harmful relationships may be produced. . . .'

Since teaching means 'causing someone to learn', the teacher is there to provide experience and resources which will allow the learner to develop. He is not a judge or dictator preaching absolute values or fixed forms of behaviour.

Teaching nevertheless requires planning and the teacher must have his objective in mind when he enters a learning situation. This is best expressed as what the learner should be able to *do* as a result of his learning. It is then possible to test whether he can do it and whether learning has therefore been successful. But the learner may also know his own objective and it may not be the same. So programme building is best done as a joint activity so that objectives can be compared and aligned. They must also be reviewed at regular intervals. 'What we are then suggesting is that the start of any attachment training programme be seen not as a plunge into the deep end, but as an exploratory examination of the pool which has to be covered. Each side in essence should declare itself and then mutually decide what it expects to achieve out of the situation. One of the prime purposes of this is to integrate the trainee into the management of his own learning situations. . . .' 'Those who are obliged to turn decisions into action are more likely to be committed to that action if they feel they have been party to the decision which determined it. If they are implementing decisions made by others, their commitment is less reliable. . . . If it is important that individuals learn new 'coping' behaviour, then it is better that they learn the full meaning of these behaviours for themselves, rather than relying upon some outside person or agency for support. . . .'

Then a familiar problem: 'A great constraint upon learning from the consultation is that surgery sessions are based upon time-schedules which are often outside the trainee's control and hence make it more difficult for teaching-learning to take place. The trainer is thus faced with a dilemma. What is his prime purpose? If it be only to practise medicine, then the trainee must take second place. If it be to enable the trainee to learn about general practice, then the patient must take second place. Whatever decision is based upon such a structure of alternatives then it must be made clear by the trainer to himself and to his trainee before the surgery/learning session begins.'

Then perhaps the most important point of all: 'The self-understanding of the trainer is possibly the most significant factor in achieving success.'

The final chapter is about evaluation. 'The dedicated enthusiasm of the amateur trainer . . . should be strengthened by the professional approach which recognises, accepts and fulfils the duty of assessment of our programmes, of our trainees and of ourselves.' The authors favour assessment of trainees throughout their course rather than by final examination at the end. They describe valuable original work in constructing progressive rating scales for this purpose.

This is an admirably short book, but it is packed with argument—in places a little breathlessly. It is the better for a second reading and better still as a handbook for the new teacher to keep by him and to dip into again as he acquires experience and finds new problems through his involvement in teaching. For the first reading it would have been a help to have a summary in which the authors drew together the themes which they themselves believe to be the most important. Without this it is sometimes difficult to keep a sense of the main drift of the argument.

JOHN HORDER

Taber's Cyclopedic Medical Dictionary (1973). 12th Edn. Ed. THOMAS CLAYTON L. Philadelphia: F. A. Davis Company (Oxford: Blackwell). Price: £4·75.

The new edition of this medical dictionary is welcome. Its name implies that it is much more than a dictionary and it does include a number of generally useful illustrations. Some are wasted,