



MULTIPLE-CHOICE QUESTIONS IN ACCIDENT AND EMERGENCY WITH EXPLANATORY ANSWERS

A Mark Dalton

Macmillan Press, London (1992)

129 pages. Price £9.99

Although multiple-choice questions remain the most reliable, available method for assessing factual knowledge, their inherent problem is that candidates are given the answers and do not have to recall information. Nor do candidates have the opportunity to display partial knowledge — an answer is either right or wrong. Nevertheless, multiple-choice questions form a part of many examinations, including the MRCGP examination, and to practise answering them using a book like this can be useful self assessment during preparation.

The book is primarily intended for medical students and medical, surgical and accident and emergency specialists studying for the MRCGP or FRCS examinations. The relevance of the book to general practitioners is that there is considerable overlap between accident and emergency work and general practice. For example, the book includes questions on febrile convulsion, prolapsed intervertebral disc, subconjunctival haemorrhage and so on. However, the approach is disease and hospital oriented, and understandably there is little mention of proactive care, prevention and health promotion. One might have expected more emphasis on ethical questions, and legal aspects of emergency work such as detaining patients under the mental health act or the application of orders contained in the children act are notably absent.

The author tells us that final year medical students achieve an overall mark of 40–45% when using 'negative marking', that is when marks are deducted for incorrect answers. Later this year the Royal College of General Practitioners is abandoning the use of negative marking in the MRCGP examination so candidates will be encouraged to answer every question whether or not they know the answer. It seems doubtful whether this is the type of thought process that should be encouraged.

Trainees in general practice, particularly those preparing for the MRCGP examination, might well find it helpful to go through this book but it is not sufficiently oriented towards general practice to become a standard preparatory text.

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ELDERLY PEOPLE: CHOICE, PARTICIPATION AND SATISFACTION

I Allen, D Hogg and S Peace

Policy Studies Institute, London (1992)

362 pages. Price £18.95

This book is based on a study which examined whether and how choice operates in the area of services for elderly people. Interviews were carried out with individuals aged 75 years and over living in the community and in private and local authority residential care in three areas of England. Informal carers, social workers, domiciliary care organizers, team managers, heads of homes and home owners were also interviewed.

This is an impressive piece of research and extremely well presented; it is a pity that it makes such depressing reading. While a degree of choice exists for those with their own financial resources, even this is limited by the lack of services, particularly in the community, and also the totally inadequate information on what services are available. But for the majority of elderly people, choice is a policy maker's pipedream simply because services are based on available resources and not on needs. It is unrealistic to believe that the assessment procedures central to the community care legislation to be implemented in April 1993 will make any difference. The study also produced evidence, if any was needed, that the expertise, networks and other essential elements required to make the legislation work are difficult to find in the existing system; it is unlikely that they will emerge in the next six months.

For general practitioners there must be concern, not just over the question of remuneration if they are asked to contribute to the assessment procedure, but over the impact of the likely reduction in the numbers of frail elderly people who are able to enter residential or nursing homes.

Although designed to examine choice, this study raises the entire range of policy and practical issues relevant to community and to long term care of elderly people. The finding that for many elderly people, the move to residential care is not necessarily a negative experience, indeed is often the opposite, has been shown in other studies but is not widely appreciated. I was also intrigued to read that targeting resources to those with the greatest needs may be counterproductive: this deserves further attention.

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