

problems encountered in family medicine, ranging from acne to HIV infection. Each chapter represents a different medical problem and is organized in a consistent user-friendly format starting with introduction/background information, prevention, diagnosis, history and physical examination details, plus much more. In addition, each subject discusses special populations and applicable complementary/alternative medicine topics.

The writing style of the book is clear and concise, enabling students to quickly read and find pertinent information. The algorithms, tables, bulleted information, and figures throughout the book nicely supplement the text without overburdening the reader. A nice feature of the book is a section on terminology in each chapter. We easily forget that clerkships are sometimes like the introduction of a new language to medical students. The book has boxed areas called "Notes" that can be found throughout each chapter. These are wonderful "pearls" and important tidbits of information that most students enjoy and find useful.

As with any textbook, by the time they are published, new medications, diagnostic tests, and guidelines may have been developed during the interim. Although *Guide to the Family Medicine Clerkship* is not intended to be a "one-stop-shop" of medical knowledge for entering medical students, it serves as a great first step to the family medicine clerkship. Medical students will need to adapt to newer guidelines as they arise. For example, the blood pressure goal for diabetics is <130/80, no longer <130/85 as is stated in the book.

The book is authored by faculty from the University of Cincinnati College of Medicine and the University of Alabama at Birmingham's Department of Family Medicine. Their practical, real-life experience with family medicine clinical clerkships is reflected well within the pages of the guide and

reflects well on their strong departments.

Although the intended reader is the medical student, the format and readability of the *Guide to the Family Medicine Clerkship* made reading this book personally enjoyable. I found the cost of the book to be \$26.95 (new) on several Web-based stores and feel that it is a great buy for medical students. Overall, this is a wonderful book for eager medical students starting clerkships. Although there are several similar books on the market, each student needs to find the book format and style that he/she will enjoy and benefit from the most. Fortunately, the *Guide to the Family Medicine Clerkship* has a format and content that I believe most students will accept and enjoy.

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The Doctor's Communication Handbook, Fourth Edition, Peter Tate, Oxon, UK: Radcliffe Medical Press, 2003, 191 pp., \$40.15, paperback.

The author, Peter Tate, is the convenor of the Panel of Examiners at the Royal College of General Practitioners in Great Britain. Since the second edition of this work was published in 1997, the examiners have observed more than 4,000 physicians perform more than 28,000 videotaped encounters. The insights gained from reviewing this extensive source of data are incorporated in this text. The tone of this work is one of supportive coach and wise professor, appropriate for a text specifically written for medical students, behavioral medicine learners, and newly trained physicians. However, style aside, much of the content is applicable for experienced practitioners as well. The light-hearted but thoughtful approach taken by the author is appealing.

Major themes are strong advocacy for both a patient-centered

approach and self-reflection on the part of the practitioner. The diagrams and examples enhance the points the author is making in a concise manner. Having spent 6 months working in the British health care system, the author's vernacular is familiar to me but may not be to others. For example, "surgery" refers to a session of outpatient clinical care, not procedures performed in the operating room. While one can decipher the meaning of most terms in context, the vernacular differs significantly from that used by most providers in the US system.

The unique information about patients' locus of control, the "learning circles" of both patients and physicians, and the types of authority used by physicians was both interesting and practical. Focusing on the patient as the resource and the physician as the "consultant" is clearly described. Other topics covered that are universally applicable include risk communication, breaking bad news, and management of patients who exhibit angry or somatizing behavior.

The generalist bent of the content is universal to interactions with patients but is particularly useful to physicians providing primary care and behavioral medicine educators. By using self-disclosure and providing examples, the author "humanizes" the physician as opposed to advocating for a more neutral or objective expert stance. Physicians are encouraged to use feedback tools such as videotaping, direct observation, simulated patient exercises, role-playing, and feedback from actual patients for self-reflection, techniques for which behavioral medicine educators and practitioners are strong advocates.

Chapter 6 describes a model for what the physician needs to achieve in the consultation or office visit. Particularly useful for medical students, several important elements are addressed, including time management, testing, interaction with other health care professionals,

shared decision making with the patient, prescribing, and health promotion advice.

The patient-centered approach will also resonate for many behavioral medicine educators and learners. Specifically, the tools for encouraging self-reflection and the skill/strategy summaries at the end of several chapters provide concise material for teaching. The annotated reference list, although primarily

from the British literature, presents other sources focused in specific areas such as communication and shared decision making.

Although the British health care system is substantially different from the US system, this text offers practical information that is universally useful in interactions with patients. The patient-centered perspective is refreshing and described from several different vantage

points. It would be a valuable addition for the libraries of primary care providers, medical students, and behavioral medicine educators and students, as well as newly trained physicians.

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In a survey of clerkship directors in internal medicine, surgery, pediatrics, family medicine, and obstetrics/gynecology at 32 U.S. medical schools, nearly half reported that students were not adequately prepared in key competency areas prior to beginning their third year of medical school. From Windish OM, Paul man PM, Goroll AH, Bass EB.Â Fourth, clerkship grades are a factor used by medical schools in electing students to the Alpha Omega Alpha Honor Medical Society, also known as AOA. The University of Iowa Department of Family Medicine is one of the leading programs in the country. Jason Wilbur MD is Assistant Professor; Mark Graber is Associate Professor of Family Medicine and Emergency Medicine, and primary author of the renowned Iowa Family Practice Handbook. Drs. Kukoyi and House are Clinical Fellows at the University of Iowa College of Medicine.Â Full content visible, double tap to read brief content. Videos. Help others learn more about this product by uploading a video!Â This book served as a reminder that I had an upcoming board exam for 1-2 months prior to the exam. I believe the advertisement that there were questions inside this book, probably explanations of those questions as well. Skip to content. Jump to main navigation and login. Nav view search.Â First and foremost, many believe that any child can be a genius one. It is only about how much his parents are paying attention to his needs and what do they do to develop these hobbies. For example, a psychology professor agreed with his wife to raise their children as the books of development and psychology say, and now their daughter is the second best chess player in the world. In my view, it all starts from home when a mother tries to show her baby various options and different areas of play.Â It is recommended that the governments should invest more to add extra skills to the students apart from education. [Written by - Rasha].