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**Clinical Teaching: A Guide to Teaching Practical Anaesthesia.** Edited by David Greaves, Chris Dodds, Chandra M. Kumar, and Berend Mets. Lisse, Swets & Zeitlinger, 2003. ISBN 9026519419. Pages: 275. Price: \$108.90.

*Clinical Teaching: A Guide to Teaching Practical Anesthesia* is probably a first in terms of its specific content. There are books about simulators in anesthesiology, how to survive an anesthesia training program, and how to manage a department of anesthesiology. There are certainly other general books about how to teach medicine to medical students or residents. However, I am unaware of available texts that comprehensively address the mechanics of teaching clinical anesthesiology. It may, therefore, be a unique addition to the anesthesia department library.

The premise of this book is that all consultants in anesthesiology are experts in their respective fields (e.g., anesthesia subspecialties) but may not necessarily possess the innate talent to share knowledge and clinical expertise effectively and efficiently. Every anesthesiologist's teaching skills can be improved by incorporating some thought and preparation before arriving in the operating room, but educators may not be inclined to do this because the resident learning arena is informal. The book suggests that those who teach residents should put the same amount of effort into preparing to teach in the operating room as if they were giving a formal lecture. It seeks to show educators how to structure their clinical teaching such that it makes the lessons learned more relevant to each individual learner. However, the book is directed not only towards anesthesia educators, but to anesthesia learners as well, as the book advocates the philosophy that a professional career is a lifetime of learning, and that trainees need to "learn to learn."

The book is divided into three sections (with multiple chapters in each section), entitled "Setting the Scene for Learning," "Clinical Teaching," and "Using Simulators for Teaching." Two appendixes are included at the end that discuss how to moderate a problem-based learning session (which is somewhat redundant because there is also a separate chapter on problem-based learning) and an actual clinical scenario taken from a problem-based learning refresher session presented at the Annual Meeting of the American Society of Anesthesiologists that includes sample questions and answers.

The chapters in the first section focus on the resources needed by the educator to provide the trainee with good clinical training. Topics in this section include departmental support of a learning environment, supervision of residents, how residents learn from work, clinical competence, teaching nontechnical skills, problem-based learning, mentoring, and portfolio maintenance (from the standpoint of both educators and residents). This section also gives advice to trainees on how to be less dependent on their instructors and more proactive regarding their own education in each chapter. For example, the chapter about assessment of clinical competence includes a section on self-assessment for the resident. The chapter regarding the ethics of learning on patients will be of interest not only to educators and residents but perhaps also to patients and their families. The chapter on the use of portfolios may be useful to those anesthesia program directors facing recent Accreditation Council for Graduate Medical Education mandates regarding this very topic. At a time when the Accreditation Council for Graduate Medical Education has recently revised standards for how all residents should learn and how their learning should be assessed, this book may be a welcome addition to help anesthesia educators navigate the Accreditation Council for Graduate Medical Education toolbox and understand "competencies." The Accreditation Council for Graduate Medical Education has recently endorsed six general competencies for all residents, regardless of their specialty (patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, profession-

alism, and systems-based practice). This section may help educators augment their transition to this new way of teaching and assessment.

The second section focuses on topics such as intraoperative teaching, developing decision-making skills, professionalism, judging clinical competency, and providing feedback. There is a fair amount of overlap and redundancy between the first and second sections of the book, but overall the two sections provide a wealth of useful information.

The third section on the use of simulators in anesthesia education also includes information about the value of role-playing in anesthesia (whether you have a simulator or not) and how to run mock emergency "fire drills" as well. It is likely that much of the information in this section can also be found in other anesthesia texts on simulators, but the section goes beyond simulators to discuss the function of other teaching methods for those departments which do not have a simulator available.

This book has a definite British influence. All of the editors except one (Professor Mets) are British, and only three of the 12 contributors are from the United States, so there is a definite bias toward the British style of education. However, the lone editor from the United States, Professor Berend Mets, M.B., Ph.D., is the current president of the Society for Education in Anesthesia (Park Ridge, Illinois) an organization devoted to fulfilling the needs of anesthesia educators by expanding their medical education knowledge and skill base and assisting in the planning of educational programs.

I very much enjoyed the style of the book. Its concepts come to life and are enjoyable to read through devices such as medically related cartoons scattered liberally throughout the book (the price of the book is almost worth it for the cartoons alone). Chapters are short, concise, and to the point, and major points are summarized and highlighted in boxes throughout each chapter, making salient points easy to identify. Overall, anesthesia residents and educators alike will find this a useful, common sense approach to anesthesia education. Information on this topic is scarce; until another book like this becomes available, it stands in a class by itself.

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**Atlas of Interventional Pain Management, 2<sup>nd</sup> Edition.** By Steven D. Waldman. Philadelphia, WB Saunders, 2004. ISBN: 0721601081. Pages: 642. Price: \$195.

First published in 1998, the *Atlas of Interventional Pain Management* quickly became popular with anesthesiology residents, fellows in pain medicine, and practicing clinicians who were adapting to this rapidly evolving field. At that time, there were very few single references available that demonstrated clinically relevant techniques of interest to the practicing regional anesthesiologist as well as the practicing pain clinic physician.

In this new edition, Dr. Waldman states in the Preface that he has tried to update each section to demonstrate the most contemporary approaches to interventional pain management. For example, radiofrequency techniques have been emphasized for neurolysis reflecting the belief that these techniques are perhaps safer and more effective. The Second edition has also added a large number of new fluoroscopic imaging figures and color drawings. There are 129 chapters, each devoted to a specific intervention. Each chapter has the 2003 CPT codes for the detailed procedure, as well as the relative value units for that procedure. The chapters follow a logical sequence with Indications, Clinically Relevant Anatomy, Technique, Side Effects and Com-

plications, Figures demonstrating the technique, and a "Clinical Pearls" section.

In general, the pictures are colorful, but often do not seem to help one orient to the nuances of the underlying anatomy. Many of the computed tomographic or fluoroscopic images are dark and hard to visualize. Further, there are many instances in which the figures are inaccurate or misleading. For example, one of the new chapters, entitled "Lumbar Epidural Nerve Block: Transforaminal Approach" discusses contrast flowing "...proximally around the pedicle into the epidural space" and references a figure. Unfortunately, there is no obvious contrast flow depicted in any of the pictures in that chapter. Another new addition, "Lumbar Selective Spinal Nerve Block," discusses the technique by making the analogy of pedicle as a clock face and asks the reader to align the fluoro beam to visualize the 4:00 position on the right side or 8:00 position on the left. The figure, however, demonstrates the 4:00 position on the left side. After discussing the selective diagnostic role for this injection, the fluoroscopic image in figure 81-5 shows a nonselective transforaminal epidural injection with contrast clearly seen flowing medially into the epidural space and outlining at least two vertebral segments in the lateral epidural space. In another chapter describing the psoas compartment technique for lumbar plexus nerve block, figure 97-2 appears to show the needle entry site over the sacral alae, which would not seem to be an appropriate location to reach the L4-5 paravertebral area. Several other examples of confusing figures could be cited; these lessen the overall appeal of this book.

In his efforts to be inclusive, the author has included many procedures for which the body of literature support is scanty, at best. For example, the most extensive referenced article validating the Ganglion Impar block is a case series abstract. The author describes a "blind technique" for this procedure, followed by a discussion of computed tomographic guided neurolysis. It seems to make little sense that with the proximity of the rectum, the author would proscribe such wide

variations in acceptable technique for such a poorly validated procedure. Most of the Clinical Pearls sections suggest an ease of performing the procedures and dramatic results that are not consistent with the clinical experience of many. For example, the chapter describing the classic superior hypogastric plexus block states that "...hypogastric plexus block is a simple technique that can produce dramatic relief." Any technique that can involve injury to the iliac vessels, L5-S1 disc, or viscera can hardly be characterized as simple. Further, there is no discussion of the effect of extensive retroperitoneal tumor spread and the effects of this on spread of the neurolytic or efficacy of neurolysis.

The main strengths of this book are its inclusion of a large number of procedures and the sections on relevant anatomy. However, this text leaves much to be desired as a guide for residents, fellows, or anyone who does not have a detailed knowledge of the pain literature. Without the inclusion of pertinent references, or at least suggested readings at the conclusion of each chapter, the reader has no basis on which to judge whether the recommendations made by the author are supported by existing evidence or not. Although clinical experience can certainly vary and supporting literature is often scanty, in my opinion the author is consistently overly optimistic regarding the efficacy of procedures and consistently downplays possible risks. When this lack of attention to evidence-based practice is combined with misleading figures and simplistic pictures, one is left with a book that may be of real utility only for clinicians learning these block techniques who desire a quick bookshelf reference that contains most of the contemporary procedures and CPT codes. A book that combines attention to evidence-based practice with consistent graphical excellence is still sorely needed.

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