Stimulated Recall (Personalized Assessment of Clinical Reasoning). By Howard S. Barrows, 2000, 31 pages, Southern Illinois University, Springfield, IL, $12.00 (softcover).

This small how-to book is deftly written for the medical educator who is looking for a way to analyze and improve the clinical reasoning of the medical student or resident. The author draws from his 15 years of experience with stimulated recall and condenses the issues, processes, and needed materials into this easily consumed 31-page book.

Howard S. Barrows, M.D., teaches the reader why and how to use videotaped student encounters with standardized or simulated patients to prompt the student to recall and analyze her knowledge, reasoning, and interactions with the patient. Dr. Barrows is so comfortable with the procedures and so assured of their value that most medical educators will be convinced to give serious consideration to stimulated recall for students who have identified areas of concern in their patient interactions.

The clinical reasoning process is not linear, but involves multiple loops as new information is sought and obtained. The prime focus of stimulated recall is to guide the student through her own exploration of the competencies that she brought to bear in the videotaped patient encounter. Although analysis of her clinical reasoning is the central issue, other competencies, such as understanding of pathophysiology, interpersonal skills, communication skills, professional appearance, and ability to give feedback and educate the patient are clearly related to the success of the encounter. As the student observes herself on videotape, the skilled questioning and probing of the interviewer/medical educator informs the student’s understanding of these skills. The student is often able to identify her own areas of weakness and to offer suggestions for improvement.

In this small book, the medical educator learns how to set up the simulated recall procedure on a step-by-step basis; how to train the interviewers; when and how to question the student; the typical reasoning problems seen in the clinical reasoning process; how to probe for problems in other areas; and perhaps most importantly, how to begin to treat the identified problems. The reader is also given five appendices containing very specific information about how to orient the participants and three basic checklists to guide them.

Because this small book is meant as a guide for the novice in this area, it does not venture into the more heady areas of the long history of research into clinical problem solving and the more recent but equally voluminous research into the strengths and weaknesses of standardized patients in a medical education setting. Medical educators new to stimulated recall will value this publication for both its straightforward introduction to medical reasoning and its practical advice about how to conduct a successful personalized assessment and intervention with the student to improve her clinical reasoning. A small set of excellent references is also given to the medical educator to get her started on becoming an expert in the clinical reasoning area.

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American Physicians are increasingly exposed to statistical methods in their everyday practices. In the past, physicians encountered discussions of statistics in articles they read when searching for scientific evidence for the care of their patients. Today, they also find that statistics are used to compare their clinical and cost outcomes to those of recognized standards. Outcome data collected about physicians’ practices is used to attract contracts with practice organizations, to advertise to patients, as a means of identifying areas that need further efforts at streamlining care, and as a method of oversight. Although some physicians regard the information garnered by statistical risk stratification as purely regulatory—used by HMO’s or the government to “monitor” physicians—it is important for practitioners to understand the concepts behind the statistical methods used in risk stratification. Risk stratification is an important tool that can be used clinically to give practitioners scientific evidence on which to base decisions for patient care.

Unfortunately, rigorous training in statistics is not a common core topic in medical schools and residency programs, and many physicians remain ignorant and therefore suspicious when presented with data on risk stratification or a complicated section on statistical methods in an article they are interested in reading. Risk Stratification: A Practical Guide for Clinicians seeks to educate clinicians in the interpretation and applications of common concepts used in the field or risk stratification. The authors begin with an important assertion meant to allay clinicians’ common distrust of the use of statistical methods to manipulate raw data. They point out that clinicians and statisticians operate under the same basic crucial assumption— that it is possible to learn or infer something from one group of people that can be successfully applied to another, similar group.
This in mind, the authors proceed to discuss a number of tools important for critically appraising medical literature. Chapter One, which defines the concepts of risk, probability and odds ratios; and Chapter Three, which reviews different study designs used to evaluate risk are especially helpful to clinicians who want to learn about risk stratification. The text is clear, although reading is slow going due to the density of abstract concepts. Many real data sets from well-known clinical trials are used to illustrate concepts, which make this text useful to anyone engaged in teaching biostatistics to medical students or residents. In addition, key points, definitions and tips are summarized in the margins for easy reference. A glossary of terms may have been helpful but is not included.

The rest of the chapters in Risk Stratification: A Practical Guide for Clinicians concentrate more on issues helpful to a physician looking to become involved in actually producing outcomes based research. Topics such as identifying research questions and variables, planning data collection and regulatory issues are discussed. Computer code for the SAS programs used to calculate statistical parameters and printouts of the solutions are included, which are of minimal use to clinicians, due to the availability of well accepted computerized statistical packages used to evaluate data. While these chapters are well written and complete, they do assume a solid background in statistics and address issues that are not of practical importance to most clinicians.

Risk Stratification: A Practical Guide for Clinicians is a clearly written book on an important emerging topic. While parts of this text serve as an excellent primer on risk stratification for the ambitious clinician, other parts are clearly more directed at physicians preparing to become involved in producing outcomes research. This book would be a good purchase for physicians teaching evidence based medicine to their students and for those who, through involvement with quality monitoring issues or because of academic interests, wish to perform risk stratification studies themselves.

In this context, the Cambridge Medical Ethics Workbook is a welcome addition to the growing number of ethics textbooks. The material is derived primarily from British and European sources and edited by a clinical ethicist, Michael Parker, at the John Radcliffe Hospital Trust in Oxford, and Donna Dickinson, the head of the Medical Ethics Unit at the Imperial College of Science, Technology and Medicine.

The workbook is oriented largely to the British health care context, and this is reflected in the cases and the content matter. The format is very user friendly and the chapters are based around a case, with supplementary readings and analysis specific to the case. The source materials are interspersed with highlighted questions and activities for the reader. A useful teachers guide is found as an appendix at the end of the text.

The book is divided into three parts. The first part relates to ethical issues raised by developments in modern medicine, which tackles end of life decision making, genetic testing, reproduction in medical research. Part 2 covers vulnerability, truth-telling, competence and confidentiality, which covers long term care and mental health in children and young people. Part 3 relates to broader issues in medical ethics which explores resource allocation, thinking about ethics, autonomy and patient choice. The text is richly illustrated with cases and the analysis is from high-quality commentators such as Tony Hope, Ruth Chadwick and others.

The strengths of the book are its up-to-date nature, the use of real cases and innovations in terms of content. For example, the section on genetic testing has a very good section on the ethical issues involving the use of genetic information including a long discussion on the problems and implications of the Icelandic genetic database. This is something that I have not seen in other medical ethics textbooks. Also of note was the section on medical research, particularly the discussion on what counts as medical research. The analysis is based on a case concerning the distinction between audit and research. This is a particularly thorny issue that many ethics committees face, and for which there is no universal agreement. The case study contains the actual correspondence between the investigator and the ethics committee, which adds a dimension of realism lacking in many textbooks. As well, the concluding section includes discussions of alternative approaches to ethical issues such as virtue ethics and deliberative ethics (with a conscious absence of feminist approaches or the ethics of care).

The book intends, as stated in the introduction, to illustrate real life issues and real cases that exemplify common ethical problems. They are variably successful with this, because, of course, the cases tend to be drawn from the standard issues of medical ethics that emerge from innovations in medical technology or relate to issues around end of life care that have broad public importance. Like many ethics textbooks, though, there is neglect of the quotidian issues of importance to most practising physicians. Therefore, the challenge to be related to the ethics of everyday practice is not successfully achieved. Also of note, given the nod to the increasing need for evidence-based practice, is a lack of attention to empirical studies in ethics. This is surprising, given that Tony Hope, Editor of the Journal of Medical Ethics who figures prominently in many of the case discussions, recently wrote an editorial calling for attention to the empirical dimensions of bioethics.1

How could empirical approaches help this text? In terms of problem definition, many of the central ethical issues cov-
tered in texts are important from philosophical perspectives as they involve considerations of abstract concepts like autonomy or personhood. These concerns tend to be at variance from what students and practitioners experience as ethical problems.2,3,4 Another example comes from informed consent. The doctrine of informed consent is well established and the criteria of what counts as valid consent are generally agreed upon in the ethical and legal literature. There seems, however, by empirical standards to be a disconnection between practice and the ideal set out by medical ethics. For example, empirical studies suggest that patients poorly recall the consent process or what they have actually consented to,5 and empirical studies of consent in practice show that the basic elements of consent are rarely addressed.6 These empirical findings must be addressed in order to bring ethical theory in line with clinical reality.

My second major criticism is that the textbook contains no section on evaluation of ethics education. This is an important point in a textbook that wants to contribute to medical ethics. There should be some account of what constitutes effective teaching and what strategies have been demonstrated to be effective in the tuition and treatment of ethics. Finally, the book also neglects some of the broader global issues in bioethics that have been recently highlighted by commentators such as Solly Benetar,7 Peter Singer8 and others9 about global disparities in health and issues around social determinants of health.

On the whole, though, I think this textbook can be highly recommended. It is generally useful and, although the scope of its application may be limited for an American audience, the format is welcome. It is well laid out and the index is exemplary. The text is uniformly well written and the case material highly readable. In conclusion, this is an excellent addition to the medical ethics teaching literature. Despite my criticisms, I found the book stimulating and engaging and it contains some very strong new elements that I have not seen in other bioethics textbooks.

References


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