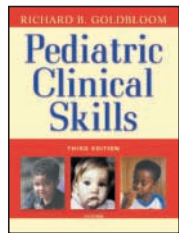


Pediatric clinical skills, 3rd ed.

Richard B. Goldbloom



Philadelphia: Saunders; 2002.
395 pp., 545 illust. \$99.95
ISBN 0-7216-9475-6

Rating: ***

Audience: Medical students,
family physicians, pediatricians

Content: There is often a mismatch between the basic interviewing and physical examination skills we acquire as physicians-in-training and the realities of actual practice. My own clinical skills were acquired with patients who for the most part were men, sometimes women and, rarely, children. But now, when I look through the glass divider into my waiting room, I see many children, some women and few men. Family practice rooms everywhere demonstrate the need for generalists to be well equipped with pediatric skills. Most general clinical skills texts I own give only superficial overviews of how to approach pediatric problems. Fortunately, this book by Richard Goldbloom, Chancellor and Professor of Pediatrics at Dalhousie University, Halifax, fills an important void by reviewing basics such as rashes and examination of the newborn, as well as more complex issues, including dysmorphism, murmurs and psychiatric problems.

Strengths: “Remember that normality is far more common and far more variable than abnormality,” concludes one chapter. This tone — one that places pathologic variants in a realistic, reassuring context — pervades the book. It does not pretend to be a comprehensive guide to differential diagnosis, but instead gives organized approaches to such things as the assessment of visual problems, gynecologic concerns and the “two-minute” musculoskeletal evaluation of children prior to their participation in sports. The use of illustrations and key-point summaries throughout makes this softcover book an easy read.

Limitations: The only photographs of non-white children in the entire book appear on the cover. And, although welcome, the section on “Culturally sensitive pediatric care” offers limited information on First Nations children and other Canadian minority groups. Goldbloom’s bluntness may not appeal to everyone — e.g., “The evidence clearly indicates that physicians who attribute a baby’s unexplained symptoms to teething are seeking the last haven of refuge for the diagnostically destitute.” — but I found this combination of wit and wisdom greatly appealing. The book’s price is merited, but may be an issue for those still in training.

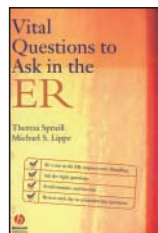
Eric Wooltorton

Associate Editor, *CMAJ*
Family Physician
Ottawa, Ont.

This book is available through your local book retailer, or through the publisher at www.elsevier.ca/product.jsp?isbn=0721694756

Vital questions to ask in the ER

Theresa Spruill and Michael S. Lippe



Malden (MA): Blackwell; 2002.
126 pp. US\$19.95(paper) ISBN
0-632-04668-6

Rating: *

Audience: Medical students

Content: This short book is intended to guide medical students successfully through patient interviews in the emergency department. Each of the 39 chapters is devoted to a common presenting problem ranging from abdominal pain to motor vehicle accidents to vaginal itching. Ten to 40 questions are offered, along with a short explanation of why each is important. In the margins, and at the end of each chapter, are highlighted reminders of crucial points.

Strengths: The complaint list is fairly comprehensive and represents most en-

counters in the emergency department. The lists of questions, although poorly structured, address the most serious pathology.

Limitations: This is intended as a “pocketbook” to accompany “the busy medical student in the emergency room.” Unfortunately, little attention is paid to developing a structured approach, and the “list” method does not provide a foundation on which to build medical knowledge. A better approach might have been to provide an ideal interview format, regardless of complaint, and then apply this structure to particular pathologies. As it stands, the questions have little logical flow, and unless the student is conducting the interview with the book in hand, a comprehensive list of questions would need to be memorized. Omitting one (which is likely) might delay diagnosis. No mention is made of the unique environment of the emergency room, or of how an interview must be concise but thorough. For instance, in the section on back pain, a recommended question asking for a history of fibroids precedes characterization of the pain with movement. Such ordering is inefficient, and in the absence of a proper context, not useful. The highlighted text is distracting and unhelpful. An example, in the section on abdominal pain, is “With the advent of the World Wrestling Federation there will be more abdominal trauma, especially in children [sic] and teens.” It is disappointing that this book does not live up to its promise, for such a supplement to an emergency rotation would be welcome, particularly given the expectations made of students asked to see patients on their own. A wise student would save her money, read her notes on how to conduct an interview, and ask her seniors to help refine her technique.

James Maskalyk

Editorial Fellow, *CMAJ*
PGY-4, Emergency Medicine

This book is available through your local book retailer, or through the publisher at www.blackwellpublishing.com/book.asp?ref=0632046686