BOOK REVIEWS

Educating the Reflective Practitioner. Towards a New Design for Teaching and Learning in the Professions. Donald A Schön (pp355; £10.50pb) Oxford and San Francisco: Jossey-Bass, 1991. ISBN 1-55542-220-9.

Relatively early in my own professional clinical practice I was deemed senior enough to take on the supervision of trainees. My initial pride and sense of achievement at being allowed to join the grown ups was rapidly dispelled by an anxiety that the trainees would find me out. Junior as I was, I knew that my own practice no longer conformed to the literature I had read in my own training years, and I also knew that my trainees were likely to be better read and more up to date than me. Sure enough, as they observed my practice they unfailingly asked difficult questions, such as, "Why did you do that?" It took time before I was confident enough to say, "I don't know," longer to say, "That's interesting, let's think about that," and longer still to learn to ask and listen to the answers to questions like "What's helping you to learn?" Gradually I discovered that by working actively with trainees I learnt more about my own practice in a more explicit way, and my practice went on improving. Gradually I think I also became a better teacher.

In my present work with clinicians of many professions and with managers in the NHS and social services one of my pleasures is to ask very experienced practitioners to talk about what they believe is the essence of good practice. Older and experienced people mostly seem to find that relatively easy, with a little encouragement. What seems harder is for them to say what it is, other than years of experience, which has enabled them to become not only skilled but confident about their skill and comfortable about describing what they do as craft or artistry as much as the application of science in any conventional sense.

Both the issue of the nature of good professional practice and the way in which it is acquired are the essence of Donald Schön's work. In this book he goes further and explores how it might be actively accelerated. In so doing, he at last makes the real stories respectable and even to be celebrated, rather than being somewhat illicit secrets. His starting point was not health and social care but architecture and music. For me, moving outside the usual areas of my professional concern was surprisingly illuminating. Some of the detail eluded and even bored me, but the principles and their application to my own concerns were stimulating, challenging, and exciting.

The pursuit of good practice in the real and messy world we work in seems to me,

to quote Schön, to be "of the greatest human concern." He likens this world vividly to "a swampy lowland" whose messy and confusing problems often defy technical solution, unlike the "high, hard ground [where] manageable problems lend themselves to solution through the application of research based theory and technique." It is not that he seeks to deny the utility of research and theory but rather that he seeks to turn conventional definitions and approaches on their heads. Douglas Adams recently wrote that "Assumptions are the things we don't know we've got." Schön has interesting ways of making our assumptions overt. We then find it easier to highlight those which are useful for the issues that concern us and to discard the ones which are not. He describes his work as a journey. He hasn't arrived, but he has travelled a long way. Whether our interest is in improving our own practice, in helping others, or in the pursuit of the apparently elusive holy grail of quality, his book offers useful guidance for those seeking to travel through the low swampy ground without embarrassment and being eaten by crocodiles or shot at from the high ground.

Now that this book is available in paperback, buy it. Leave it on your desk or by the bathtub. Dip into it. Reflect a little. Get on with your work. Repeat as required.

SHEILA DAMON

Fellow in Organisational Behaviour
Adams D, Cawardine M, *Last chance to see*, London: Hutchinson, 1990.

Managing Change in Primary Care. Pringle M, Bilkhu J, Dornan M, Head S (pp105, £12.50). Oxford: Radcliffe Medical Press, 1991. ISBN 1-870905-91-1.

I have always found it slightly odd that there should be a theory of change. The concept implies that there must be an alternative – namely, remaining the same – but as everything in life is constantly changing continual change has surely come to be accepted as the norm. How can a theory about normality be anything other than obvious and trivial? This simple view is contradicted by the depressing lessons of quality assurance that have accumulated over the past twenty years. That deceptively simple stage in audit, the introduction of appropriate change, is notoriously difficult to achieve. An overwhelming majority of reported audits fail to include the stage of attempting change. The most important challenge facing the proponents of quality assurance is to show that all the money and expertise that is expended does lead to improvements in care. The publication of a text on change is therefore timely to say the least. Does it contain the solution to the problem of change?

The model of change offered by the authors is taken from that identified by the behavioural sciences in recent years. It used to be thought that people will do what they are told as long as you shout at them loudly enough. This is the theory on

which medical education was founded, and it has been the usual method of practice management for decades. Sadly, the belief is still held by many who profess to understand audit. With the new model you have to stop shouting and start to listen. No doubt many doctors will find this an impossible recommendation. The model has been adapted in a few industries by some more enlightened managers but has yet to be widely appreciated and will be new to most doctors. The stages of change are described, from the preliminary examination of the motives and priorities of the members of the practice and the problems they face to the point at which change is securely completed. A final section considers the implications for practice management. The book is a practical introduction to the subject and not an academic review. The convolutions of language beloved by the behavioural scientists have been largely avoided and the steps leading to successful change are clearly described. The text is enlivened by a liberal supply of cartoons, but the heart of the message is contained in the case studies. These are reports of true events in practice teams that have been slightly modified to ensure anonymity. I enjoyed these convincing accounts and they helped me to think about events in my own practice in a different way.

It should be pointed out that, although the title suggests that primary care will be the focus, the preoccupation of the book is with general practitioners and practice managers. This is a pity as others in practice teams and community services have as much to learn about change. Doctors in hospital practice who have interests in management and audit might also find this book a useful introduction to an important subject. I am left with two impressions. Firstly, that to introduce change I need to understand and accommodate the personal concerns of the people with whom I work and, secondly, that to ensure this level of cooperation with the many colleagues in my practice team will demand increasingly advanced practice management. The solution this book presents to the problem of change is therefore one of improved practice management that makes use of lessons from behavioural science. I hope I can incorporate this solution into my practice before the alternative of more aggressive management from outside the practice takes hold.

RICHARD BAKER
General Practitioner

Providing Quality Care – The Challenge to Physicians. Coldfield N, Nash DB, eds (pp 259, £16.50). American College of Physicians, 1989. Distributed in the United Kingdom by the BMJ: ISBN 0-943176-11-8.

Anyone planning to scan the literature on quality, particularly the quality of medical care and the performance of doctors, must include the *Annals of Internal Medicine* in their scanning. Its publisher, the American

College of Physicians, has played a leading part in helping American physicians to keep up with and, in some instances, to stay ahead of external regulators, and its publications are impressive.

In *Providing Quality Care – the Challenge to Physicians* the college has now published a book that is essential reading not only for doctors but also for all those who are interested in quality and its improvement. It is particularly relevant to people working in the United Kingdom or Europe because the United States is five or ten years ahead in terms of litigation, purchaser pressure on clinicians and health service managers, and quality assurance.

Edited by physicians, the book contains nine chapters, including an excellent chapter on the patient's role in health care and quality assessment that reviews the evidence about the relations between clinical effectiveness and patient satisfaction. Lisa Iezzoni reviews the state of the art on measuring the severity of illness and case mix, and this leads on to a chapter by Robert Dubois on hospital mortality as an indicator of quality. Because of the book's pedigree the challenge to individual physicians is also faced squarely. In their introduction the editors record that, in Miami a "large trucking firm sends questionnaires to local physicians asking for detailed information about their training, fees and malpractice history." They emphasise the need for the profession to appreciate that this is not a manifestation of a "draconian" state health system but a facet of the pluralistic American system. In consequence, they have devoted one chapter to the measurement of the quality of office practice – namely, the behaviour of individual physicians. Three chapters deal with methods for regulating improvement. One of these focuses on industrial methods of quality improvement, the second on management information systems for quality, and the third on the work of the Joint Commission of Accreditation of Health Care Organisations. The subjects of malpractice, clinical risk management, and quality assessment are dealt with in a separate chapter, which serves as a useful reminder of the part that litigation has played in driving through changes in the practice of medicine and health care management.

The introductory chapter is written by the editors and is entitled "Information Needs of Purchasers" because they see the common theme among all people interested in the quality of health care – whether as patients, purchasers, or providers – as being access to information. It covers the different definition of quality, both public and professional, and it then considers different approaches to the purchase of health care – for example, corporate "Buy Right" programmes in which hospitals are required to release information on costs and quality directly to the representatives of the employees and the corporations laying contracts for health care. They also review a number of

other approaches, but emphasise that in the final analysis the providers and clinicians must be at the forefront of the debate about quality and must be enthusiastic in helping purchasers find the best quality of care at reasonable cost. If they do not, it is argued, then others will happily step into the breach and do so.

This book is technically excellent, it provides both an insight into the American health care system and a vision of health care in the United Kingdom in the years to come.

J A MUIR GRAY

Director of Health Policy and Public Health

Making Sense of Audit. Irvine D, Irvine S, eds (pp162, £12.50). Oxford: Radcliffe Medical Press, ISBN 1-870905-12-1.

We are all supposed to take part in audit nowadays. Though there has been interminable discussion about audit in recent years, most general practitioners would not admit to either great enthusiasm for the idea or much understanding of the methods. The reasons for this apathy are easy to find. Audit requires the critical examination of our own performance and this is enough to offend many doctors to begin with. Then the descriptions of audit are cloaked in new jargon and difficult definitions which deter all but the most persistent. The technical aspects of audit are all too often made overwhelmingly boring. For those who overcome these obstacles there is the discouraging discovery that success through audit is not automatic. So it is hardly surprising to find that audit has got off to a shaky start.

To resolve some of these problems *Making Sense of Audit* is presented as a practical, down to earth description of audit for everyday general practice, and it is largely successful in this aim. The book has nine contributors, but I was unable to detect any changes in style or repetition in content. It is divided into two parts. The first is an introduction to the methods of audit and the second is a series of fifteen audits or case studies that have been undertaken by practice teams. The underlying message is that audit must be used as one component of efficient practice management if it is to help practices improve their quality of care.

I would strongly advise anyone unfamiliar with or suspicious about audit to begin this book by reading the second section. Even the most experienced audit aficionado will find some new ideas in these case studies. They range from simple audits of rubella immunisation or the care of patients with epilepsy to a fascinating audit of the management structure in a practice to discover why the appointment of a deputy practice manager failed to achieve the desired results. In another audit the reasons for frustration and irritation in a practice were investigated by means of practice activity analysis, a survey of patients, and a confidential inquiry of each member of staff. This is no more than an organised approach to problems, which in this case

led to nine specific improvements that must have transformed the practice. I would like to try a similar approach in my own practice.

The first section of the book will interest those who want to know more about the techniques of audit. Though some car drivers are happy merely to sit behind the steering wheel, others have to get out and look under the bonnet, or even crawl under the car, and are most content when literally covered in oil. Audit enthusiasts are much the same, but their preference is for reams of data spilling from powerful new computers. The enthusiast will find the technical section undemanding, but for everyone else it provides a sensible introduction. Most topics are covered with clarity and without verbiage. No doubt some types of audit could be discussed in greater depth; the consideration of consultation analysis, for example, is rather cursory. However, there is a unique description of a method of confidential inquiry for general practice together with a case study that used this approach. This is clearly a type of audit worthy of greater use in the future.

I hope that many general practitioners who are beginning to undertake audit will read this book. It will also be invaluable to those with some experience, including members of the new medical audit advisory groups. Please read the case studies first. These show that audit, far from being a boring waste of time, is an indispensable method for helping us improve the quality of care and increasing our enjoyment of our work.

RICHARD BAKER
General Practitioner

DIARY

25 March

Birmingham: International Convention Centre. Association for Management Education for Clinicians conference. Auditing medical audit. Contact Ms Dee Lloyd, WMRHA, 1 Vernon Road, Edgbaston, Birmingham B16 9SA (tel 021 456 5566).

3–5 June

Eastbourne: Cavendish Hotel. British Association of Medical Managers conference. Quality is the key Contact Ms Nicola Whitworth, BAMM, Barnes Hospital, Kingsway, Cheadle, Cheshire SK8 2NY (tel 061 491 4229; fax 061 491 4254).

9–12 June

Karlstad, Sweden: European Healthcare Management Association annual conference. Improving health status: the managerial contribution. Contact Rena Dooley, European Healthcare Management Association, Vergemount Hall, Clonskeagh, Dublin 6, (tel +353 1 283 9299; fax +353 1 283 8653).