

4-1-2013

Morgenstern, Bruce Z., (Ed.), "Guidebook for Clerkshop Directors", 4th Edition. (Book Review)

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Recommended Citation

Blobaum, Paul M. Morgenstern, Bruce Z., (Ed.), "Guidebook for Clerkshop Directors", 4th Edition. (Book Review) North Syracuse, New York: Gegensatz Press, 2012. *Journal of the Medical Library Association*, vol. 101 (2), April 2013, p.161-162. doi:10.3163/1536-5050.101.2.017

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version of this excellent resource is intended, but no current URL, as of this writing, could be located.

The *Master Guide* offers more in-depth annotation than the *New Walford Guide to Reference Resources* volume on medicine [3]. The *New Walford* is a dictionary or catalog of resources offering only brief descriptions and borrowed review blurbs from publisher sources. Their purposes are different. Like the *Introduction to Reference Sources in the Health Sciences* [4], the *New Walford* seeks to support the new librarian who has no idea what sources exist in a field. The *Master Guide*, on the other hand, is written and edited by librarians mostly for an audience of directors of hospital libraries or bibliographic selectors in academic institutions who must make difficult collection development decisions within tight budgets.

The *Medical Library Association's Master Guide to Authoritative Information Resources in the Health Sciences* is highly recommended for hospital libraries. It would also be a core resource for academic libraries at all levels with medical, pharmacy, nursing, dentistry, allied health, or veterinary schools. Frankly, it would be a highly useful desk reference for medical librarians involved in collection development or needing a resource for reference questions outside their areas of expertise.

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DOI: <http://dx.doi.org/10.3163/1536-5050.101.2.016>

Guidebook for Clerkship Directors. 4th ed. Bruce Z. Morgenstern, editor. North Syracuse, NY: Gegensatz Press; 2012. 616 p. \$55.00. ISBN: 9-781-933237-03-9. <http://www.gegensatzpress.com/4th-ace-guidebook.html>.

In 1910, the Foundation for the Advancement of Teaching, a think tank established and funded by American steel magnate Andrew Carnegie, issued a report on how medical education in the United States and Canada could be improved. Commonly referred to as the *Flexner Report* after its author, Abraham Flexner, the report played a critical role in shaping the medical education system of today [1]. The *Flexner Report* held up Johns Hopkins University School of Medicine, as well as others, as a model of what medical education should look like. Sir William Osler, the well-known and respected clinical professor and chair of medicine at Johns Hopkins University and later one of the founding members of the Medical Library Association, had established the program at Johns Hopkins, where basic sciences were taught the first two years of medical school and the third year was spent clerking in patient care areas. Scientific inquiry and the advancement of medical practice based on research began to drive medical care more than theory, tradition, or superstition. As a result of the influence of the *Flexner Report*, many medical schools that functioned essentially as diploma mills were shut down or transitioned to a college or university model, and the quality of physicians and medical care increased. The *Flexner Report* also had an international impact.

This successful curriculum model continues largely intact to the present day, where third-year students go into hospitals and clinics for clinical education and continue rotations as part of the fourth year of the curriculum. Reform movements such as problem-based learning and the vertical integration of basic sciences into clinical years are some of the

developments in medical education in response to contemporary needs. The typical third year consists of four-to-six-week rotations through the core disciplines of family medicine, medicine, psychiatry, surgery, obstetrics/gynecology, geriatric and ambulatory medicine, and neurology, as well as elective areas. Each clerkship program is coordinated by tenure-track faculty members who serve a critical role in teaching, mentoring, and advising students. Each of the clinical areas may have one or more clerkship directors, as well as an overall coordinator in the dean's office.

The Alliance for Clinical Education (ACE) was established in 1992 to enhance clinical instruction of medical students through the collaboration of its member clinical medical education societies. Part of the core mission of ACE is to promote collaboration, communication, and resource sharing among clinical educators and to promote professional development.

The *Guidebook for Clerkship Directors* was first published in 1995 to support the evolving needs of directors of clinical medical education. There are more than 150 allopathic and osteopathic medical schools in the United States accredited by the Liaison Committee for Graduate Medical Education (LCGME) and the American Osteopathic Association, and at least as many undergraduate programs for each of the clinical areas. There are likely thousands of medical educators who are responsible for developing clinical curricula and leading these programs across the country who would benefit from a summarization of best practices of and pearls from expert educators in the field.

Written by leaders in the core clerkship areas, this book is a rich resource for clerkship directors, clinical faculty, support staff, and students. Nearly eighty-five years after the *Flexner Report*, it is remarkable that few resources for those involved in directing and teaching the critical third and fourth years of medical school have been published. In 2008, the Clerkship Directors in Emergency Medicine (CDEM) and Society for Academic Emergency Medicine (SAEM) joined ACE and, in 2010, self-published the *Medical Student Educators' Handbook*, which focuses

on the particular needs of emergency medicine clerkship directors.

This book fills an important niche. Clerkship directors often are junior faculty members on tenure track, and they juggle the multiple responsibilities of teaching, research, and service. This book not only serves as a companion and mentor to the newly minted clerkship director, but also is a valuable resource for best practices for all who work in the area. Faculty will particularly be interested in sections discussing mentorship, career development, establishment and conduct of a research agenda, and leadership.

One hundred thirty-three educators contributed to the fourth edition, resulting in twenty-four chapters, eight chapters more than the third edition. The third edition is published online for free <<http://familymed.uthscsa.edu/ACE/guidebook.htm>> and is searchable, but it is not being updated. The fourth edition is available for the Kindle on Amazon.com or the publisher's website. Other mobile device users can access the e-book using a free downloadable Kindle app. Ama-

zon.com also provides a limited preview of portions of the book.

The fourth edition has an expansive coverage of critical issues, including learning theories, professional development, grading and student evaluation, instructional methods, accreditation, faculty and program evaluation, mentoring and advising, and development of residents as clinical educators, as well as other areas. Each topic or subtopic area is numbered within each chapter, which oddly does not seem to serve a useful purpose. The book has a well-constructed topical index and is amply illustrated with black-and-white graphics and tables. Each chapter is followed by cited references to primary source material.

At first look, this book seems to offer little of interest beyond the intended audience of clerkship directors, clinical faculty, and medical school staff, but this work has a wider audience. Many of the issues faced by clerkship directors are the same issues faced by clinical education leaders in nursing and other allied health areas, especially advanced practice nurses and physician assistants. Nursing

faculty, clinical educators, and preceptors would particularly find valuable information here. This book would also prove valuable to medical librarians working in academic medical school and training hospital settings, giving valuable insight to the framework of medical education and the important role of clinical education at the undergraduate level. This book would benefit anyone on the medical education team and is recommended for academic medical libraries serving medicine, nursing, and allied health students.

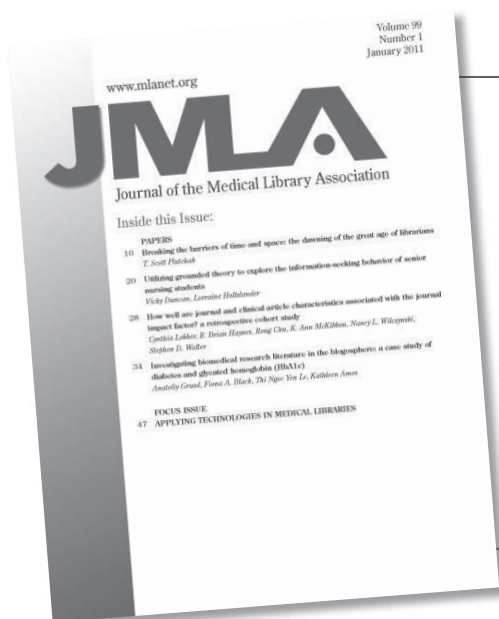
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DOI: <http://dx.doi.org/10.3163/1536-5050.101.2.017>

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