infection, the history of STDs. profiles of groups and behaviors with high priority for intervention, reproductive health, pediatrics, and prevention and control of STDs. Thorough considerations of special social issues including sexual assault make up the final part. Two new editors have joined this edition to emphasize prevention and control in the United States, as well as in developing countries, giving this internationally authored text a global perspective. According to the introduction, nearly one half of the chapters are completely new, and nearly all of those with continuing authors have been largely rewritten.

I was pleased to find 20 pages of 119 color plates, which are highly instructive because of their true color reproduction and concise descriptions. Scanning the color plates is an excellent way to review physical findings in STDs. The rest of the text is peppered with modern black-and-white two-and three-dimensional graphics and photomicrographs, giving the reader a more attractive journey through sometimes-heavy reading.

The editors' goal is to "provide comprehensive and authoritative information on the clinical, microbiological, and pubic health aspects of STD, including HIV infection, as an essential reference for the specialist as well as for the primary health care clinician." They have admirably reached this goal for the family physician serving individual STD and HIV patients, their families, and communities in either the developing or industrialized world.

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**Griffith's 5 Minute Clinical Consult 1999. Griffith's 5-Minute Clinical Consult 1999 CD.** *Edited by Mark R. Dambro, Jo A. Griffith, and Richard Winters. 1325 pp, [CD - illustrated.] Baltimore, Lippincott Williams & Wilkins, 1999. $54.95 (paper). ISBN 0-7817-2011-7. [CD ISBN 0-7818-20621.]*

Well-organized, predictable, and easy-to-use are words that I would use to describe *Griffith's 5 Minute Clinical Consult 1999 and CD ROM*. The format for each diagnosis remains the same throughout the alphabetized listing of more than 1000 medical conditions, eliminating the need to search the index. Each topic contains sections on basics, diagnosis, treatment, medications, follow-up, and miscellaneous. Listing of keywords rather than a sentence format makes the retrieval of information easier and quicker. A user-friendly feature of note for the practicing family physician and office staff is the ICD-9-CM code provided for each condition.

To illustrate how I found the book most useful, while I was viewing hand radiographs of one of my patients, I was trying to recall the characteristic findings of gout compared with pseudogout. Both conditions were listed in the book, and in the diagnosis column an imaging section gave the typical bone changes found in each condition. If I wanted a comparison with other arthritic disease, I would simply look in the imaging section of other types of arthritis. Using this book as a reference and memory jogger is a lot more efficient than reading through paragraphs of text to glean out the same information.

A shortcoming of the book is that the clinician must be able to diagnose a problem to access information; it is impossible to start with undifferentiated symptoms (eg, chest pain or dyspnea) and work toward a diagnosis. Because there are no illustrations in the book and no way from the printed text to confirm visually that you have made the correct diagnosis, experienced clinicians will be better served by this text than new learners.

After 1181 pages of material ranging from abortion, spontaneous, to Zollinger-Ellison syndrome, what could possibly be left to write about? There are 50 more pages of short topics consisting of less common conditions reported in abbreviated fashion. Many of these are eponymous syndromes, named for a person, and as presented, are more useful for their definition rather than for any depth of information. I found them to be useful mainly for the ICD-9-CM codes. Lastly, there is an index of medications included in the text and cross-referenced to all the conditions for which they are indicated. I could make no practical use of this information.

The book I reviewed also came with a CD-ROM program containing the full text and illustrated with 500 photographs. Without a search mode, navigating 1000 diagnoses with only the scroll bar is a little clumsy. The many dermatologic conditions shown do help confirm diagnoses and with learning variations on a theme (eg, varieties of lichen planus).

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**Practice-Based Teaching: A Guide for General Practitioners.** *By Richard Hays. 145 pp. Emerald, Victoria, Australia, Eruditions Publishing, 1999. AV $59.95. ISBN 1-86491-006-2.*

I have long had the experience of attempting to transfer the skills of a good practitioner to that of a good teacher, and Hays recognized the need for help in this transition. He spent time in self-directed professional development that improved his understanding of teaching and learning. He wrote this book to help others go through this transition more efficiently. He accurately says, "good clinicians are not necessarily good teachers, but they have the potential to become great teachers."

Clinicians in North America who read this book need to translate some of the terminology used for various people. The term *medical student* is used for both preceptorship and clerkship students and describes their experiences in the practice as *attachments*. *General practice* is the Australian term for family practice. *GP registrar* is a resident. The term *learner* describes recipients of clinical supervision at any level. The author includes a glossary at the end of the book to serve as a guide to the "galaxy of education jargon," an important aid for the neophyte teacher.

In reading the book, I had the feeling that it has been published about 30 years too late. When our practices

started being used by medical schools to enhance students' learning, we were given little help in teaching skills. When we joined the faculty of these institutions, there still was minimal help from the schools. Departments of family medicine took the challenge, employed faculty who had educational skills, and developed a cadre of clinicians who could both practice and teach. The difficulty was then to help the practice-based clinician develop these skills.

This book would go a long way to aid the motivated clinician to develop teaching skills to use in practice. It has just enough theory to explain the steps suggested to teach learners in the office. There are suggestions for activities, ranging from paper problems to independent patient care, to enhance the experience of learners at various levels. The author describes attributes of practice-based supervisors that make them effective teachers, and he offers practical suggestions for the supervisors and examples of these attributes. Many of the teaching methods we have been using in medical schools are described, such a audiotape reviews, videotape reviews, observations of the learner, and written record reviews. A main message of this book is that assessment (evaluation) is an integral part of the curriculum, and supervisors need to become skilled in giving feedback. This aspect of clinical supervision is perhaps the most difficult. The author gives examples of good clinician-learner interchanges.

As medical school faculties attempt to enlarge the clinical experiences of learners by enlisting the help of practice-based clinicians, they would do well to use this book as one of the aids in helping community physicians become skilled teachers.

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