categorizes the reader into one of six teaching styles. The successive chapters explain each of the six styles in detail, including making the most of your preferred style and incorporating styles that you tend not to use, stretching yourself to that uncomfortable place you might not otherwise dare go without some guidance! The teaching style names are quirky and descriptive, and the English spellings of common words are quite refreshing and natural given the background of the authors. The final three chapters return the readers, regardless of teaching style, to a more general coverage of teaching techniques, evaluation, and developing competence as a teacher. For those interested, there is an appendix reviewing the research on how the teaching style inventory was derived. An additional strength of this text is the research evidence provided in many of the chapters to support the information on teaching strategies.

If you're planning on teaching CME courses, *How to Teach Continuing Medical Education* would be the best fit of the four books reviewed here. It focuses mainly on formal teaching in continuing medical education, and each chapter includes its own learning outcomes, activities for the reader, suggested responses to activities, and extensive reference lists. Similar to many books on teaching and learning, Chapter 1 covers theories of adult learning. It's more comprehensive coverage than any of the other three books, but some readers may find it less well organized. The remainder of the book devotes chapters to teaching techniques, including lecture, group discussion, role play, teaching skills, and clinical teaching. It also, appropriately, includes a chapter on e-learning, an important consideration for teaching this generation of learners. The second chapter was my favorite, briefly covering preparation needed for effective teaching, which in this busy world is too often taken for granted.

I would not consider any one of these books sufficient to teach you everything you need to know about teaching, but a combination of them is a good beginning. Each has its audience and utility, and a medical school or residency looking to expand its faculty development library or reward its community preceptors with helpful readings might benefit from purchasing one or more of these books.

*Kristen L. Bene, MS*
*Fort Collins Family Medicine Residency Program*
*Fort Collins, Colo*

**When Doctors Become Patients,** *Robert Klitzman, New York, Oxford University Press, 2008, 333 pp., $24.95, hardcover.*

*When Doctors Become Patients* addresses the ethos and pathos of a universal but frequently taboo subject for physicians. Robert Klitzman, a psychiatrist and bioethicist at Columbia University, has composed a print documentary consisting of the distilled and interwoven narratives of nearly 50 physician-patients combined with the author's deft analysis and measured self-reflection. The reading of Dr Klitzman's thoughtfully conceived and constructed book is instructive and therapeutic as it allows the reader to contemplate his or her own responses to illness and suffering.

Klitzman's previous works have established him as an astute and caring observer, commentator, and advocate for individuals whose status and/or illness frequently result in loss, marginalization, and stigmatization. Such wounds may be self-inflicted or, all too tragically, administered by an indifferent or even calculating medical education and profession. In the beginning of his current work, Dr Klitzman bravely reveals and briefly describes his own descent into depression following the death of his sister Karen at the World Trade Center on 9/11, a disclosure that solidifies his bonds with his fellow "wounded healers" whose stories he invites and shares with care and reverence.

The book is divided into three sections that seek to report and analyze the physicians' relationship with their illness, patients, and profession and the resultant transitions between the "tripartite self"—person, physician, and patient. Framing these three sections, "Becoming a Patient," "Being a Doctor After Becoming a Patient," and "Interacting With Patients," is an introduction in which Dr Klitzman shares a portion of his own illness narrative and further presents the rationale and methodology for his book. A reference section that will inspire readers to consult from among the wealth of resources that informed and shaped the author's investigation and commentary is also included.

In the introduction, Dr Klitzman indicates that he conducted 20 pilot interviews to clarify topics and themes of inquiry and then proceeded with his investigation of physician illness experiences in two phases. The initial cohort consisted of 24 doctors with HIV and included one dentist, one medical student, and two physicians who lost their partner to HIV/AIDS. The second cohort included a similar number of doctors whose primary illnesses were attributed to cancer, heart disease, or mental health disorders. Individuals who Dr Klitzman interviewed ranged from ages 25–87, were 75% male, were predominantly Caucasian, and were primarily specialists from New York.

While space limits the full telling of the physicians stories, an important topic is the intertwined personal and professional identity and existential crises that many of the subjects described in their transitions from doctor to patient and from wellness to physical and/or mental illness and suffering. Dr Klitzman notes that the public self of the doctor may frequently be at

odds with the private self of the individual when illness intervenes. A mythic sense of invulnerability coupled with a desire for secrecy resulted in physicians delaying the adoption of healthier personal behaviors and/or seeking medical care. Fearing loss of reputation, prestige, employment, and medical insurance, and frequently experiencing guilt and shame, many of the physicians that Dr Klitzman interviewed were reluctant to engage in truthful disclosure regarding their illness and suffering. Preservation of confidentiality was a more daunting task for patient-physicians, particularly if they were seeking care in a community where they also practiced. Truth-telling represented an ethical dilemma fraught with risk, though in several instances physician-patients utilized declarations of their HIV, cancer, or mental illness to empower their patients or become more politically active.

The hardest transition for many of these physician-patients was their crossing into retirement from their research or clinical practice, particularly if this was forced upon them by their illness or a less than supportive public and profession. Whereas their training and work could frequently be dehumanizing, the loss of a professional self and identity was frequently cited as one of the most painful losses these individuals endured. For a fortunate number whose stories Dr Klitzman captures, their illness had the effect of reforming and enlightening their views of patients and coworkers, left them more appreciative of their challenges and points of view, and better able to practice whole-person medicine. Some physicians discovered a novel or deepened connection to things spiritual within and external to themselves. Others pursued maladaptive behaviors that included substance abuse and/or high-risk sexual behaviors. Many physicians described isolation and alteration of mood, whether or not mental illness was their primary disorder. Sadly, some physicians were pushed to the brink of despair and contemplated and/or attempted suicide.

Not surprisingly, several of the physicians who Dr Klitzman encountered in the process of his research died prior to the publication of his book. Dr Klitzman honors the life and memory of Deborah, "a fellow psychiatrist," who bequeathed to him a series of articles she had been collecting on physicians and illness shortly before her death from breast cancer. Most poignant is the accounting of Nancy, an endocrinologist who too lost her fight against breast cancer and is memorialized not just in Dr Klitzman's book but in videotaped excerpts of her interviews that he shares with incoming medical students at Columbia.

Medical education and practice are repeatedly indicted in Dr Klitzman's book for failing to prepare physicians to adequately identify and address bodily and psychic suffering in themselves, their colleagues, and their patients at critical phases of illness. Patient-centered medical care and communication are heralded when experienced and frequently became more prominent in the practices of the physician-patients who Dr Klitzman interviewed. From Samuel Shem's legendary *House of God* of a previous medical generation, we glimpse in Dr Klitzman's book a transformed "Home of Women and Men" in which the humanity, hopes, uncertainty, fears, and frailty common to both doctors and patients might be addressed with compassion, dignity, humility, and reverence.

*Peter Lewis, MD*
*Department of Family and Community Medicine*
*Pennsylvania State University*

**The Spirit of the Place,** *Samuel Shem, Kent, Ohio, The Kent State University Press, 2008, 334 pp., $28.95, hardcover.*

Stephen Bergman, who writes under the pen name Samuel Shem, has done it again. In juxtaposing the harsh reality of the medical world with the nobility of the human spirit, medicine moves from the drudgery of endless forms and drawn out committee meetings to one of hope and healing—a noble profession that, while seemingly tarnished, still warms the heart.

As a physician who practiced in a rural town for a number of years, I originally picked up Bergman's latest book wondering what an urban psychiatrist who is a former Harvard professor would know about medical practice in a small town. Of course, as I quickly learned, I had asked the wrong question. Any locality in Bergman's hands, whether a large urban hospital in his first book *The House of God* or a psychiatric department in his subsequent book *Mount Misery,* is a microcosm of the larger world in which we practice the healing profession. While small town doctors have their flaws, their love for their patients and their hard-earned knowledge about their lives allows them to use a teddy bear to distract a frightened child while extracting a foreign body from his ear, as well as to devise a simple behavioral management program for an encopretic child. The sophisticated urban physician in the neighboring city who is well versed in the latest technology—and who attracts many of the social climbers from the small town—lacks the warmth and good judgment of the local medical doctor and makes proportionally more diagnostic errors.

Yet, the novel is not about either of these physicians, who are important but relatively minor characters. Rather, the protagonist is an internist who has lost touch with his soul and has drifted from his successful