

Book Reviews

Editor: Yoram Barak

OSCEs in Psychiatry

Edited by Ranga Rao

Royal College of Psychiatry

ISBN no. 1-904671-17-9, 193 pages, £20, 2005

This book explains how OSCE (Observed Structured Clinical Examination) can be performed in psychiatry. The aim of the book is to help psychiatric residents prepare for their OSCE examination, but it is also an educative text for considering implementing the OSCE method in Israel.

The British OSCE examination consists of 12 stations in which each of the participants spend seven minutes. Each station concentrates on main attributes that are tested. The first part of the book gives tips for preparing and passing the exam. It is also a profound text on the benefits and shortcomings of the OSCE system. The second part of the book explores the skills tested in each station (as proposed by the book). This is the main benefit of this system as it allows a more objective assessment of the examinee's skills than the existing Israeli Board examinations. It is also more objective because of the fact that all examinees pass the same stations and are evaluated by the same teams. It also enables examination of the performance of the residents under various situations and the examinee can fail in one of them while still passing the exam, making this examination more just.

One cannot help wondering if seven minutes per station is enough to see the relations developing between psychiatrist and patient, as opposed, perhaps, to the situation in family medicine where ten minutes is the time allotted per patient in real clinical situations.

The book is intended to instruct the future examinee on how to approach the OSCE examination. It does not discuss the need of special training for specific examination skills as a major drawback to implementing this method. For an Israeli reading this book the question arises whether or not it is pos-

sible to advocate implementing this examination method instead of the part B examination done today in psychiatric residency training. Although this is not the aim of this book, it can very well serve this purpose for the reasons mentioned before.

The book is backed by an accompanying CD-ROM with an interactive video footage which gives the reader a fuller understanding of how the examination is performed.

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Research Methods in Psychiatry — 3rd Edition

Edited by Chris Freeman and Peter Tyrer

Gaskell, The Royal College of Psychiatrists, 2006

Paperback, ISBN-10:1904671330; ISBN-13:

9781904671336, 368 pp., £25.00

This book seeks to accomplish an important goal, namely providing a guide for psychiatric trainees in the development and implementation of a research project. Importantly, it attempts to address trainees situated in environments less conducive to the conduct of research for reasons of insufficient resources or mentors.

The strengths of the book include its clarity of writing and presentation — there are numerous helpful Tables, Figures and Boxes — in addition to being well-referenced. The writing style is generally appropriate to the target readership and avoids overly technical jargon. In addition, the book covers topics often omitted in similar discussions of psychiatric research such as psychotherapy, qualitative methodology, and historical research. The importance of using a formal methodology when approaching systematic reviews and meta-analyses is emphasized. The review of psychiatric rating scales, although insufficiently critical, is quite broad.

Unfortunately, the book falls short of its aims in a

number of ways. It does not progress naturally or evenly. The order of topics, the choice of topics (both what is included and omitted) and the relative emphasis and detail given to some topics and not others, diminish the volume's ability to achieve its aims. For example, the chapter on writing a scientific paper is at the beginning of the volume (Chapter 3) rather than towards the end. The statistical considerations needed for study design are late in the book (Chapter 8), far later than a detailed description of the methodology for performing meta-analyses (Chapter 4). Nearly completely absent from the book are serious considerations of data analysis, research ethics, or proper use of the scientific literature. Instead, there are fairly lengthy and detailed chapters on epidemiology and learning disabilities, important topics in their own right but much less helpful to the trainee than would be expanded sections on more basic topics such as hypothesis development, basic study design, or use of the scientific literature.

The best and most important chapter of the book (Chapter 1 — "Getting Started in Research") is also one of the shortest and least detailed. In truth, the greater part of this book could have been an expansion of Chapter 1. The sections themselves — including defining aims, reviewing the literature, developing a hypothesis, design features, supervision, data collection, protocol design, ethics, recruitment, among others — are completely on target for the needs of a psychiatric trainee. Each of these topics should have been a chapter unto itself, rather than the few paragraphs allotted to them in Chapter 1.

Also not addressed in this volume is the fact that special guidance should be given to trainees considering a research career. Their approach to seeking mentorship, acquiring additional training and experience, and developing spheres of interest must differ from the approach of the trainee seeking to perform a one-time project in order to fulfill a training requirement.

The conduct of psychiatric research by trainees is at once both challenging and exciting. When performed, there should be emphasis on scientific methodology, hypothesis development and study design, rudimentary but clear comprehension of relevant statistical concepts, and adherence to the highest ethical standards. The importance of having knowledgeable, available and committed mentors

and supervisors can never be overemphasized. Finally, trainees should have a clear understanding of why their participation in the scientific enterprise, however limited, is important for their own professional and intellectual development, linking them to the illustrious chain of doctors and scientists throughout history who have sought new knowledge and its application to patient care.

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Surviving Schizophrenia

By E. Fuller Torrey, MD

Harper Collins, Fourth Edition, 2001

The main precept of E. Fuller Torrey in "Surviving Schizophrenia" is to deal with schizophrenia as a physical disease, or biological disease, if you will, to which medication is the cure. He defines the disease according to the Diagnostic and Statistical Manual of Mental Disorders and reinforces the idea that delusions and auditory hallucinations are its main characteristics. These delusions and hallucinations are best dealt with by medication of the second generation, like haloperidol, or the third generation, like olanzapine. He does make allowance for the use of cognitive therapy, among other non-medical therapies, as a good talking therapy to help the client realize that the delusions and hallucinations are not real.... He strongly advises against any form of insight therapy like Freudian analyses as a cure. It is "analogous to pouring boiling oil into wounds because they ignore the chronic schizophrenic's particular vulnerability to over-stimulating relationships, intense negative affects, and pressures for rapid change," as he quotes from a review (Comprehensive Psychiatry 1986; 27: 313-326, R.E. Drake, L.I. Sederer) entitled "The Adverse Effects of Intensive Treatment of Chronic Schizophrenia."

E. Fuller Torrey illustrates his book with marvelous and poignant vignettes from mental patients' personal experiences of the disease to Charlotte Brontë's depiction of the "fiend-like nature" of Mrs. Rochester in *Jane Eyre*. However, there is one seriously lacking point that this book does not make —

— the development of schizophrenia from poor socialization as a child in dysfunctional families.

From my personal experience, obsessive-compulsive behavior induced by my environment played a major role in my illness and it was learned from my dysfunctional family and surroundings. Torrey will give this reality no credence. Through careful self-observation, medication and a form of cognitive therapy, I was able to rectify these symptoms and return to health. The inner process of the development of mental illness is almost completely ignored in this book.

While it is true that deterioration of the brain occurs “by damage to the specific parts of the brain, especially portions of the frontal lobe, cingulated, and areas in the right cerebral hemisphere” by this insidious disease, who is not to say that the unhealthy brain patterns of thought are not also responsible for the brain’s deterioration. Treatment of these physical abnormalities with medication is, of course, warranted, but attribution of this illness alone to the brain’s deterioration is uncalled for.

He also denigrates books like *I Never Promised*

You a Rose Garden by Hannah Green and Ken Kesey’s *One Flew Over the Cuckoo’s Nest*, but fails to give insight as well suited, as these books, into the illness. His vignettes of mental patients are sometimes insightful as when he describes schizophrenic behavior as “internally logical and rational.” In his account of a woman who broke two pairs of glasses worn by her nurses, a logical reason is given: “Glasses symbolized false or literary vision, a barrier between the individual and the direct apprehension of life.” So she “grabbed and broke two pairs of glasses worn by nurses.”

Essentially this book is a good overview and guide to the current scientific knowledge of the physical nature of the disease schizophrenia. It provides statistics, services and much information on the anti-psychiatry groups like scientology that are doing harm to the advance of the mental health field. It also provides a glimpse into the inner world of the disease, which I find most compelling.

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