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Reading books and reading patients: can Book Clubs help both?

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DECLARATION OF INTERESTS PS is co-editor of *Practical Neurology*, which features a regular paper entitled 'Book Club' describing outcomes of Neurology Book Clubs.

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EDUCATION

BACKGROUND: THE CARDIFF NEUROLOGY BOOK CLUB

Since 2013 the Cardiff Department of Neurology has run a 'Neurology Book Club', an idea brought to us by Marty Samuels from the Brigham and Women's Hospital, Boston, USA. Our specialist registrars agree a list of books with relevance to neurology (non-fiction, fiction, plays or poetry); the consultant hosting the meeting selects one from the list; and the department purchases 25 books, one for each team member. We meet every two months at a consultant's house and discuss the book after supper. A junior team member starts the discussion with a brief biography of the author, and other junior trainees then discuss a favourite chapter, or specific learning points from the book. Their early involvement in the discussion helps to avoid senior voices setting the tone of the meeting. The discussion that follows usually ends by focusing on practical outcomes, such as the way that the book might change our clinical practice. A registrar writes a report of the meeting which is then published in the journal *Practical Neurology*.

FOSTERING WORKPLACE TEAMWORK

In the weeks leading up to a meeting, the whole department's engagement with the same book promotes conversation and interaction about issues beyond the ward and clinic. Gathering to discuss the book in a relaxed and sociable environment well away from the workplace helps to flatten the authority gradient and to foster a positive sense of 'team'. Newer members feel welcomed and valued, and have the opportunity to get to know their consultants, who in turn benefit from time to engage with trainees. The host is explicitly showing an appreciation of their trainees' contribution.

DEVELOPING THE REFLECTIVE PRACTITIONER

It is healthy for clinicians to practise their skills of reflection regularly, rather than confining their energies only to clinical practice. Reading is a solitary activity and the social aspect of a book club clearly adds to its reflective value. Invariably, our discussions re-frame individual perspectives by hearing what the book meant to others. A book is a rich and deep source of information and readers view each component through a slightly different lens. Identifying the range of opinion and perspective described in the discussion has helped contributors to refine or change their opinion completely; for some it has compelled them to re-read (or read properly) the book.

DEVELOPING PROFESSIONALISM THROUGH GROUP LEARNING

Practising group discussion can help our listening skills, our respect for others' views and our ability to make points based upon evidence, all essential components of team work and professionalism. Learning from case examples and from peers is typically more powerful than learning from reading alone. The group discussion also encourages the expression of individual views, and identifies points that others may not have considered: exactly the sort of skills we should foster in clinical practice.

FOSTERING PROFESSIONAL SOCIAL IDENTITY

Social and professional identities are intrinsically linked. The sociocultural elements of a professional group activity such as Neurology Book Club are at least as important to the group as any specific learning gained. A sense of belonging to a group also helps to build resilience, and has been positively linked to the ability to handle stress.[1] The range of age and experience of the participants is affirming for all, particularly if uncertainty is valued and knowledge imparted with healthy scepticism. Although Neurology Book Club often does not involve specific neurological learning, it is easy to understand how combining social interaction with formal instruction (e.g. in away days or 'boot camps')

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helps to foster psychological wellbeing and resilience, as well as to facilitate learning.

CHANGING CLINICAL PRACTICE

We conclude each meeting by considering how our learning might help our clinical practice. Invariably a book provides new insights into the patient perspective, or casts light on blind spots in our clinical thinking, giving us reasons to reflect and ideas about how best to develop our practice.

WRITTEN ACCOUNT

A record of proceedings is important to consolidate learning. We therefore write a report as a one page article in *Practical Neurology*. The report is an opportunity for a junior doctor to develop their writing skills and, for the novice, is an introduction to the idea that we don't really know what we think until we have read what we have written. That said, the review differs from a traditional 'book review', since it is a description of what took place during the group discussion, rather than just the author's thoughts and criticisms of the book. We hope that this regular published report might encourage other neurology departments to set up and benefit from specialist medical book clubs. *Practical Neurology* has also received Neurology Book Club reports from Gloucester and from St George's Hospital, London.

POSITIVE TRAINEE PERSPECTIVE

From our trainees' perspective, Neurology Book Club is embedded as a 'normal' part of being a Cardiff neurology trainee. We like to think that when trainees move elsewhere, they will look back to this department as a place where activities such as Book Club made them feel valued and encouraged them to develop important social and professional skills outside the workplace.

PERSONAL DEVELOPMENT

A personal practical outcome has been that our members (and particularly we, the authors) now read many more books than before, over and above the 'obligatory' books for the meetings, and frequently see our reflections and discussion on these books having a beneficial effect on our practice.

THE PATIENT AS TEXT

The idea of patients as text is well established. Daniel[2] defined text as 'any set of elements which constitutes a whole and takes on meaning through interpretation'. Traditionally a neurologist's interpretation was diagnostic, at the level of anatomy and pathology: as the main determinant of prognosis, treatment and placement, this is still the case. The resulting pressure on the diagnostician to edit and distil the available information down to that which leads to the gene, or the deficiency, or the lesion, makes us very selective readers. We discard most of the information as we wait for the comment or sign that takes us to the 'answer'. As a result, we may end up seeing through large chunks of the stories told, often at the expense of fully appreciating the patient's predicament.

However, the reading of a situation has to change when the diagnosis is secure but rehabilitation goals need to be set; goals that are in keeping with the time available, the domestic and psychosocial backcloth, and the natural history of the condition. The interpretation of the text presented has to be tailored to posing the necessary questions. We need a much broader and more searching reading of the patient's predicament to contribute to this process, if we are to prioritise the patient's wishes. This may require a complete rereading of the text they present. Although the whodunit reductionism of neurological diagnosis can be achieved by the experienced speed-reader before the patient has confirmed their name, a discussion about goals, placement and relationships may require a complete reading or rereading of their situation.

DEVELOPING CONSULTATION SKILLS

Book club has provided us with a way to develop our reading skills for the text of books; primed with these broader definitions of text we consider the activity to be of real relevance to the development of consultation skills. The reader and the clinician must immerse themselves in a character's environment, follow rather than lead, and attentively gather information that they then present as their interpretation of the text presented: for a patient, a clinical history; for a book, their distilled thoughts or a written review of the book. Reading about a character in a novel involves the same skills of active listening as are required when taking a history in order to make a diagnosis; enhanced reading skills are required if the question is more complex than diagnosis.

CONCLUSION

We strongly recommend other departments set up Book Clubs relating to their specialty. For teambuilding, for learning, for the joy of discussion and gaining insights around topics not directly related to the specialty; but most of all to rekindle a love of the written word.

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APPENDIX 1

Examples of practical learning from specific books

- In *Thinking, Fast and Slow*,[3] Daniel Kahneman highlights the concept of 'remembered self' through looking at the recalled pain experienced on colonoscopy as being the average between peak pain and the pain at the end (and unrelated to the duration). How an event ends (such as a consultation with a patient) strongly influences the way it is remembered. As a result, we are now more careful to ensure that conversations and consultations end well, even if there was some problem during it.
- In *Being Mortal*,[4] Atul Gawande explores the concept of a patient's more active participation in treatment, particularly in terminal care. Although this already accorded with our clinical practice, it reinforced the need to encourage patients to express their priorities and preferences, and to consider going with these even if they are not the choice of the physician. 'For human beings, life is meaningful because it is a story.'
- Anne Fadiman's *The Spirit Catches You and You Fall Down*[5] highlights how cultural differences can affect clinical outcomes. We were made much more aware how different belief systems in different cultures might result in apparent treatment failure, when in fact the patient or family are disengaged and do not regard the treatment as being right for them.

Guest appearances

- Oliver Sacks' classic, *The Man Who Mistook His Wife for a Hat*[6] was a particular highlight because Oliver Sacks himself Skyped in from New York for 45 minutes. He made us think much more carefully about the detailed documentation of clinical problems, the careful analysis of details and, above all, actively listening to the patient. He wrote a lovely handwritten letter of thanks, and we were greatly saddened when he announced his terminal illness to the world a few weeks later. A quotation from his book encapsulates our learning from that evening: 'In examining disease, we gain wisdom about anatomy and physiology and biology. In examining the person with disease, we gain wisdom about life.'
- Raymond Tallis' *Michelangelo's Finger*[7] is a complicated book and our discussion (in a lecture theatre) was made more challenging by Ray being among the top-table discussants. The book enhanced our understanding of the origins of language and the key role that pointing played as its essential precursor.
- It was a special moment during our discussion of Michael J. Fox's autobiography, *Lucky Man*[8] when Alan Ropper (Boston, USA) attended the meeting by Skype to share personal recollections of his interactions and management of his celebrity patient (with MJF's permission).

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