

Staying human during residency training. 4th edition How to survive and thrive after medical school

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OVERALL RATING Very good

STRENGTHS Excellent resource for trainees

WEAKNESSES Chapter 1 provides a long list of negative outcomes associated with residency that is difficult to read and not engaging

AUDIENCE Medical students, residents, and their teachers



As with most things in life, timing is everything. When I was asked to review Allan Peterkin's book, *Staying Human During Residency Training*, I thought the timing could not be worse. I had just completed my residency in family medicine 3 months before, and the last thing I wanted to do was reflect on my experience so soon after completing my training.

I started Dr Peterkin's book with a heavy heart, and I am afraid my mood did not improve much with the statistics on anxiety, depression, substance abuse, suicide, burnout, abuse, and harassment presented in the first chapter. But then an amazing opportunity presented itself, just in the nick of time: I was asked to supervise a clerk. Although I felt extremely nervous about what I could offer this student, I quickly accepted and set to work brushing up on every guideline I could find. To my surprise, the information my charge was most hungry for was not the 10 minor risk factors for osteoporosis as outlined in the 2006 Canadian Consensus Conference. This was his first clerkship rotation; he was married and had just bought a house. His question was "How do I survive clerkship?"

As you might guess I returned to Dr Peterkin's book with renewed vigour, and I liked what I found. There was information about financial and legal matters that I would have found useful during residency. However, most of the information included ideas and suggestions I wish I had known *before* starting residency, which I was excited to share with my clerk. The second chapter outlines

important factors in choosing a specialty and school for postgraduate training. Chapter 3 offers ideas on staying healthy during lengthy on-call shifts, while chapters 4 to 7 discuss behavioural modifications students can implement to maximize career opportunities as well as work-life balance. The book closes with a section on considerations for the end of residency and a list of Web-based resources.

The fourth edition of *Staying Human During Residency Training* also includes a forward by Dr Susan Edwards, dated 2008. As Director of Resident Wellness, Postgraduate Medical Education, at the University of Toronto in Ontario, Dr Edwards states that her department provides each incoming resident with a copy of Dr Peterkin's book. Although I applaud this effort, I would like to see clerkship directors follow Dr Edwards' example and provide all first-year clerks with a copy of this resource. Many of the methods I used to survive residency were actually developed in clerkship, and while Dr Peterkin's title is apt, I prefer his subtitle: *How to Survive and Thrive After Medical School*. There is, of course, a time for everything.

—Jessica Fulton MD CCFP

Dr Fulton is Editorial Fellow at *Canadian Family Physician* and a family physician at the Women's College Hospital in Toronto, Ont.

L'Ennemi en moi

Histoire vraie d'une victime du trouble de la personnalité limite

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ÉVALUATION GLOBALE Bon FORCES Description détaillée et crédible du vécu d'une personne souffrant du trouble de la personnalité limite

FAIBLESS Trop long

PUBLIC Les patients atteints du trouble de la personnalité limite et leurs proches ainsi que tous les professionnels de la santé qui leur prodiguent des soins

Étienne Gervais nous livre une réflexion très personnelle sur le trouble de personnalité limite (TPL) dont il est atteint. Ce livre, autobiographique, décrit l'intensité de la souffrance des personnes atteintes de ce trouble

ainsi que de celle des personnes qui gravitent autour d'elles. L'auteur aborde ce problème, ses manifestations et ses effets destructeurs, avec une lucidité étonnante tout au long de son récit de 404 pages. En particulier, il explicite la relation entre les comportements des patients atteints de TPL, souvent de nature à soulever des réactions émotives fortes, de même que des sentiments d'impuissance chez leurs proches et les professionnels qu'ils consultent, et la détresse psychologique invalidante qui les habite.

Le TPL, c'est bien connu, ne jouit pas d'un capital de sympathie auprès des professionnels de la santé non spécialisés dans ce domaine. En effet, les personnes qui sont atteintes du TPL sont perçues le plus souvent comme manipulatrices, impulsives, imprévisibles et oppositionnelles. Ces perceptions interfèrent avec la capacité des professionnels à aider ces patients. La lecture de ce livre contribuera sans doute à nuancer cette perception négative de la personne atteinte du TPL.

Enfin, l'auteur présente aux pages 393 à 404 un «Guide de survie au TPL» dans lequel il énumère les multiples stratégies utiles pour apprendre à mieux vivre avec ce trouble. Ce guide s'adresse d'abord aux patients eux-mêmes mais il s'avère très utile pour les professionnels de la santé qui soignent ces personnes.

Même si ce volume comporte certaines longueurs et répétitions dans l'écriture, j'en suggère la lecture aux médecins de famille, en particulier aux médecins en formation. Ce volume devrait être conservé dans leur bibliothèque de ressources pour pouvoir en discuter avec leurs patients atteints de TPL ou leurs proches. Ce livre est du type «self help».

—Marie-Thérèse Lussier MD MSc FCFP

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