A Medical Teacher's Manual for Success: Five Simple Steps

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The obligation to teach is generally standard for medical school faculty; however, little formal training is provided in how to become a good teacher. *A Medical Teacher's Manual for Success: Five Simple Steps* has been written as resource to meet that need.

The book consists of 275 pages with 15 chapters. Part 1 (Chapters 1–3) focuses on career development, while Part 2 (Chapters 4–15) covers teaching skills useful in a variety of settings. The end of each chapter includes teaching tips and take-home points allowing for quick review for those individuals pushed for time. The crux of the book is chapter 4 which provides a framework for successful teaching using five simple steps applicable across multiple teaching venues. The described steps of visualization, preparation, presentation, realizations and reflection, and refinement are very similar to the plan-do-study-act (PDSA) cycle promoted for use in health quality improvement projects.

The title's description of the book as a manual is very appropriate with instructions for teaching in the preclinical, clinical, and post graduate years. Additionally, there is a chapter devoted to feedback, written evaluations, and recommendations. The final two chapters which provide instructions on academic research and promotion would be of particular benefit for academic administrators such as clerkship and residency program directors. The author looks beyond the medical academic environment for resources to improve on teaching with my favorite being the use of the SWOT analysis (Strengths, Weaknesses, Opportunities, and Threats) common to the business world to determine needed changes in curriculum.

From the very first chapter the author's enthusiasm and commitment to teaching are immediately evident. She shares personal experiences throughout the book that bring relevance to the topics discussed. These factors make the book easy to read straight through which is what I would recommend for new teaching faculty. More senior faculty would likely find the book more useful for reference purposes and topical reading.

As an academic pediatrician of more than 10 years, I found myself both energized and challenged by this book and plan on recommending it to other academic faculty in our institution.

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Can Risk of Bleeding from Esophageal Varices be Determined in Patients with Biliary Atresia?

Biliary atresia (BA) is the most common cause of liver transplant in infants, and such infants are at risk of gastrointestinal (GI) bleeding due to progressive portal hypertension and development of esophageal varices. The risk of GI bleeding in this patient population is unknown. The authors of this study attempted to determine the risk of GI bleeding in BA patients using surveillance endoscopy.

Over a 5-year study prospective study period, 139 children with BA were treated at a single French hospital with expertise in pediatric liver disease. Of these, 125 children had signs and symptoms of portal hypertension, including GI bleeding. Patients were followed until a definitive treatment was performed (for example, liver transplantation) or if death occurred. The median age of first upper GI endoscopy in this study population was 13 months. Esophageal varices were classified by grade, and the presence of gastric varices was noted.

No varices were noted on the first upper GI endoscopy in approximately 30% of patients. Higher grade esophageal varices were noted on first upper GI endoscopy in children younger than 2 years of age compared with older children. High-risk lesions ("red markings") were significantly more common in children with a serum bilirubin concentration higher than 20 micromoles per Liter. In those children who had to undergo repeat upper GI endoscopy, 58% has progression of the size of varices, regardless of grade. There also was a general increase in serum bilirubin over time although some patients had a progression in the grade of esophageal varices in the setting of a normal bilirubin level.

Approximately 20% of study patients had a GI bleed during the study period. No correlation was seen between GI bleeding and type of Kasai (hepatoportoenterostomy) procedure and degree of fibrosis on liver histology although a correlation was seen with the presence of ascites, higher total serum bilirubin, prolonged prothrombin time, and increased portal vein diameter. Patients at a high risk of bleeding included those patients with red markings on the esophageal varices and associated gastric varices.

This study is very helpful in stratifying risk of GI bleeding in patients with BA, and it provides evidence for endoscopic intervention (banding, sclerotherapy in young infants) as primary prophylaxis.

(Duche M, Ducot B, Tournay E, Fabre M, Cohen J, Jacquemin E, Bernard O. "Prognostic value of endoscopy in children with biliary atresia at risk for early development of varices and bleeding." *Gastroenterology*. 2010; 139: 1952-1960).

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