

Unfair Fight: Give your small business the winning advantage

Sam Hazledine

Reviewed by **Katharine Wallis** MBChB, MBHL, Dip Obst, PhD, FRNZCGP

This is a successful entrepreneur's recipe for success in business and life—a book for people thinking of starting a business and small business owners wishing to grow their business. *Unfair fight* outlines Hazledine's personal philosophy for success and includes practical tips for small business owners. *Unfair fight* is, in part, a 'coming of age' story. Hazledine was a medical student, with a penchant for high-risk and sometimes self-destructive activities, when late one night he back-flipped off a high building and landed on his head, suffering a serious head injury. He shares this personal experience in *Unfair fight* and tells how it provided him with an opportunity to take stock and to turn his life around.

In the introduction, *Unfair fight* claims that the 'path to creating success is similar to a boxing

match', with the ultimate aim being the knock-out punch, akin to that of David against Goliath. The fight analogy might not be everyone's idea of success. It is probably not Hazledine's, as by the end of the book he has realised that: 'this book isn't about a fight at all—it's about creating excellence in your business and excellence in your life'.

Hazledine clearly believes, and wants to share, his message, but the self-improvement tips and the 'born-again' enthusiasm can be a bit overwhelming.

If you are looking for a motivational book, advice on how to build success in business and in life, and some practical tips for growing your business, this could be the book for you.

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Dealing Daily with Dementia: 2000+ practical hints and strategies for carers

Angela Caughey

Reviewed by **Moirá Camilleri** MD, FACHPM (RACP), MSc (Pal Med Cardiff)

The book has been written by carers of individuals with dementia who have, through informal social gatherings and over endless cups of coffee, brought together their experiences in a space of debriefing wherein emotional and practical support can be sought and found. These experiences hope to reach a wider audience of carers in similar situations. They offer not only support but also ideas about choices of care, reassurance, guidance and even hope. This book has been written for carers of those with dementia,

but will be beneficial to professional caregivers, medical professionals, clinical managers of care facilities, nurses, specialists, social workers, and allied health teams. To these professionals, it offers a perspective, not only of the lay carer, but more importantly of the loved one; an eye opener to the paid carer who dutifully and responsibly 'flits in and out' of the person's care, as opposed to the 24-hour care given by those whose responsibility may also be driven by duty. It is built on a private, age-old, closer, more intimate relationship.

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This is a practical, down-to-earth book, ripe with suggestions and choices, exemplified by real life anecdotes that have been shared within the group. The extensive experiential material is made more robust by health resources and reading material, thereby strengthening the claims and recommendations that are made. Through anecdotes and a practical layout, this book reflects the support, the camaraderie, the humour and shared light-hearted moments, together with the serious, the intense, the loneliness of deep and painful concerns, the tangible mental and physical exhaustion, and ultimately the suffering. It is an 'as real as it gets' reflection of caring for patients with a progressive chronic disease, such as dementia.

The strength of the book is that it is written in a language that depicts the common sense of the lay caregiver, away from the distracting jargon, the cold terminology of the science, yet backed

by scientific knowledge and language to realistically and accurately portray the progressive pathology from onset to death. It is not afraid to 'call a spade a spade', to depict the crude moments of living with and caring for a patient with dementia; it does not hide the reality, or paint it rosily, but exposes it with sensitivity, a pinch of humour, and practical approaches to care. Each anecdote and chapter is there to make a point, and because it is real, the point is well made.

This is a reference book that can be consulted when necessary, indexed well to allow the reader to pick and choose chapters and sections, with the knowledge that a solution may be found, or that an idea will be jolted into practical possibility. It does not attempt to be a textbook where the reader will find answers to the why, how, when, what, and who of dementia as a life-limiting illness, but a practical, sensible depiction of a journey that will be taken by many.

LETTERS TO THE EDITOR

Regular practice review

I had a practice review this morning. A colleague sat in for a full morning session. Between patients I discussed my approach to management, appropriate use of investigations and the cost benefit of various treatments. The colleague was a fourth-year medical student (it could have been a trainee intern or a registrar). These 'reviews' require me to be self-reflective about: why I practise the way I do, what the evidence is that I rely upon for my treatment decisions, why I choose to refer (or not). Currently there is no mechanism for the results of my 'review' to be fed back to anyone.

Wallis in the June issue of the *Journal of Primary Health Care* noted the problems of the cost of the Regular Practice Reviews (RPR) stipulated by the Medical Council, and the loss of patient contact time,¹ but did not address another important issue: the reliability of the assessment. Given that there is only one assessor, how do we know whether to trust their assessment?

McGill University, Canada, has developed a programme where every student performs a professionalism assessment on two of their tutors from each run, collected through an online form and then with collation of all the responses.² In the published trial, they collected 4715 forms on 567 faculty members from 178 students, rating faculty members on each of 16 items. The large majority of faculty performed well on all items, with a very few outliers. Detailed analysis was done to establish reliability and validity and it was concluded that 12 forms on a faculty member was sufficient for a reliable assessment. Low outliers were followed up and feedback was provided.

Introducing such a programme to New Zealand would have several advantages. The financial cost is limited to the cost of running the computer programme and analysing the results. There would be little loss of patient contact time. There would be an extra incentive to be involved in teaching. Such an assessment would be more reliable, as a result of having multiple inputs. Currently not all doctors are involved in teaching, so it