

## Masterclass in Medicine: Lessons From the Experts

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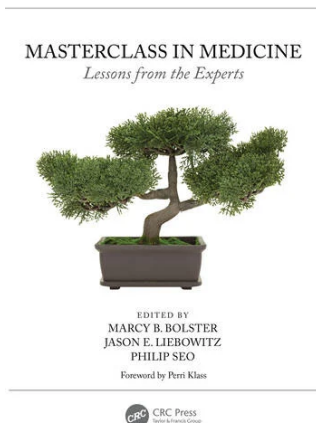
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Most doctors have had the experience of being mesmerized by a senior professor talking passionately about the profession, sharing experiences, and giving words of advice. Imagine asking these role models to write what they believe it means to be a good physician. That is the premise of *Masterclass in Medicine*.

This book comprises 25 independent chapters, each with a different focus. It seeks to cover all the facets that make up a master clinician: rapport, clinical reasoning, communication, professionalism, teamwork, etc. Chapters 3 (on diagnosis) and 7 (about clinical reasoning) are well-written but not as didactic as other references, such as *ABC of Clinical Reasoning*.<sup>1</sup> Chapter 5 compiles many useful tips on mentoring. Chapter 6 is a thoughtful summary on empathy in medicine. Chapter 9 advocates for diversity in medicine, material that may be dispensable for the already convinced reader. Chapter 20 (on biosocial medicine) feels a bit dislocated due to its research focus, but it works as a different approach to highlighting the importance of knowing patients' biographies. Cunningly the editors saved the best for last: Chapters 21, 22, 23, and 25 are about less discussed topics in medical school, such as considering medical ethics, dealing with uncertainty, making mistakes, and saying goodbyes.

Most chapters are more personal accounts, building the text mostly with anecdotes rather than research articles. For example, Chapter 12, about communicating a breast cancer diagnosis and treatment plan, does not have a single reference. At times, the text gets a bit repetitive. The same quote from Dr Peabody is cited five times (pp. 59, 83, 99, 114, 150). The concern about time spent with the patient is reiterated: "Dr Tumulty demonstrated that master clinicians did not hurry through these patient connections (p. 42). . . . Patient care is now expected to be 'delivered' in ever shrinking increments of time" (p. 97).

Chapter 16, "A Medical Education," is subpar. Even though the author criticizes some outdated practices such as pimping, the text is almost an ode to the good old days (p. 124) when "just about the only things I [a medical student] didn't do were making patients' beds and giving them baths" (p.123). A self-aggrandizing text, the chapter praises "see one, do one, teach one": "I know that 'doing one' sometimes occurred without 'seeing one,' [sic] and I suspect that residents taught me procedures that they themselves had never done" (p.122). It could work as an interesting reflection on the progress and drawbacks in medical education in the last decades, but it lacks critical judgment: "Despite hard work and the pressure of relentless nights on call, we all got through it, and somehow had a good time and became good doctors" (p. 124).

To my best knowledge, no family physician is among the authors. Included are a good number of rheumatologists, however—a consequence of all the editors being rheumatologists.

In Chapter 17, the author tells how a refugee clinic was created to allow "family members to receive care in one place at a family clinic rather than being treated separately" (p. 133). No family doctor was among the staff. Things like getting to know patients and their families, honing communication skills, and employing shared decision-making are considered closer to personal characteristics than essential clinical skills. The patient-

centered clinical method group has thoroughly researched, systematized, and taught that exploring health and disease, understanding the whole person, finding common ground, and enhancing the patient–clinician relationship should be an integral part of the clinical method.<sup>2</sup> The absence of a family physician among the authors is much felt.

Overall, the book is easy to read and to connect with due to the use of the first person and informal tone. The chapters are independent and no longer than 10 pages each, which makes them useful reading assignments. Nonetheless, the lack of evidence-based research and the uneven quality of the chapters preclude it from being mandatory reading for those aspiring to become master clinicians.

## REFERENCES

1. Cooper N, Frain J, eds. *ABC of Clinical Reasoning*. Wiley; 2023.
2. Stewart M, Brown JB, Weston WW, et al. *Patient-Centered Medicine: Transforming the Clinical Method*. CRC Press; 2024.