	Initial audit		Re-audit	
Dentist	Average	% Satisfactory	Average	% Satisfactory
A	3.34	78	3.86	99
B	3.07	85	2.74	76
C	3.31	94.5	3.8	100
D	1.98	10.5	2.53	52
E	3.75	100	3.99	100
F	2.95	92.4	3.35	90
G	2.91	72.9	3.08	90
H	3.43	86.3	3.92	100
J	3.85	100	3.99	100

Table 3. *Assessment of clarity of records.*

(the answer is given at the end of the article).

DISCUSSION AND CONCLUSIONS

The results show a general improvement in readability of records throughout the project, but the required standard was not always attained. It is possible that we were asking too much from those who were particularly responsible for the subject (especially dentist D), yet still feel that all records should score 3 or 4.

The presentation of clinical records can convey a picture of care, and attention to detail – or an apparent lack of it.[3] As patients are entitled to see their records,[6] we must consider the image this produces. The results obtained in this assessment suggest that some dentists should not write their own notes: more accurate, understandable reporting could be produced by dictation to the dental assistant, provided that the record is signed by the dentist to ensure its accuracy.

A consistent result could have been achieved by limiting the number of assessors, but this was not appropriate to a group audit. However, for the results to be of any relevance using a single assessor, a greater number of records should be sampled.

Following this project, a major change within the practice was agreed: entering of all clinical details on computer. Legibility should not then be a problem, although a dentist's agreement of the validity of a record cannot be as guaranteed as it could be with one in his own handwriting, or signed by him.

The audit project may not have been a resounding success in terms of the results achieved, but was a useful introduction to the procedure, leaving us with the enthusiasm and confidence to proceed further.

References

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4. Burke FJT. The Mersey Deanery/Dental Update Prize. *Dent Update* 1999; **26:** 356.
5. Oberbreckling PJ. The components of quality dental records. *Dent Econ* 1993; **May:** 29–38.
6. *Access to Health Records Act 1990*, section 3. London: Department of Health.

Unusual abbreviation: GCSE results.

BOOK REVIEW

W & H Orthodontic Notes. By Malcolm L. Jones and Richard G. Oliver. Butterworth Heinemann, Oxford, 2000 (264pp., £17.99). ISBN 0-72-361065-7.

Those of us who attended dental school in the 1960s and 70s will have fond memories of *Walther's Orthodontic Notes*, a pocket-sized orthodontic text which no student could afford to be without. Since then the *Notes* have gone through six editions and two further authors; the late Bill Houston for the 4th edition before the present authors took over for the 5th edition. The title ultimately became *Walther and Houston's Orthodontic Notes*, finally abbreviated to *W & H Orthodontic Notes*. Although it is no longer pocket-sized, it still fills a niche in the orthodontic book market which combines breadth with sufficient depth for the undergraduate and the postgraduate beginner.

The current edition is a much more satisfying volume than its predecessor which was somewhat disjointed in parts. There has been a more extensive makeover this time and two new chapters: 'The Orthodontic-restorative Interface' and 'Retention and Post-treatment Relapse' are included. The early part of the book dealing with growth, aetiology and treatment need has been extensively revised and the whole edition has a more modern feel to it. 'Occlusal Indices', which appeared to be an afterthought in the 5th edition and were relegated to the end, are now more appropriately integrated into an early chapter. Topics such as 'Distraction Osteogenesis' are included for the first time and there are many new illustrations. A minor criticism relates to Chapter 8, which is subtitled 'Interceptive Orthodontics' and, although it outlines some interceptive orthodontic procedures, it gives no clear indication as to its meaning or scope.

Treatment of the different malocclusion types and appliance therapy are logically covered under practical headings such as 'Treatment aims', 'Treatment options', 'Post treatment stability' and practical lists of the steps involved in issuing appliances and dealing with subsequent problems. This approach renders it ideal for pre-examination revision and as a reference for the orthodontic beginner.

The number of contributors has also been increased from three to seven, but this has not detracted from the overall cohesiveness of the volume.

Price alone will ensure its popularity with students, both undergraduate and postgraduate, but it is likely to be included on most institutional reading lists on its own merits.

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