

Reviews of Audiovisual Materials

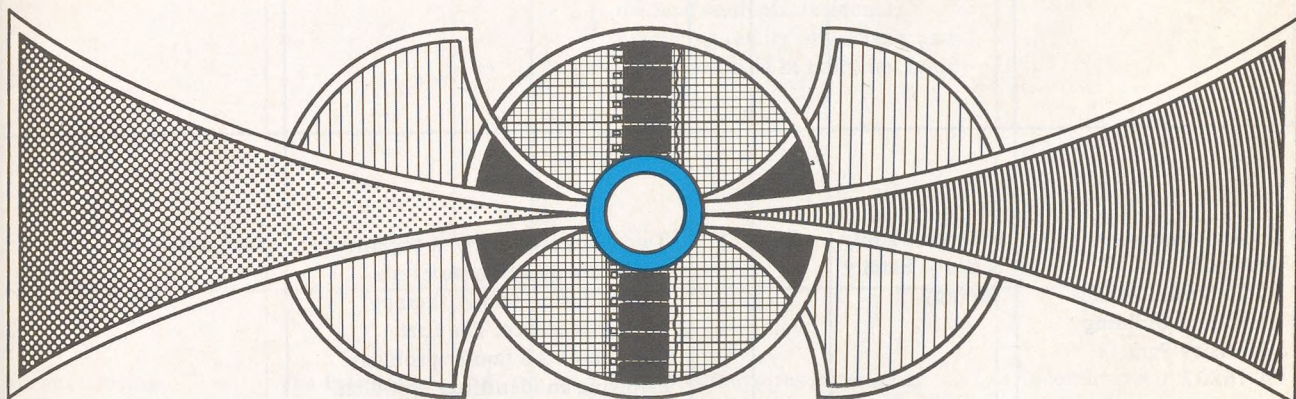
AUDIENCE

- 1 Family physician
- 2 Family practice resident
- 3 Family nurse practitioner/Medex
- 4 Medical student

MEDIA

- A 35 mm slides
- B 16 mm film
- C Video tape
- D Models

The following audiovisual materials have been reviewed by the Audiovisual Review Committee, an *ad hoc* group of the Education Committee of the *Society of Teachers of Family Medicine*. Membership: John P. Geyman, MD, Chairman (University of Washington, Seattle), Richard M. Baker, MD (University of California, San Diego), Thomas C. Brown, PhD (University of California, Davis), Thornton Bryan, MD (University of Tennessee, Memphis), Laurel G. Case, MD (University of Oregon Medical School, Portland), Wendell B. Garren, MD (Geisinger Medical Center, Danville, Pennsylvania), James L. Grobe, MD (Phoenix, Arizona), Warren A. Heffron, MD (University of New Mexico, Albuquerque), Brian K. Hennen, MD (Dalhousie University, Halifax, Nova Scotia), Thomas L. Leaman, MD (Pennsylvania State University, Hershey), I. R. McWhinney, MD (University of Western Ontario, London), Donald C. Ransom, PhD (Sonoma Community Hospital, Santa Rosa, California), Philip L. Roseberry, MD (York Hospital, York, Pennsylvania), Rafael C. Sanchez, MD (Louisiana State University, New Orleans), Robert Smith, MD (University of Cincinnati, Cincinnati, Ohio), William L. Stewart, MD (Southern Illinois University, Springfield), John Verby, MD (University of Minnesota, Minneapolis), Raymond O. West, MD (Loma Linda University, Loma Linda, California), Hiram L. Wiest, MD (Pennsylvania State University, Hershey). Reviews of each type of media were carried out by subgroups of the committee.



SOURCE	PROGRAM	MEDIA		COMMENTS	OVERALL APPRAISAL
		A	AUDIENCE		
MEDCOM 2 Hammarckjold Plaza New York, NY 10017 (\$50.00)	Heart Disability in Diabetes	A	1 2 3 4	This program gives a detailed presentation of the incidence of coronary artery disease and its prognosis in relationship to diabetes mellitus. The program further reviews the epidemiology of this disease as well as risk factors and various aspects related to diagnosis and treatment. The program is well documented and accurate and represents an effective use of media. The program is especially suited for self-learning.	Recommended

SOURCE	PROGRAM	MEDIA AUDIENCE		COMMENTS	OVERALL APPRAISAL
<p>Network for Continuing Medical Education 15 Columbus Circle New York, NY 10023 (\$50.00)</p>	<p>Management Tips for Soft Tissue Injuries in Children</p>	C	2 3 4	<p>This program addresses the principles of care of soft tissue injuries in children with emphasis on the principles of pre-operative medication, use of antibiotics, tetanus immunization, dressing, immobilization by splints, and aftercare. There is more emphasis on pre and post-operative care than on actual technical aspects of wound care itself. The program represents an adequate use of the media. It is quite basic but could be useful if supplemented by discussion of further technical details.</p>	Some Value
<p>Pennsylvania State University Audio Visual Service 17 Willard Building University Park, PA 16802</p>	<p>Hillcrest Family Series – Family Therapy</p>	B	1 2 3 4	<p>Two films are reviewed together which are part of a series of eight films on family therapy from this source. The first film presents a family problem involving an identified “problem patient” within the family. Emphasis is placed on the causative factors of this problem beyond the presenting complaint. The entire family is interviewed together and family dynamics are stressed. The second film involves an interview of the person who conducted the interview in the first film and focuses on the dynamics of the session and the rationale for his interviewing approach at various nodal points during the session. The remaining six films in this series have not been reviewed, but these two films represent appropriate use of media and an effective approach to teaching and learning of family therapy skills.</p>	Recommended

SOURCE	PROGRAM	MEDIA AUDIENCE		COMMENTS	OVERALL APPRAISAL
Professional Research, Inc. 660 Bonnie Brae Los Angeles, CA 90057 (\$95.00)	Transactional Analysis for the Practicing Physician	C	1 2 3 4	This program provides a concise model for understanding patient behavior in a transactional modality. This model is presented in a way which is fully applicable in everyday family practice. Through role-playing six patients who have specific problems are presented. Each of these cases is then carefully reviewed and discussed with emphasis on observation skills in the office setting. This program represents an excellent use of audiovisual media. The technical quality is excellent and the program is seen as of exceptional value for medical students, residents, practicing family physicians, and others involved in everyday family practice.	Highly Recommended
Tampa Tracings PO Box 636 Oldsmar, FL 33557 (\$50.00)	The Premature Beat	A	1 2 4	This program gives criteria for diagnosis of the premature beat and demonstrates a variety of specific examples. Unknowns are presented and teaching points made in further discussion of each. Self-assessment questions are used periodically throughout the program. Both atrial and ventricular premature beats are discussed, including their characteristics on electrocardiogram as well as their clinical significance. The printed text accompanies the presentation and the simultaneous use of electrocardiographic tracing is quite effective. The program is of particular value for family practice residents and practicing family physicians.	Recommended

This section of the journal is designed to present clinical problems which focus on patient management, problem-solving, and other elements integral to family medicine. It features reinforcement of major teaching points through further discussion and supplemental references which appear on the following pages.

Self-Assessment in Family Practice

These materials have been prepared by members of the Self-Assessment Panel of *The Journal of Family Practice*. Membership: R. Neil Chisholm, MD, Chairman (University of Colorado, Denver), B. Lewis Barnett, MD (Medical University of South Carolina, Charleston), Leland B. Blanchard, MD (San Jose, California), Paul C. Brucker, MD (Thomas Jefferson University Hospital, Philadelphia, Pennsylvania), Laurel G. Case, MD (University of Oregon Medical School, Portland), Silas W. Grant, MD (University of Alabama, Huntsville), Ian R. Hill, MD (Plains Health Centre, Regina, Saskatchewan), Kenneth F. Kessell, MD (MacNeal Memorial Hospital, Berwyn, Illinois), Edward J. Kowalewski, MD (University of Maryland, Baltimore), John A. Lincoln, MD (University of Washington, Seattle), James G. Price, MD (Brush, Colorado), Richard C. Reynolds, MD (University of Florida, Gainesville), Gabriel Smilkstein, MD (University of California, Davis), William L. Stewart, MD (Southern Illinois University, Springfield).

Please select the one most correct answer in the following questions. The correct answers and references are indicated on the following page.

Question A

Traveler's diarrhea, such as that frequently acquired by US citizens visiting Mexico, is most commonly due to:

1. Salmonella
2. Shigella
3. E. coli enterotoxin
4. Enterovirus
5. Unfamiliar spices used in cooking
6. None of the above

Question B

An ulcer patient who you are treating with antacids develops a mixed sinus infection which you elect to treat with tetracycline, but the infection, despite culture sensitivity of the organism, shows no improvement after three days. You should:

1. Change tetracycline to a cephalosporin
2. Add a cephalosporin to tetracycline

3. Give tetracycline intramuscularly
4. Be sure that no antacids or food are being given two hours before or after the tetracycline

Question C

The most prevalent of the pneumoconioses is:

1. Silicosis
2. Black lung
3. Byssinosis
4. Asbestosis
5. Bagassosis

Question D

A higher incidence of cancer of the lung is noted in:

1. Uranium miners
2. Nickel refiners
3. Chromate workers
4. Cigarette smokers
5. All of the above

Question E

The symptoms of organophosphate

poisoning include all of the following except:

1. Blurred vision
2. Dry mouth
3. Nausea
4. Headache
5. Diarrhea

Question F

The immediate treatment of acute organophosphate poisoning is:

1. Atropine
2. Neostigmine
3. Morphine
4. Aminophylline
5. Phenothiazines

Question G

The most far-reaching and revolutionary piece of occupational health legislation in the past 100 years is:

1. The Walsh-Healey Act
2. The Federal Coal Mine Health and Safety Act
3. The Federal Workmen's Compensation Law
4. The Environmental Pollution Act
5. The Occupational Safety and Health Act of 1970

Answers and Discussion

Question A

Answer 3. Among tourists, diarrhea is commonly a source of great anxiety, mild anguish, and considerable conversation. It usually occurs several days after the tourist's arrival in a foreign country when he may be seized by nausea, vomiting, fever, cramps, and a profuse, urgent, non-bloody diarrhea. Frequently, the systemic symptoms may be absent, but the patient is kept from activities by an urgent, almost uncontrollable, diarrhea. Although, he will blame his difficulty upon the water, food, or alcohol, its cause is unknown. In countries with poor sanitary practices, diarrhea has been ascribed to amebic infection and the bacteria in the water supply, but in countries with modern sanitation the traveler himself is blamed for overactivity and for taking too many rich foods and heavy liquors. While amebiasis may be at fault, several studies in Europe and in Mexico have failed to

implicate the usual bacteria or ameba. Variations in the ecology of the normal inhabitants of the bowel, especially of *E. coli*, have been indicted as the cause.¹

Question B

Answer 4. "Since tetracyclines form insoluble complexes with calcium magnesium, iron, and aluminum salts, the presence of food, milk or milk products, or cathartics and antacids containing these salts results in decreased or erratic intestinal absorption."²

Question C

Answer 1. Silicosis.³

Question D

Answer 4. All of the above.⁴

Question E

Answer 2. Dry mouth.⁵

Question F

Answer 1. Atropine. The other drugs are contraindicated.⁶

Question G

Answer 5. The Occupational Health and Safety Act of 1970 (OSHA).⁷

References

1. Krupp MA, Chatton MJ: Current Medical Diagnosis and Treatment. Los Altos, Calif, Lange Medical Publications, 1976, p 828
2. AMA Department of Drugs: AMA Drug Evaluations, ed 2. Acton, Mass, Publishing Sciences Group, 1973, p 541
3. Page JA, O'Brien M: The silent violence — bitter wages. In Ralph Nader Study Group Reports: The Report on Disease and Injury on the Job. New York, Grossman, 1973, p 14
4. Ibid, pp 26-27
5. Milby TH: Prevention and management of organophosphate poisoning. JAMA 216:2131-2133, 1975
6. Ibid
7. Strasser AL: Occupational health and safety. In Conn H, Rakel T (eds): Family Practice. Philadelphia, WB Saunders, 1973, p 1028