

Reviews of Books and Software

Fundamentals of Gynecology and Obstetrics (2nd Edition). Dale R. Dunnihoo. J.B. Lippincott Co, Philadelphia, 1992, 700 pp, \$32.95. ISBN 0-397-51284-8.

The preface to the second edition of *Fundamentals of Gynecology and Obstetrics* states that the goal of the author was to provide a basic text in an understandable format with updated information on advances in the specialty. As acknowledged in the preface, the text is comprehensive in breadth but lacks depth. Although written primarily for students, residents, and young practicing physicians, most family physicians who practice obstetrics and gynecology will find the text enjoyable reading and an excellent source for quick review.

In its well-organized and simplified approach, *Fundamentals* compares well with other more extensive texts such as *Williams Obstetrics*, Danforth's *Obstetrics & Gynecology*, and Pernoll's *Current Obstetric & Gynecologic Diagnosis & Treatment*. Highlighting in bold type, sometimes a distracting device, is usually beneficial here. There is an excellent index, a strong point often lacking in even the best of texts. The drawings and figures are well done and informative. Succinct chapters cover basic science, practical techniques, psychology, and management of obstetric complications. There is also up-to-date information on topics such as loop excision and LETZ therapy, the newer techniques in perinatal medicine, and the new uses of vaginal ultrasonic probes. In short, the book is full of "must-know" information and can serve as an indispensable, relatively brief reference source for students, residents, and practicing physicians.

For all of these reasons, the second edition of *Fundamentals of Gynecology and Obstetrics* is a worthwhile purchase. It is one of the best written and most inclusive basic textbooks in the specialty that I have read in some time, and I strongly recommend it.

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Medical Teaching in Ambulatory Care (Springer Series on Medical Education). Warren Rubenstein and Yves Talbot. Springer Publishing, Inc, New York, 1992, 126 pp, \$49.95. ISBN 0-8261-7690-0.

Medical Teaching in Ambulatory Care is intended for physicians (family physicians, internists, and pediatricians) who teach medical students or residents in ambulatory settings. In only 126 pages, this text outlines the knowledge and skills of teaching that are so important for physician teachers. Both authors have worked for 15 years in ambulatory settings and have based the content of the book on their own experience.

The authors follow the professional development of a family physician, Z.Z. Smith, and the transformation of his practice to a teaching site. Basic adult education theories relevant to the teaching-learning process in the clinical setting are explored in chapter 1. Practical tips such as identifying what students need to learn, recognizing and capitalizing on teachable moments during the encounter, and "contracting for learning" are presented, providing Dr Smith with a framework for teaching. In chapter 2, Dr Smith's challenge is to develop his teaching skills. He discovers a variety of teaching strategies to help the student learn. Telling, asking, and demonstrating are three techniques that Dr Smith can use in his teaching.

In chapter 3, Dr Smith obtains the commitment of his colleagues at the site to use the clinic as a teaching site. The step-by-step narration of the process of transforming the ambulatory site to a teaching site contains useful tips and valuable information on site development. Chapter 4 focuses on the role of staff (nonphysicians) in teaching medical students and residents. The staff learns about case discussions, using patients' presenting problems for case review, and the pros and cons of using patient records for teaching. In chapter 5, strategies are identified for helping students with problems in clinical learning. Clinical learning deficits include lack of medical knowledge, poor clinical judgment, and excessive aggressiveness or competitiveness. Descriptions of teaching difficulties encountered by faculty are offered.

In the final chapter, Dr Smith uses a "three-pronged approach" to evaluate his students, faculty teaching at the site, and the site's teaching program. Sample evaluation forms provide useful examples of this process.

Medical Teaching in Ambulatory Care is well organized, easy to read, con-

cise, and practical. The experiences and insights shared by the authors are likely to be helpful to junior faculty with limited formal preparation for clinical teaching. The text offers numerous practical tips to physicians wishing to use their offices as formal teaching sites. Up-to-date references provide much of the pedagogical content on clinical teaching.

Since the book is written primarily for the individual practitioner, its drawbacks are that it fails to discuss educational strategies from an institutional perspective and does not challenge physicians to pursue research on clinical teaching practice.

As medical care continues to shift from the inpatient setting to the ambulatory setting, this textbook will be an excellent primer for the novice teacher.

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Family Health Care. Russell Sawa (ed). Sage Publications, Newbury Park, Calif, 1992, 297 pp, \$42.95 (cloth), \$21.95 (paper). ISBN 0-8039-47-4748-8 (cloth), ISBN 0-8039-4749-6 (paper).

Family Health Care is a collection of papers presented at the Calgary Symposium. The culmination of a 5-year effort by Russell Sawa, the meeting brought together scholars, researchers, and experts on family health care. The result is an interesting set of papers. The scholars who were selected to write these chapters are mostly well known in the field of family medicine and family studies. Their chapters, while sometimes containing previously published ideas, are uniformly helpful in bringing these ideas up to date and addressing the topic at hand. Thus, this text includes discussions of Doherty and Baird's levels of involvement with families, Ransom's logical levels of family measurement, and McWhinney's patient-centered clinical method: all familiar and all reworked and refined.

On the other hand, a number of papers are by experts in fields other than family medicine, such as William McFarlane, who works with families with schizophrenic members; Edward Shorter, a medical historian; Diana McLain Smith, an organizational learning consultant; and Peter Steinglass, a family therapist and the editor of *Family Process*.

Their chapters, and a chapter by John Rogers on exemplars of family-oriented care, are somewhat less familiar in their language and concepts, but each brings something valuable to this discussion. The necessity for these chapters stands as evidence that, after two decades of struggle to integrate the family into the fabric of family practice, work is far from done. For the most part, the ideas offered in these chapters will need further refinement in the crucible of clinical and research experience.

The book itself is organized into four sections, theory, methodology, education, and practice, each of which contains three papers on a different aspect of that section, and a fourth paper that attempts to synthesize and summarize the preceding three papers. Thus, the collection has a pleasing overall symmetry, and a reader particularly interested in one aspect of family health care can find most of the relevant material without difficulty.

The collection was not carefully edited for stylistic consistency, and therefore, although the individual chapters speak clearly in the voice of their authors, the writing is uneven and certain passages are redundant.

This book is not an easy read: it requires a significant effort in translation, integration, and application. This book would best serve scholars, researchers, and educators in the field who are interested in the state of the art and who are themselves interested in pushing the field forward. Medical students, residents, and busy practitioners will find much of interest here, but little that is directly applicable to their more pressing questions about what exactly one does and how exactly one does it. As Doherty says, the style is general and suggestive rather than detailed and critical. This is a volume that shows the core of what we have learned about family health care, points out what we need to do next, and implies that we will be working on this for some time to come.

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Primary Care of the Newborn. Henry Scidel, Beryl Rosenstein, and Ambadas Pathak. Mosby-Year Book, St Louis, Mo, 1993, 630 pp, \$24.95. ISBN 0-8016-4816-5.

The objective of *Primary Care of the Newborn* is to be a "Harriet Lane" of newborn care for "the first hours and days of life, for the newborn who is not a resident in an intensive care nursery." This novel approach is particularly helpful in developing an appreciation for the continuum of normal to abnormal, which is made more difficult by the transitional nature of this period. The information is presented in 28 chapters ranging from the prenatal visit, to organ-system specific evaluation, to discharge planning and adoption.

A general chapter on the newborn physical starts with the delivery room assessment and proceeds through the nursery evaluation. It introduces the idea of assigning a level of surveillance of the newborn based on the infant's history and physical examination findings, categorizing findings into "normal," or causes for "alert" or "alarm." This puts into perspective the range of possible physical findings, attempting to define what is urgent disease and what requires only careful observation. The concept that there is a period of transition as the newborn adjusts to extrauterine life and achieves homeostasis is an important one. Vital signs and physical and neurological findings take on different meanings in this period. A separate section of the book addresses this brief but critical time.

Chapters on each organ system describe the physical examination and presentations of pathologic conditions. Although written in outline form, these are excellent presentations, conveying a clear understanding of "normal" newborn care, as well as diagnostic and management guidelines for problems. The chapter on infectious diseases is particularly specific, with clear descriptions and treatment guidelines of this often complex topic. Many sections address the specifics of routine care, and the chapter on breast-feeding even includes the types, names, and prices of manual and electric breast pumps.

An appendix contains tables, laboratory data specific to the first hours and days of life, descriptions of equipment and stepwise descriptions of procedures from venipuncture to chest-tube placement, and a neonatal formulary. A section on nursery policies outlines guidelines for nursing care of infants undergoing common procedures such as eye prophylaxis, weaning from an islette, gavage feeding, and phototherapy. The book has numerous tables, charts,

algorithms, fetal heart rate tracings, and ultrasonograms, as well as a section of color photographs of newborn rashes. Although most are clear and relevant, a few are too small and difficult to read.

Primary Care of the Newborn will be useful to anyone who is faced with the evaluation and care of normal or presumed normal newborns or who treats newborn conditions that do not require care in a neonatal intensive care unit. It will be a valuable aid to those who have the responsibility for first-line diagnosis of neonatal disease. It will help the practitioner to provide routine neonatal care and to make decisions about workup, initiation of therapy, and consideration of transfer.

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Neonatology for the Clinician. Jeffrey J. Pomerance and C. Joan Richardson. Appleton & Lange, Norwalk, Conn, 1992, 568 pp, \$89.95. ISBN 0-8385-8027-0.

As a pediatrician who teaches family medicine residents at a community hospital and practices at a health center, I read much of this book avidly, just for the pleasure of it. What is immediately striking is the diversity of material. The book's spectrum (from theoretical to clinically applicable to philosophical) expands it from a "how-to-do-it" to a "how-to-appreciate-it" manual. *Neonatology for the Clinician* is not an exhaustive compendium of everything that can happen to the newborn. But in 41 chapters, the authors attempt to give at least a framework and frequently a virtually step-by-step approach to diagnosis and treatment of neonatal pathophysiology, often including drug doses, respirator settings, and relevant laboratory data.

There are a number of nontraditional topics, such as using consultants, writing a good progress note, and presenting bad news, which formalize concepts that are critical to care but are rarely written down. The message—that we should teach these skills as deliberately as we teach about pathophysiology—is a point well taken.

Several highly technical chapters on extracorporeal membrane oxygenation (ECMO), pulmonary surfactant therapy, high-frequency oscillatory ventilation, and other therapies outline the theory, development, current clinical use, and fu-

ture potential of these technologies in neonatal intensive care units. Since my training preceded many of these modalities, I found these chapters particularly helpful and interesting.

Highly specific, clinically oriented approaches to most neonatal diseases are presented in a series of individual chapters. These include excellent discussions on radiology of the chest, evaluation of heart murmurs, infant apnea, hyperbilirubinemia, and many others. A particularly unusual organization of information is presented in a chapter called "Diseases Mimicking Sepsis."

This book has 41 chapters and 56 authors. The authors' styles, although individual, are consistently excellent. The introduction is particularly compelling and could stand alone as an essay. The editors have inserted frequent comments throughout the text that add humor, emphasis, or alternative opinions. There are numerous graphs and tables as well as many clearly reproduced angiograms, ultrasonograms, and radiographs.

The stated purpose of the book is to "stimulate your own thinking and generate improvements you can integrate into your own work." It clearly fulfills this goal. Although many chapters contain information that is most directly relevant to the tertiary care provider, this book is for anyone with a strong interest in newborn care.

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DEMONSTRATION DISKS: No.

MONEY-BACK GUARANTEE: Unconditional 30-day guarantee.

For clinicians and paramedic personnel who are uncomfortable with the often challenging task of interpreting arterial blood gases, this program is excellent. *Blood Gases* is produced by Dr Bruce Argyle, an emergency medicine physician. It provides an excellent basic review of the concepts essential to the interpretation of and appropriate use of arterial blood gases. In addition to a tutorial, the software includes a computerized blood gas calculator for determination of acid-base disorders and A-a gradients.

The program was tested on an IBM-compatible computer and was easily run from both floppy and hard disks. Although there is no installation program provided, *Blood Gases* was easily installed on the hard drive by copying the files to a designated directory. The program begins promptly with a simple Start command when the user is in the appropriate directory. Before using the program, the operator must enter the normal blood gas values of the appropriate laboratory (the high and low normal values of pH, PO₂, PCO₂, HCO₃, and base excess). In addition, an average barometric pressure for the altitude in the user's geographic location is necessary. I found this information all easily obtainable from our hospital laboratory.

Once started, the user may choose from seven tutorials on blood gas measurements. (In addition, a computerized blood gas interpretation program is readily available.) The tutorials present didactic information, and administer drills on recognition, calculation, and interpretation. Topics include recognition

of normal values, acid-base disturbances, and use of A-a gradients. In addition, bicarbonate therapy and dose calculation drills are available. I found each of the tutorials to be useful and easily understandable but too basic for most physicians. For educational purposes and training of paramedic personnel, this program would be an excellent tool. An accompanying booklet also gives a written synopsis of the information in the tutorials, which can be used without the program for future reference.

The computerized blood gas evaluation tool could be valuable to anyone who needs to quickly calculate A-a gradients or bicarbonate dosing. This program considers the effect of nasal oxygen as well as O₂ by mask. However, because *Blood Gases* requires access to a computer, its use would be limited to settings where one is available. While there is no substitute for the physician's ability to use and interpret laboratory reports, this program would be helpful when rapid calculation is essential—for example, in the emergency department.

In conclusion, *Blood Gases* appears to be a useful tool for both educational and clinical applications. For the price, it would certainly be a cost-effective teaching aid as well as a useful addition to any physician's software library.

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EDITOR'S NOTE: The manufacturer of *Blood Gases* has been contacted and has confirmed that this program remains the same as when it was issued in 1988.

Software Reviews

Gary N. Fox, MD, Section Editor

BLOOD GASES (1988). Distributed by Mad Scientist Software, 13422 North Bayberry Circle, Alpine, UT 84004. \$49.95; \$10.00 for updates.

HOW SUPPLIED: 720K (3.5 in or 5.25 in) diskette for IBM or appropriate disk for Apple Mac, Atari ST, etc, if specified.

DOCUMENTATION: 48-page loose-leaf manual with illustrations.

HARDWARE REQUIREMENTS: IBM compatible with or without hard disk, DOS 2.0 or higher. 265K RAM minimum. Compatible with some Atari and Apple systems.

MOUSE SUPPORT: No.

CUSTOMER SUPPORT: (801) 756-6027 for ordering and support.

Manuscript Submission

The Journal of Family Practice

Submit Manuscripts to the Editor

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