

# Reviews of Books and Software

*Common Foot Problems in Primary Care.* Richard B. Birrer, Michael P. Della-Corte, and Patrick J. Grisafi. Hanley & Belfus, Inc, Philadelphia, 1992, 182 pp, \$39.00. ISBN 1-56053-050-2.

Foot problems are very common and affect most Americans at least occasionally. At the same time, as the authors aptly point out in the preface, "Lack of formal clinical rotations in podiatry and the traditional separation of the medical and podiatric specialties" are among the reasons that medical practitioners often overlook foot care. In writing this book the authors have specifically targeted primary care physicians because they are likely to see so many patients who have foot problems.

The book opens with a logical table of contents of the 20 chapters, beginning with anatomy and progressing through history taking, a physical examination, and diagnostics. There are chapters on skin, nails, and other pertinent areas such as the small toes and the metatarsals. Additional chapters are devoted to special areas such as pediatric and geriatric issues, trauma, and medical conditions including gout, diabetes, and infections.

While the topics are highly relevant and the text readable, the figures often leave much to be desired. In an age when electronic imaging techniques and graphics are widely available, the black-and-white line sketches in the anatomy section appear to be very dated and are often challenging to interpret. For example, the plantar view of the foot has over 20 black lines linking labels to their corresponding structures that tend to obscure the substance of the illustration.

On the other hand, most of the exclusively black-and-white photographs are excellent and clearly illustrate the point being made in the legend. The tables are current and appear to be very helpful. For example, one table contrasts over 16 topical antifungal preparations with regard to therapeutic efficacy, dosing intervals, and spectrum of coverage.

The chapter entitled "Biomechanical Abnormalities" is very appropriate, particularly in an age of heightened fitness awareness and many overuse syndromes

among an increasingly active population. Unfortunately, the treatment options are often summarized with a simple recommendation such as "use a functional orthosis" or "refer for surgery" without adequate detail to actually permit the reader to do more than triage.

This contrasts sharply with a separate chapter, "General Treatment Guidelines," where procedures such as removal of a nailbed and matrix are outlined in great detail. Included are many specifics regarding common ailments such as corns, bunions, callus formations, and warts. Also covered are newer approaches such as "laser waffling" of nails, which allows better penetration of topical antifungal medications with the potential for a nonsystemic cure to this perennial problem.

Another excellent section is the coverage of pediatric problems, which includes new treatment devices available for conditions such as metatarsus adductus including the Bebox shoe and the Wheaton brace. Both are effective and well tolerated by young children who have this deformity. Three helpful appendices are included, containing suggestions for creating a podiatric cabinet in one's office, patient education material for diabetic and vascular-compromised patients, and a glossary of common foot terminology.

Overall, the text's strengths easily overcome its shortcomings, making the book a welcome addition to a practicing physician's library. It should have particularly wide appeal and be an excellent resource for students and residents and other trainees, particularly those entering primary care.

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*The Traveling Free Lance Physician.* Gary L. Monroe. Magellan Publishing Company, Houston, Texas, 1990, 156 pp, \$75.00 (loose-leaf notebook). ISBN 0-9628241-0-0.

Dr Monroe has produced an extremely practical, concise, down-to-earth guide on how physicians can make a career out of locum tenens work, which he dubs a "traveling free-lance" practice.

The text is bound in a 3-ring loose-leaf notebook. Over the course of the review, some of the initial pages fell out as they succumbed to the rigors of being hauled around on my daily rounds. A plastic page protector or a set of gummed ring reinforcements might help prevent others from experiencing similar defoliation.

The book is a structured description of Dr Monroe's experiences as a locum tenens anesthesiologist and emergency physician. His spare, unassuming prose guides the would-be traveling free-lance physician through the various tasks of running a small business, such as contracting with agencies and clients, advertising, and keeping adequate tax records. He details ways to save time getting out-of-state medical licenses, hospital privileges, and malpractice insurance, and includes long lists of names, addresses, and telephone numbers of relevant agencies and institutions. The text is sprinkled with references to an eclectic collection of self-help and small-business-oriented books and publications, such as Anthony Robbins's *Unlimited Power*, various articles from *Medical Economics*, and Dale Carnegie's *How to Win Friends and Influence People*. There are short sections with lots of homey, common-sense advice: "[While] dining on out-of-town assignments, a banana and a bran muffin in the morning . . . are both economical and healthier than the usual breakfast at the diner." Dr Monroe gives sample copies of the necessary business documents used in his routine practice (contracts, receipts, daysheets, medical reference letters).

Over the last few years, several of the more adventurous graduates from our family practice residency program have done primarily short-term locum tenens work. By taking advantage of the experiences contained in this book, such novice traveling free-lance physicians might reduce the risks and uncertainties of such a practice, and increase their chances of

achieving a rewarding and satisfying lifestyle.

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*Clinical Epidemiology: A Basic Science for Clinical Medicine* (2nd Edition). David L. Sackett, R. Brian Haynes, Gordon H. Guyatt, Peter Tugwell. Little, Brown and Company, Boston, 1991, 441 pp, \$35.50 (paper). ISBN 0-316-76599-6.

*Clinical Epidemiology* is not for the researcher, but for the users of research done by others. It is written for physicians who want to go beyond knowing about and using the concepts of sensitivity and specificity in their own practice. It is also an excellent text for the physician educator or fellow wanting to have a broad foundation in the methods of clinical decision-making. Anyone who attempts to teach residents, fellows, or faculty about quantitative aspects of accuracy and efficiency of diagnosis and prognosis and effectiveness of management may want to consider studying this text. Those who teach the application of basic science with clinical epidemiology to the interpretation of clinical phenomena will also benefit from this book.

A central assumption of the book is that knowledge and application of epidemiologic principles can shed light on the illnesses of patients and substantially improve the accuracy and efficiency of diagnosis and prognosis, as well as the effectiveness of management. A second assumption is that physicians will more effectively be able to stay up to date and better able to teach others how to do these things after mastering the material in the book.

The book is well written and organized into three sections: (1) diagnosis, including strategies for selection and interpretation of tests; (2) management, including best therapy, follow-through with patients, and risk assessment; and (3) review, including updating one's performance, surveying the literature, and getting the most from continuing medical education.

For those who are familiar with the

first edition (1985), there are several important differences. Clinical vignettes will be more familiar to the practicing physician. The section on N-of-1 trials was added, which makes conducting clinical-trial-based research doable for every practicing physician. New sections on meta-analysis and teaching and learning clinical epidemiology were added.

The text is an excellent learning tool to support the emerging concepts of "practice-based research"<sup>1</sup> and "evidence-based medicine."<sup>2</sup> Mastery of this text will enable the physician to use information directly relevant to the clinical practice of family medicine.<sup>1</sup>

The text is not comprehensive but does succeed at providing a broad introduction to the three areas listed above. It is unusual in that it is not limited to a single aspect of clinical decision-making. It is necessary for the reader to start from the beginning of the text, as each chapter builds upon the previous one. The tables, figures, lengthy index, and many chapter references will assist the reader in learning the material presented. Several pocket cards covering about 14 applications are included and are to be used with critical readings of the medical literature. The text does not require a background in epidemiology, biostatistics, or research methods. In this second edition, the references have been updated to reflect more recent medical literature.

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#### References

1. Nutting PA, Alexander GP. Conducting clinical trials in practice settings: research in progress by family physicians. *J Fam Pract* 1992; 35:689-91.
2. Evidence-Based Medicine Working Group. Evidence-based medicine: a new approach to teaching the practice of medicine. *JAMA* 1992; 268:2420-5.

*Medical Care in the Nursing Home*. Joseph G. Ouslander, Dan Osterwell, John Morley. McGraw-Hill, New York, 1991, 462 pp, \$49.95. ISBN 0-07-047949-6.

At present this text, in its first edition, is the only up-to-date overview of medical practice in long-term care facilities. Its three parts and appendices cover

general and administrative aspects, common clinical conditions and general management issues, along with an overview of the new Omnibus Reconciliation Act (OBRA) guidelines, policy and procedure outlines, and documentation ideas. This book fills a niche in providing an overview text for students, residents, and beginning medical directors of nursing facilities. Because it attempts to cover all related topics, some depth is lost, especially in the administrative aspects and the sections on general management issues, such as drug use, rehabilitation, hospice care, computer use, ethics and legal issues, and education and research. However, each of these chapters provides a good overview and several good references for further study. The book is organized for easy use, with a good index. It is full of quality illustrations and excellent clinical algorithms for common problems. It is easy to read, and uses headings, lists, and tables to good advantage.

Other books on the subject exist, including *Principles and Practice of Nursing Home Care* by Katz and Calkins, *Medical Direction in the Nursing Home* by Pattee, and Levenson's *Medical Direction in Long Term Care*. The Katz and Calkins book is 1989 vintage, but still full of excellent ideas. The Pattee book and the Levenson book cover the generic skills and duties of an administrative medical director and should be read by those taking on these responsibilities. All these books, however, predate the newer OBRA regulations. Another source of excellent information is the periodical *Advances in Long-Term Care, Volume I and Volume II*, edited by Katz, Kane, and Mezey. This covers individual topics in greater depth but does not provide a full overview.

At present, one needs a variety of resources to feel well read in the subject of nursing home practice. The several volumes noted above will assist the dedicated reader. No single truly comprehensive textbook of nursing home medicine yet exists with depth and authority in all the areas that *Medical Care in the Nursing Home* overviews. However, for the student, resident, or physician beginning work in the area, this newer book serves well as an introduction, and the



clinical chapters contain much that is of great usefulness in patient care.

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## Software Reviews

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CONSENTWRITER, Version 2.0 (1991). Informational Medical Systems, 2437 Park Ave, Minneapolis, MN 55404. \$395.

HOW SUPPLIED: 3.5-in. diskettes.

DOCUMENTATION: 8-page user's guide.

HARDWARE REQUIREMENTS: Any IBM-compatible computer with a floppy disk drive (3.5 in.), hard drive DOS, supports CGA, EGA, VGA and Hercules video interfaces.

MOUSE SUPPORT: Yes.

CUSTOMER SUPPORT: Yes.

MONEY-BACK GUARANTEE: Yes.

The sole purpose of *Consentwriter* is to generate consent documents. The rationale behind it (as well as for *The Patient Instruction Generator*, reviewed below) is that the user has ready access to the relevant information and can easily customize it.

*Consentwriter* is written in BASIC and comes with GW-BASIC 3.22. The program contains instructions about the patient's condition, the proposed procedure, the likely recovery, the risks and alternative for treatment, and a consent form. The information is good: concise but complete. As the distributor claims, the instructions appear written for a 7th-grade reading level. The actual consent forms, however, require a much higher reading ability to comprehend.

The complete program is huge, composed of 50 specialty-specific modules, with 9 disks of 891 files; it uses just under 10 MB of hard disk space. Of course, a specialty-specific module would take up considerably less room. It is inefficient with redundant text; a database and use of boiler plates would have been preferable. The patient information consent form for each procedure is an individual BASIC ASCII-text program. Each consent form has its own file on the disk.

Because of the program's size, installation is tedious; the program should allow installation of a limited, specified list of procedures. Purchase of a specific module may exclude some desired procedures and include never-performed procedures.

To use the program, one first selects a specialty and then a procedure from a list for that specialty. Fifty specialties, including family practice, are listed on the specialty menu. For family practice, the list is limited. It includes liver biopsy and laparoscopy, but not colposcopy or flexible sigmoidoscopy. How the specialty-specific lists were compiled is unclear.

Function keys are used to navigate the specialty procedure lists. The implementation is nice, but the screen should contain a line at the top or bottom to remind the user of the function of each function key.

When printing, I found that the page length is not accurate, resulting in a page overrun on my LaserJet. The program prints 61 or 62 lines for a 60-line page. This results in a blank extra page when printing multipage forms. There is an on-screen preview feature. The procedure for changing the patient information and consent form from the generic to one for a specific practice is not explained.

The manual is brief, but may be adequate, given the simplicity of the program. I did call the help line; the support person seemed knowledgeable and helpful.

This program is not suitable for the inexperienced computer user. It should be rewritten in a compiled language, using database techniques to reduce its tremendous redundancy. Also, the user interface needs to be enhanced, at least by listing function key commands on the screen.

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NOTE: Because of a delay in publishing this review, the editors contacted Informational Medical Systems, the distributor for *Consentwriter*, to determine whether the program has been updated since its release in 1991. We were told

that the medical information provided in the program's modules has been revised. The function of the software has not been modified.

THE PATIENT INSTRUCTION GENERATOR, Version 3.1 (1991). Mad Scientist Software, 13422 N Bayberry Circle, Alpine, UT 84004. \$189.95 without database; \$1995 with database.

HOW SUPPLIED: 3.5-in. diskettes.

DOCUMENTATION: Loose-leaf user's manual.

HARDWARE REQUIREMENTS: Any IBM-compatible computer, floppy disk drive (3.5-in. or 5.25-in. diskettes available), 512 RAM, DOS 2.0 or higher; supports CGA, EGA, VGA, and Hercules video interfaces. Hard drive recommended. Also available for Apple, Atari, and Amiga computers.

MOUSE SUPPORT: No.

CUSTOMER SUPPORT: Yes, (801)756-6027.

MONEY-BACK GUARANTEE: 30-day unconditional guarantee.

Like *Consentwriter*, reviewed above, *The Patient Instruction Generator* allows physicians to generate customized forms. *The Patient Instruction Generator (PAIGE)* is a program developed by an emergency physician to help physicians give complete information to patients with a variety of conditions and after a number of procedures. *PAIGE* takes only 820K of disk space. *PAIGE* itself comprises the programming files only. The database contains the patient information.

Installation, performed using a batch program, is difficult to do on any drive other than "C."

The program has a professional-appearing manual. Because the software has been updated more recently than the manual, some of the manual's statements are no longer accurate. The manual is extensive and helpful, and has splashes of humor. There are several misspellings in the manual. I could probably live with that, but the consent and patient instruction forms also contain misspellings.

The interface is professional but needs work. As for the menus, they provide only minimal guidance. The menu choices often seem cryptic; a pop-up

Help screen would be useful. For instance, it is not obvious how to exit the program.

A user may select patient instructions on problems, treatment, follow-up, or other standard handout sheets. Specific consent forms per se are not generated. As much information as necessary can be selected for an individual patient. The selected handouts can then be edited if some of the material is not pertinent to a particular patient. The editor is extremely limited, however, and can only delete major topic headings. The program has a nice prescription-writing feature. It is possible to edit prescriptions and to add new ones to the database.

The program's output is reasonably attractive. The header can be modified to reflect the user's practice. The patient's and physician's names and the date and time are stamped on the printout. The patient's signature can be requested on the form.

Printing was straightforward, although there was no on-screen preview feature. I did not verify mouse support.

This is a great concept for a program; however, I suspect few physicians are able to pay \$1995 for *PAIGE* with the database, yet the program alone (\$189.95) would not be useful without the database. The user interface and installation procedure need work.

I would suggest that both *Consent-writer* and *PAIGE* be priced at \$49.95 or be distributed as shareware. I believe more physicians would use these programs in the outpatient setting if the prices were realistic. Currently, the costs are excessive for individual or small groups of physicians. Both programs require modification before I would recommend them. For example, neither program allows changes in printer fonts. *PAIGE* is probably adequate if one is willing to invest \$2000, plus the time to learn the intricacies of operation without much help. My advice would be to wait for additional features and more reasonable prices.

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NOTE: Because of a delay in publishing this review, the editors contacted Mad Scientist Software, the distributor of *The Patient Instruction Generator*, to determine whether any changes have been made to the program. A company representative said that the next version of the program (4.0) is now available. The new version costs \$189.95, including the database. According to the company representative, the misspellings have been corrected and the patient medical information updated. Editing prescriptions has been made easier. In addition to the user's manual, a videotape on how to use the program is now included. The software now supports laser as well as dot matrix printers. The new version is available in English and Spanish.

RXWRITER (1993). Hall Design, Inc, 250 Maple Ave, Wilmette, IL 60091, \$185.

DOCUMENTATION: 70-page, 8.5-in. × 11-in. manual with plastic spine.

HOW SUPPLIED: One 720K (3.5-in.) or 360K (5.25-in.) diskette.

HARDWARE REQUIREMENTS: IBM-compatible. Minimum configuration not specified; DOS and 1 floppy drive.

MOUSE SUPPORT: No.

TOLL-FREE CUSTOMER SUPPORT: No.

DEMONSTRATION DISK: No.

MONEY-BACK GUARANTEE: 30-day return period.

Computerization of daily clinical tasks should be considered when it provides an advantage over traditional methods. For example, the efficiencies of word processing and electronic literature retrieval are unmistakable to those who perform these duties. However, one must learn the skills necessary to capitalize on these technological advances.

Prescription writing software is no exception. At Mrs Jones's visit, rewriting her 10 medications is inefficient. Once entered in a computer, however, this information can be easily modified (if necessary) and reused at every visit, a potentially major timesaver. *Rxwriter* attempts to provide such efficiency for the physician, the program's intended user.

*Rxwriter* allows entry of data in the same pattern as a written prescription,

but with each element markedly abbreviated. However, users must enter drugs and their abbreviations into a list before they can be prescribed. I will illustrate by selecting the drug amoxicillin. First, I choose a three-letter abbreviation ("amo") and then, for each dosage form, a one-character abbreviation ("2" for 250 mg, "5" for 500 mg, "c" for 250 mg chewable). The numbers dispensed are also abbreviated by a single character ("3" for 30, "6" for 60). Finally, I choose two parts for the instructions line, a prefix, such as "take," plus a suffix, such as "until gone." This completes the user-entered data. These steps must be completed once for each drug.

To produce a written prescription, users link the abbreviations. The labeling prefix and suffix ("take," "until gone") are combined with software-defined labeling instruction abbreviations (eg, "b," bid; "t," tid; "1q4," 1 q4h) to complete the label. In this example, entering "amoc62t" prints a prescription for amoxicillin 250 mg chewable tablets, number 60, with instructions to take 2 [tid] three times a day until gone. Entering "amo561q6+2hs" would produce a prescription for amoxicillin 500 mg, number 60, with instructions to take 1 every 6 hours and two at bedtime until gone. Adding an "e" to the end of the string of characters entered ("amoc62te") allows selective printing of a DEA number; incorporating it into a header allows habitual printing. Users may define four custom label abbreviations. Additionally, strings may be used to override predefined elements, further increasing flexibility.

*Rxwriter* allows modifiable multiline headers with multiple physicians' names, practice name, and so on. The date is automatically printed on the prescription. Other nice features include an on-screen display of function-key uses, a rapid exit feature, and a prescription history file. Especially helpful, users may create reminders that pop up when a drug is prescribed. Once a drug's abbreviation has been entered, users may view their one-character abbreviation choices for dosage form and number to dispense, as well as the system's labeling shorthand, by pressing only one key. Because files

created by *Rxwriter* are ASCII, users may view the files' contents. The printed prescriptions are well designed and professional looking.

Several efficiencies are not incorporated into *Rxwriter*. One is the option for a prescription to contain multiple drugs between one header and one signature, which allows quicker printing, uses less paper, and requires one signature rather than 10 for Mrs Jones's visit. The newest release of *Rxwriter* allows users to retrieve Mrs Jones's previous prescriptions and reprint some or all of them with a couple of key presses. There is no easy way to make minor modifications, however, such as a change in dose or number of refills. *Rxwriter* provides no way to scroll through drugs or drug abbreviations, testing users' memories. Also, the program is sensitive to lower and upper case letters (eg, "amo" is different from "AMO"; "Jones" will not retrieve "JONES"). There is no distinction or cross-referencing between generic and brand names. No prescription library is supplied, which is surprising because, at worst, a user could choose to delete or ignore it. Last, the ultimate missing efficiency is the ability to combine drug-interaction checking with prescription

writing, allowing single entry of data to both save time and prevent errors.

Undeniably, *Rxwriter* does what it does well—the question is, to what extent? As both users and software have gained sophistication, users' expectations have increased. Currently, *Rxwriter* offers little that a word processor (especially one that allows transfer between two open files), equipped with a few macros and a little imagination, would not do equally well. For a similar price, *SOAP Drug Interaction and Prescription Writer* takes better advantage of electronic environment (automatic interactions flagging, multidrug prescriptions for one signature, recall plus modification of previous prescriptions), but suffers from an unwieldy interface. Of the two, I personally am willing to tolerate *SOAP's* interface because of its other advantages. Plan to try before you buy and stay tuned—both products have left ample room for improvement.

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## Correction

In the July 1993 issue of *The Journal*, several typographical errors occurred in the comparative review of *End-Notes Plus*, *PC-Lit*, and *Reference Manager PC* by John G. Faughnan, MD. On page 93, the sentence at the top of the left column should read, "*RefMan* also includes other look-ups, such as an extensive list of journals." In the 22nd line of the same column, the sentence should read: "The Macintosh version uses a desk accessory (DA) for the same function, but I was unable to get it to work on my machine." Finally, in the second column, in the paragraph opening "*EndNotes* is not copy protected," a sentence was omitted. The next sentence should have been "*RefMan* implements an annoying and unusual form of copy protection." The remainder of the paragraph, which describes this copy protection system, applies to *RefMan* and not to *End-Notes*. *The Journal* regrets these errors.

## Manuscript Submission

### *The Journal of Family Practice*

#### Submit Manuscripts to the Editor

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