REVIEWS OF BOOKS & SOFTWARE

Book Reviews

Classical Teachings in Clinical Cardiology: A Tribute to W. Proctor Harvey. Editor Michael A. Chizner with 54 contributors, Laennec Publishing, Inc, Cedar Grove, NJ, 1996, 2 volumes, 62 chapters, 1526 pp, $145. ISBN 1-886128-06-5.

As the new book review editor for *The Journal of Family Practice*, I decided the best way to approach this responsibility was by doing first what I am asking others to do. For those who have done this job before, what that really means is I received a book I just could not part with and therefore had to review myself.

Classical Teachings in Clinical Cardiology is a tribute to a clinician, educator, and academician whose teachings many of us have enjoyed since medical school. Dr Harvey helped me learn how to assess the patient from a broader perspective, how to begin deciding which of the categories of disease and dis-ease I should consider in my differential diagnosis.

The current book is written by a group of Dr Harvey's students, many of whom were Dr Harvey's cardiology fellows. But like Dr Harvey, they attempt to take a holistic approach to the patient. Unlike any other cardiology text I have ever seen, this book begins with the basics, a five-finger approach to the patient: history, physical examination, ECG, and chest radiograph, leaving only the "little" finger for what has become the mainstay of much of modern medicine—other diagnostic laboratory tests. Even the publication of this book took an unusual route. Its publication is sponsored by a hospital district in Ft Lauderdale, Florida.

The tone of this tome will be comfortable for family physicians: "A thoughtful, sympathetically conducted interview sets the stage for the patient-physician relationship that will continue for days, months and years to come. In addition, important facts that are not uncovered in a meticulous initial history have an uncanny way of eluding later detection as work-up progresses and the patient and physician become focussed on high technology studies and more aggressive therapeutic interventions." The illustrations of many points of the cardiac-related physical diagnosis are useful reminders of what may have become remote memories. Dr Harvey's pearls are liberally interspersed throughout the book, usually one or more per page. The pearls are glimpses of the man, the teacher, and the clinician. Some are chatty, and others provide a perspective for various portions of the clinical examination.

While some of the book has a generalist gestalt, other parts reflect the author's subspecialty experience and practice. For example, the section on cardiovascular evaluation of the athlete implies that all evaluations should include an ECG and chest film; these tests are unlikely to be useful and are certainly not cost effective in screening the large groups of high school athletes seen for pre-sport physicals each year.

I like this book. I may be able to use it for a reference in developing my standard approach to the evaluation of a person with hypertension or chest pain. It will not be useful as a quick guide to the latest in therapy for arrhythmias, but then, few books are. I think this is the book I would choose to read during my midcareer crises: when I want to reassess not my knowledge of the list of drug interactions for antidepressants but my whole approach to the patient. Have I become so busy putting out brush fires that I forget to look for signs that the forest is dis-eased?

Medical students may find some sections of the book interesting. Like Dr Harvey's textbook of medicine, this book outlines an approach to patients but does not provide all the details. Many of the pictures of patients are obviously dated, and the pearls may be too chatty for the busy medical student whose time for any view of history beyond what happened yesterday or on the last service is very limited. This text probably will not answer the questions asked of medical students by the attending physician or the senior resident.

The book will go home with me to be read on cold Minnesota evenings when I am in a reflective mood. Sections may be shared with my son, who thinks medicine might be an interesting career in the distant future (after high school and college). And I will share sections with my technology-dependent colleagues: those who cannot be sure it isn't a zebra just because it looks, acts, and whinnies like a horse.

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ACLS: Rapid Review and Case Scenarios, 4th Edition. Ken Grauer and Daniel Cavallaro. Mosby Lifeline, St Louis, Mo, 1996, 370 pp, $19.95 ISBN 0-8151-3623-4.

Sudden death remains the leading cause of death in middle-aged men. For one in three people, the first symptom of cardiovascular disease is sudden death. The outcome for cardiac arrest depends on rapid application of basic life support, rapid defibrillation, and rapid advanced cardiac life support (ACLS). Primary care physicians encounter cardiac arrests primarily in the hospital, emergency

department, and at the scene of an arrest in the community. Most experts would agree that ACLS is best administered at the scene of the arrest. It is disconcerting that a study in rural Wisconsin showed that 22% of physicians could not identify coarse ventricular fibrillation.[1]

Resuscitation is a team effort. Guidelines have been standardized by the American Heart Association in an effort to have members of the team operate efficiently and competently to maximize the success of the resuscitation. Certification by the American Heart Association requires course work and the testing of competency of those people involved in resuscitation. Between 1986 and 1992, more than 400,000 ACLS manuals and 46,000 instructor manuals were distributed.[2]

ACLS: Rapid Review and Case Scenarios by Grauer and Cavallaro is a 370-page paperback book to complement the materials used in the ACLS course, especially its textbook. It is divided into four chapters: Overall Approach to Management of Cardiopulmonary Arrest: Algorithms for Treatment; Essential Drugs and Treatment Modalities; Key Clinical Issues in ACLS/Airway ; and Putting It All Together: Practice Code Scenarios for MEGA Code.

The strongest portion of the book is the last chapter, which consists of five cases in which a clinician is presented with an emergency. The readers are given a situation and asked, "What do you do?" Readers are allowed to test their competency. Teaching points are made at the end of each case. It is simply superb. Any clinician who sees this book should review this chapter's 68 pages of tracings and notes.

The other three chapters contain the basic information for ACLS knowledge. It is delivered in a straightforward manner. The materials are detailed, accurate, and reasonable. The details are delivered in the text, with points emphasized in boxes. In contrast to the last chapter, it is a series of facts delivered in a textbook fashion. As I read it, I wished that the authors would present a situation and challenge the reader to solve the problem and then give the details. This style would make the material more of a complement to the basic ACLS book. As it is, the details and facts are similar to those in the ACLS textbook. If one puts forth the effort, one can learn the basics from either book.

Features that could be enhanced in this book include better selection of pictures (some pictures seemed out of place and others not useful, such as the picture of the lifting of the epiglottis with the straight blade, which looked to me like an out-of-focus abstract painting) and the need for newer and better acronyms. If I were to rearrange the book I would put airway management toward the front, because of its extreme importance (oxygen is the best drug in resuscitation) and the numerous errors that occur with airway management in the emergency setting.

In summary, the fourth edition of the book is a well-defined complement to the ACLS course. Readers who deal with resuscitation would benefit most from reading the cases. Family Practice residency programs might use the last chapter to emphasize crucial aspects of resuscitation. Instructors of ACLS courses would find it a reasonable addition to their library. I am putting my book in our library for clinician colleagues. It is the type of book that should be shared.

Resuscitation teaching technique is unchanged since its inception. The technique relies on taking a course, memorization of materials, and testing. Are there better methods? Data indicate we need to find better teaching methods. A recent study at Wake Medical Center in Raleigh, North Carolina,[3] showed noncompliance with ACLS guidelines in about one third of patients treated by intensive care unit nurses and medical residents. No correlation was found between ACLS certification and guidelines compliance. With the advent of the computer and access to the Web, perhaps better methods of teaching and aids to retention may be found. Many physicians encounter an arrest rarely, and simulations may be an answer. To look at that possibility, the reader is encouraged to view a Pediatric Advanced Life Support site: http://www.embbs.com/pals/pals.html. The two cases presented at this site show the perceptive reader the start of a better way. Otherwise, read Grauer and Cavallaro's last chapter. A life may depend on it.

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REFERENCES

1. Birnbaum ML, Kuska BM, Stone HL, Robinson NE. Need for advanced cardiac life-support training in rural, community hospitals. Crit Care Med 1994; 22:735-40.
2.. Montgomery WH. The development of standards and guidelines for cardiopulmonary resuscitation and emergency cardiac care in the United States. Ann Acad Med Singapore 1992; 21:92-6.
3.. Cline DM, Welch KJ, Cline LS, Brown CK. Physician compliance with advanced cardiac life support guidelines. Ann Emerg Med 1995; 25:52-7.

SOFTWARE REVIEWS

Asthma/Allergy from the Core Curriculum in Primary Care Series, Version 1.0 (10/95), Silver Platter Education, Inc, 100 River Ridge Dr, Norwood, MA 02062-5043; Telephone 800-343-0064. Fax (617) 769-8763; $49 (suggested retail).

DOCUMENTATION: No manual or book.

HOW SUPPLIED: 1 CD-ROM.

HARDWARE REQUIREMENTS: For Macintosh: 8MB RAM, system 7.0 or later, CD-ROM player, color monitor. For Windows PC: 8MB of RAM, Microsoft Windows, Version 3.1, MS DOS 5.0 or later, hard disk with 4MB free space, MPC standard CD-ROM player, 640 × 480 display with 256 colors, sound

blaster compatible sound card and speakers, 486 PC or higher.
MOUSE SUPPORT: Yes.
CUSTOMER SUPPORT: User support available at toll-free 800 number plus on-screen help.
DEMONSTRATION DISKS: No.
MONEY-BACK GUARANTEE: 30-day money-back guarantee.

The *Core Curriculum in Primary Care Series* is a series of nine CD-ROM continuing medical education discs. Each disc runs for approximately 4 hours and contains two to four topics. The major focus of the series is outpatient medicine. Some of the combinations of topics packaged on a single CD seem conceptually linked, such as "Pain Management" and "Rational Treatment of Anxiety and Depression." Other combinations of topics are less related, such as "The Red Eye—Differential Dx and Rx," and "Evaluation of Dementia."

For this review, we evaluated the *Asthma/Allergy* CD-ROM. Installation was simple on both PC and Mac platforms. The software requires a full 8MB of RAM; running any other application, such as word processing, concurrently requires additional RAM. The CD contains four related lectures by separate speakers. The topics are "Asthma—The Importance of Indoor Allergens," "New Developments in the Pharmacologic Treatment of Asthma," "Allergic Rhinoconjunctivitis," and "Evaluation and Treatment of Urticaria and Anaphylaxis." These topics are conceptually logical for inclusion in one program.

Each of the four topics consists of a recorded lecture, the transcript of the lecture, and the sequence of slides used in the lecture. Each slide is linked to an associated segment of lecture and its transcript. The user can listen to the lecture segments, read the associated transcripts, and view the slides in any combination or order. Advancing to the next slide can be either manual or automatic; controls exist to jump back and forth among the slides. Slides can be selected, reordered, and saved in a "carousel" along with their accompanying lecture and transcript segments. This allows the user to create custom lectures using a subset of the material. Slides can also be printed. Unfortunately, because of a programming error confirmed by the vendor, transcripts cannot be printed. On request, the vendor will send users a hard copy of the transcripts. The disc also contains a "newsletter" describing each of the four lectures and "questions and answers" that might follow the lecture. These can all be printed. Only one to two references for further reading are listed for each topic.

The content of the lectures is generally good. The initial speaker on allergens, Dr O'Connor, discusses some less-than-helpful topics, such as spraying a mattress with liquid nitrogen to suppress dust mites, before getting to the practical pointers for helping patients. Dr Hollingsworth, speaking on pharmacologic developments, gives a useful stepwise approach to treating asthma by degree of severity before going on to a practical "show and tell" session on the various medication delivery systems, such as the InspirEase and Aerochamber. The entire lecture is helpful and practical. Dr Saryan, speaking on allergic rhinoconjunctivitis, initially gives a nice breakdown of the different entities involved, such as allergic, vasomotor, infectious, and eosinophilic rhinitis, along with their definitions. He then describes the history, physical examination, skin testing, RAST (radioallergosorbent) testing, complications, and treatment. The lecture is well organized and the discussion on the medications is particularly good. Dr Bernardo gives the last lecture, a rather wandering talk on urticaria and anaphylaxis. He mixes particular patient cases with other topics, such as laboratory tests, to the detriment of the other topics.

The lectures flow naturally from one to the next, and each speaker appears aware of the topics covered by the other speakers. Each of the four lectures has a very simple set of self-test questions, and the entire program carries 4 hours of AMA Category 1 or AAFP prescribed continuing medical education (CME) credit. CME credits are obtained by taking a "Quiz" based on lecture content, then printing and mailing in the results.

It is not clear to us what type of user might be most interested in this type of material. Its most positive feature is that the viewer can spend as much time or as little time as desired on any given slide and its accompanying transcript, giving a user much greater control than in an actual lecture. Teachers may want to use the carousel feature or slide printing to develop conferences for residents or students. In terms of personal CME use, our experience was that listening to the recording took significantly more time than reading the transcript. The use of transcript rather than recording to assimilate the material unfortunately requires toggling back and forth between slide and transcript views, which we found to be an unnecessary and irritating design.

For personal CME, we would generally prefer to see a speaker in the flesh or read a journal article that can be skimmed or read in detail, depending on need. However, this type of material may be more appropriate for some and may be a useful resource for teachers.

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