

"Have I forgotten anything? Should prophylactic antibiotics be used in this case? What drug and dose should be used?"

Dollar-for-dollar, this text is hard to beat as a portable, helpful companion when treating patients in emergency situations.

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Telephone Medicine: Triage and Training: A Handbook for Primary Care Health Professionals. By Harvey P. Katz. 222 pp. Thorofare, NJ, Slack, 1990. \$25 (paper, spiral). ISBN 1-55642-138-9.

For every patient seen in office practice, several other patient contacts are handled over the telephone. From prescription refills to medical triage, these verbal encounters traverse the mundane to the critical. Indeed, few aspects of patient care demand more of the "art of medicine" than the combination of listening skills, sound knowledge, patience, sensitivity, and perhaps intuition needed to handle successfully the telephone call from an anxious patient or parent. Nevertheless, little if any formal training is devoted to this aspect of patient care.

In his handbook *Telephone Medicine Triage and Training*, Dr. Katz, an Associate Clinical Professor of Pediatrics at Harvard Medical School, seeks "to promote a more informed decision-making process" in the use of the telephone in patient care. He succeeds through a well-organized and practical approach.

Dr. Katz begins with an overview of the role of the telephone in patient care and offers specific guidelines for the organization of a system of telephone triage. Subsections, such as "Guide to Managing the Upset or Angry Patient" and "Medico-Legal Issues in Telephone Medicine," should prove especially appealing to practicing physicians and their staffs.

The major portion of the book is a section entitled "Symptoms, Decision Guidelines and Home Management Advice." With the aid of specific questions and checklists, the author takes the reader through the spectrum of common problems from animal bites to nose bleeds, offering treatment tips and caveats for sorting the serious from the mundane.

Finally, the overall evaluation of the system employed is addressed. Training exercises and audit forms are also provided to ensure that high-quality care is maintained.

While I suspect that most practicing physicians will find specific treatment information quite basic, the real value of this book lies in its usefulness as a tool to organize an effective telephone triage service in the office or clinic setting. A primary focus is the education of the office staff to perform this important function in a professional and efficient manner. The book also has great potential as a rare resource

for physicians in training to assist them with an organized approach to telephone management of patient problems. With the approach advocated here, the risk of error and the potential for misunderstanding will be lessened, and the goal of improved patient care better served.

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Learning Clinical Reasoning. By Jerome P. Kassirer and Richard I. Kopelman. 332 pp. Baltimore, Williams & Wilkins, 1991. \$32.00 (paper). ISBN 0-683-04537-7.

The authors state that "the book is devoted to clinical cognition, or clinical reasoning, and it is intended both for those who wish to learn it and for those who wish to teach it." Family physicians utilize these skills with every patient encounter, but many times they are not aware of the reasoning processes they are using. The book explicates these processes well and then gives several cases to illustrate various points. One needs to deal with some educational jargon in reading the book, but it is not difficult to understand when examples are given for clarification.

One of the most valuable features of the book is the reinforcement of how physicians think when involved in a clinical encounter. Medical schools teach students to take a complete history and to do a complete physical examination. When in clinical practice, however, clinicians process information by hypothesis generation and clinical reasoning, as described admirably in the book. The education of students needs to prepare them better for this thought process. This book can be helpful to clinical teachers to facilitate that process.

Didactic information is described in Part I, but the reader is referred to several cases in Part II to illustrate the points. The major headings of the didactic information, however, are repeated in Part II, so it can be read separately with understanding. There were adequate illustrations for the cases described.

The cases used to illustrate various points were chosen from hospitalized patients. Information was then given to a clinician in "chunks," who was asked to "think out loud" and to explain his or her reasoning. The authors then critiqued the reasoning process to illustrate the various didactic points. One can learn a great amount of medicine by following the clinicians' explanations. Because family physicians spend most of their time in the ambulatory setting, they would need to translate the clinical reasoning processes to their field of endeavor.

I would highly recommend this book to those family physicians who are interested in understanding their own reasoning processes and who are interested in helping learners improve their skills.

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