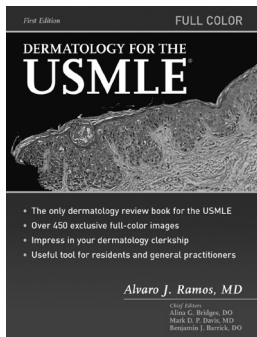


BOOK AND MEDIA REVIEWS

Dermatology for the USMLE

Alvaro J. Ramos

New York, High Yield Press, 2016, 157 pp., \$39.99, paperback



Dermatology for the USMLE by Dr Alvaro Ramos is a comprehensive review book that can easily be used to study for the Step 1, 2, and 3 exams. The first chapter goes over the basics of dermatology; topics such as the layers of the epidermis, types of glands, dermal junctions, and all those dermatological terms (macule, papule, etc). The next 18 chapters are broken up by type of skin disorder: autoimmune skin disorders, blistering skin disorders, and melanocytic skin disorders, just to name a few. The book is filled with clear and colorful photos. Each page, on average, has about three color photos or illustrations. The book is arranged in an easy to read format. Complete with topic headings, bullet points, and bolded key words. This review book is also scattered with charts and tables that make comparing certain pathologies easier.

As someone who is currently preparing for the USMLE Step 3 exam, I found this book helpful as a supplement to my dermatology review. Where this book falls short is that it would not be a good reference book on the wards. While it is organized beautifully for studying, it becomes difficult to look things up when presented with a dermatological question on rounds, or given a patient with an unknown dermatological rash. This book serves as an excellent topic overview for medical students and residents preparing for the USMLE step exams. It is too wide to fit in a white coat jacket, but thin enough to put in your backpack without weighing you down. Hopefully in future editions they will make a smaller version that medical students can put in their white coats for easy access when they have a few minutes to review. Overall, the strongest

positives for this book are its easy readability, comprehensive overview for USMLE preparation, and color photos.

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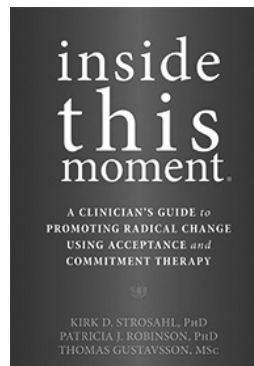
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Inside This Moment: A Clinician's Guide to Promoting Radical Change Using Acceptance and Commitment Therapy

Kirk D. Strosahl, Patricia J. Robinson, and Thomas Gustavsson

Oakland, CA, Context Press, 2015, 232 pp., \$49.95, paperback



Inside This Moment is a step-by-step manual for clinicians who want to help their patients enact radical change in their lives via the use of present moment awareness and mindfulness. The book walks the clinician through the critical steps they must

take with their patients to change behavior patterns and break harmful cognition loops. The theory behind the work seems to draw on a mix of mindfulness, cognitive behavioral practice, and neuropsychology. The authors are well qualified to present this new approach to therapy, as they are the same clinicians who brought us acceptance and commitment therapy (ACT).^{1,2} As a primary care physician and a human being, I found this book a worthwhile read. However, in a busy generalists' practice, it is questionable whether one would have time to actually enact these techniques with patients in the 10 to 15-minute time constraint.

The book is divided into three parts: "The Present Moment Inside Out", "The Five Processes of Present-Moment Awareness

Interventions”, and “Using Present Moment in Common Clinical Problems”. The first part gives context to the theory and practice, and encourages clinicians to heal themselves and pay attention to their own issues, as this is the first step in helping others. The second part goes through the five steps that clinicians must take with their patients: Noticing, Naming, Letting Go, Softening, and Expanding. The final part gives practical examples of using theory with a handful of common mental health disorders encountered in practice including depression, anxiety and panic, post traumatic stress, addictive behaviors, and self harm. It also includes a section on behavior change. Throughout the text are sample clinical vignettes that are very useful for the clinician envisioning how the authors recommend putting theory into practice. The authors also frequently use neuroscience and discuss functioning of different neuroanatomical pathways to support their theories.

The specific examples of application of techniques to common mental health conditions in the last part seem especially useful for therapists who see a majority of patients with one or two of these problems (eg, the PTSD example may be useful for the practitioner working in a VA clinic, and the substance abuse example may be useful for the practitioner working in a combined primary care/suboxone clinic, etc).

An excellent use of this book would be as a teaching supplement for residents or medical students in a course led by a therapist or clinical psychologist. The bottom line is that this is a practical guide that presents a user-friendly approach to helping patients enact radical change and acceptance through mindfulness in their personal lives. Although mostly helpful to therapists and psychologists, for those primary care providers who have the time to practice and use this method in their clinics, it could also potentially be a very powerful tool. Overall it is interesting and useful to understand the theory and practice, even for physicians not using it themselves on a daily basis with patients.

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References

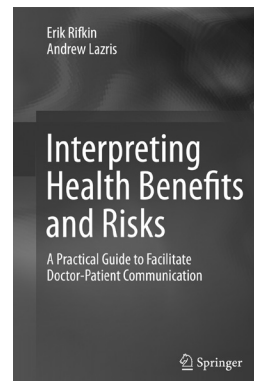
1. Hayes SC, Strosahl KD, eds. *A Practical Guide to Acceptance and Commitment Therapy*. New York: Springer Science & Business Media; 2004.

2. Hayes SC, Strosahl KD, Wilson KG. *Acceptance and Commitment Therapy, Second Edition: The Process and Practice of Mindful Change*. New York: Guilford Press; 2011.

Interpreting Health Benefits and Risks: A Practical Guide to Facilitate Doctor-Patient Communication

Erik Rifkin and Andrew Lazris

Cham, Switzerland: Springer International Publishing, 2015, 231 pp., \$69.93, paperback



How effective is your communication with your patients? This is a “no nonsense” read cowritten by an environmental scientist (Eric Rifkin, PhD)¹⁻³ with extensive experience in characterizing human health and ecological risks from exposure to contami-

nants, and a practicing internist with expertise in geriatrics (Andrew Lazris, MD).⁴ The book has a central theme of shared decision-making between the patient and the physician. The table of contents outlines key points—shared decision-making, decision aids, thoughts on universal decision aids, and discussion of how to involve patients in decision-making. Both authors feel strongly that decision aids such as visual graphics can better present a clear and objective picture of health benefits and risks associated with different medical interventions. They showcase a theater-style seating chart entitled Benefit/Risk Characterization Theater (BRCT), which can be used to facilitate the discussion between physician and patient about screenings and interventions. This visual aid depicts a typical theater of 1,000 seats, and marks in black the numbers of seats (representing individuals) affected by not undergoing a test (ie, mammogram) or initiating a treatment. The numbers are calculated as absolute risks and the focus is on outcomes.

The authors recommend that health risks and benefits be presented to patients as absolute risks. They define absolute risks and benefits as reflections of the number of individuals who will get a disease compared to the number of individuals being considered. The authors stress the importance of individual acceptable risk.

When counseling patients regarding the utility of screening tests and interventions, the authors recommend the following questions:

1. What are we looking for? What is the purpose?
2. Is the patient amenable to the suggested treatment and willing to accept side effects?
3. What are the consequences of not performing the test?
4. What are the risks of performing the test?

The remainder of the book is divided into a series of case studies, presenting brief discussions of common screening tests (colonoscopy, mammogram, prostate cancer screening), general screening (carotid disease, cholesterol, dementia), and discussion points of topics including annual examination, osteoporosis, estrogen replacement therapy, vitamins, MRI and back pain, and antibiotics in sinus and bronchitis. The case studies demonstrate the use of the Benefit/Risk Characterization Theater to illustrate key discussion points with patients.

We currently live in a time where many of our patients obtain details about health from the internet, magazines, or other lay people. Without the proper filter in place, the patient will experience challenges in determining what is important and what is not. As physicians, we have a unique opportunity to guide these discussions, but many of us have significant time constraints in the office setting given the current model of health care.

This book offers a visual tool to empower and help the patient think about why decisions are being made with respect to various screenings, tests, or interventions. As we all know, medicine is not black and white. There can be a lot of gray area, and a multitude of factors that impact decisions (or inability of the patient to make them). It is clear that the authors are genuine in their desire to use this tool to help improve doctor-patient

communication to facilitate important decisions in health care. We all struggle when trying to craft meaningful discussions surrounding important topics with our patients. Engagement of the patient may help enhance the discussion as we are all sensitized to the pressure of meeting standards and quotas that are linked to the patient's wellness. This approach is certainly a conversation starter. It may not be for everyone. It took some time for me to fully grasp the concept.

I think that this model could be considered as we train our students, residents, and fellows. It could provide another tool to enrich discussions of maximizing and individualizing health care recommendations instead of a generic "one size fits all" approach. An app utilizing these tools would be ideal, as it could be accessed from a smartphone increasing visibility for both the patient and provider.

Upon initial review, I found the text to be somewhat dry. However, it reminds us that the patient can and should be an active and informed participant in these conversations. The visual chart provides another means to empower the patient (and the patient's family) in patient-centered care.

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References

1. Rifkin E, Lazris A. A Grateful but Not Passive Patient. *JAMA Intern Med.* 2016;176(9):1248-1249.
2. Rifkin E, Bouwer E, Stefansson K, Kong A. Characterizing health risks. *Science.* 2007;317(5843):1322-1324.
3. Hong Y, Wetzel D, Pulster EL, et al. Significant spatial variability of bioavailable PAHs in water column and sediment porewater in the Gulf of Mexico 1 year after the Deepwater Horizon oil spill. *Environ Monit Assess.* 2015;187(10):646
4. Lazris A. *Curing Medicare – One Doctor's View of How Our Health Care System is Failing the Elderly and How to Fix It.* Ithaca, NY: Cornell University Press; 2014.

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