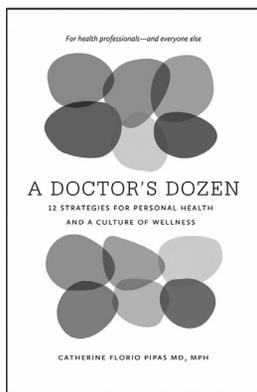


A Doctor's Dozen: Twelve Strategies for Personal Health and a Culture of Wellness

Catherine Florio Pipas

Hanover, NH, Dartmouth College Press, 2018, 224 pp., \$22.95, paperback



Catherine (Cathy) Pipas is professor in the Department of Community and Family Medicine at the Geisel School of Medicine at Dartmouth College. She is well known in STFM, having been involved in many activities of the organization. She is best known as a mentor

and role model for personal and professional success in an academic environment. She is also a wife and mother in a very active family that loves life experiences.

In *A Doctor's Dozen*, she brings her experience and that of 12 patients to provide 12 important strategies for health and wellness. This work is directed mainly to medical students and young physicians. The book is a gold mine of insight and good practical advice.

The book begins with a quote from Albert Schweitzer which sets the tone for the depth of insight and inspiration presented throughout:

If there is anything I have learned about men and women, it is that there is a deeper (positive) spirit than is ever evident. Just as the rivers we see are minor compared to the underground streams, so too the idealism that is visible is minor compared to what people carry in their hearts unreleased or scarcely released. Mankind is waiting and longing for those who can accomplish the task of untying what is knotted, and bringing these underground waters to the surface.

The introduction to *A Doctor's Dozen* covers the “health conundrum” of the 21st century

where population health is declining and burn-out is increasingly common among medical students, residents, and physicians. Science and technology have progressed magnificently, yet personal health has suffered. Dr. Pipas wrote this book out of a desire to make a difference and turn around the personal health problems in our patient care and among our learners.

A Doctor's Dozen is divided into three parts: Self-Awareness, Self-Care and Self-Improvement. Each chapter covers one of the topics and strategies for personal health and wellness. There is a lesson and a health challenge for each. These are:

- Be Present—Practice Mindfulness
- Ask Questions—Complete a Self-SWOT
- Build Resilience—Perform a Self-Assessment
- Write Your Story—Practice Self-Reflection
- Fill Your Own Tank—Nourish Your Body, Mind and Spirit
- Establish Trusting Relationships—Give and Receive Feedback
- Replenish 24/7—Complete a Time Log
- Nurture a Healthy Environment—Model Wellness
- Embrace Change—Initiate a Personal Health-Improvement Tool
- Make Healthy and Authentic Choices—Construct a Cost-Benefit Analysis
- Rewrite Your Story—Seek an Alternate Lens
- Celebrate the Journey

Each chapter follows a unique formula in which Dr Pipas presenting a patient from her practice experience, a learner is involved in the care, and a growth experience happens for everyone involved. The “knots” are untied gradually and sometimes surprisingly similar to the “slow medicine” described by Victoria Sweet in *God's Hotel*.¹

The patient stories include those with cancer and other major illnesses, depression, drug use, and family relationship problems. Pipas also includes the many life lessons she has learned along the way, mostly from these patients. This formula works well and makes the book incredibly valuable for anyone from

a medical student to resident to faculty, and even to practicing physicians.

There are a few books that medical students, residents, and practicing physicians find the time to read that have a profound impact on the meaning one gets from the work of doctoring. This is such a book. I recommend that *A Doctor's Dozen* be dog-eared and on the bookshelf of anyone in family medicine education. You may need to buy multiple copies since you are likely to give it out to learners in distress. doi: 10.22454/FamMed.2019.586937

Joseph E. Scherger, MD, MPH

Eisenhower Health
Rancho Mirage, CA

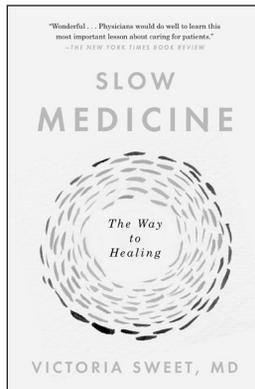
Reference

1. Sweet V. *God's Hotel: A Doctor, a Hospital, and a Pilgrimage to the Heart of Medicine*. New York: Riverhead Books; 2013.

Slow Medicine: The Way to Health

Victoria Sweet

New York, Riverhead Books, 2017, 304 pp., \$27, hardcover



Medicine appears to have reached a point where the majority of providers are frustrated with providing health care. For some, it is the lack of control over patient care decisions, for others it is the depersonalization via the electronic health record, and for many it is seeing patients

at an unmanageable pace. For me, it is all three. For Victoria Sweet, it was all of these and more. She described her professional demise in her first book, *God's Hotel*.¹ Her latest book, *Slow Medicine*, acts as a prequel and an epilogue. One does not have to read *God's Hotel* to appreciate the messages in this book. In fact, much of her critique of the current system will be very familiar to readers. So then why read the book?

Dr Sweet is a gifted writer. Throughout the first three-quarters of this book, she uses personal stories from medical school, residency, and her early career to make her points. Her approach is not one of complaints about our current system with a nod to the glory days

of yesteryear. Rather, she describes the influences in her life that taught her how to practice thoughtful and compassionate medicine. From Dr Greg she learned “with any disease, about a third [of patients] get better, a third get worse, and a third stay the same—all we do is change who does what.” From Dr Miller she learned that sometimes we have to go so slow with weaning a medicine so as to trick the body into barely noticing the change.

Dr Sweet's life and medical trajectory are not of the standard variety. She began in psychiatry and switched to medicine, and has interests in medieval medicine and anthropology. She has practiced in small towns, with migrant farmers, and right out of medical school before returning to residency. This affords her many tales, and she knows how to tell a story. We follow along as she makes her first diagnosis by looking back through old records and finding the one abnormal result that was overlooked. She writes in awe of the nurse who drove to a patient's home after the emergency room sent him home twice and drove him back herself for an admission, thus saving his life. And there are many more.

If you have read *God's Hotel*, this book enters into familiar territory toward the end. We are reminded of the example of that once-great caring center, San Francisco's Laguna Honda Hospital. That evolution of Laguna Honda is a microcosm of the medical politics and overemphasis on quality that overlook the individual and focus on ticking the right boxes at the expense of truly helping a patient.

Slow medicine, Sweet writes, is a way of understanding medicine and “a way of seeing, doing, and being.” In other words, finding a way within our fast-paced system. Of course there are times for fast medicine (eg, emergency care), but we need to step back and ask ourselves, like her medieval heroes did—what is getting in the way of the patient's own ability to heal. This also means avoiding overtesting and overdiagnosis—it means practicing common sense medicine. She celebrates the physical exam, listening, and enjoying the story. While there are not specific answers to our burnout-provoking system, there are suggestions for finding what you enjoy and clinging to that.

This book is an important read for medical professionals at all levels of their training and career. For students and residents, the lessons the author learned during her formative years

will help vaccinate them against becoming disgruntled within our current system. Sweet writes about who influenced her, and learners may be motivated to find mentors based on this. She celebrates medicine as a culture, as carrying a “special weight.” For practicing physicians, this book will remind them what they love about this noble profession and encourage them to push back against moral injuries being hoisted upon us. Sadly, Dr Sweet is no longer practicing (spoiler alert), but her lessons are inspiring nevertheless, and they are specific enough that those on the brink of giving up can look toward the light and reinvent themselves with a slow medicine framework. I speak with confidence about her influence as I have made such changes in my own care giving based on her example. This book, and others like it, should act as our talisman for a new world order in US medical care.
doi: 10.22454/FamMed.2019.531643

Hugh Silk, MD, MPH

University of Massachusetts Medical School
Worcester, MA

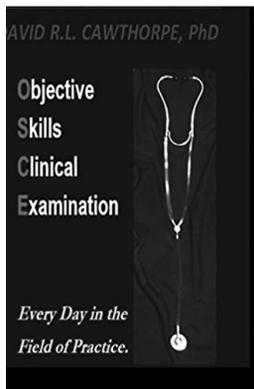
Reference

1. Sweet V. *God’s Hotel: A Doctor, a Hospital, and a Pilgrimage to the Heart of Medicine*. New York: Riverhead Books; 2013.

Objective Skills Clinical Examination: Every Day in the Field of Practice

David R.L. Cawthorpe

Calgary, Alberta, Canada, self-published, 2018, 69 pp., \$39, paperback



If you are an educator in a medical school or within a graduate medical education program, there is seemingly no shortage of books, presentations, and forums discussing how to efficiently and adequately provide meaningful educational experiences for our learners.

Educators across these spectrums have likely utilized Objective Skills Clinical Examinations (OSCEs) in an attempt to measure a broad range of learner skills, and at a minimum medical students must complete the Step II Clinical Skills exam. Therefore, exposure to

OSCEs are inevitable for medical students. As an educator in family medicine, the OSCE has been a valuable tool to evaluate residents’ performance during the intern year and at times to fine tune a particular skill in a safe, controlled environment. However, the downside to OSCEs is that they do take a great deal of time and resources to implement. This naturally leads to the question of how we might create an OSCE-like experience in our clinical settings and utilize the results for our learners while minimizing the expense and resources to develop the simulation. Therefore, when I discovered this book, I immediately had a context in mind about how it would be helpful in adapting my notion of an OSCE to everyday practice.

David Cawthorpe, PhD, an educator in epidemiology and psychiatry, attempts to answer this natural question in his book. The book is self-published, and reads as a research study completed by the author related to the data surrounding the use of the Treatment Response and Client Tracking (TRACT) method.¹ As Cawthorpe describes, the TRACT method allows for preceptors and learners to enter nonidentifiable patient data into an iPad application and track the patient history, treatment, and outcomes. The benefit to the learner is to compare their diagnoses and treatments to that of upper-level residents and preceptors and to track the patient progress over time. Preceptors and learners can also compare their treatment outcomes to the standard of care. The TRACT method and application is an attempt to provide the information gathered by an OSCE in a real-time, real-life patient setting. The benefits of this method are that the experiences are true patient scenarios, do not have to be developed, and that there are no costs of hosting and recording them in an artificial spaces. According to the author, the TRACT method was included in the World Health Organization’s (WHO) *New and Emerging Health Technologies* publication.²

While the concept of the TRACT method is intriguing, there are issues of accessibility, training, privacy, and application that would need to be addressed. For example, readers may be slightly disappointed to find they would have to purchase the iPad application in order to fully understand the model discussed in the book. While the appendix provides a pictorial of the application and a user manual, the application was not readily downloadable in the iPad application store. Therefore, readers are unable to walk through the

application as they are reading to grasp the concepts described in the book. If educators are excited about the TRACT method, they may find it difficult to adapt and adopt. For example, there may be legal and compliance restrictions within various institutions related to the data that is entered into the application along with concerns about security of devices that are utilizing the application. In addition, the data has the potential to be exported and emailed, which could create more examination into the security of patient data, although deidentified. If educational programs were granted permission to utilize the application, there would need to be training efforts to introduce the method into the existing educational structure. Unfortunately, the author did not provide much guidance on how programs could reform their educational structure to utilize the TRACT method.

In sum, I approached the text with excitement about how I could utilize an OSCE-like method with my residents. It was a quick read and the TRACT method itself is an interesting concept that may prove beneficial if adopted in the educational environment. However, there are a number of additional resources that would be required for its implementation, and the text provides little information related to adoption of the method. The text does provide the data that the TRACT method has gathered and presents this data in the form of a research study. As a reader, this was not exactly what I expected from the book. Furthermore, without access to the TRACT application, the book alone does not provide the information needed for an educator to implement the model. With these points in mind, educators may still benefit from the knowledge of such an application and model.

doi: 10.22454/FamMed.2019.385110

Molly S. Clark, PhD, ABPP

University of Mississippi Medical Center
Jackson, MS

References

1. Cawthorpe DRL. Objective Skills Clinical Examination: Every Day in the Field of Practice. Calgary, AB, Canada: self-published; 2018.
2. Cawthorpe DRL, Lauchlan M. Treatment response software application. In: Compendium of New and Emerging Health Technologies. Geneva: WHO; 2011:54. <http://apps.who.int/medicinedocs/documents/s22285en/s22285en.pdf>. Accessed February 22, 2019.

Dermatology Made Easy

Amanda Oakley

Banbury, UK, Scion Publishing Limited, 2017, 420 pp, \$14.49, paperback



Dermatology Made Easy is a perfect solution to the constant struggle that dermatology diagnosis presents to primary care physicians and other providers. It can be described as concise and immensely informative. This book is written by Dr Amanda Oakley, a practicing derma-

tologist and adjunct professor at the University of Auckland, New Zealand. She is also the founder and editor-in-chief of DermNet NZ.

At the beginning of the book, the author lists and explains commonly used terminology in the field of dermatology which sets the tone well. There are six main chapters. Each chapter is further divided into multiple subdivisions based on the context. The first chapter discusses differential diagnosis of different skin rashes and has a picture and brief summary for each rash. This is the most helpful section because it organizes the skin disorders based on symptoms, morphology, and body sites, which makes it easy to navigate through the book. The second chapter describes all the infectious rashes in detail. Chapter three includes inflammatory rashes such as acne, eczema, pemphigus, etc. The fourth chapter focuses on noninflammatory skin diseases that include alopecia, vitiligo and other conditions. Chapter five is about skin lesions that include melanoma, moles, etc. The last one discusses investigations and treatments, including a particularly helpful section on interpreting dermatopathology. The treatment options including medications and physical treatments are also enumerated in detail.

This well-formatted book covers a vast array of topics ranging from common to rare skin disorders. The pictures are immensely helpful in the understanding of various skin rashes. This book can be used for a quick review of a given topic, or as an atlas. It provides valuable information regarding when referral to a dermatologist is warranted.

It would be fair to say that this book is derived from DermNet NZ, which is an online

resource with immense amount of information and images regarding skin disorders. The book and the website really complement each other well. Something that sets this book apart from the other available dermatology books such as Thomas Habif's *Clinical Dermatology*² and *Fitzpatrick's Color Atlas*³ is the more streamlined organization of the text, although all of the books have great images. In conclusion, *Dermatology Made Easy* provides us with vast amount of information regarding skin disorders. The language is lucid, and the topics are presented in a well-organized manner. The book is appropriately priced. It is a valuable tool for increasing understanding regarding diagnosis and treatment of skin disorders. It will be helpful not only to physicians but also to residents and medical students.

doi: 10.22454/FamMed.2019.890439

Kanchan Pillai, MD

Mercy St Vincent Medical Center - Family Medicine
Toledo, OH

References

1. DermNet NZ. Our Mission. <https://www.dermnetnz.org/>. Accessed January 25, 2019.
2. Habif TP. *Clinical Dermatology: A Color Guide to Diagnosis and Therapy*. 6th ed. St Louis, MO: Elsevier; 2015.
3. Wolff K, Johnson RA, Saavedra AP, Roh EK. *Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology*, 8th ed. New York: McGraw Hill; 2017.

Reviewers interested in writing reviews for publication should contact Book and Media Reviews Editor William E. Cayley, Jr, MD, at bcayley@yahoo.com.

Publishers who wish to submit books for possible inclusion in *Family Medicine's* book reviews section should send texts to Sam Grammer, Society of Teachers of Family Medicine, 11400 Tomahawk Creek Parkway, Suite 240, Leawood, KS 66211. fmjournal@stfm.org