

This book unfortunately lacks the necessary authority and updated references to be of significant value to academic physician educators. Nonetheless, I am happy to recommend *Cost-Effective Diagnostic Imaging* for the busy community-based primary care physician or provider as a convenient and easy to use reference guide for choosing the most appropriate imaging tests in the evaluation and management of both hospitalized and office-based patients.

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Obstetrics in Family Medicine: A Practical Guide, Paul Lyons; Neil S. Skolnik, ed, Totowa, NJ, Humana Press Inc, 2006, 221 pp., \$89.50, hardcover.

At only 221 pages, with a straightforward writing style, this book is a quick and easy read that encompasses a broad overview of obstetrics. However, in exchange for its brevity, the level of detail is at times inadequate, and the evidence-based discussions are superficial, when present at all.

The book is divided into five sections: preconception and prenatal care, complications of pregnancy, labor and delivery, complications of labor and delivery, and postpartum management.

The first section covers basic physiology of the menstrual cycle and pregnancy, appropriate preconception counseling, standard prenatal care, and a discussion of medication use in pregnancy. The section on complications of pregnancy includes both pre-existing medical conditions that can complicate pregnancy, such as hypertension, diabetes, and HIV, as well as including conditions that can arise as the result of pregnancy, such as preeclampsia, preterm labor, premature rupture of membranes, and bleeding during pregnancy. The section on labor

and delivery covers normal labor, induction and augmentation, pain management, and a brief discussion of vaginal operative delivery. The fourth section, complications of labor and delivery, discusses issues of prolonged labor, shoulder dystocia, malpresentations, fetal heart rate monitoring, postpartum hemorrhage, and perineal laceration repair. Finally, the last section on postpartum management discusses routine postpartum management and complications that can arise in the postpartum period, focusing primarily on fever and its causes.

Although this book is concise and simple to comprehend when read chapter to chapter, it does not consistently lend itself well to point-of-care inquiries when faced with a specific clinical question. The chapters are written in paragraph style with preceding headers and do not follow a true outline format. Frequently, key points are buried in the body of the paragraphs, and the information does not always intuitively fit with the paragraph or section header. Further, although the scope of the text is broad, the detail in the text is often insufficient to answer specific questions an experienced practicing clinician may have, in particular with regard to management and treatment guidelines. For these reasons, those who would find this text most useful would be medical students or residents with little prior exposure to obstetrics, who could read this book in its entirety as an introduction to obstetrics. It may also be useful to practicing clinicians who do not practice obstetrics routinely and who wish to brush up on or review obstetric topics.

However, there are a number of factors that do not make the book an attractive option for the learner. Although there are several helpful flow diagrams for decision making, there are no pictures or diagrams. In particular, visual aids would be helpful in the chapters on normal delivery, malpresentations,

fetal heart rate tracings, laceration repair, and operative vaginal delivery. There are no references listed at all for chapters 19 through 32 (encompassing normal labor and delivery, complications of labor and delivery, and postpartum management), which is in sharp contrast to the use and listing of references after each chapter for the sections on preconception and prenatal care and on complications of pregnancy. Additionally, there were disturbing typographical inaccuracies in the book, ranging from numerous simple spelling errors to tables being mislabeled in several instances. (For example, macrosomia is misspelled as "macrosoma," cesarean is misspelled alternately as "cesarian" and "cesarien," and coagulopathy is misspelled as "coagulopathy" and "coagulapathy," all in the span of two pages.)

Given that the text is included in the *Current Clinical Practice* series of the publisher, it is surprising that this book did not clearly reference sources of informational points, was lacking references for approximately half of the chapters, had some out-of-date information, and omitted important content that would be expected in an obstetrics basic text. As an example, maternal serum triple screening is discussed for genetic screening; however, the newer quad screening option, which has been available for several years, is not. Nuchal thickness ultrasound measurements are also not discussed, though it is possible that particular Down syndrome screening option may not have been widely known at the time of publication. In the section on diabetes, there is discussion of the use of insulin. However, the text recommends avoidance of oral hypoglycemics, without adequate discussion of observed safe and effective use of glyburide to control gestational diabetics in recent years. For management of incomplete spontaneous abortion, dilation and curettage is acknowledged, but

medical management options, such as use of intravaginal misoprostol, are not discussed. For management of Group B strep, there was no mention of potential GBS resistance to clindamycin and resultantly no advice on utilization of sensitivity testing to guide management in those who are penicillin allergic. In the section on normal labor, there was incomplete mention of the ac-

tive management of the third stage of labor, which is proven to reduce hemorrhage.

In summary, although there is a good quantity of solid obstetrical information offered in this guide, its usefulness as a practical and dependable clinical tool is weakened by omissions of current care, typographical errors, and a format that does not always lend

itself to a rapid retrieval of high-yield information. This book may be used cautiously, if at all, by a reader desiring an introduction and overview of obstetrics. The reader would be wise, however, to verify management recommendations with a second source.

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If a Primary Care Physician is not selected, one will be assigned to you based on your zip code. Aetna is available and ready to help You may contact Aetna Member Services at 1-877-224-6857 with questions about plan benefits and features, coverage, costs, claims, and more. You will also find a wealth of information, tools, and plan resources on your Aetna member website.Â Transition of care benefits Are you receiving ongoing treatment from a provider who is not in the ACO network? You may qualify for transition of care benefits.Â CirrusMD is available at no cost for the Memorial Hermann ACO and the Texas Medical Neighborhood Plans. The Kelsey Plans also have telemedicine available for a flat fee dependent on if you want to speak with a Primary Care Physician or a specialist. Consider these figures - Primary care physicians (Family Practice, Internal Medicine, and Pediatrics) generate an average gross production of \$720,000 per year Primary care mid-levels (Nurse Practitioners and Physician Assistants) generate an average gross production of \$425,000 per year Surgeons (Cardiothoracic, Neurosurgery, and Orthopedic Surgery) generate an average gross production of \$2,300,000 per year Vacant physician and mid-level.Â Locum Tenens: As Easy as It is the flu season and your waiting room is full.Â Trend The Growing Use of Locum Tenens Providers as a Supplement To Permanent Medical Staff. Imaging Studies by Primary Care Physicians. Nuffer ZM1, Amesur NB2. 1 Medical Student IV, University of Pittsburgh School of Medicine.Â Is the ordering of imaging for suspected venous thromboembolism consistent with D-dimer result? Ann Emerg Med 2009; 54(3): 442. 13. Venkatesh, AK.Â Diagnostic Imaging in Critical Care: A problem based approach provides an up to date educational resource to enable clinicians to interpret patients imaging investigations. The book is based on a series of problems about critically ill patients. The problems which are of varying degrees of difficulty, begin with a brief clinical history followed by an image or series of images questions are asked [Show full abstract] about the images and answers provided at the end of the chapter. Laboratory diagnostics as a basis for 5p medicine. 2019 / Shcherbo Sn, Shcherbo Ds.Â Physicians play a primary role for telemedicine users and their decision to adopt a new technology is the first step for the emergence and sustainability of telemedicine networks [Cagnon et al, 2003; Croteau, Vieru, 2002].Â He argues, "The use of technology to deliver healthcare from a distance, or telemedicine, has been demonstrated as an effective way of overcoming certain barriers to care, particularly for communities located in rural and remote areas."Â The data used in this model are based on data of other products, which have already been introduced in the market. Then, the data about existing products or technologies are related to this new product. Bass model. A primary care physician (PCP) is a physician who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis. The term is primarily used in the United States. In the past, the equivalent term was general practitioner in the US; however in the United Kingdom and other countries the term 'general practitioner' is still used.