BOOK REVIEW

Telephone Medicine: A Guide for the Practicing Physician. 2002. Anna B. Reisman, MD, and David L. Stevens, MD, editors.

Approximately 25% of medical encounters take place over the phone, and studies have shown that practicing physicians feel uncomfortable with telephone medicine. In 1995, only 6% of internal medicine residency programs formally taught about telephone medicine. Despite the importance of telephone medicine in everyday practice, there has not been a good reference on telephone medicine for practicing physicians and those in training. Drs. Reisman and Stevens's book, *Telephone Medicine: A Guide for the Practicing Physician*, provides us with an excellent source. As a practicing internist, reading this book helped me to define some of the uneasiness I feel when I talk to patients over the telephone and to identify strategies to make telephone encounters more effective.

The book starts out with an introductory chapter on telephone medicine that includes the scope of the problem, its history, and challenges specific to managing patients over the telephone (including lack of physical examination, issues of privacy, and limited access to records). The second chapter, which describes the three-function model of telephone interview (determining the nature of the problem, developing the therapeutic relationship, and educating the patient and implementing the treatment plan), offers a useful framework that can be used during telephone encounters. Following this, there is an excellent chapter on legal aspects in telephone medicine that underscores the importance of careful documentation of telephone interactions, emphasizing that "lawyers tend to be deterred by good records."

The middle section of the book comprehensively reviews 13 common complaints that patients call their primary care physician about and provides evidence-based guidelines to address these complaints. The topics covered are: chest pain, abdominal pain, diarrhea, upper respiratory infections, dysuria, vaginal discharge, sore throat, headache, skin problems, emergency contraception, domestic violence, depression, and asthma. Each chapter begins with "Key Points," a 5 to 10 bullet summary of the material covered in the chapter. This is followed by a review of the differential diagnoses of the presenting complaint. Interspersed throughout these chapters in boxes are

"Special Conditions," such as one for Traveler's Diarrhea in the chapter on diarrhea. The chapters end with a flowchart/algorithm and recommendations for urgency of evaluation (emergent, same day, within 24 to 48 hours, or over telephone). Suggested dialogues are often shown in quotes and these can be very helpful. For example, in the chapter on Sore Throat, if the etiology is thought to be viral pharyngitis, possible comments to the patient include: "Your sore throat is most likely caused by a virus. Although it can make you uncomfortable, no antibiotic has been shown to be helpful for this kind of infection."

The chapter on Difficult Patients is particularly useful given that any practicing physician can identify with most if not all of the situations and scenarios described in this chapter (e.g., angry patients, rambling patients, or those with requests for narcotics). Useful strategies to address these difficult situations are offered.

The final chapters on structuring the office setting and using nurses for triaging offer sound advice for implementing telephone strategies in the office. The book ends with a chapter on teaching issues related to telephone medicine to residents. Several scripts for role play and methods for assessment are included.

The strengths of this book include the evidence-based guidelines for the clinical recommendations—the chapters are all heavily referenced. The frequent vignettes and dialogues throughout the chapters are refreshing to read and help to support the message. A related book in the field is *Telephone Medicine: Triage and Training for Primary Care*, 2001, edited by Harvey Katz, MD. Dr. Katz's book is geared more toward nurses serving a triage function with its short chapters with checklists covering many symptoms.

In summary, Dr. Reisman and Stevens's book is valuable for practicing physicians who care for adult patients, residents in training, and nurses who triage symptom calls. The book is best used as a reference and as a basis for teaching telephone medicine. Even with all our current capabilities for increased communication (including e-mail, Internet, and telemedicine), the telephone is still the most common method of interacting with patients outside of the office setting, and it is a skill that needs to be taught and mastered for effective communication.—**HELEN K. DELICHATSIOS, MD, SM**, *Department of Internal Medicine, Massachusetts General Hospital and Harvard Medical School, Boston, Mass.*