

BOOK REVIEW

BOOK REVIEW: *FRAMEWORKS FOR INTERNAL MEDICINE*

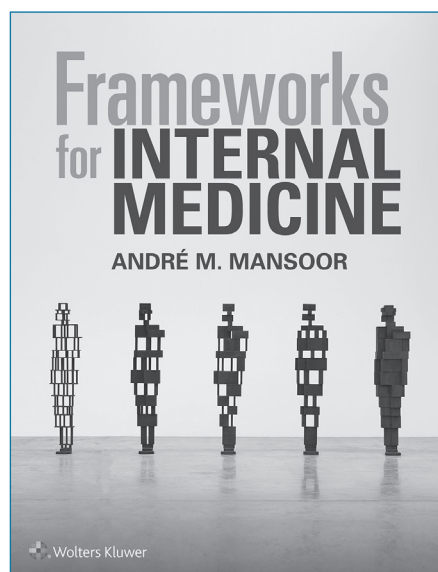
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It gives me great excitement to introduce and review the new internal medicine textbook *Frameworks for Internal Medicine* by Dr. André Mansoor for the SGIM Forum audience.¹ This incredible new book has been published by Wolters Kluwer and is available directly from the publisher as well as other sellers, including Amazon.

In the day and age of a plethora of online-based resources and changes to traditional medical school bookstore structures, why am I recommending a new textbook for you? At this time when digital-based mediums are becoming more prolific, including streaming medical school classes, this book will ground you back to the bedside.

Frameworks for Internal Medicine is a book that is centered around and simultaneously heralding the importance of diagnostic frameworks. In the preface, Dr. Mansoor reflects on learning from building differentials as a medical student, usually waiting for someone to be “right” though hitting moments of impasse when the differential could not be expanded upon. Fondly remembering a Chief Resident’s use of diagnostic frameworks, he highlights their value: “with this framework for approaching weakness, we had achieved what seemed impossible moments before” (p. vii)—permitting us to simultaneously develop broad differentials, hone diagnostic plans based on a schema, and narrow that differential based on pre-test probability. During his own time as a chief resident, he “discovered that the guidance from the framework alone was enough to result in a meaningful teaching session” (p. viii)—and now, six years later, this book is the culmination and assemblage of his desire to teach via frameworks.



The book is incredibly comprehensive, spanning fifty chapters covering the most common internal medicine pathology—structured by symptoms (e.g., dyspnea or chest pain), physical exam findings and vital sign abnormalities (e.g., edema or tachycardia), laboratory abnormalities (e.g., hypo/hyperkalemia), and diagnoses/syndromes (e.g., endocarditis or cholestatic liver injury). Each chapter utilizes flow diagrams to build schemas based on an introductory case example, followed by question-answer pairs. As each chapter progresses through its schema, layers

of additional complexity and nuance build on the early framework. If you have any question about depth and breadth of the book, let me inform you that the index alone is 21 pages long.

In the foreword, Dr. Lynn Loriaux, former chair of the Department of Medicine at OHSU, writes, “This book preserves the art of Socratic teaching...not only does the process reveal what is known but, even more clearly, it reveals what is not known” (p. vi). With this emphasis on question-answer formatting, the book will likely conjure memories of Dr. Salvatore Mangione’s great *Physical Diagnosis Secrets*.² In the true spirit of education, the book also includes an Educator’s Appendix reviewing the value of “chalk talks” and how to apply the frameworks system to such.

Now that I am well into this book review, I confess that I must admit my own bias in this piece. I have known André for just over 11 years exactly, when he was that very MS3 on his internal medicine clerkship (as he writes about in the preface) and I was an intern—we worked and learned together on the same general

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medicine team at the Portland VA. His zeal for internal medicine was infectious then, and to this day, we reminisce about memories from that stretch. I have had the utmost pleasure and privilege of watching his career trajectory take off since then, and I feel the two of us have spanned the arc of medical training experiences together—he was my intern when I was an R3 on wards, my R3 when I was a still relatively new attending on wards, and we remain colleagues in the same division. When our residency program still had every fifth overnight admitting shifts on medicine wards, we would stay awake writing notes, sharing in the excitement of patient care and learning, listening to his favorite Michael Jackson radio station. He was also the intern, both during daylight hours and on overnight admitting shifts, who would pop up to the white board at the slightest question from a student and deliver an on-the-fly chalk talk in the team room. Admission notes had a deep

dive and were often peppered with literature citations, rather than being signed quickly in a “get by” fashion.

André is still the attending who takes full advantage of the white boards scattered around the medicine units at OHSU, and it is not unusual to come around a corner to see him standing at one delivering an impromptu teaching session. His style answering pages from nurses and ancillary staff is similarly educational (and as Dr. Loriaux also points out in the foreword, when Socratic Method is used in the clinical setting, “Everybody learns. Students, teachers, and nurses learn...patients learn” [p. vi]). His track record of publishing clinical images (often accompanied by sound/video clips on the online version) of physical exam findings is proof of his ability to observe and analyze in the moment. You may also find him on Twitter as @AndreMansoor, where he has launched an image-based question of the week series.

People may talk about how this book reflects his blood, sweat, and tears over the last six years since he was a chief resident—and I can confirm that he has poured himself into this book. I cannot think of any better way for a tangible object to reflect who a clinician is at their very core. His love of learning and medicine, as well as teaching, is palpable throughout this book. I hope you will find it educational and contagious—and help you drive forward both medical education as well as clinical care.

I am sure that it will deservedly become a time-honored masterpiece, and it is beyond deserving of a place on your bookshelf.

References

1. Mansoor AM. *Frameworks for Internal Medicine*. Philadelphia: Wolters Kluwer, 2019.
2. Mangione S. *Physical Diagnosis Secrets*, 2nd ed. Philadelphia: Elsevier, 2007.

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