Lab Literacy for Doctors: A Guide to Ordering the Right Tests for Better Patient Care

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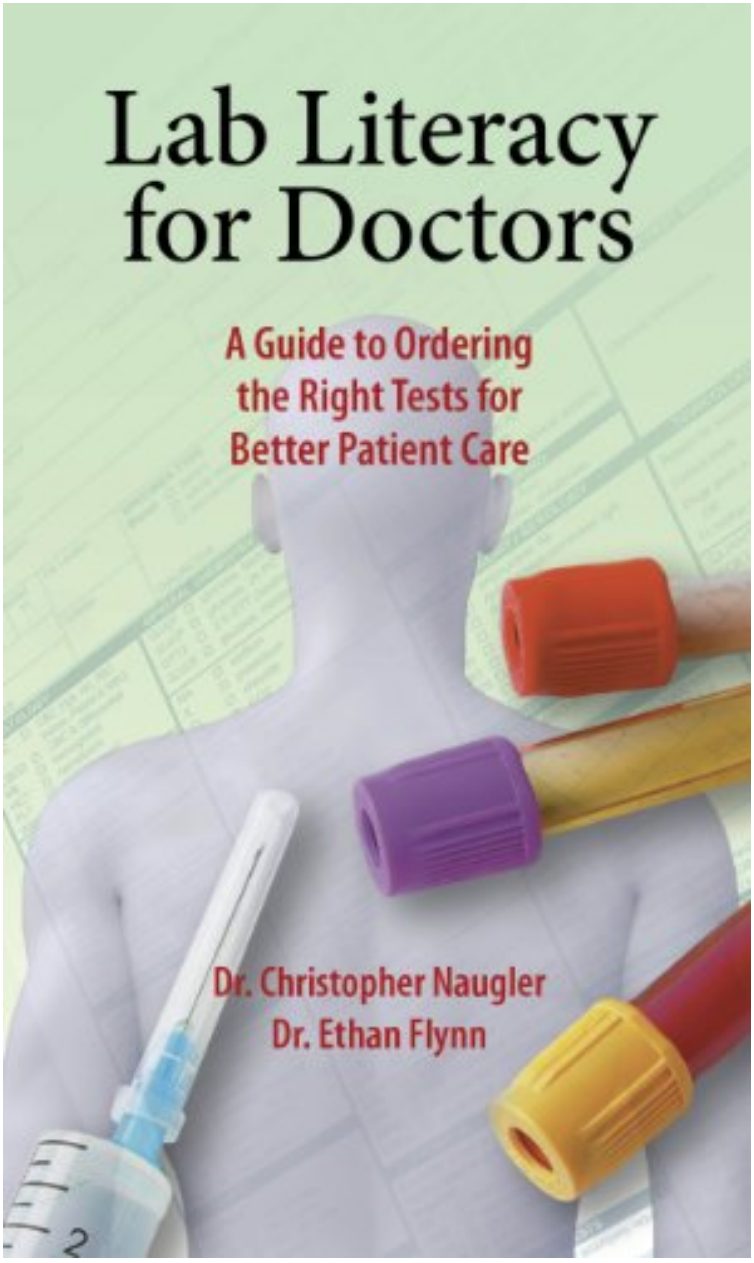

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From Brush Education : Lab Literacy for Doctors: A Guide to Ordering the Right Tests for Better Patient Care before purchasing it in order to gage whether or not it would be worth my time, and all praised Lab Literacy for

Doctors: A Guide to Ordering the Right Tests for Better Patient Care:

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Choosing wisely for better patient care. Lab Literacy for Doctors helps you make quick and efficient decisions about the right tests for typical clinical situations, thereby improving patient care. In a study published by the Journal of the American Board of Family Medicine (2014-03-01), primary care physicians reported that 15% of the time they are unsure about ordering lab tests and 8% of the time they are unsure about interpreting the results. This raises concerns about the need for more efficient and cost-effective lab test utilization. Lab Literacy for Doctors addresses these concerns in a practical, up-to-date, and easy-to-use format. Refer to this essential guide for: Diagnostic algorithms. A quick index summarizing the clinical utility of common tests. Advice and information on lab errors, false positives and negatives, and blood and tissue collection. Sections on dermatology, ENT and respiratory system, endocrine system, fatigue, GI and hepatic system, gynecology and pregnancy, routine screening, and more.

Doody : 4 Stars, 94/100 This is a great book to have handy when questioned about the most appropriate laboratory testing strategy for diagnosis or management. Your reputation as an expert consultant will dramatically increase. Get it! (Valerie Ng, PhD, MD, Alameda County Medical Center/Highland Hospital)About the AuthorChristopher Naugler, MD, FRCPC, is Associate Professor in the Department of Pathology and Laboratory Medicine and the Department of Family Medicine at the University of Calgary, and the Zone Clinical Section Chief of General Pathology with Alberta Health Services.Ethan Flynn, MD, is an anatomic and clinical pathologist with extensive clinical, administrative and teaching experience. He served in the U.S. Navy as program director of the anatomic and clinical pathology residency program at National Naval Medical Center (the Presidents hospital). He is a Diplomate of the American Board of Clinical Chemistry (DABCC), fellow of the National Academy of Clinical Biochemistry (NACB), Associate Professor in the Department of Pathology and Laboratory Medicine at the University of Calgary, and is currently the Medical Lead for Clinical Pathology, South Health Campus, Alberta Health Services.Excerpt. Reprinted by permission. All rights reserved.Introduction: Why this guide? Five years ago, new evidence about vitamin D alerted doctors to the impacts of vitamin D deficits on patient health. This drove a meteoric increase in vitamin D testing in labs across North America. At some clinics, vitamin D testing became one of the single biggest expenses in the budget for lab services. For all those tests and all that money, you would expect that doctors were at least getting useful information from the results. But they werent. Vitamin D levels are not good predictors of bone healthor other health outcomes for that matter. Patients have different underlying disease susceptibilities, and, depending on supplements, their serum vitamin D levels go up and down. So, knowing a patients current vitamin D level has dubious value. Ample evidence, however, shows the benefits of vitamin D supplements for almost everyone, regardless of their baseline vitamin D level. Therefore, a strategy of treat dont test makes eminent sense and saves valuable health-care resources for testing that actually has a clinical impact. In the setting of finite health-care resources, tradeoffs such as thisbetween clinical utility and costs of testingwill become increasingly important. As health practitioners, we share an ethical responsibility to provide good stewardship of limited health-care dollars and testing resources. Whether you are a primary-care physician or resident, a medical student, or a health professional in an allied field, you need to be lab literate: you need to know which tests have the highest yield for the clinical situations you typically encounter. Many references help you interpret lab investigations, but they dont tell you what investigations to do in the first place. This guide is about what lab investigations to do first. We outline the most efficient and cost-effective way for you to use laboratory investigations to support clinical diagnosis and management. How to use this guide The main guide The guide is organized the way clinicians think: by clinical presentation and by organ system. So, if you have a patient with a skin problem, go to the section on dermatology. If a patient presents with fatigue, go to the section on fatigue. In addition to information on lab investigations, we provide, where useful, differential diagnoses, etiologies, and summaries of signs and symptoms. We also share some pearlsparticular knowledge about lab investigations we have gathered as experts and clinicians in our fields. Lab basics Lab investigations are only as good as the specimens delivered for analysis, and lab results are only as useful as human slip-ups and margins of error allow. Find advice and information here on lab errors, false positives and negatives, and blood and tissue collection. Lab investigations index This index describes the diagnostic purpose of the lab investigations discussed in the guide, plus other common lab tests. If you need a quick check on what an investigation is for, look it up here. Whats not in this guide This guide focuses on laboratory investigations. It does not cover diagnostic imaging. It covers typical disorders and clinical presentations. It does not cover every disorder and clinical presentation, and is not meant to replace sound clinical judgement. A note about units This guide gives laboratory values in both conventional units and SI units (the International System of Units). We give the conventional units first and the SI units second. We did this to be thorough: US laboratories usually report test results in conventional units, but SI units are increasingly used in the

United States. For this reason, we felt it was important to provide laboratory values in both systems as a reference.