

Managing the Respiratory Care Department. John W Salyer RRT MBA FAARC. Sudbury: Jones and Bartlett. 2008. Hard cover. 474 pages, with CD-ROM, \$56.30.

Starting with original poetry, the author adds a personal flair that is evidenced throughout the book. This is a very focused text that deals with managing respiratory care departments. The audience for this book can range from the respiratory care student in a management class to the therapist who wants to pursue management to the established manager. Throughout the book you will find “immutable truths,” which are axioms the author has smashed into, tripped over, or had fall on his head in his journey through hospital management.

The book has 9 chapters. It starts with a simple summary of management theory and how the author learned (in some cases the hard way) to lead people, accomplish tasks, and standardize and improve the work to be done.

In a lighthearted and easy-to-read manner the author covers preparation for becoming a respiratory therapy manager, hospital organization, structuring a department, measuring department performance (both financially and clinically), staffing, billing, capital and operations budgeting, evaluating technology, and staff development.

The chapters give nice direction and discussion, but I found items in the appendix to be of great value to a manager. For example appendix B, on respiratory therapist job descriptions and performance-evaluation forms, provides examples of job descriptions for the director, night-shift supervisor, clinical educator, clinical specialist, and respiratory therapist I and II. The job functions are well defined, and the suggestions on competency measurement and performance measurement will provide even the seasoned manager with ideas on improving expectations for the entire work team by moving from the job description through the annual performance evaluation. Another useful item I believe will be valuable to the manager is in the chapter “Evaluating Technology,” where there is a nice discussion of how to evaluate marketing information, and recommendations on conducting your own technology evaluations.

Another tool, in the appendix, is a document titled “Documents Used in an Evaluation and Selection of Mechanical Ventilators,” which provides a multidisciplinary, systematic, and objective approach for purchasing mechanical ventilators.

The accompanying CD-ROM has 75 files, including, among other things, all the appendixes in the book and various tables and illustrations. The README.RTF file on the CD-ROM clearly states that the materials on the CD-ROM are for reading only, and on a single computer, and that all the materials are copyrighted and can not be modified without permission of the copyright owner.

The book is well-organized, reads quickly, and flows smoothly. You will find well-referenced facts and the opinions of the author, which are drawn from his personal experiences. Both fact and opinions are clear and allow the reader to draw his or her own conclusions. This book is lighthearted and not typical of a management book. I often found myself smiling as I read, relating the descriptions of activities that related well to my own experiences. The comprehensive index makes this a quick and usable reference for any manager’s office.

I found that throughout the book I agreed with many of the author’s observations, and, although I have been in management for more than 30 years, there were some great ideas and tools presented in ways I had not thought of, that may be of benefit to staff and services I manage.

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Diffuse Parenchymal Lung Disease. U Costabel, RM du Bois, JJ Egan, editors. *Progress in Respiratory Research* series, volume 36. CT Bollinger, editor in chief. Switzerland: S Karger. 2007. Hard cover, illustrated, 348 pages, \$206.

The book series *Progress in Respiratory Research* devoted its 36th volume to the

subject of interstitial lung disease. “Diffuse parenchymal lung disease” is one of several terms coined to group diseases that cause diffuse infiltrative lung pathology. None of the previous 35 volumes in this series focused on diffuse parenchymal lung disease. Considering the substantial evolution in the classification, diagnosis, management, and understanding of the idiopathic interstitial pneumonias, dedication of a volume to diffuse parenchymal lung disease was timely. Costabel, du Bois, and Egan, the invited volume editors, assembled an excellent roster of who’s who in the field. The book has 4 sections: general aspects, basic aspects, diseases, and special considerations.

The classification of diffuse parenchymal lung diseases has substantially increased in complexity over the last century. Chronic interstitial pneumonia was first described by Osler at Johns Hopkins Hospital in the 1890s as “cirrhosis” of the lung. Several decades later Hamman and Rich reported in *The Johns Hopkins Hospital Bulletin* the first case series of 4 patients with acute interstitial pneumonia. A fundamental step forward was the use of histopathology to classify diffuse parenchymal lung diseases, an approach pioneered by Liebow and Carrington, which was revised almost 3 decades later by Katzenstein and Myers; their work created the criteria presently used to diagnose and classify many diffuse parenchymal lung diseases. This very interesting and relevant historical recount allows the reader to better understand the recently revised American Thoracic Society/European Respiratory Society classification of diffuse parenchymal lung diseases. Clinicians and researchers will be both entertained and educated in this complex topic by reading the chapter by King, one of the field’s preeminent experts and a member of the Institute of Medicine of the National Academy of Sciences.

The remaining 5 chapters in this section carefully delineate the key components of a clinical evaluation, which include a careful occupational and environmental history, physical examination, radiographic and physiologic studies, bronchoalveolar lavage studies, and lung biopsy, when indicated. Although there is a substantial overlap in these chapters, they point us to the most efficient diagnostic approach to diffuse pa-