

Leadership for Great Customer Service: Satisfied Patients, Satisfied Employees.

Thom A Mayer MD and Robert J Cates MD. Chicago: Health Administration Press. ACHE Management Series. 2004. Soft cover, 120 pages, \$54.

Most health care professionals receive little education on the subject of customer service during clinical and didactic training. Survey the material reviewed in this section of the Journal, and you will find that the literature is almost exclusively devoted to clinical education. According to Thom Mayer and Robert Cates, however, strictly clinical approaches to medical care are insufficient. The people we treat can always be placed somewhere on a continuum between being a patient and being a customer. Customer service training, therefore, is an essential component to the quality of care we deliver.

Leadership for Great Customer Service: Satisfied Patients, Satisfied Employees is a brief, concise, and easily readable text that is based on experience and research on the subject of customer service in health care. The book focuses on issues that are particularly relevant to health care chief executive officers and managers of organizations delivering direct patient services. It is divided into 5 chapters. Chapters 1 and 2 discuss why we should be concerned with customer service in health care and why a diagnosis should be made as to whether a person is a patient or a customer. Chapters 3 through 5 discuss survival skills, such as making the customer service diagnosis and offering the right treatment, negotiating agreement and resolving expectations, and creating moments of truth. A section at the end of the book includes an extensive list of suggested readings.

The ideas presented are not revolutionary but are well framed in ways that are reasonable and intuitive. For example, Chapter 1 discusses "A" versus "B" employees, and the impact each has on the level of service delivered. "A" team members tend to be positive, proactive, confident, compassionate, communicative, team players, trustworthy, teachers, and humorous. "B" team members tend to be negative, reactive, confused, poor communicators, lazy, late,

administrative scrooges, constant complainers, and are always surprised. The authors even offer special categories for "B" team nurses and physicians, but I will let interested readers make that discovery for themselves.

Those involved in patient care will find information that is interesting and useful. The book includes anecdotes, training exercises, and discussions that are fresh and pertinent. Some readers may be disappointed that the book does not offer methods for measuring customer-service outcomes, and some may be disappointed that it is not heavily supported with statistical evidence, but the authors point out in the introduction that, although it is thoroughly researched, the book is intended as a practical guide, and they invite us to steal their work. I recommend you take them up on that invitation.

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Making Sense of Lung Function Tests: A

Hands-On Guide. Jonathan H Dakin BSc MRCP, Elena N Kourteli FRCA, and Robert JD Winter MD FRCP. London: Arnold/Hodder/Oxford University Press. 2004. Soft cover, illustrated, 155 pages, \$29.95.

Any book that starts out with an epigram by Hippocrates in Greek can't be all bad. In fact, this handy guide to pulmonary function tests is a gem of a book and will act as a primer to respiratory therapists, medical students, medical interns, residents, and other health care workers, including primary care practitioners. Its chapters are clearly written, at an introductory level, and serve as a great base for diving into more thorough texts for pulmonary trainees or supervisors in pulmonary function laboratories. The style is spare and clear. This volume is a great place to start and should always be on hand for the specialist and the practitioner.

The chapters are divided into the major subjects of pulmonary function, including spirometry, lung volumes, and diffusion

capacity; blood gases and gas exchange; and clinical exercise testing. These are the classic tests that are offered at most pulmonary function laboratories, so this portable and durable volume will also serve as a good reference point for practitioners whose patients need pulmonary evaluation.

Part 1 has sections on airflow, spirometry, provocation tests, flow-volume loops, lung compliance, lung volumes, diffusion capacity, respiratory muscle strength, and airway resistance. Each chapter is very clearly written, with key points highlighted in insets, and sharp figures and tables. The volume provides an excellent basis for teaching, to be supplemented with the lecturer's more thorough knowledge of the topic.

Part 2 covers blood gas interpretation, with clearly written sections on ventilation, oxygenation, ventilation and perfusion, hemoglobin saturation, and acid-base status. Each of the sections in this part and Part 1 have the classic clinical examples of diseases and physiologic abnormalities.

Part 3 discusses exercise testing, and Part 4 has a somewhat cursory tabular format on characteristic patterns of abnormality by disease, which could be more complete.

In this book the pressure unit is kilopascals (kPa), which is the standard unit in much of the European literature but may be a bit awkward for American readers.

In the discussion of ventilation and perfusion (on page 102, in the "key point" inset) the authors say that an increase in dead space causes a tendency to hypercapnia. They then say that a subject can compensate for this to a large extent by hyperventilation. If one subscribes to the definition of hyperventilation as hypocapnia, then that section is misleading. To maintain normocapnia with increased dead space, patients increase minute ventilation but don't usually hyperventilate. This is a physiologic distinction and an important one.

In the exercise section, on the first page, the authors use the term "significant desaturation." First, the word "significant" should be reserved as a statistical term, so "significant desaturation" is not a correct term. Second, the statement in which they used the

term is not true. Arterial oxygen desaturation can occur in high-level aerobic athletes, even at sea level, and is normal in healthy people at high altitude. I also quibble with another statement on the first page, where the authors say that desaturation in patients with pneumonia and pulmonary vascular disease occurs because of a diffusion limitation secondary to alveolar capillary thickening. Careful studies of gas exchange, utilizing the multiple inert gas elimination technique (MIGET), have shown that there is not diffusion limitation at low altitude in these patients, but areas of shunt or low ventilation-perfusion relationship.

On page 130 the authors state that a maximum cardiac output is 20 L/min. That is a low estimate of even most normal healthy individuals. They also state that diastolic blood pressure rises during exercise. In healthy individuals there is actually a widening of the pulse pressure, with either no change in the diastolic blood pressure or sometimes even a slight drop. On page 133, in the section on "heart rate reserve," they talk about the failure of heart rate to rise and don't include the possibility of certain medications such as β blockers, which may blunt the chronotropic response. Also, in the discussion of the lactate threshold the authors refer to "anaerobic metabolism," which is an archaic term nowadays. On page 134 the authors say that lactic acidosis becomes intolerable, which has been shown not to be true in subjects who had lactate infusion of the exercising muscle. The limitation and intolerance to exercise is secondary to other factors, usually inadequate perfusion of exercising muscles and or respiratory muscle fatigue.

These last points are relatively minor but need to be clarified in light of the precision of the physiologic points they are trying to make. All in all, however, I enjoyed perusing this handy and quite portable little volume.

Unlike some of the Greeks of old, who bore "gifts" to Troy, or the Delphic oracles, whose obfuscation of their prophecies made interpretation difficult, this fine volume, which begins with a Socratic quotation, is as clear as the ancient Greek scholars and will provide clarity to many students, physicians, and technicians of pulmonary medicine.

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Principles of Exercise Testing and Interpretation: Including Pathophysiology and Clinical Applications, 4th Edition.

Karlman Wasserman MD PhD, James E. Hansen MD, Darryl Y Sue MD, William Stringer MD, Brian J Whipp PhD DSc. Philadelphia: Lippincott, Williams & Wilkins. 2005. Hard cover, 585 pages, \$89.95.

Karlman Wasserman et al have released another edition of what is generally viewed as one of the standard textbooks of exercise physiology. The book comprehensively examines the fundamental principles underlying exercise testing and the means by which such tests should be conducted and interpreted, so it should be a fixture in the office of any exercise physiologist or pulmonologist running an exercise laboratory.

This new edition has 10 chapters. The first 3 chapters are devoted to developing the physiologic principles that underlie exercise performance and provide the basis for understanding exercise testing. Chapter 1 provides a broad, but brief, overview of exercise testing. Chapter 2 examines various fundamental aspects of exercise physiology, including the anaerobic threshold, control of breathing, and lactate physiology, among other topics. Chapter 3, which describes changes in acid-base status and blood gases during exercise, is an entirely new chapter, with subjects not covered in the previous editions. In Chapter 4 the editors describe the basics of exercise testing by laying out the measurements that can be made during an exercise test and their now familiar 9-panel graphical array of data derived from the testing process.

Chapter 5 then examines the pathophysiologic basis by which various disease states, including pulmonary vascular disease, ventilatory disorders, cardiomyopathies, and muscle disorders, produce exercise limitation. Chapter 6 covers the pure nuts-and-bolts issues of exercise testing by describing the equipment necessary to perform the tests, how to prepare the patient and the exercise laboratory prior to the test, and how to perform the test. Chapters 7 and 8 are devoted to test interpretation, with the former providing a discussion of normal values in exercise testing and the latter developing the textbook's well-known flowchart approach to determining the cause of exercise limitation in a given patient. After discussing the clinical applications of exercise testing in Chapter 9, the authors conclude the book with the 10th chapter and its large

array of case presentations that provide illustrative examples of exercise studies in normal subjects and a wide variety of clinical disorders.

At 585 pages, including appendixes and index, the 4th edition is slightly longer than the previous edition. The editors updated the chapter on clinical applications of pulmonary function testing (Chapter 9) by adding a discussion of end-tidal oxygen and carbon dioxide measurements, as well as a new section on cardiopulmonary exercise testing for prognostic evaluation and treatment planning in cardiomyopathy patients being considered for heart transplantation, pulmonary hypertension patients being evaluated for lung transplantation, and chronic obstructive pulmonary disease patients being considered for lung-volume-reduction surgery. This section on prognostic evaluation is a particularly useful addition to the new edition. As the indications for heart and lung transplantation expand, and as new, expensive therapies such as intravenous prostacyclin or endothelin antagonists become available to treat difficult disorders such as pulmonary hypertension, it is useful to understand the role that cardiopulmonary exercise testing can play in guiding decisions about the management of these problems. Finally, 2 new cases focusing on the impact of β -adrenergic blockade on exercise performance have been added to the 10th chapter and its collection of case presentations.

Aside from those changes, the 4th edition is not markedly different than the previous edition. With the exception of very minor textual changes scattered throughout the book, the written and graphical materials are essentially the same as in the prior edition, as are the references. Given the minimal changes in the current edition, it is hard to recommend that an owner of the 3rd edition purchase the new edition, as the additions to the updated version are not enough to justify the purchase. As well, the fact that the text has not changed substantially is somewhat problematic from another standpoint. Prior editions have been known for being accessible only to people with a strong background in exercise physiology and pulmonary medicine; the new edition's failure to substantially change the text did nothing to improve the accessibility of the book to a wider array of readers.

The book has several positive attributes. One of its greatest strengths is the manner in which Wasserman et al describe the com-