

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