

the main body of the text to strengthen the main themes from the text.

The “Mini Clini” sections give short clinical vignettes that pose clinical problems and give the solutions. The problems are well written and thought provoking. The solutions are informative and illustrative. This is a dynamite way of cultivating critical thinking in students. As an instructor, I question the need to have the solution adjacent to the problem. There are pros and cons to doing so. Presenting a problem is an ideal way to pull a reader from the passive learning mode of reading into a more active role. Placing the solution adjacent to the problem may leave the reader stuck in the passive mode. On the other hand, the solutions are meant to call out the theory from the text and illustrate the application of that theory. I can see the merits of both sides of this argument. Either way, the “Mini Clini” is a thought-provoking way to support claims made in the chapter and to help build the application and analysis skills required in respiratory care.

This text has 2 supporting elements: a workbook (reviewed below), and Elsevier’s “Evolve” learning management system Web site. Elsevier plans to launch an entire Web-based course around **Egan’s**, for which there will be an additional cost. I previewed one of the units of that online course, and found it to be a great companion to the text. Material was presented to accompany the text, and there were numerous interactive learning elements. The module utilizes text and animations that allow learners to work asynchronously. The exercises are designed relative to the 3 cognitive levels. The course also has NBRC-style questions and branching-logic clinical simulations. There are also some synchronous communication and social networking tools at Evolve. As free resources to accompany the text, Evolve also contains (as it has in the past) answers to the workbook questions and some neat links to further research. Something I found intriguing and helpful was an NBRC matrix that is indexed to the text. For instructors it features an online grade book, test bank, and presentation slides for most of the chapters in the text.

The field of respiratory care has grown up with **Egan’s Fundamentals of Respiratory Care**. Egan’s original intent to document the scope of practice and the minimum knowledge base needed for practice is still the backbone for this text. The current editors have retained the spirit of the orig-

inal aims of the book and brought it up to a level commensurate with the state of respiratory care. As with any text, there is, no doubt, already work underway that will date this edition. The editors have done an amazing job of updating and reorganizing the content to document and support the respiratory care profession in a way that will make it understandable for students and informative for practitioners. Strong use of graphic elements add tremendous value to the text, and the book’s accompanying education resources are superior.

Fred M Goglia MED RRT

Respiratory Care Program
Seattle Central Community College
Seattle, Washington

REFERENCE

1. Pierson DJ. The future of respiratory care. *Respir Care* 2001;46(7):705-718.

The author declares no conflict of interest.

Workbook for Egan’s Fundamentals of Respiratory Care, 9th edition. Robert L Wilkins PhD RRT FAARC and Stephen Wehrman RRT RPFT AE-C. St Louis: Mosby Elsevier. 2008. Soft cover, 592 pages, \$29.95.

In the preface to this 9th edition of the **Workbook for Egan’s Fundamentals of Respiratory Care**, Wehrman writes, “the problem for all health students is information overload.” This is true. With the Internet on everyone’s desktop, laptop, palmtop, and cell phone, instant access to information has become commonplace for the majority of today’s students. The problem is judging the quality of that information. How does one sort through the myriad health-related data on the Internet and decide what to trust and what to discard? Instruction to the modern student must take these facts into account. Wehrman states that one of the goals was to “help you sort out some of the information you will need to succeed in practice and to pass your board examinations.” The book professes to help answer 3 fundamental questions: What do I need to know? Why do I need to know it? and How will I use it?

The intended readership includes respiratory care students and instructors. The book has 592 pages, a soft cover, and perforated pages, which make it easy to tear

out sections, presumably for use as homework assignments. The workbook follows, almost verbatim, the outline of **Egan’s Fundamentals of Respiratory Care**. There are 7 sections (Foundations of Respiratory Care; Applied Anatomy and Physiology; Assessment of Respiratory Disorders; Review of Cardiopulmonary Disease; Basic Therapeutics; Acute and Critical Care; and Patient Education and Long-term Care), and 51 chapters.

Elsevier’s “Evolve” learning resource center (<http://evolve.elsevier.com>) provides valuable complementary materials for instructors and students, including all the answers to the workbook exercises, and a cross-reference guide that links items from a detailed content outline of the National Board for Respiratory Care (NBRC) Certified Respiratory Therapist examination to the respective content in the textbook and the workbook. The preface to the workbook states that this feature is also available for the Registered Respiratory Therapist examination, but I did not find it at the Evolve Web site at the time of this review. Elsevier has done a nice job of integrating the traditional textbook with the online environment, which will appeal to many respiratory care programs that use a similar approach to deliver course content. The modern, computer savvy student will probably find the online resources attractive as well.

Many workbooks published in conjunction with respiratory care textbooks amount to nothing more than a collection of multiple-choice/fill-in-the-blank questions. Such exercises, while somewhat helpful, are rarely engaging or interesting on their own, and rarely require the student to do more than re-read a section of text to find the answer. That type of question falls into the NBRC category of “recall,” which is the lowest of the 3 cognitive levels assessed by the national board examinations. With each new iteration of its matrix and detailed content outline, the NBRC continues to raise the bar. More questions are being written to assess the application and analysis levels of understanding expected of the new graduate, so it is important that exercises engage the student and challenge his or her understanding to this higher level of thinking. The workbook accomplishes this through an engaging tone, a variety of learning activities, and by inviting the student to explore other learning resources. It will enhance any respiratory care course.

Each chapter begins with a quotation and foreword that touches on a key point in the chapter's exercises or details an author's personal experience. For example, Chapter 25, on pleural diseases, begins, "Imagine a piece of cake enclosed in Saran Wrap. Or, if you prefer collapsed lungs, a sandwich covered in that thin, tough clear stuff that we use to store food. Thinking about pleura always makes me think of plastic wrap." This conversational tone helps attract and retain reader attention. Often the text reads as if the instructor is present, leading you through the activities. The inclusion of anecdotes and explanations helps answer the question, "Why do I need to know it?"

One aspect of a successful workbook is variety, which helps to keep the learning process interesting. This workbook does a nice job of providing several ways to test your knowledge and understanding of the subject matter. Recurring sections include "Word Wizard," "What Does the NBRC Say?," "Case Studies," and "Information Age."

Respiratory care is filled with terminology. Terms describing breathing patterns, acronyms for our professional organizations, and acronyms for ventilator modes all find their way into our everyday work. For the new student, simply learning the differences between all of these terms is daunting. Add to this the importance of applying this terminology in a meaningful way to difficult concepts and we, as educators, are faced with a difficult task. The "Word Wizard" sections cover the important task of reinforcing our profession's language. Activities under this heading include matching exercises, crossword puzzles, and fill-in-the-blank questions. These exercises always occur at the beginning of the chapter, which reinforces the importance of understanding the vocabulary before moving on to more difficult concepts.

The "What Does the NBRC Say?" sections typically include sample NBRC-style multiple-choice questions and comments regarding what is typically found on the examination (eg, how many questions on this subject). Early exposure to the NBRC-style test format is important. Students learn to tackle this type of question through practice. Though these sections are no substitute for a book dedicated to NBRC examination preparation, the handful of questions provided is a nice aspect of this text.

Each chapter also has a case studies section, with open-ended questions that require

the learner to operate on the application and analysis levels. There is space provided in the text for short answers. This type of learning, in which the student applies the textbook material to a new patient context, helps reinforce understanding and prepare the student for the NBRC clinical simulation examination and clinical practice (ie, How will I use it?).

Textbooks are at a decided disadvantage in today's health care world. As soon as they are printed, they begin to become outdated. The omnipresence of the Internet can help keep practitioners informed and up to date, but how does one sort through all that information? This workbook helps point the student in the right direction. At the end of each chapter the "Information Age" section provides one or two Web sites to explore. These are typically high-quality educational sites that have worthwhile, relevant information that complement the text.

In summary, this workbook is a well-rounded, engaging companion piece that accomplishes its stated goals. The authors speak in an engaging, conversational tone throughout, and employ a variety of learning activities that will strengthen students' knowledge and skills on the recall, analysis, and application levels. The text also points the learner to online resources, including the publisher's online learning center and other sites that are peer reviewed and routinely contain high-quality information. This workbook would be a quality addition to any program using **Egan's Fundamentals of Respiratory Care**.

Scott J Mahoney RRT

Respiratory Care Program
Seattle Central Community College
Seattle, Washington

The author declares no conflict of interest.

Emergencies in Critical Care. Martin Beed, Richard Sherman, Ravi Mahajan, editors. *Emergencies In* series. New York: Oxford University Press. 2007. Soft cover, 523 pages, \$42.95.

Emergencies in Critical Care is a handbook in the Oxford University Press *Emergencies In* series. It is intended to fit in a lab coat pocket and to be used by critical care house staff, nurses, and consultant physicians in the emergency setting.

Given the book's aim, the authors faced several formidable challenges. One of the

most important was organization. The book must be organized predictably and logically to be effective. This extends from how the information is grouped into chapters to how the information is presented on the page. In my view the authors succeed admirably in this endeavor. This is one of the main strengths of the text.

The book is divided into 2 broad sections. The first two thirds covers the standard airway/breathing/circulation/disability algorithm. One chapter is devoted to each of those. The last third of the book is organized by patient population (eg, surgical or obstetrical) and condition (eg, poisoning/overdose or infection).

The chapter heading appears on top of the right page, in large clear print, and the subject heading appears at the top of the left page. This makes it easy to quickly find information without having to rely on the index.

Most chapters begin with a few pages that give an approach to and overview of treating emergencies in whichever organ system or patient group the chapter covers. The information for each subject is presented in a consistent order. First the condition is summarized in a few sentences. Then the subject is broken down under the following headings: causes, presentation and assessment, investigations, differential diagnoses, immediate management, further management, pitfalls/difficult situations, and further reading.

The immediate management section is, in my view, the book's most important and useful feature. It is highlighted and easy to spot, and it contains concise and immediately applicable information, including information about drugs, doses, and essential points of early management. Directly following the immediate management sections there are often useful tables and charts on the subject. For example, the section on myocardial infarction features tables with thrombolysis indications and absolute and relative contraindications.

The immediate management section is followed by the further management section, which rounds out the topic once the patient is stabilized. The further management section is useful, but presents a challenge, because some of the information in these sections is controversial. The authors did a good job of offering what is viewed as common practice by the critical care community. For example, the use of steroids for sepsis is debatable, and the evidence for ste-