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Books, Software, & Other Media

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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The author reports no conflict of interest related to the content of this review.

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-

renchymal lung diseases and provide the key concepts, such as the relationship between high-resolution computed tomography appearances and macroscopic histopathology features. The limitations of these diagnostic approaches are explained in detail, which provides insight as to why controversies in the classification of diffuse parenchymal lung diseases persist despite the widespread acceptance of the current system.

Du Bois opens the book's second section with a comprehensive review of the genetic determinants of disease for sarcoidosis, systemic sclerosis, and familial and sporadic interstitial pulmonary fibrosis. At the time this book was being published, 2 research groups simultaneously reported that heterozygous mutations in the *hTERT* or *hTR* genes can appear as familial pulmonary fibrosis. Although selected mutations in surfactant protein C had previously been associated with the development of pulmonary fibrosis in single kindreds, these were the first reports of mutations in selected genes associated with pulmonary fibrosis in multiple kindreds (8% of families studied).

The completion of the human genome sequence is considered by many the single most important advance in the biological sciences, and it led to the birth of the field of genomics, which is defined as the scientific discipline that strives to characterize the complete genetic makeup of an organism. Key components of this discipline include genetics, functional genomics, proteomics, and bioinformatics. The description of telomerase mutations in familial pulmonary fibrosis is a great example of the rapid pace at which genomic studies, including classic genetic linkage analysis, genome-wide association studies, gene-expression studies with microarrays, and other "omics" sciences will improve our capability to study complex diseases such as idiopathic pulmonary fibrosis. The novel research presently being amassed with genomics approaches is not covered in **Diffuse Parenchymal Lung Disease**. Considering the rapid increases in information and shifts in technology, a future volume of the *Progress in Respiratory Research* series will be required to introduce readers to the impact of genomics respiratory research applications on this exciting new medical discipline.

The idiopathic nature and poor outcomes associated with several diffuse parenchymal lung diseases, such as idiopathic pulmonary fibrosis and granulomatous and collagen vascular diseases, is the drive behind the growing scientific interest and increased funding by governmental and private funding agencies. Three chapters discuss disease mechanisms in the development and progression of selected idiopathic diffuse parenchymal lung diseases. The proposed mechanisms are presented in a clear and concise format, and the reader is pointed to key references that give more detailed discussions of the original research findings. Behr closes this section with an overview of the evidence-based approaches to the treatment of diffuse parenchymal lung diseases, including practical recommendations on how to manage patients with primary or secondary diffuse parenchymal lung disease.

Section 3 is dedicated to diseases. Frequently encountered primary disorders such as sarcoidosis, idiopathic pulmonary fibrosis, and eosinophilic pneumonia are reviewed in depth, and numerous (> 150 causes described) secondary disorders (eg, pulmonary fibrosis in collagen vascular diseases, and drug-induced and iatrogenic infiltrative lung diseases) are grouped. There has been considerable progress in the characterization and management of less common diffuse parenchymal lung diseases such as idiopathic nonspecific interstitial pneumonia, pulmonary alveolar proteinosis, and lymphangiomyomatosis, which makes this an excellent reference book for general practitioners, pulmonary specialists, and researchers.

The rising number of older patients affected with end-stage lung disease probably reflects the improvement in early detection and treatment of cardiovascular disease and some cancers. Therefore, more physicians will encounter in their general and subspecialty practices patients who are potential lung-transplant candidates or recipients. In the fourth section, Boehler outlines general eligibility criteria for lung transplantation and the indications for referral for lung transplantation in patients with end-stage diffuse parenchymal lung disease. Important practical clinical concepts, such as the appropriate referral strategy and expected outcome after lung transplantation, are clearly presented.

In summary, **Diffuse Parenchymal Lung Disease** is a worthy addition to the *Progress in Respiratory Research* series. This an excellent reference book that reflects the substantial recent progress in the field of diffuse parenchymal lung disease. We commend the editor-in chief, the invited editors, and the chapter authors for their outstanding contributions to this important field of pulmonary medicine.

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The authors report no conflict of interest related to the content of this review.

RN Expert Guides: Respiratory Care. Rita Doyle, Jennifer Dellarossa Kowalak, editors. *RN Expert* series. Philadelphia: Wolters Kuer/Lippincott Williams & Wilkins. 2007. Soft cover, illustrated, 441 pages, $39.95.

Clinicians and teachers in allied health fields such as respiratory therapy or nursing value resources that are compact and provide accurate, high-quality information and are easily accessible at the bedside. This volume of the *RN Expert Guides* series is one such valuable resource. It introduces the practitioner, instructor, or student to the principles of respiratory medicine and provides a comprehensive yet succinct account of the full range of respiratory diseases. It is presented in a quick-reference, easy-to-follow style of the the *RN Expert* books. The explanations in the text are clarified and enhanced by abundant illustrations and tables. This book has 441 pages and 11 chapters, which cover principles and practices of respiratory care, anatomy and physiology of the cardiovascular system, assessment, diagnostic test results, respiratory disorders, emergencies, and complications, and treatments. The book uses eye-catching icons and has a very useful English-Spanish respiratory-assessment guide, and numerous diagrams, charts, graphs, and bullet lists.

In the section on anatomy and physiology the authors do a terrific job and use easy-to-read illustrations and diagrams to cover the anatomy of the respiratory system, the mechanics of breathing, gas exchange, pulmonary circulation, ventilation, pulmonary perfusion, and diffusion. There is a nice illustration of ventilation-perfusion mismatch.

Chapter 2, on assessment, has 3 major sections, which cover the patient's health history, physical assessment, and abnormal