

Critical Thinking in Respiratory Care: A Problem-Based Learning Approach. Shelly C Mishoe PhD RRT FAARC, Melvin A Welch Jr MPH RRT, Editors. New York: McGraw-Hill. 2002. Soft cover, 708 pages, \$59.95.

The editors of this book state that a major goal is to provide information and learning experiences that develop an understanding of respiratory care content based on sound clinical decision-making. The book provides strategies to enhance cognitive and practical critical thinking skills by incorporating numerous individual and group exercises. Students are asked to solve practical problems in health care and respiratory care using a problem-based learning (PBL) approach. Faculty will find several options, with instructions on the use of the textbook, to incorporate PBL. Most educators believe critical thinking is essential for all areas of respiratory care. Respiratory therapists are becoming certified case managers as the health care industry responds to managed care.

Critical Thinking in Respiratory Care includes actual clinical cases for critical analysis, patient assessment, clinical application, discussion, and decision-making. The text is well designed and each chapter includes learning objectives, key words, critical content boxes, critical thinking exercises, and an end-of-chapter list of key points. It is ideal for use in traditional pathophysiology and medical and surgical respiratory therapy courses. The book focuses on biopsychosocial aspects of cardiorespiratory disease. There are 2 major sections: Part I consists of 10 chapters that provide a foundation in PBL, critical thinking, problem solving, and selected topics that are important to understand prior to attempting to solve the problems in the case chapters (the answers to which are *not* provided). Part II focuses on the development of critical thinking skills by way of cases that deal with common respiratory disorders. The cases included are the types most likely to appear in the National Board for Respiratory Care (NBRC) examinations. The PBL instructions accompanying cases encourage students to consider that there may be more than one correct answer and perspective.

Chapters 11–23 provide an overview of respiratory diseases, disorders, and treatment options. The reader is encouraged to seek additional sources for more extensive coverage of these techniques. Most of these chapters provide very comprehensive reviews of the problems in the case studies and extensive lists of references and Internet resources. Chapter 11, “Asthma”, does a good job of providing management recommendations from the National Heart, Lung, and Blood Institute. The authors of Chapter 12, on COPD, state that “Currently, the American Journal of Respiratory and Critical Care Medicine does not recommend elective use of invasive ventilatory support in ambulatory patients with COPD and hypercapnia,” but fail to cite the article from which that assertion arises. Chapter 14, “Acute Pediatric Upper Airway Emergencies,” relies on secondary references (textbooks and Internet resources), with only one refereed journal article cited. The authors of Chapter 15, “Obstructive Sleep Apnea,” provide an excellent review covering the spectrum of sleep apnea, and students will learn a great deal from the cases studies, references, and the listed sleep study resources. The book does an excellent job of covering cases in subjects where respiratory therapists need to develop critical thinking skills. The remainder of the chapters cover cystic fibrosis, pneumonia, acquired immune deficiency syndrome, tuberculosis, congestive heart failure with pulmonary edema, management of the burn patient with inhalational injury, neuromuscular disorders, and acute respiratory distress syndrome. Overall, the chapter reviews and critical thinking exercises are excellent. Some chapters are better referenced, but they all prepare students for the case exercises. The PBL approach is one of discovery, versus a traditional textbook review of a topic. Some of the chapter authors emphasize the case studies and critical thinking exercises and limit the length of their introductions and the number of references cited.

Respiratory therapy students and faculty alike will enjoy learning more about PBL in Part I. The time spent accomplishing the material on PBL puts everyone on the same page in terms of the expectations for the critical thinking exercises. Part II will re-

mind the reader why respiratory therapy is a profession for those interested in intellectual pursuits. Usually the most knowledgeable practitioner will raise the best case-related questions. Studying the case-related review and completing the critical thinking exercises will bring the reader to a higher level of clinical practice.

The editors and authors of this book have made a major contribution to the respiratory care profession and to PBL. The major beneficiaries will be the patients treated by the respiratory therapists who use critical thinking skills. Educators will enjoy moderating critical thinking exercises and should see their students’ performance improve on the decision-making sections of the NBRC clinical simulation examination. If you add only one required text to a respiratory therapy program this year, it should be **Critical Thinking in Respiratory Care**.

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Advanced Respiratory Therapist Exam Guide: The Complete Resource for the Written Registry and Clinical Simulation Exams. 2nd edition. James R Sills MED CPFT RRT. Original illustrations by Sandra Hogan. St Louis: Mosby. 2002. Soft cover (with CD-ROM), illustrated, 456 pages, \$52.95.

Advanced Respiratory Therapist Exam Guide, 2nd edition, is a comprehensive review text designed to help those taking the National Board for Respiratory Care (NBRC) written registry and clinical simulation exams. The book begins with a brief introduction that describes the 1998 NBRC Written Registry Examination Detailed Content Outline, describes the NBRC item coding system, and explains the written registry examination’s structure and difficulty levels. Registry written item type is also described, followed by a section on test-taking hints and the relative weighting of specific content areas in NBRC written registry exams. The clinical simulation exam is explained with a description of the case scenario and the information-gathering and de-