

grams, and there are several practice electrocardiogram strips at the end of the chapter.

Chapters 11 and 12 give well-written overviews of pediatric assessment and older-adult assessment. These chapters describe the differences between those patient groups and normal adults. Chapter 11, "Assessment of Neonatal and Pediatric Patients," describes in detail the assessment challenges that children can pose, and discusses differences in communication, laboratory values, pulmonary function, and radiographs common in pediatric patients. Chapter 12 discusses the "graying of America" and the challenges that older adults pose. The chapter gives tips on communication and how the aging process can affect communication, which I think will be very useful to students and a good refresher for practicing professionals. The chapter stresses the importance of good patient-assessment skills and how crucial they are in caring for the elderly. Changes in vital signs, inspection, laboratory values, and diagnostic tests are described and give good insight on what to expect when caring for this increasing patient population.

Chapters 13, 14, and 15 cover respiratory monitoring in the intensive care unit, assessment of cardiac output, and assessment of hemodynamic pressures, respectively. Ventilation and oxygenation assessment is the primary topic in Chapter 13. Overviews of lung volumes, pressures, and flows are given as they relate to the ventilator. There is a nice overview of how to assess the patient/ventilator interface, plus examples of several basic ventilator waveforms. A selection of practice ventilator waveforms at the end of the chapter (similar to those in the chapter on electrocardiograms) would be a nice addition and would give the student reader an opportunity to practice this vital ventilator-assessment tool.

Chapter 16 is devoted entirely to flexible fiberoptic bronchoscopy. The chapter gives a brief history of the bronchoscope and then describes bronchoscopy equipment, the capabilities of the bronchoscope, and the indications for bronchoscopy, including masses, hemoptysis, pneumonia, interstitial lung diseases, and foreign bodies. The chapter has several tables and boxes that outline bronchoscopy complications and contraindications, several pictures and illustrations, and an overview of the role of the RT in bronchoscopy.

Chapters 17, 18, 19 cover assessment of nutrition, breathing, and home care. Nor-

mally, it is the registered dietitian or clinical nutritionist who assesses the patient's nutritional status and makes the nutrition plan, but Chapter 17 points out that, in patients with lung disease, nutrition has emerged as a major determinant in short-term and long-term outcomes. As the role and responsibilities of the RT continue to expand, so does the expectation that RTs understand all the factors that influence respiratory medicine, including nutrition. The chapter outlines the interdependence of respiration and nutrition. A brief but well-written section on the role of the RT in nutrition assessment stresses that nutrition assessment *can* occur during respiratory assessment.

Assessment of sleep and breathing, in Chapter 18, describes the normal sleep stages and disorders, including obstructive sleep apnea, central sleep apnea, and upper-airway-resistance syndrome. Sleep-disordered breathing in children is also discussed. Polysomnography is the accepted standard for evaluating obstructive sleep apnea, and the chapter briefly describes polysomnography and gives examples and interpretations of polysomnograms. I found it difficult to read a chapter on sleep assessment without more detailed description of treatment options such as continuous positive airway pressure and bi-level positive airway pressure and assessment of those treatments as part of a respiratory assessment. I compared this chapter to *Egan's* and *Respiratory Care Principles and Practice*, and I thought it was comparable to the one on sleep assessment in *Respiratory Care Principles and Practice*, but the latter also had a separate chapter on treatment of obstructive sleep apnea, which included assessment of the treatment tools. *Egan's*, however, includes sections on treatment and assessment in its chapter on sleep disorders. It describes interventions such as behavior modification, position therapy, and medical interventions, such as continuous positive airway pressure and bi-level positive airway pressure. *Egan's* describes adverse effects of therapy, and it gives several troubleshooting tips on the most common problems associated with the treatment options described. RTs play a crucial role in assessing sleep disorders, and good reassessment skills are critical. More and more of our respiratory assessment includes patients using positive-pressure devices, and our assessments should also include assessing the patient-interface problems that these devices can present. This increasing part of the respiratory assessment

might have warranted an additional section in Chapter 18.

Chapter 19 thoroughly describes assessment of the home-care patient, which is a rapidly growing segment of patient care. Problems encountered in the home-care setting are discussed, and the chapter gives an overview of the differences between the hospital assessment and home-care assessment. Assessment tools mentioned in the previous chapters are reviewed. Special considerations unique to the home-care assessment are also discussed. Physical and functional limitations, psychosocial evaluations, assessment of the home environment, and equipment needs are discussed. The chapter emphasizes the respiratory-care plan and the importance of follow-up.

Chapter 20 reviews documentation of the patient assessment. Three charting methods are described: SOAP (subjective, objective, assessment, plan), APIE (assessment plan intervention evaluation), and PIE (problem, intervention, evaluation). The chapter includes 3 well-written case studies that illustrate the differences between these 3 charting styles and give excellent examples from which to pick the style best suited to the individual practitioner.

Overall, the 5th edition of **Clinical Assessment in Respiratory Care** is a very-well-written respiratory assessment text. The inclusion of chapter objectives, case studies, scenarios, and review questions contributes to an accepted learning style that will benefit any respiratory care student. The tables are well designed and the illustrations are easy to interpret. Each chapter is well referenced and invites further reading. Students and health-care practitioners alike will find the book's information interesting and useful. The material is directed at respiratory care students, and by design it meets its objectives.

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Communicating in the Health and Social Sciences. Joy Higgs PhD MPHEd, Ann Sefton PhD DSc MBBS, Annette Street PhD, Lindy McAllister PhD MA (SpPath), and Iain Hay PhD MA. South Melbourne, Victoria, Australia: Oxford University Press. 2005. Soft cover, illustrated, 274 pages, \$49.95.

Each year, employers, professional associations, graduates, and national news networks remind us that the most important skill in the workplace is communication. Frequently, these reminders are followed by an assessment of the communication skills of today's workforce as something less than ideal. Academic programs and the faculties who construct them work to address this issue in the first weeks of class and throughout the students' matriculation. Finding a text that addresses the full complement of communication occurring in the health and social sciences is particularly difficult, especially when searching for one that can be used in a multidisciplinary course. **Communicating in the Health and Social Sciences** strives to illuminate the full nature of communication as well as the varied communication issues that face teachers, students, and practitioners in the health and social science fields. The authors readily acknowledge that some chapters will be of more interest to students, others to entry-level clinicians, and others to those working in health sciences and human services. While a substantial number of the chapters in Parts 1 and 2 might not be of interest to those working in the health and social science professions, the majority of the text will be useful to the student and entry-level practitioner.

The text is structured into 4 parts. Part 1 includes a brief chapter that introduces foundational communication content and the approach of the text. The second part is on communication in the academic and field-work settings; it covers the basics of academic writing style and format, with chapters that address essays, journal submission, and theses. Also included are chapters devoted to searching the literature and issues of academic integrity. In addition, this portion of the text offers content related to communication in the online environment and problem-based learning courses. Professional writing and communication are addressed in the chapters on report writing, case presentation, construction of a community health proposal, and communication with the public about health issues.

In Part 3 the authors provide a mix of the technical and practical aspects of preparing materials for presentation via posters, in-class "talks," Microsoft PowerPoint slide shows, and professional conferences.

In the fourth and final part, the authors address interpersonal communication, including communication in groups and with

colleagues, patients, clients, and caregivers. Issues relative to cultural diversity, giving feedback, clinical reasoning, and the challenges of community health communications are covered.

Overall, the material in the text is well selected and organized. The section on academic and field/clinical writing is especially strong, with the exception of the chapters on study skills and academic honesty. The study-skills chapter does not deal with communication or a communication skill. No attempt is made to make the connection between this chapter and the wider content of the text. While Chapter 3 is also relevant to the student audience, it is more consistent with the theme of the text in that it covers academic honesty with regard to written work, examinations, group work, and research. Sections of this chapter and the previous one read like a college or university handbook, not a communication text.

While the content area in the chapter on referencing and citations fits more clearly into a communication text, the approach is problematic. Sections on formatting for bibliography, quotations, and referencing a variety of sources are not really helpful, because the overview is so general. The chapter does emphasize use of the appropriate reference system for the reader's assignment or purpose. This, however, seems to make the remainder of the chapter unnecessary, given the broad generalized approach to quotations, bibliography, and source citations.

Part 3 includes a mix of material that addresses presentation styles, skills, and strategies with which the authors seek to inform the novice presenter with regard to constructing a presentation or poster. The content for the most part is strong, but three of the 6 chapters cover aspects of text style, template selection, PowerPoint slide construction, and how to construct a table or chart. This content is very technical, and most students acquire it in a computing course. There is, however, very good information on what makes a good presentation, including identifying the objective, audience consideration, plans for content/graphics, and the importance of practice. The emphasis on visiting the venue is particularly good and should be appreciated by the novice presenter.

In Part 4 the authors deal with interpersonal communication, covering topics related to communication in groups, between individuals, and within the community, and they address issues such as intercultural communication, giving feedback, and the

practitioner's roles in consulting, advocating, mediating, and negotiating. My only critique here is that the first chapter in this section would best fit as a closing chapter for the section. The chapter covers basic information regarding the purpose of groups, group processes, and member roles, and it will be especially useful in programs that heavily utilize groups.

Chapter 23 is the first in the text that substantially addresses communication in the clinical or social-services settings. The chapter covers the purposes of conversations between professionals, colleagues, patients, and other caregivers. The chart that outlines purposes and gives examples of each will be especially useful for the student entering a clinical setting for the first time. The one thing missing in this chapter is an emphasis on nonverbal communication. While it is introduced as something the student and practitioner need to be aware of, the concepts are not covered. Much of the world of nonverbal communication is new to students in entry-level courses, and many practitioners do not have a full understanding with regard to the scope of nonverbal communication and its impact on the health-care/social-service worker's ability to convey meaning. The authors did very well, however, in addressing communicating in challenging situations. Additionally, the information provided on working with people who have difficulty communicating is an important contribution to this chapter, in that it both informs the reader about physical and language barriers and provides information regarding communication with individuals using augmentative or alternative communication methods.

The concepts of advocacy, mediation, and negotiation are very well covered in Chapter 24, which is rich in content, steeped in the practical, and enhanced by cases. In addition, the authors make a very clear distinction between the role the student is likely to play and the practitioner's role. The content on consulting, however, is particularly weak, because it includes a number of paragraphs on seeking consultative advice on a college campus and only one on delivering consultative advice in the clinical setting.

The chapter on intercultural communication provides a very general overview of communicating across and within cultures, which will be useful for students and practitioners. The section on working with interpreters is a welcome addition to a communication text and is especially strong. This

is followed by a brief but excellent chapter on giving feedback, a topic that frequently challenges both students and practitioners. The authors provide context as they make it clear that giving and receiving feedback may be challenging, but it is an essential skill in the health and social-science professions.

Another topic frequently not addressed in introductory communication texts is clinical reasoning, which is addressed in Chapter 27, "Learning to Communicate Clinical Reasoning." In teaching and learning respiratory care this chapter would be particularly beneficial, as it could aid the student in understanding the importance of articulating and providing evidence for his or her clinical reasoning.

The final chapter presents the differences between working as a health-team member within the community versus within a hospital. The section on health-promotion teams is strong in content and is enriched with practical examples and tips on communicating in the community setting. Given today's emphasis on teaming in hospitals and in the community outreach, this chapter's section on working in multidisciplinary and interdisciplinary teams will be useful to both the student and the practitioner.

Strong points in this text include an emphasis on professionalism and the role of communication in one's work, how one is perceived, and accountability for skills assessment, development, and mastery. The authors also fully and seamlessly integrate descriptions and discussions of currently available communication technologies, making them part of the content, not "add-ons," as they often are in communication texts.

Another attribute is the use of the terms "health-care professional" and "human-services professional." No single profession is highlighted in the examples, sources, or content. This makes the book very useful in multidisciplinary courses. In addition, the authors consistently begin sections with a presentation of why the material is important. Students will frequently ask, "Why do we need to know this?" The authors answer that question clearly at the opening of every chapter and refer back to it throughout the text, using practical workday experiences to illustrate the point.

While the writing style is very concise, readable, and clear, several of the examples are tied specifically to Australia, the University of Sydney, and Melbourne. Given the broad content, the approach could have

been more international. In addition subtle language and spelling differences might be distracting or interfere with comprehension of some of the content.

This soft-cover book is well constructed, with a cover illustration that clearly conveys the linkage between communication and excellence in the delivery of health care and social services. The illustrations, charts, and tables are clear, appropriately labeled, and very well utilized. The "Handy Hints" and "Case Study" boxes are nice additions that highlight and expand on key information. **Communicating in the Health and Social Sciences** will be a welcomed resource to those teaching communication in the health and social sciences. In addition, I compliment the authors on achieving their goal of providing a great deal of information that is very practical and useable for both students and practitioners in the health and social sciences.

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Oxford Handbook of Palliative Care. Max Watson, Caroline Lucas, Andrew Hoy, and Ian Back. Oxford, United Kingdom: Oxford University Press. 2005. Soft cover, illustrated, 819 pages, \$42.50.

The majority of deaths in the United States continue to occur within institutions, primarily acute-care and tertiary-care hospitals. Despite recent advances in pain management, studies of hospital deaths continue to find that two fifths of all patients across all disease categories spend their last days of life in severe pain at least half the time, and almost 30% experience moderate-to-severe dyspnea. Their families also report that both they and patients find it difficult to tolerate the physical and emotional problems associated with dying. Palliative care is the provision of comprehensive care, including expert symptom management, to people with life-limiting illness, and to their families. The primary goal of palliative care is the alleviation or reduction of suffering. While the number of medical centers with formalized palliative care services has increased in recent years, the majority of care provided to people with life-limiting illness continues to be provided by clinicians who are not specialists in palliative care. The **Oxford Handbook of Palliative Care** is a concise and

well-organized reference text for both palliative care clinicians and other clinicians.

The introduction provides a brief but accurate definition of palliative care, clarifies the role of the palliative care specialist, discusses the history of palliative care, and briefly addresses some of the challenges in attempting to determine prognosis in end-of-life care. These issues are particularly important, given the wide variability in clinicians' interpretation of each one of them. Many clinicians continue to define palliative care only as care provided in the patient's last days or weeks of life. They often incorrectly refer to palliative care as "comfort care," "terminal care," or "hospice care," all of which are but small components of the overall specialty of palliative care. The introduction provides a solid foundation from which the rest of the text is built.

At first glance, clinicians seeking palliative care specific information may be tempted to skip Chapter 1, "Ethical Issues." Although the chapter does briefly review basic ethical principles, it also includes useful case examples of common ethical dilemmas. These case studies, which include the withholding of artificial nutrition and hydration, disclosing prognosis, requests from families not to discuss diagnosis with loved ones, and euthanasia, are common in palliative care. Each scenario reviews the associated ethical principles, evidence related to the case, medical facts, and discussion. While all have the potential to assist clinicians, the example related to the withholding of artificial nutrition and hydration is particularly helpful.

Chapter 2 is a brief overview of how to break bad news. This chapter will probably serve as a review for the experienced clinician, as the content is very basic. For the novice clinician it is a succinct but accurate resource for learning the basic steps of delivering bad news. Though many clinicians have learned either through didactic programs or through modeling how to deliver bad news, not all do so consistently. Any clinician responsible for delivering bad news or for teaching the process to others should consider this chapter a good, but brief, review.

I doubt that clinicians who are not specialists in palliative care will find Chapter 3 useful. This chapter is a very limited review of research concepts and terms, much of which is not palliative care specific. The last section of this chapter is the most useful, as it addresses some of the complexities