

as acid-base and fluid and electrolyte disorders. A focused review of the relevant pharmacology is presented in two chapters.

The essential techniques and principles of hemodynamic and respiratory monitoring, arrhythmia control, airway management, and mechanical ventilation are reviewed cogently and comprehensively. Discussions of ventilatory support address an extensive array of issues from initiation of mechanical ventilation to its discontinuation, including practical problems and complications, various modalities, and weaning techniques. The authors emphasize the contemporary understanding of ventilatory management and refer extensively to the relevant literature.

In the section on transfusion medicine, the authors discuss transfusion thresholds in light of the available medical evidence. The first section is rounded out with chapters on intensive care imaging, general supportive care, quality improvement, and cost control.

The second section of the book, “Medical and Surgical Emergencies,” includes discussions of a wide range of topics involving clinical syndromes and events encountered in the intensive care practice. The chapter on sepsis provides an excellent synopsis of the current medical knowledge and clinical practice. The discussion of acute kidney injury includes an excellent and useful review of the modes of renal replacement therapy.

The infectious complications of critical illness are an increasingly recognized and studied complication of the intensive care unit. The discussions of intensive care unit–related infection, including ventilator-associated pneumonia and catheter-related bloodstream infections, are terrific synopses of these areas.

Each chapter begins with a list of key points. The book is consistently illustrated with essential figures, graphs, and tables. Each chapter concludes with a succinct list of the key references.

Critical Care Medicine: The Essentials is aptly titled. The authors present an eminently concise and readable text. Medical students, residents, and fellows will love this book because it summarizes state-of-the-art practices concisely and in a manner that is not available from other sources. Nonintensivist anesthesiologists will find it a lucid, thoughtful, highly informative explication. However, they might also be frustrated by the paucity of images in the chapter on imaging, which discusses newer modalities and the key findings associated with important diagnoses. For other readers who are interested in more detailed, exhaustive reviews, I recommend seeking one of the tomes of critical care—or they may wish to sate their appetites with offerings from the peer-reviewed literature.

As an introduction to critical care, however, it is my belief that this text is without equal. A copy should be present in every anesthesia and intensive care library.

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Core Topics in Operating Department Practice: Leadership and Management. Edited by Brian Smith, Paul Rawling, Paul Wicker, and Chris Jones. Cambridge, United Kingdom, Cambridge University Press, 2010. Pages: 184. Price: \$60.00.

Core Topics in Operating Department Practice: Leadership and Management is a collection of practical topics written by experts from a variety of backgrounds. The intended audience is primarily those in managerial and leadership positions within the National Health Service (NHS) in the United Kingdom. As such, it is an excellent reference for published regulations and policies, the evolution of organizational structure and function, and corporate governance. The range of topics also includes educational offerings for those in management roles within the NHS, models for staff recruitment and retention, and specific guidelines for equipment procurement.

The publication also serves as a resource and a set of references for timely topics with a much broader appeal. Several of the contributing authors offer excellent practical guides regarding leadership in the perioperative setting. The topics range from leadership styles, team dynamics, communication, and the challenges of managing change to those of promoting evidence-based practice, implementation of a quality improvement program, and maintenance of a continuous process of improvement. Each chapter is accompanied by an excellent collection of references.

One chapter is dedicated to the description of the NHS initiative called “The Agenda for Change,” which is designed to “modernize pay and grading.” Tucked in the description are wonderful, albeit brief, discussions of two very important topics: How to conduct two-way feedback of personal performance, and how to organize a concise set of objectives and expectations for ongoing personal development after the review process. These are universal challenges for managers of large groups of employees, and these discussions are thoughtful and applicable in any perioperative setting.

Certainly, the United Kingdom is not alone when it comes to diversity among those who work in the perioperative setting and the patients for whom they care. One of several sections devoted to managing conflict in and around the operating room focuses on managing diversity (and adversity) in a workplace in which there are staff members of different cultures, ethnicities, generations, religions, genders, sexual orientation, disabilities, and health status. Much of the discussion centers on the legislative protections and prescriptive means to accommodate everyone. One cited publication from the NHS Department of Health, “The Positively Diverse Process,” provides a fresh approach. It recommends the use of mentors to “provide a spectrum of learning and supporting behaviors” to meet “the health needs of communities through the recruitment, development and retention of a workforce that reflects the diversity of the population.”

In contrast to the effective management of practices and behaviors that are apart from standard or acceptable addressed in much of this publication, “Damned if you do and damned if you don’t: Whistle blowing in perioperative practice” is a fascinating chapter concerned with identifying and reporting. It is a candid look at “whistle blowing,” which implies not only going outside the primary organization to address an issue but also escalation to NHS-governing bodies or the press when going through internal channels has failed to yield results. This is likely in contrast to many institutions in the United States that have moved from turning a “blind eye” to such problems to establishing a structured process within the hospital or medical center involving “stop the line,” reporting, peer review, and/or quality oversight to manage them. Escalation to hospital-based credentialing bodies and then on to state and federal licensing agencies is

the usual path when remediation fails to work. Press releases are generally not a part of the reporting process.

In summary, this is an interesting look at a slice of the inner workings of the NHS, including its organization, governance, and programmatic support. The authors acknowledge that the perioperative setting is distinct from many others, even those within the healthcare system, and that effective leadership is a key ingredient. To that end, they offer this guide for successfully moving the perioperative care team along a productive path for the patients for whom they care.

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