

Michael J. Avram, Ph.D., Editor

Core Clinical Competencies in Anesthesiology: A Case-based Approach. Edited by Christopher J. Gallagher, M.D., Michael C. Lewis, M.D., Deborah A. Schwengel, M.D. New York, Cambridge University Press, 2010. Pages: 486. Price: \$85.00.

How do¹ the Accreditation Council for Graduate Medical Education (ACGME) core competencies apply to the daily practice of anesthesiology? What are these competencies anyway? What are they good for? Can you list them? Can you define each of the six core competencies? These are questions that regularly face anesthesiology residents, anesthesiology residency programs, and anesthesiology faculty members who endeavor to teach in a “competency-based” manner. *Core Clinical Competencies in Anesthesiology: A Case-based Approach*, edited by three anesthesiology residency program directors, was written to address these questions specifically.

This softbound book begins by introducing the six ACGME core competencies: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Next, the competencies are expounded upon and then related specifically to the learning and practice of anesthesiology. With the competency framework defined, the reader is launched directly into the 77 case reports, divided into 6 sections, which comprise the remainder of the book. Three of the six sections consist of cases contributed by the editors’ own anesthesiology programs, Stony Brook University, University of Miami-Miller School of Medicine, and Johns Hopkins Medical Institutions. Contributions from the University of Medicine and Dentistry of New Jersey, the University of Texas M. D. Anderson Cancer Center, and the Medical College of Wisconsin form the remaining three sections. Although the cases are contributed by multiple authors from different institutions, they are presented using a fairly consistent format. Each case is presented concisely with a discussion directed at exploring the core competencies. Although some cases focus only on the competencies that are most applicable to the particular clinical situation, most examine each of the six core competencies.

The tone is humorous, often irreverent. The writing style is conversational, having more in common with a collegial discussion than with a formal case report. The cases are self-contained such that each chapter can be read either independently or in any order without lessening the educational experience. Anesthesiologists and anesthesiology residents will find much to identify with in many of the 77 clinical situations contained here. Although the style is casual and humor is often present, the focus always remains sharply on learning and applying the core competencies. Each case report is carefully dissected, and ele-

ments of the anesthetic management are placed within the structure of the six competencies. This consistent examination of the core competencies leads to some repetition but adds emphasis to their application to anesthesiology education.

A degree of ambiguity certainly exists in the structure of the core competencies. Some elements of clinical practice fall neatly into one of the competency categories. As a result, some elements are repeated several times throughout the book to illustrate a specific competency. Avoiding discussion of patients where it is possible to be overheard, for example, is frequently cited as an element of professionalism. Similarly, timely administration of prophylactic antibiotics fits well with the patient care competency and the competency language “provide health-care services aimed at preventing health problems or maintaining health.” In contrast, other behaviors are shown to fall under multiple categories. Hand washing is variously used as an example for the competencies of patient care, practice-based learning and improvement, interpersonal and communication skills, and professionalism. The challenging nature of the included cases and the humor in the presentations serve to keep the reader engaged during the process of conforming clinical situations in anesthesiology to the structure of the ACGME core competencies. Because the book is focused so intensely on the competencies, one is sometimes left wanting for further medical information, details of the anesthetic management, or clinical outcome related to a specific case. After a thorough reading, a reader is unlikely to have difficulty remembering the competencies or applying them to clinical situations.

Many of the cases presented are unusual, interesting, educational, and challenging. One particularly memorable case is presented in chapter 10. The author recounts his experience with a patient who suffered total body burns, which unfortunately resulted in death. The role the author took in caring for this patient during the last hours before death illustrates, much more clearly than competency-based language, what professionalism means.

Core Clinical Competencies in Anesthesiology: A Case-based Approach was written to assist those of us who have difficulty grasping the competencies, specifically those who have difficulty defining and applying the ACGME core competencies to the learning, teaching, and practice of anesthesiology. The book is targeted primarily at those involved in anesthesiology education, whether as a resident or in the role of teacher. There is no question that editors and contributing authors have hit their target. The reader is left with a strong understanding of the six core competencies and their application to the learning, teaching, and practicing of anesthesiology. Now about that hand washing, which competency does it fall under?

Daniel R. Bustamante, M.D., University of Tennessee Graduate School of Medicine, Knoxville, Tennessee. dbustama@utmck.edu