



BOOKS, ETC.

Simulation in Anesthesia, by Christopher J. Gallagher, MD; S. Barry Issenberg, MD. 348 pages, \$105. Philadelphia, PA: Saunders Elsevier, 2006. ISBN: 13-978-1-4160-3135-2; ISBN: 10-1-4160-3135-9.

We have all heard the phrase, “practice makes perfect.” By practicing, one gets the chance to experience mistakes, learn from the mistakes, and improve his or her skills. Unfortunately, the mistakes the medical learner makes can have dire consequences for the patient. Practicing before patient interaction is possible with the use of various human simulators and task trainers. *Simulation in Anesthesia* provides insight into applying these devices in medical education.

The companion DVD to the book contains anesthesia simulation scenarios and informational videos that provide examples of how the human simulator can be used to instruct individuals and groups. Viewing the DVD before reading the book is beneficial, because it enhances the comprehension of the scenarios described and gives the reader an understanding of the simulation environment.

Simulation in Anesthesia begins by

describing the learning atmosphere a Simulation Center strives to achieve. The authors demonstrate that, by creating various scenarios, learners are able to practice technical, critical thinking, and communication skills that are important for success in clinical practice. Being able to simulate events that rarely occur in clinical practice and the opportunity to make mistakes before patient interaction are 2 benefits participants gain through simulation.

Taking part in simulation can be a stressful experience for the learner. An entire chapter is devoted to discussing proper debriefing techniques. It is emphasized that the debriefing period is a time to “make sense of what just happened” and “to discover the thinking behind the event” in order to prevent future problems. It is not a time to demean the learner.

Simulators can range from full-service computerized anesthesia manikins to various task trainers that focus on 1 skill. The authors present a range of learning instruments available; however, the focus of chapter 3, Simulation Equipment, is to compare 2 of the most common anesthesia simulator manikins. The authors offer

detailed descriptions of the pros and cons of each and make suggestions for various props that can be used to help achieve a realistic simulation.

The majority of the book is dedicated to medical human simulation scenarios and how to effectively teach in the simulation environment. There are 50 scenarios described in the text. Each scenario presented is followed by a summary and discussion that give instruction on teaching and debriefing points.

Simulation in Anesthesia is concise, well organized, and easy to understand. The authors’ use of sophomoric humor in several of the figures is slightly distracting; however, the figures illustrate the importance of “make-believe” in simulation success. This book and DVD are excellent introductions to the field of human simulation in anesthesia. The material presented in this book and DVD is most pertinent to educators interested in starting or enhancing simulation programs.

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