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CASE FILES® Anesthesiology 麻醉学案例53例

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| ● 解剖学案例 60 例 | ● 病理学案例 50 例 |
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该丛书具有以下特点:

一、形式上, 原版图书影印, 忠实展现原版图书的原汁原味, 使国内读者直接体会医学原版英文图书的叙述方式和叙述风格。

二、内容上, 每个分册包含几十个经典案例。基础学科强调与临床的结合, 临床学科强调临床思维的培养。

三、以案例和问题导入, 互动式学习, 尤其适合 PBL (问题为中心的学习) 和 CBL (案例为中心的学习)。

本系列书可作为医学院校双语教学或留学生教学的教材或教学辅导用书, 也是医学生学习医学英语的优秀读物。在世界范围内, 该系列书还是参加美国医师执照考试的必备用书。

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DEDICATION

This book is dedicated to the Educational Scholars' Fellowship Program (ESFP), a combined effort of Baylor College of Medicine and the University of Texas at Houston, to recognize and train individuals in educational pursuits. It was at the ESFP that Drs. Conlay and Toy met, and where this book was conceived. We also dedicate this book to educators everywhere, who work so tirelessly to see that the craft of anesthesiology is perpetuated for generations to come.

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We appreciate all the kind remarks and suggestions from the many medical students over the past 7 years regarding the Case Files® series. Your positive reception has been an incredible encouragement, especially in light of the short life of the Case Files® series. In this first edition of *Case Files®: Anesthesiology*, the basic format of the other books in the series has been retained, with some unique twists to be best suited to the field of anesthesiology. Cases 1-9 are deemed "Anesthesiology 101," which reviews the basics such as machine setup, preoperative evaluation, and how to troubleshoot an intraoperative emergency. This first section grew from an initial draft of a few key concepts to 9 independent clinical cases because we wanted to ensure that students fully grasped the significance of each teaching point. The remaining cases are organized by surgical or organ system to aid the student in the general approach to physiology and pathophysiology. The case listing in the back of the book and the index will allow a student quickly to reference similar situations for the sake of comparison. The multiple choice questions have been carefully reviewed and rewritten to ensure that they comply with the National Board and USMLE Step 2 format. As with any first edition, this undertaking has required more effort, yet with the toil comes much satisfaction with the end product. We hope that the reader will enjoy learning anesthesiology through the simulated clinical cases and that this text will help in organizing the information and clinical approach in such a challenging specialty. It is certainly a privilege to be a teacher for so many students, and it is with humility that we present this book.

The Authors

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The curriculum that evolved into the ideas for this series was inspired by two talented and forthright students, Philbert Yao and Chuck Rosipal, who have since graduated from medical school. It has been a tremendous joy to work with my friend and colleague Lydia Conlay, a brilliant anesthesiologist and medical educator, and the many excellent contributors. I am greatly indebted to my editor, Catherine Johnson, whose exuberance, experience, and vision helped to shape this series. I appreciate McGraw-Hill's believing in the concept of teaching through clinical cases. I am also grateful to Catherine Saggese for her excellent production expertise. At Methodist Hospital, I appreciate the great support from Drs. Marc Boom, Dirk Sostman, Alan Kaplan, and Karin Larsen-Pollock. Likewise, without Ayse McCracken, David Campbell, and Linda Swagger for their advice and support, this book may never have been completed. Without my dear colleagues, Drs. Konrad Harms, Jeané Holmes, and Priti Schachel, this book could not have been written. Most of all, I appreciate my loving wife, Terri, and my four wonderful children, Andy, Michael, Allison, and Christina, for their patience and understanding.

Eugene C. Toy

Mastering the cognitive knowledge within a field such as anesthesia is a formidable task, especially for the new learner. It is even more difficult to draw on that knowledge, procure and filter through the clinical and laboratory data, develop a differential diagnosis, and finally form a rational treatment plan. To gain these skills, the student often learns best at the bedside (or for anesthesia, most often the operating table), guided and instructed by experienced teachers and inspired toward self-directed, diligent reading. Clearly, there is no replacement for education in the operating room or bedside. Unfortunately, clinical situations usually do not encompass the breadth of the specialty. Perhaps the best alternative is a carefully crafted patient case designed to stimulate the clinical approach and decision making. In an attempt to achieve this goal, we have constructed a collection of clinical vignettes to teach diagnostic or therapeutic approaches relevant to the field of anesthesia. Most importantly, the explanations for the cases emphasize the mechanisms and underlying principles rather than merely rote questions and answers.

This book is organized for versatility: to allow the student “in a rush” to go quickly through the scenarios and check the corresponding answers, and to provide more detailed information for the student who wants thought-provoking explanations. The answers are arranged from simple to complex: a summary of the pertinent points, the bare answers, an analysis of the case, an approach to the topic, a comprehension test at the end for reinforcement and emphasis, and a list of resources for further reading. The clinical vignettes are purposely arranged in a systematic manner to more easily allow the student to learn and integrate the mechanisms. A listing of cases is included in Section IV to aid the student who desires to test his or her knowledge of a certain area or to review a topic, including basic definitions. Finally, we intentionally did not primarily use a multiple-choice question format because clues (or distractions) are not available in the real world. Nevertheless, several multiple-choice questions are included at the end of each scenario to reinforce concepts or introduce related topics.

HOW TO GET THE MOST OUT OF THIS BOOK

Each case is designed to simulate a patient encounter and includes open-ended questions. At times, the patient's complaint differs from the issue of most concern, and sometimes extraneous information is given. The answers are organized into four different parts:

PART I

1. **Summary:** The salient aspects of the case are identified, filtering out the extraneous information. The student should formulate his or her summary from the case before looking at the answers. A comparison with the summation in the answer helps to improve one's ability to focus on the important data while appropriately discarding irrelevant information, a fundamental skill required in clinical problem solving.
2. A **straightforward answer** is given to each open-ended question.
3. An **analysis of the case**, which consists of two parts:
 - a. **Objectives:** A listing of the two or three main principles that are crucial for a practitioner in treating a patient. Again, the student is challenged to make educated "guesses" about the objectives of the case after an initial review of the case scenario, which helps to sharpen his or her clinical and analytical skills.
 - b. **Considerations:** A discussion of the relevant points and a brief approach to a **specific patient**.

PART II

An **approach to the disease process**, consisting of two distinct parts:

1. **Definitions:** Terminology pertinent to the disease process.
2. **Clinical approach:** A discussion of the approach to the clinical problem in general, including tables, figures, and algorithms.

PART III

Comprehension questions: Each case includes several multiple-choice questions that reinforce the material or introduce new and related concepts. Questions about material not found in the text are explained in the answers.

PART IV

Clinical pearls: A listing of several clinically important points, which are reiterated as a summation of the text and to allow for easy review, such as before an examination.

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SECTION I

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