**DOL Statement**

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| **Survey response** | |
| Date submitted | 2014-05-21 09:59:43 |
| Textbook that was reviewed | [Anatomy and Physiology](http://open.bccampus.ca/find-open-textbooks/?uuid=f4873e49-e09c-469e-9ee8-9f14ca5a4e00&contributor=&keyword=&subject=) |
| For what level would this textbook be appropriate? | Second Year |
| My name | Dr. Pete van Dyke |
| My Title/Position | Anatomy and Physiology Professor/Veterinarian |
| My Institution | Walla |
| Is this review the result of a collaboration with other BC post-secondary instructors? | No |
| The text covers all areas and ideas of the subject appropriately and provides an effective index and/or glossary | In general it is as comprehensive as most comparable texts on the market. The indices and glossary are very adequate. |
| How do you rate the book's overall comprehensiveness? | 5 |
| Content is accurate, error-free and unbiased. | Chapter One Fig 1.2 Not neuron cells, should be called either neurons or nerve cells Left out organelle level of organization (6 levels) Should not call the urinary bladder just the bladder as there is also a gall bladder Not all nutrients are essential for survival Use normal medical terms where you can, not latin or greek F. 1.16 Peritoneal cavity is really the wrong term Like interactive links, but are slow Chapter Two Good periodic table Really like career connections Chapter Three I prefer that you use the term osmotic instead of tonic (more accurately descriptive) Some link sites wouldn’t work or fully work Always like the disease information sections Hate the YouTube commercials/ads Like key terms and definitions Chapter Four P. 132 What glands are not epithelial in their derivation F. 4.3 Pigment cell??? Should it be labelled a melanocyte? Naming of structures is not always consistent Transitional epithelium discussion states that only the apical cells change shape with distension (most all cells flatten) F. 4.10 Good diagram F. 4.12 One slide labelled as fibroblast, the other as fibrocyte. Confusing. Explain difference if want to continue with both labels P. 147 Other fat functions? F. 4.15 Why not make the right and left directionally match in both? Like animations Are all videos United Kingdom voices? Accent may provide difficulty for some T. 4.2 Function list is incomplete Chapter Five F. 5.2 Poor drawing with no apocrine glands F. 5.3 Poor pictures that are not even the same magnification F. 5.4 Often described as when they are actually always that way, not often F. 5.5 No Langerhans cells F. 5.11 Poor and incomplete. No picture with apocrine sweat glands Nice talk about alopecia Like discussions about cancer and disease Chapter Six F. 6.3 Don’t you mean traumatic injury? P. 207 Show distinct red and yellow marrow separately and young versus old In general in this chapter I felt the wording was often poor F. 6.8 State endosteum is also alive. The medullary cavity is the best example of showing endosteum, but your example doesn’t indicate that, instead it shows area of trabecular bone and is poorly explained here T. 6.2 An articulation is where 2 or more bones meet Osteogenic Use osteoprogenitor cell too Like disease discussions Really like simplistic endochondral ossification discussion P. 223 Talk about variation in the rate of remodeling Some videos have no sound Fracture discussion Add it will “usually” heal whether or not F. 6.20 Poor artwork examples Spinal fractures are not necessarily “pulled apart” P. 227 Terrible quiz Good nutrient discussion Wish you would talk more about the function of collagen in bone. It is so important Terms Internal callus can also be bony Good review questions Chapter Seven Love F. 7.1 P. 242 Facial bones only partly enclose eyeballs This chapter seems to contain a fair amount of errors in statements P. 242 Interactive link is awesome Labels on some diagrams are fuzzy in places F. 7.7 No detailed enough and is too fuzzy with some indistinct structures F. 7.10 Data does not really grab me F. 7.11 and 7.12 are much better F. 7.13 is not great P. 251 Sutures can be and are also united by bone (synostoses) F. 7.14 and 7.15 are poor and questionable use the way they are Conchae are neither well described nor visualized F. 7.19 Poor representation that is not symmetrical Good disease discussions and pictures overall F. 7.26 Poor. Not enough contrast Chapter Eight P. 290 You mention the scapula is also called the shoulderblade, but do not say that the clavicle is also termed the collarbone Drawings are generally poor in this chapter P. 293 You should state that the trochlea/capitulum are the distal condyles and not just articulation points Like the carpal tunnel picture P. 296 State that the carpal tunnel is on the anterior side of carpus Like disease discussions Black and white drawings are not particularly good, the color are better Good career connection Nice videos This chapter especially has a lot of corrections which would make adoption difficult Like the terms/definitions/reviews/links/etc Chapter Nine Pretty happy with this chapter although some of the drawings are questionable at best F. 9.10 is good F. 9.16 Would like to see more detail of labrum and rotator cuff Some very nice videos, but the commercials/ads are painful P. 356 A “broken hip” is usually a fracture of the femoral neck Why no discussion of the knee joint capsule being incomplete F. 9.19 Hard to see F. 9.20 Not will, but can cause Chapter Ten F. 10.2 This is a poor section and/or stain technique F. 10.3 Label the myofibril F. 10.6 or 10.8 Wish carried out to propagation Like F. 10.11 P. 381 Should state that Duchenne is the most common form of MD Like F. 10.13 Like F. 10.14 P. 399 PED’s Why no discussion of anabolic steroids/blood doping/etc here? F. 10.21 Point out the intercalated discs or get a better slide for the example P. 403 Smooth muscle cells do not produce their own endomysium as is stated Like F. 10.24 F. 10.24 Not sure how you mean that dense bodies and intermediate filaments cause muscle fibers to contract. This is awkward at best. Chapter Eleven F. 11.2 Should not it say transected and removed and not dissected P. 417 State why warming up helps to prevent tendons overdistension F. 11.3 Like this a lot I like most of this chapter F. 11.11 Why go to all the trouble of labelling papillae, tongue, etc when you are discussing muscle P. 430 Everyday Connection – please use the term patent or patentcy. It is much more proper. Some figures in the chapter are very small and hard to visualize. Enlarge?? For the discussion on abdominal muscles, you need to discuss the abdominal press and its importance I like the charts, but don’t think the target and directional explanations are the best. For example it list the Biceps brachii and says it causes flexion of the forearm. That is wrong. It causes flexion at the elbow joint. Simple errors like this in the text are frustrating. Chapter Twelve F. 12.9 If unipolar are more correctly called psuedounipolar, then why don’t you label them that way? Again some links are slow, unlabeled, or don’t work for me I like the disorders discussions like about MS, but wish there were more of them Good discussion of basic neuron function Good job on topics like cell membrane potentials, AP generation, depolarization, repolarization, etc Like the homeostatic imbalances Like the disease discussions Overall I liked this chapter Chapter Thirteen Like the introduction area involving embryology at the beginning of the chapter rather than putting into separate chapter I really enjoyed this chapter even though it goes into more detail than I could ever hope to cover in my classes Most of the drawings are better than in other chapters Good disease discussions Good photographs Good introduction in cranial and spinal nerves Chapter Fourteen Okay information, but I would put much of it a special senses chapter versus the brain chapter F. 14.10 Needs much more detail This chapter is mostly good for my level of instruction I like the links when they work Like the terms and questions Chapter Fifteen F. 15.1 Fight, Flight, or Faint????? I know you discuss later Fright/Freeze, but should maybe indicate that initially F. 15.2 and 4 are not clear enough F. 15.7 Like your referred pain diagram Like the orthostatic hypotension discussion Like the drug discussion although it is at too high a level for my students generally Chapter Sixteen Good chapter that I would not change, but I don’t think it is necessary in an entry level A & P text although it could be a great reference Chapter Seventeen Are all of the links safe??? I question the security overall as you often have to open your computer for the installation of various programs. Perhaps this needs to be discussed somewhere in the book titled “internet security”???? T. 17.2 Like it Like figures 17.4 and 5 Negative feedback is well described, but positive feedback discussion is lacking F. 17.9 Would love to see a better picture with more detail P. 705 You should mention the possibility of the pyramidal lobe Like F. 17.13 and 16 F. 17.17 This is not good figure which allows good distinction of zonas Histology slides throughout text are hard to use and navigate through for an entry level student. It also requires installation o fthe Image Scope (safety concerns?) Slides need to have both labelled and unlabeled versions F. 17.19 is good Under disorders discussion. Please expand on diabetes mellitus. Say it is an epidemic that continues to grow. Be more bold in your discussion especially as it relates to weight gain and try to increase reader awareness. (Scare people about this debilitating and costly disease) P. 723 Mention ghrelin since you are talking about leptin in F. 17.18 F. 17.18 Why do you not mention thymopoietins? You only talk about thymosins. P. 725 I would like to see some more talk about the thymus and aging Good questions, terms, etc Chapter Eighteen P. 738 Hematocrit actually measures formed elements and not just the RBC’s Like F. 18.5, but platelets should really be referred to as thrombocytes everywhere and noted that they are also called platelets Poor drawing of dthrombocytes and the RBC’s are difficult to see F. 18.9 Not just sickle shapes, but many irregular or odd shapes are seen P. 753 Improper use of emigrate. They emigrate out of blood and immigrate to the site of inflammation P. 753 You should mention that granular leukocytes are commonly called granulocytes and agranulars are called agranulocytes F. 18.14 is good Good hemostasis discussion F. 18.16 Type specific antibodies are not the same as antisera really although they are obviously related P. 766 I would like to see you discuss why the terms universal donor and recipient are common and should be understood, that they are also not the best terms to use Chapter Nineteen Good discussion of CPR F. 19.7 Like it F. 19.12 Good view Good disease discussions F. 19.16 Should point out that this patient has already had chest cracked and note stainless steel sutures so students notice it F. 19.25 Love it that you actually include some key EKG abnormalities Good piece on defibrillators P. 814 S1 and S2 are caused by the turbulence caused by valve closure and not directly by the valves closing F. 19.34 Hard to read Chapter Twenty F. 20.3 is great Like T. 20.1 F. 20.6 Would love to see a 3-D animation of capillary bed and the cells it serves P. 847 disorder discussions is good F. 20.9 is good P. 850 2nd paragraph and 2nd line blood pressure, the force exerted on the blood by the vessel walls……… This is a more correct explanation F. 20.10 is good P. 851 Like the MAP discussion F. 20.11 is good P. 852 Talk about “Lub Dup” of “Lub Dub” P. 857 Good atherosclerosis discussion P. 859 Again, you talk about force blood is exerting, but it is the walls exerting the pressure on the blood itself F. 20.16 Starling’s Law of the capillaries doesn’t seem to be working here as the value from arterial to venous end is so dramatic (3 mm Hg). Most places say 1 to 2 mm Hg Like F. 20.17 and 18 P. 865 You should explain why an increase in hydrogen ion concentration is related to increases in carbon dioxide levels Like F. 20.20 Not sure that I like or agree with how you organize your types of shock, but no matter what, you need to enhance your discussion, talking not just about signs/symptoms, but also compensatory body mechanisms and what medicine can do to help Good vessel descriptions and drawings are good for basic vessel structure F. 20.43 Good, but you might want to make the portal vein a darker blue or something to contrast it more F. 20.44 You need a better drawing of fetal circulation details Chapter Twenty-one Like the photos, drawings, etc generally F. 21.17 I have seen much better figures Overall this chapter would suit my and my students needs ChapterTwenty-two F. 22.2 Not detailed enough. It is too cartoonish for my likes F. 22.3 This figure is not needed in a book at this level F. 22.4 This has a picture showing the upper airways, but they are not described in the text. Please correct F. 22.5 You state that respiratory epithelium is PCC, but that is not really how it is. Much is simple squamous and taller leading to the PCC F. 22.6 Like it F. 22.8 This does not have the best labels nor is it the best drawing P. 980 Last paragraph It also allows the food bolus easier passage as the posterior trache collapses to accommodate it Like your asthma talk Like your 2nd hand smoke discussion Like F. 22.15 P. 992 You state the volumes for TV and ERV, but not the values for IRV and RV. Be consistent F. 22.26 is good P. 1004 2nd paragraph does not make sense or is incomplete. Maybe it is just poor wording, but I had trouble following it P. 1004 Paragraph above “Hb of the fetus” It is awkwardly worded. “The more molecules that must be converted” P. 1005 Need to relate this to 2,3-DPG bonding P. 1008 Under your acclimatization talk, you need to also talk about the role of 2,3-DPG and why it is produced and what stimulates its production Chapter Twenty-three F. 23.4 Good view of the peritoneum T. 23.2 Good Again I do not like the ads on the videos and think that students will also be turned off and may not watch F. 23.6 This does not show that chemical digestion occurs in the mouth and in the large intestine???? It also fails to show that a lot of things are actually absorbed in the stomach such as water, alcohol, aspirin, electrolytes, etc. I choose this time to talk about the importance of eating when drinking alcohol to slow the absorption of the alcohol F. 23.7 and 23.8 Could they be in color? T. 23.6 I like this, but it could be simplified a bit F. 23.17 Like it P. 1045 Homeostatic Imbalances - To my knowledge the literature reports that all mature ulcers are colonized by H. pylori P. 1048 The circular folds in the S.I. also help to mix chime and increase the mixing of the enzymes with food materials T. 23.7 is good T. 23.10 is good P. 1067-68 Need to talk about fat emulsion as it relates to bile. This is incredibly important as we talk about the digestion/absorption of lipids P. 1071 Please define emulsify Chapter Twenty-four Like tables 24.1 and 2 F. 24.4 Please indicate where the pyruvate is concerted to acetyl acid (CoA) F. 24.5 It would look better if ADP◊ATP were on the right side and not in the middle. It would match the left side and the next diagram better P. 1094 Gluconeogenesis is the creation of glucose from any non-sugar source and as such you should include lipids P. 1101 Nice discussion, but it would be better if you expanded on ketoacidosis especially as it relates to diabetes mellitus I like this chapter, but do not cover this material in A & P. It is a good reference though of material covered in general biology Chapter Tweny-five F. 25.1 I would not think that this is the best or most appropriate picture for the introduction into this chapter. Maybe a water treatment plant versus a sewage treatment plant T. 25.1 is good F. 25.2 Get rid of this unless you have a good quality photograph It would also be nice to show some dissected specimens to better illustrate materials. The photomicrographs and diagrams are otherwise good Like section 25.5 Good basic physiology discussions T. 25.5 is good T. 25.6 is good and I really like the concepts I would love to see a discussion box on dialysis which talks of both hemo- and peritoneal dialysis and the guidelines associated with each Chapter Twenty-six F. 26.2 Interesting information, but the picture art is weird F. 26.11 It looks like it is pointing to the capillary bed, but it states “constrict arteriole” Good overall, but not a lot of new information versus older texts F. 26.18 Like Chapter Twenty-seven F. 27.2 Drawings are not good quality P 1212-13 Need to talk more about androgen binding protein (ABP) and not just refer to it in figure 27.8 F. 27.10 Nice perspective as you compare the views Your uterine phases differ from mine, but I know that there are a variety of ways to describe them Under birth control, you only seem to talk about hormonal control and then only briefly. Please expand on this very important topic Good otherwise Chapter Twenty-eight In general it is okay, but as mentioned throughout this review, many of the figures could really be improved upon Overall it is adequate The review over basic genetics is also nice, but I cover it in basic biology I would also like to see you talk about some of the important benefits of breast feeding |
| Overall, how do you rate the accuracy of the content? | 3 |
| Content is up-to-date, but not in a way that will quickly make the text obsolete within a short period of time. The text is written and/or arranged in such a way that necessary updates will be relatively easy and straightforward to implement. | I think that it is current in most regards and will be easily updatable in its electronic version. There is certainly plenty of depth in most areas especially for entry level A & P students. I don’t believe that it will be obsolete for several years and should remain current if updated at least every other year if not yearly or as new information become available. As noted above, there is a need for some expansion and improvement in some graphics areas. |
| Overall, how do you rate the relevance/longevity of the book? | 4 |
| The text is written in lucid, accessible prose, and provides adequate context for any jargon/technical terminology used. | Once again I think that the terminology and sentence use is appropriate for college level students. It seems to make sense and is understandable in most areas. |
| Overall, how do you rate the clarity of the book? | 4 |
| The text is internally consistent in terms of terminology and framework. | I think that you have done a good job in maintaining the flow chapter to chapter. It seems to be a very consistent writing style which one gets used to it, it flows. |
| How do you rate the overall consistency of the text? | 5 |
| The text is easily and readily divisible into smaller reading sections that can be assigned at different points within the course (i.e., enormous blocks of text without subheadings should be avoided). The text should not be overly self-referential, and should be easily reorganized and realigned with various subunits of a course without presenting much disruption to the reader. | You have definitely reached your goal of breaking it up into small sections. You do this well both will your paragraph structure, but also by adding in disease states, homeostatic imbalances, etc which make it a more pleasant read. As stated above I thought that the material really flowed well although I may have presented materials a bit differently, but that is not to say that my way is better. |
| Overall, how do you rate the modularity of the text? | 5 |
| The topics in the text are presented in a logical, clear fashion. | Topics are presented in the text in the same approximate way that I present them in class, so I am at east with the flow. The couple of things that I cover out of order do not have any negative impact on student learning. Breaks in the topics by homeostatic imbalances, etc are nice and well placed to give the student a break from reading conceptual materials. |
| Overall, how do you rate the organization/structure/flow of the text? | 5 |
| The text is free of significant interface issues, including navigation problems, distortion of images/charts, and any other display features that may distract or confuse the reader. | I have listed in some detail some of the issues that I have under items 2 & 11. But in general I believe that much of the artwork is too cartoony or rough. I don’t think that it conveys the image of what we are truly looking at to the student reading the text. I love many of the photomicrographs and photos that you use and would like it if all of the artwork was in general of a higher order. |
| Overall, how do you rate the textbook's interface? | 3 |
| The text contains no grammatical errors. | Sorry that I am not an English major, but I did pick up a couple of things. F. 5.15 Misspelled F. 12.4 You show 2 nuclei of the brain but use the singular term nucleus P. 753 Improper use of term emigrate. They emigrate from the blood and immigrate to the site of inflammation T. 22.1 Misspelled “renter” Also you should include the pneumotaxic and apneustic centers in your table P. 1057 1st paragraph and 7th line…..it should read central “veins” not vein F. 27.4 The label says seminal vesicle lobules, but in actuality it is the “seminiferous tubules” |
| How do you rate the grammar of the text? | 4 |
| The text is not culturally insensitive or offensive in any way. It should make use of examples that are inclusive of a variety of races, ethnicities, and backgrounds. | I could not see any evidence that it would be offensive to anyone in any way. Obviously talking about the reproductive system to young adults can be embarrassing to some, but there is no real way to avoid this and you do it tastefully in this text. I cannot see how it would have any other issues. |
| Overall, how do you rate the cultural relevance of the text? | 5 |
| Are there any other comments you would like to make about this book or specific updates you think need to be made? | My initial impressions of this text were very poor. I was very excited to review this as our physics professor said your physics book was one of the best he has seen. I was expecting great things and really felt letdown initially. With further reading I became more excited especially with your introductory areas, homeostasis talks, various disease discussions, review questions, glossary terms, critical thinking questions, etc. I really like a lot of what you do and if you could clean up the text, I think it could be a great AP starter text and that I would seriously consider using it. I learned some new things by reading it and really like a lot of it, but the art and some of the errors and explanations and lack of completeness in areas needs to be cleaned up. The art in so many places is so inferior to what other texts have to offer. I also know how much ancillary materials the text book publishers offer and students use. Will any of that be available here? That is a major reason why the major publishers may have a leg up on you. I have to have the ability to provide students with other resources such as quizzes, practice tests, bone and muscle guides and quizzes, histology banks, etc. |

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