# Preface

This book is intended to help students of all healthcare delivery fields and all levels of training to learn the basic concepts of interpreting electrocardiograms. While originally and primarily intended to be used by third-year medical students at The Johns Hopkins University School of Medicine, this book has also been used successfully by nurse practitioners and physician assistants who work at Hopkins as well as by nurse practitioner students in training at Hopkins.

The chapters are constructed to introduce basic themes, give examples from actual patient tracings, and then provide practice by providing self-test electrocardiograms that will reinforce the concepts taught in the chapter. Additionally, the practice tracings build on the information provided in earlier chapters as well as on the features of the current one. The citations provided in the chapters are not intended to be comprehensive. In fact, some of them are nearly 100 years old and are provided for historical interest.

The electrocardiograms shown in the book are from patients, collected over many years, and recorded in one of two ways: either as single-channel sequential tracings or, more contemporaneously, as multichannel tracings recorded and displayed in at least three leads simultaneously. I believe that seeing both types of tracings will help the student become comfortable with new tracings, as well as with those that may still be recorded one lead at a time, and with tracings from old medical records that were obtained before the simultaneous-lead methodology was developed.

One important principle for interpreting electrocardiograms is that nothing important occurs in only one beat in one lead. Important findings occur in multiple beats in multiple leads, and the leads involved are part of a group of leads that would be expected to show the same or similar changes.

An important goal of this book is to teach students the language of electrocardiograms. Like all facets of medicine, the interpretation of electrocardiograms is associated with terminology, even jargon, that has special meaning within that discipline. Becoming familiar with the terminology and the electrocardiographic appearance associated with the terms is a high priority. Clinical correlations are provided as much as applicable. On the other hand, the electrophysiological explanations for why the recordings have the appearance that they do are intentionally minimized.

While the vast majority of the tracings in this book are from my patients, I am grateful to Mr. Jim Clements, manager of The Johns Hopkins Hospital Heart Station, for several tracings that are included. Many thanks as well to my assistant, Latasha S. Graham, for her excellent work with the text, tables, and legends; to Diane Lamsback at Springer for her substantial assistance with figures and the text; and to Katherine Ghezzi at Springer for her editorial assistance.

Enjoy learning about EKGs!

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