4–5 years in institutions separate from those that provided their core PG 1–3 training.

Although Dr. Kuhn's suggestions have merit, our past history suggests that attempting to employ the CA3 year to develop perioperative specialization is likely not to be successful. Conversely, our internal medicine colleagues routinely direct individuals into 2- and 3-yr fellowships after completion of a 3-yr internal medicine residency. By restructuring the training continuum into clearly defined basic and advanced components, we may well enjoy greater success in producing the physicians that I suspect both Dr. Kuhn and I hope our trainees will become.

John D. Wasnick, M.D., M.P.H., Saint Luke's Roosevelt Hospital Center, New York, New York. jwasnick@chpnet.org

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Leadership in Postgraduate Medical Education

To the Editor:

We applaud Dr. Kuhn for her seasoned perspective on postgraduate medical education, particularly the development of innovative anesthesiology programs.[1] The paucity of physician-scientists in our specialty has been the topic of several editorials in ANESTHESIOLOGY over the past several years.[2,3] As mentioned by Dr. Kuhn, many anesthesiology programs will now be exploring ways to better train and nurture the careers of expert subspecialists and clinician-scientists through the use of innovative programs or "Scholars Programs." Clearly, one impediment our trainees face is the traditional length of the training continuum required for a subspecialty or academic career, with the associated financial sacrifice. Hopefully, programs that provide stimulating, efficient continuums of training with financial stipends will make the pursuit of an academic career more attractive. We also believe the pairing of research with clinical expertise in at least one of our subspecialties may be the ideal. A more efficient training pathway should allow our trainees to pursue subspecialty training as well as research training.

Our specialty is ideally positioned to become a leader in competency-based postgraduate medical education *via* our expertise in innovative teaching and assessment modalities such as high-fidelity simulation.[4] There is now an opportunity to compare and contrast the intensive use of high-fidelity simulation and some of the more innovative learning modalities such as self-reflective learning, problem-based learning, and the use of academic portfolios with more traditional teaching tools such as conventional lectures and faculty teaching in the clinical setting. The exploration and dissemination of "best practices" within our specialty will be needed to accelerate the learning and competency of our innovative program participants.

Faculty mentorship of young physicians has been a longstanding tradition in medicine. Ongoing professional and research mentorship by successful clinician-scientists in our specialty is likely to be an essential component of successful innovative anesthesiology training programs. One benchmark of success should be how many of these innovative program participants remain in academic anesthesiology departments and are able to successfully obtain extramural funding for their original research. We have the best clinical laboratories in medicine to conduct studies as well as promote self-reflective and practice-based learning for our trainees. These laboratories are our preoperative clinics, operating rooms, postanesthesia care units, critical care units, and pain clinics. Therefore, we have a great opportunity to attract and retain the top talent.

As implied by Dr. Kuhn, we believe that the terms "resident" and "fellow" may soon become anachronisms in the age of competency-based education. Our specialty should be one of the leaders in establishing "best practices" in postgraduate medical education and nurturing the careers of academicians. Innovative programs as described by Dr. Kuhn as well as a continued focus on educational initiatives and innovation within our specialty will be essential to our success.

Thomas E. Cox, M.D., Alex S. Evers, M.D., David J. Murray, M.D., Department of Anesthesiology, Washington University School of Medicine, St. Louis, Missouri. coxt@wustl.edu

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In Reply:

I appreciate the interest generated by my editorial[1] and the time that Dr. Wasnick and Dr. Cox *et al.* took to reply. The intent of the editorial was to stimulate discussion about our current residency and fellowship programs with the hope of creating a vision to better meet the needs of our specialty in the future.