TITLE: USING THE BUBBLE INCLINOMETER, A SIMPLE, INEXPENSIVE DEVICE, TO PREDICT DIFFICULT INTUBATIONS
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Having established that the degree of anterior laryngeal tilt (LT) was a useful predictor of difficult laryngoscopy, we sought to develop a simpler technique to determine tilt. A bubble inclinometer (BI) was purchased from Sears Roebuck and Co. for approximately $4.00 and slightly modified so that it could be placed against the anterior surface of the thyroid cartilage.

In order to assess reproducibility of measurements with the BI, eight observers measured LT on eight occasions on a single subject. Analysis of variance was performed on the results. Then, fifty patients (ASA class I and II) receiving general endotracheal anesthesia for renal lithotripsy were examined in the supine position on a horizontal surface, with no pillows under the head. LT was determined by measurements taken with the BI and compared against measurements taken with the Laryngeal Indices Caliper (LIC). Both of these measurements of 'laryngeal tilt' were then compared against graded difficulty of laryngoscopy with a #3 Macintosh laryngoscope:

Grade 1 = All of vocal cords seen
Grade 2 = Part of vocal cords seen
Grade 3 = None of vocal cords seen

Analysis of variance demonstrated good reproducibility both within and between observers. A strong positive correlation was found between the values obtained using the BI and the LIC, while both sets of results correlated well with grade of laryngoscopy (Table 1).

DIRECT (BI) vs. CALCULATED (LIC) LARYNGEAL TILT (LT)
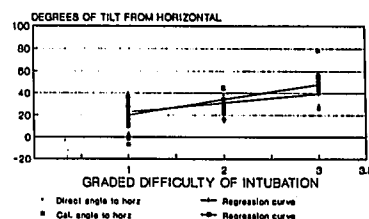
Many anatomical features have, singly or in combination, been identified as predictors of difficult intubation. Mallampati[1] pointed out that oropharyngeal appearance at the bedside provides useful information with respect to laryngoscopic appearance. Our data indicates that the BI may be used to measure LT reproducibility and non-invasively.

Reference: Mallampati SR, Gatt SR, Gugino LD, et.al.: A clinical sign to predict difficult tracheal ;intubation: a prospective study. Canad Anest Soc J 32:(41)429-434, 1985.

A1036

TITLE: FACULTY ADVISORS: MENTORS? ROLE MODELS? EMPLOYMENT COUNSELORS?
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As part of a semi-annual evaluation of our faculty advisor (FA) program, we asked residents: to identify their reasons for choosing a particular FA; if they considered their FA a role model (RM) and/or a mentor (M); and their views of FA obligations to them.

28 residents received an 11 item questionnaire which defined M as "a close, trusted, experienced guide who provides direction or influence,"[1] and RM as "an individual who serves as an example, standard, paradigm or ideal of a socially prescribed pattern or behavior corresponding to the expectations of the profession of anesthesiology and worthy of imitation or emulation."[1] The questionnaire directed residents to select separately from a supplied list desirable qualities of FAs, Ms, and RMs. Qualities included accomplishments (seniority, academic or clinical expertise), interpersonal skills (emotionally supportive, sincerity), and personality (hardworking, motivator). Additional questions determined if residents selected FAs to obtain letters of recommendation, if residents wanted/expected FAs to help them find jobs, and what influence FAs exerted on residents' choices of academic v. community practice. The chi-square statistic analyzed frequency data.

22 residents (86% – CA1=9; CA2=6; CA3=7) returned the questionnaire. Half the respondents had decided between academic and community practice, 4 (36%) of whom indicated their FA influenced their decision. One of the undecided 11 claimed the FA influenced thinking. While 16/22 (73%) wanted their FA to help them

find a job, only 12 (55%) deemed that a suitable FA task (P=NS). 16/22 respondents (73%) considered their FA a M; 16 (14 identical) considered their FA a RM. Residents chose FAs based on "sincerity" (77%) and emotional support (69%), but not seniority (31%, P<.05 v. sincerity) or the desire for a letter of recommendation (8%). Accomplishments (62%), hardworking (54%) and motivator (38%) qualities ranked intermediate. The figure displays the % of respondents attributing various qualities to Ms and RMs.
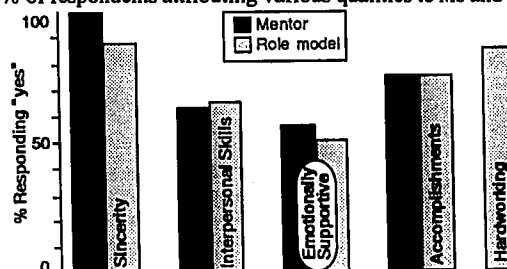
Residents identify FAs as RMs and Ms, and do not distinguish between RM and M qualities. Although FAs, RMs, and Ms are not solely linked to personality trait variables, interpersonal skills are at least as important as accomplishments in choosing FAs and identifying RMs and Ms. Residents seek emotional support and positive feedback. They also identify RMs and Ms by personality trait variables. Like others,[2] they confound RM and M qualities.

References:
1. GOVE PB (ed.): WEBSTER'S 3RD NEW INTERNATIONAL DICTIONARY. MERRIAM-WEBSTER INC., SPRINGFIELD, MA, 1986.
2. MERRIAM S: Mentors and protégés. Adult Educ Quar 33:161, 1983.