

TITLE: CLINICAL EXPERIENCE INFLUENCES THE FINAL IN-TRAINING EXAMINATION RESULTS.

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The American Board of Anesthesiology has mandated an increase in supervised training of anesthesia residents from 3 to 4 years. Additional guided experience in a clinical setting enhances competence and patient safety.

This study examined anesthesia residents who had completed their training in the years 1986-1990 and tried to relate the results of their final in-training examination (ITE) to previous academic achievement, criteria used for selection to the residency, and the total number of anesthetics administered during residency training.

Methods. The records of residents who have completed anesthesia training from 1986-1990 were examined. Demographic data, previous educational performance and experience, selection for residency information, annual ABA reports of the number of anesthetics administered, and the results of the ITE taken in the 3rd year of clinical anesthesia training were noted.

Data were subjected to uni- and multivariate statistical analyses.

Results. Of the 55 residents included in the study, 21 were female and 34 male. Preliminary

multiple linear regression analysis indicated that the results of the final ITE were related to the total number of anesthetics administered during residency training (table 1). Factors used for screening applicants and for selection into the training program had a lesser correlation with the final ITE.

Table 1.

Correlation coefficients related to the final ITE
Total anesthetics administered $r = .43$ ($p < .001$)
National Board Part I $r = .35$ ($p < .001$)

Discussion. Previous academic achievement has an effect on future performance¹. Practical experience can strengthen knowledge. Selection of anesthesia residents is based on previous achievement in high school (6-year medical school), membership in honors societies (Phi Beta Kappa and Alpha Omega Alpha), performance on qualifying examinations (National Boards Parts I and II), references and personal interviews. At completion of training, the factor most likely to have an effect on the result of the final ITE was the total number of anesthetics administered. This is congruent with the ABA's requirements of increased supervised experience in an approved residency program before the specialty certification can be obtained.

Reference.

1. Spellacy WN. The use of national board scores in selecting residents for obstetrics and gynecology. Am J Obstet Gynecol 153:605-607, 1985

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TITLE: CURRENT PERCEPTIONS OF MEDICAL STUDENTS ON ANESTHESIOLOGY AS A CAREER

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Introduction. Medical student exposure to anesthesiology, and the timing of this exposure, has major importance in the student's future choice of specialty [1]. The most recent published survey of medical students' perceptions about anesthesiology is now over 10 years old.

Methods and materials. A survey form was prepared and distributed to 800 medical students. Some survey questions were closely patterned after those of Levin, Friedman, and Scott [1]. The questions asked if the student was familiar with the responsibilities of an anesthesiologist and if the student was considering anesthesiology as a specialty. The student could then choose "true" or "false" for a number of statements about the practice of anesthesiology. (See Table 1.) The student could then circle which other specialties he or she would choose before anesthesiology. (See Table 2.)

Results. Of the 800 surveys, 166 were returned (20.8%). Of the 166 respondents, 111 (66.9%) indicated that they were familiar with the duties of an anesthesiologist. Thirty-seven respondents (22.3%) were considering anesthesiology as a career. The results of the statements about anesthesiology are shown in Table 1, and the results of specialties that would be chosen before anesthesiology are shown in Table 2.

Discussion. Medical students continue to have many of the same concerns as in the earlier study cited above. Although we are heartened by number of students who show an interest in anesthesiology as a career, our suspicion is that most of them will choose something else before entering the residency matching program. It remains a dilemma to portray anesthesiology in a more accurate light to the current generation of medical students.

Table 1. Number (Percent) of Respondents Who Felt the Following about Anesthesiology:

Not intellectually challenging	30 (18.1%)
Not concerned with primary care	117 (70.5%)
High malpractice premiums	147 (88.6%)
Anesthesiologists are not impressive as physicians	33 (19.9%)
Boring	91 (54.8%)
Low status	31 (18.7%)
Nurses can do same job	32 (19.3%)
Anesthesiologists are dominated by the surgeon on the case	81 (48.8%)
Anesthesiologists are mainly technicians	73 (44.0%)
Most Anesthesiologists are foreign medical school graduates	15 (9.0%)
Most anesthesiologists are overpaid for what they do	52 (31.3%)
Anesthesiology is a competitive residency to get into	117 (70.5%)

Table 2. Number (Percent) of Respondents Who Would Choose the Following Specialties Before Anesthesiology (Respondents could choose more than one specialty)

Internal medicine	110 (66.3%)
Surgery	85 (51.2%)
Family medicine	99 (56.0%)
Radiology	59 (35.5%)
Pathology	25 (15.1%)
Psychiatry	32 (19.3%)
Pediatrics	82 (49.4%)

1. Anesth Analg 58:201-207, 1979.