

■ REPORTS OF SCIENTIFIC MEETINGS

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14th Annual Fall Meeting and Workshops of the Society for Education in Anesthesia. San Diego, California, October 17, 1997.

The 14th Annual Fall Meeting and Workshops of the Society for Education in Anesthesia (SEA) was held at the Marriott Hotel in San Diego, California on October 17th, 1997. It was entitled "Educational Strategies: Preparing for the New Millennium" and had the objective to create a forum to discuss how academic anesthesiology departments are being innovative on three educational levels: medical student, resident, and continuing medical education. The goal was to stimulate educators to keep their departments vital in the coming years.

The first panel was entitled "What's New in Medical Student Education?" Dr. K. King reviewed the results of a SEA survey of medical student clerkships. She focused on the courses and rotations available to medical students within the 65 responding institutions. Dr. J. Tome discussed the opportunities to integrate a variety of anesthesia simulators into curricula, including computer programs, static models, and full-scale human patient models. Dr. M. Gendelman offered suggestions regarding the introduction of problem-based learning into medical student clerkships, and Dr. R. Schell explained the logistics of integrating multiple care centers into a single medical student rotation. The advantages of creating a multi-site program include decreasing student overcrowding, increasing personalization of educational training, and offering the responsibility of educational training of students to a greater number of faculty. Dr. S. Curry described the trend in medical student education of having clinical correlations to basic science courses and showed the opportunity for anesthesiologists to become involved in the first 2 years of medical school curriculum in anatomy, pharmacology, and physiology courses.

The second panel addressed resident issues. Dr. C. McLeskey offered his insights into the necessity to train anesthesiology residents to become perioperative physicians. Along with traditional curriculum, he foresees our obligation to mentor our trainees about ways in which they can succeed in today's economic environment, including teaching about the development of cost-effective approaches to provide high-quality health care and perioperative management strategies. Dr. S. Schartel reviewed the result of a SEA survey on resident evaluation. He collated and described the methods of evaluation, techniques of offering feedback to residents, and the remediation criteria and policies of 124 resident training programs that completed the questionnaire. Dr. D. Reich discussed the results of his FAER-supported study, which looked at the relationship of personality, trait-anxiety, and vigilance measures to anesthesiology resident clinical performance. Although there were a few statistically significant correlations that were identified, none were not strong enough to support the use of the tools to predict resident competence. The changes in the medical marketplace that have led to the development of combined degree programs (*i.e.*, training anesthesiologists for careers as physician-executives in health care management or preparing anesthesiologists for careers as academic investigators) were reviewed by Dr.

D. Ward. He discussed the alteration of traditional residency training to accommodate course work to complete a dual degree and opportunities available to graduates of such programs.

Addressing new educational strategies for academic faculty was the focus of the third panel. Dr. S. Polk briefly described the Accreditation Council for Graduate Medical Education (ACGME) requirements for accrediting an activity to introduce those academic faculty interested in organizing CME activities for their own organizations to the process. With increasing clinical obligations and budgetary constraints, a need for the creation of clinical research organizations (CRO) has been established, with the purpose to expedite the acquisition and implementation of research projects. Dr. J. Kaplan described the establishment of a CRO and its function within an expanding medical network. In response to and in a joint venture with the New York State Board of Health's Office of Professional Medical Conduct (OPMC), the New York State Society of Anesthesiologists has developed a Remediation Program in Anesthesiology for physicians ordered into retraining by the OPMC. Dr. K. Abrams described his experience as a member of the committee that developed this program and offered such programs as a new forum for educators to become involved as mentors of their peers. Dr. J. Ammon explained the circumstances that led to the need for a recertification examination in anesthesiology. The format and assembly of the examination were discussed as was the potential for the progression from voluntary to mandatory testing.

Workshops are a highly anticipated aspect of all SEA meetings. Small-group interactions allow for in-depth exploration of a variety of current issues of interest to anesthesiology educators. Drs. D. Waisel and G. Van Norman introduced the model ethics curriculum for anesthesia residents developed by the American Society of Anesthesiologists Committee on Ethics for use by those anesthesia faculty teaching ethics, and they showed how case-based discussions can be used to teach analysis and resolution of ethical problems. Dr. M. Olympio defined the affective domain of learning, one in which students use their emotions, feelings, and convictions to maximize learning as an integral part of education. He revealed how debate can be used as an tool to intensify affective learning. Dr. G. Berger reviewed the recent changes and institutional and specialty-specific requirements for residency education in anesthesiology, as described in the guidelines created by the ACGME. He discussed methods to implement these changes into a residency training program and gave his recommendation to prepare for a resident review committee on-site visit by creating a year-long timeline. The issue of training residents to become academic faculty was addressed by Dr. B. Mets, who described a process to identify candidates and the curriculum changes that enable them to succeed in academic careers. Two workshops explored simulation in teaching. Drs. L. Henson, R. Steadman, and A. Lee introduced the concept of the "standardized patient" and discussed the creation of cases/scenarios for this technology. Drs. A. Schubert and K. Steckner considered methods to measure the effectiveness of simulators as teaching tools.

This meeting was notable for the presentation of the first annual SEA/DUKE Prize for Excellence and Innovation in Anesthesia Edu-

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cation. The Department of Anesthesiology of Duke University generously provided a \$5,000 grant to be awarded annually to an individual who has made a substantial contribution to education in anesthesiology. The first recipient was Philip Liu, M.D. Dr. Liu was at the forefront of the introduction of a problem-based format into medical student curricula and is also responsible for the creation and implementation of the highly successful Problem-Based Learning Discussion program at the Annual Meeting of the Ameri-

can Society of Anesthesiologists. Dr. Liu was a founding member and first President of SEA.

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