REPORT OF SCIENTIFIC MEETING

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Society for Education in Anesthesia Annual Fall Meeting and Workshops. San Francisco, California. October 13, 2000.

The 2000 Annual Fall Meeting of the Society for Education in Anesthesia (SEA) was entitled "Reflections & Projections 2000: Revisiting Unresolved Issues & Greeting New Challenges." The meeting had several major objectives. The first objective was to address the unresolved issue of maintaining operating room efficiency while continuing to train medical students and residents in anesthesiology as the practice of medicine. The second was to address methods of effective presentation of continuing medical education for the practicing physician from a practice improvement and healthcare outcome point of view. The third objective was to address the cultural challenges faced both abroad and in our training programs in the United States. The final objective was to provide a workshop forum for discussion of specific problems educators encounter in teaching while practicing anesthesiology. These problems included cultural challenges, educator motivation and burnout, effective teaching of regional anesthesia, and management of the personal stress we face as simultaneous educators and practitioners.

Ronald MacKenzie, D.O., President, American Society of Anesthesiologists (Mayo Clinic, Rochester, MN), delivered the keynote address, entitled "Challenges to the Profession of Anesthesiology—Past, Present and Future." Dr. MacKenzie discussed an issue of importance to all anesthesiologists, both academic and private practitioners—that is, the Health Care Financing Administration regulation eliminating the Medicare physician supervision requirement of certified registered nurse anesthetists. The position of the American Society of Anesthesiologists, fully supported by the American Medical Association, is that anesthesiology is the practice of medicine, not nursing. He further discussed indications that the safety of anesthesia today is a direct result of research spearheaded by physician involvement; senior citizens overwhelmingly support continued physician involvement; and an outcomes study[1] clearly shows a significant increase in mortality (by 1 in 400) when nurse anesthetists are supervised by physicians who are not anesthesiologists compared with physicians who are anesthesiologists. This difference is magnified when there are anesthesia-related complications requiring intensive care treatment (1 in 145).

Dr. MacKenzie was followed by a panel of three speakers who addressed the challenge of maintaining operating room efficiency while effectively training medical students and residents in the practice of anesthesiology. Marcelle Willock, M.D., M.B.A. (Boston University School of Medicine, Boston, MA), posed the question "Is faster turnover better care or teaching an excuse for slower care?" and focused on thoughtful, appropriate operating room assignments, both for faculty and for residents. Appropriate evaluation and feedback techniques with emphasis on safe, efficient organization and preparation as a critical factor in clinical competency should be used. The theme John Wasnick, M.D. (Montefiore-Einstein Heart Center, New York, NY), presented was titled "No Margin, No Mission," *i.e.*, if academic health centers do not survive financially, there will be no teaching mission to discuss. Several strategies suggested for an academic department of anesthesiology emphasized rewarding skillful and efficient clinicians, encouraging collaborative clinical research efforts with surgeons and other colleagues, and engaging in "collaborative efforts to promote throughput." Gary Loyd, M.D. (University of Louisville, Louisville, KY), presented a historical perspective of cost accounting borrowed from the manufacturing and service industries and then described two different methods of cost accounting, functional-based and activity-based. The methodology of activity-based cost accounting is less traditional and involves attention to the concepts of resources, activities and products, and assigning primary and secondary costs to activities. Many successful industries have converted to activity-based cost accounting, and Dr. Loyd suggested that it may be financially beneficial for academic departments to become familiar with and use this technique.

This year's SEA/Duke Award for Excellence and Innovation in Anesthesia Education (funded by Duke University) was presented to Charles McLeskey, M.D. (Abbott Laboratories, Abbott Park, IL), for his significant contributions to anesthesia education. Dr. McLeskey offered several suggestions for a successful career, including promotion of talent in others as well as oneself, use of repetition to conquer fear (*i.e.*, public speaking), resistance of loss of self esteem or vision by nonconstructive criticism, use of teamwork, and the achievement of an appropriate balance between a professional career and family life.

Alan Jay Schwartz, M.D., M.S.Ed. (St. Luke's-Roosevelt Hospital Center, New York, NY), presented "The Didactic Approach to Continuing Medical Education." Dr. Schwartz discussed a literature review study[2] that addressed the questions of the overall effectiveness of formal continuing medical education, the conditions of its effectiveness, and what is most effective in changing physician performance and healthcare outcomes. The conclusions presented were that didactic continuing medical education has no effect on performance change, but active learning continuing medical education delivered in a longitudinal or sequenced manner, along with methods to facilitate implementation, does affect performance.

Roger Eltringham, M.B., Ch.B., F.R.C.A. (Gloucestershire Royal Hospital, Gloucester, UK), then described "Anesthesia Problems in the Developing World." As a member of the World Federation of Societies of Anesthesiologists Education Committee, Dr. Eltringham explained his role as supervisor of the teaching program in Africa. The World Federation of Societies of Anesthesiologists has concluded that African problems must, in the long term, be solved by Africans themselves, and several forms of educational assistance have proven useful for enabling Africans to do so. These include visiting lecturers to the developing world who can commit for months or years or as part of an ongoing program, such as the Overseas Training Program of the American Society of Anesthesiologists. Another program includes planned visits of anesthetists from these areas to hospitals in participating countries in the developed world. These visits must be goal-oriented and of limited duration to ensure return to the developing environment. A third method involves the distribution of literature, including education packages containing textbooks; refresher course lectures and teaching video tapes; the free distribution of the journal *Update in Anaesthesia*, available in five languages; and the donation of current journals to colleagues in the developing world. The final method involves the organization of anesthesia refresher courses, consisting of lectures, tutorials, demonstrations, and group discussions, which last 3–5 days. He also mentioned the organization World Anaesthesia, which provides an extensive network of contacts enabling individual members to channel their volunteer efforts effectively.

The final plenary speaker, Joseph Betancourt, M.D., M.P.H. (Weill Medical College of Cornell University, New York, NY), discussed "The Cross-Cultural Curriculum." The curriculum consists of five modules, including basic concepts, core cross-cultural issues, the meaning of the illness, the social context, and negotiation. Innovations that have been used at his institution include the use of cases developed for problem-based learning discussion, videotapes of simulated cross-cultural doctor–patient encounters, and the use of actors for cross-cultural medical interviewing. Using open-ended surveys, resident learners evaluated these methods as very effective and useful. The effectiveness of the media and medical literature in raising awareness of the importance of "cultural competence" and the feasibility of integrating a cross-cultural curriculum in standard medical training were additional lessons learned from these surveys.

In keeping with the philosophy of the effectiveness of active *versus* passive learning, the meeting venue offered six workshops. Three of the workshops, presented by Kathy Schlecht, D.O. (Henry Ford Hos-

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pital, Detroit, MI), Berend Mets, M.B. Ch.B., Ph.D., F.R.C.A., and Saundra Curry, M.D. (both of the College of Physicians and Surgeons of Columbia University, New York, NY), offered the common themes of motivation, stress management, and burnout. The major counter to prolonged excessive stress (*i.e.*, burnout) is the development of an attitude of psychologic hardiness, which includes three aspects: the ability to accept change as a challenge, a feeling of commitment and therefore personal involvement, and a sense of personal influence. Additional techniques to help manage stress include setting both long-range and short-term goals, coupled with the use of effective time management and prioritization of time-consuming activities, to achieve the set goals. While managing daily stressful interactions, one should focus on his or her reaction to negative behavior rather than constantly trying to change the behavior of others. The final valuable advice offered by Dr. Curry was that participants should take time for themselves and get involved in an activity (*e.g.*, a hobby) that "makes one's spirit soar."

In a workshop led by Dr. Betancourt, the participants learned techniques for teaching cultural competence. It became clear from case presentations using young family members to translate for adults that reasons why patients refuse appropriate treatment are more complex than simple language barriers and are likely related to cultural differences. A simple but appropriate method of questioning can frequently transcend these barriers leading to a better patient–physician interaction and patient outcome.

A unique workshop conducted by Melissa Davidson, M.D. (University of Medicine and Dentistry of New Jersey, New Jersey Medical School, Newark, NJ), offered effective techniques for teaching residents communication skills. Using difficult intraoperative case scenarios that required effective communication with the surgeon, participants first solved the immediate communication problem. They then discussed the many factors, including cultural, contributing to a resident's specific response and finally learned techniques for helping the resident recognize and correct communication deficiencies.

Meg Rosenblatt, M.D. (Mount Sinai Medical Center, New York, NY), offered her insights into the effective teaching of regional anesthesia. Reliable success requires a minimum number of procedures. The teacher of regional anesthesia is one who helps prepare the resident to successfully perform a procedure and accomplishes this by explaining the procedure in detail, enforcing the explanation with models, books, and so forth, helping the resident to perform the procedure and then reinforcing the performance with feedback and discussion.

At the conclusion of the meeting, participants had gained a better understanding of issues underlying our educational mission. Many felt encouraged to incorporate ideas presented at the meeting into their teaching practice. New ideas were also easily generated for future meetings.

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References

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