

P-3

**RESEARCH: AN INNOVATIVE TOOL FOR INITIATING AN OBSTETRIC ANESTHESIA SERVICE** *Owen, M.D.<sup>1</sup> Sabin, S.<sup>2</sup> Uckunkaya, N.<sup>2</sup>*

1. Anesthesiology, Wake Forest University School of Medicine, Winston-Salem, NC; 2. Anesthesiology, Uludag University Medical Faculty, Bursa, Turkey **Introduction:** Prior to 1998, regional anesthesia (RA) was uncommon for vaginal and operative delivery at Uludag University, Bursa, Turkey. Fear of RA by obstetricians and patients and lack of experience by anesthesia providers accounted for the infrequent utilization. Consequently, pregnant Turkish patients experienced severe labor pain or cesarean section with general anesthesia. Multiple attempts to initiate an epidural labor analgesia service had failed. **Methods:** At Uludag University, research is required for resident graduation and faculty promotion, therefore, to facilitate acceptance of RA for obstetric patient care, two strategically designed studies were organized in 1998(1,2). The studies utilized the combined spinal-epidural technique for labor analgesia(1)and spinal anesthesia for cesarean section(2). **Results:** Through motivation to perform the required research, RA techniques became accepted contrary to earlier attempts. Data presented in the table represent change in obstetric anesthesia practice patterns at Uludag University over several years. **Conclusion:** At Uludag University, research was used as a teaching tool to introduce RA techniques for labor and delivery. The obstetric staff observed patient satisfaction with minimal side effects and the anesthesiologists gained expertise in placing neuraxial blocks. This resulted in changes in physician practice patterns that have been self-sustained. Support: Dr. Owen was supported by a Fulbright Scholarship 1. *Anesth 2000; 92:361-6.* 2. *IMRAPT 2001;13(3): ESRA abstract No. 62.*

	1997*	1998*	2001
RA for C/S (%)	21	53	62
RA for I.&D (%)	<1	15	56

\* Time period Dr. Owen was present as a mentor at Uludag University.

P-4

**DEVELOPING OUTCOME MEASURES FOR OBSTETRIC ANESTHESIA EDUCATION** *Owen, M.D.<sup>1,4</sup> Sabin, S.<sup>2,4</sup> Aypar, U.<sup>3</sup> James, R.<sup>1</sup>*

1. Anesthesiology, Wake Forest University School of Medicine, Winston-Salem, NC; 2. Anesthesiology, Uludag University Medical Faculty, Bursa, Turkey; 3. Anesthesiology, Hacettepe University Medical Faculty, Ankara, Turkey; 4. Kybele, Inc., Winston-Salem, NC **Introduction:** Kybele, Inc. is a non-profit organization working with physicians in developing countries to improve education in obstetric anesthesia. In March 2001, Kybele helped design a continuing education course on obstetric anesthesia at Hacettepe University, Ankara, Turkey for practicing physicians. When designing educational activities, it is also important to develop tools to assess whether educational objectives are met. **Methods:** A 25-question examination was designed from key points to be presented during a 2-day continuing education symposium. The test was administered pre-symposium to determine the pre-existing knowledge base and post-symposium to measure information learned during the course. Answers to the questions were reviewed with the attendees immediately following the second test. Pre- and post-symposium test results were statistically analyzed. **Results:** Eighty-four physicians completed the examination. Two test questions were eliminated from analysis due to ambiguity following language translation. The mean  $\pm$ SD scores for the pre- and post-symposium examination were  $61 \pm 9$  and  $75 \pm 10$ , respectively. A paired t-test for the degree of improvement was highly significant ( $p < 0.0001$ ) and all but 4 participants improved their scores. **Conclusion:** An examination system was developed to measure knowledge gained during a 2-day continuing education symposium in Turkey. Administering a pre-symposium test was important because it differentiated pre-existing knowledge from information learned during the course. Whether improved cognitive knowledge will change physician practice patterns remains to be determined.