EDITORIAL

THE TRAINING OF RESIDENTS IN ANESTHESIOLOGY

Most specialties are now encountering deficits in the quota of resident physicians in training. The deficiency in available applicants arises as a result of a number of factors, including the requirements of military service, the fact that many medical graduates are married and have dependents, and an increased number of training programs.

Unfortunately, in some areas there has been a frantic reaction to this situation. Analysis of the reaction reveals that in some circumstances, the anxiety is a product of a common but unwarranted concept of the function of a resident physician. A physician in training in anesthesiology or any other specialty, subjects himself to the privations of that period in his life for the sole purpose of qualifying for recognition as a specialist. In this process, patients are examined and treated and it is difficult for those involved in the teaching program to avoid acquiring the fallacious concept that an important function of the resident physician is patient care *per se*.

This erroneous concept that so easily develops, consciously or unconsciously results in changes in the program to the extent that not infrequently more emphasis is placed upon "getting the work done" than upon teaching the resident. In addition, an unfortunate determining factor in the selection of numbers of residents and quality of residents is the amount of service load rather than teaching facilities or ability to learn, or both. Consequently, when it becomes increasingly difficult to obtain physicians interested in becoming specialists and capable of high grade response to a teaching program, frantic recruiting is initiated and standards deteriorate in order to secure sufficient numbers of residents to "get the work done." An increasing number of residents now in training are graduates of foreign schools. Some of these schools are not approved, and some of their graduates will not be able to obtain a license to practice medicine. They can, however, in many circumstances be salaried employees of hospitals.

There is a satisfactory answer to this problem. Physicians desiring training in anesthesiology, or any other specialty, should continue to be selected solely on the basis of their qualifications as intelligent and hard-working students of medicine. Even though an increased economic burden is placed upon charity institutions and some in private practice may suffer temporary financial loss by wider distribution of the practice, it is imperative that "the work be done" by augmenting visiting or attending staffs and adding men in private practice. No specialty, and anesthesiology in particular, can afford to have an inferior grade of men and women in training programs.

It is especially important for everyone connected with medical students, interns, and physicians in general practice to be certain that these physicians are aware of the possibilities in anesthesiology. Anesthesiology will enjoy constant and solid advancement as long as good physicians enter the training programs. Delay in advancement and regression inevitably accompany the policy of accepting anyone in a training program in order to "get the work done."