

Title: RESIDENTS IN ANESTHESIOLOGY AND PSYCHIATRY SCORE SIMILARLY ON STANDARD PSYCHOLOGICAL TESTS

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Introduction. Residents in anesthesiology and psychiatry at a major medical metropolitan medical center were given standard psychological tests to assess the association of certain measurable personality traits with choice of specialty. Our hypothesis was that the personalities and interests of these specialists would be different and that the tests could document this diversity and might be useful for future resident selection procedures.

Methods. 34 anesthesiology residents (28M,6F) and 31 psychiatry residents (17M,14F) voluntarily took the Cattell 16 Personality Factor Questionnaire, Form C (16PF) and the Strong Campbell Interest Inventory (SCII), 1981 Edition. Score sheets were coded so no individual could be identified by name. The 16 PF questions are designed to give information about 16 primary aspects of personality from which 4 second-order categories are derived. Answers are compared to norms representing responses of thousands of non-physician controls whose scores were transformed mathematically to a mean. Each factor is identified by a descriptive word for a high score, such as, "outgoing," "intelligent," or "assertive." The SCII measures interests of the subject and compares these to answers of over 40,000 controls working satisfactorily in one of 162 occupations, grouped into 23 "basic interest scales," such as Art or Public Speaking, according to the extent that a given occupation involves such activities. Finally, the SCII identifies 6 "general occupational themes," designated by the adjectives Realistic, Investigative, Artistic, Social, Enterprising and Conventional. Each theme is subserved by one or more of the 23 scales; for example, Science, Mathematics, Medical Science and Medical Service are included in the general occupational theme Investigative. Mean scores of the two resident groups were compared to the SCII norm for People-In-General and to each other. In two cases, on the SCII special scales, comparisons were also made to norm groups of 815 Ph.D. subjects and 561 general M.D.'s. Statistical analyses were by non-paired t test and significance was ascribed to p values less than 0.01.

Results. Table 1 summarizes the differences between each specialty group and non-physician controls. Statistical comparisons between specialties revealed only the significant differences in Table 2. Anesthesiologists scored significantly lower than Ph.D. and M.D. norm groups in the SCII special scale, Academic Comfort, but not significantly lower than psychiatrists. There were no differences in scores on the other special scale, Introversion/Extroversion.

Table 1: Comparisons to Non-Physician Norms

Specialty	Test	Higher (p<.01)	Lower (p<.01)
Anesth	16PF	Apprehensive	-----
	SCII	theme	Social
		scale	Social Sci.
Psych	16PF	Tender-minded	-----
	SCII	Independent	
		Investigative	Enterprising
		Art	Military Act
		Writing	ivities
		Teaching	
Both	16PF	Intelligent	-----
	SCII	Innovative	
		Self-sufficient	
		theme	Conventional
		scale	Religious Ac
		Artistic	ivities
		Medical Sci.	Merchandising
		Music/Drama	Sales
			Office Prac-
			tices

Table 2: Significant Differences Between Specialties

Test	Item	Norm	Anesth.	Psych.
16PF	Tender-minded	5.5	5.8	7.2
SCII	Military Act-	50.0	51.5	45.4
	ivities			
	Writing	50.0	49.7	56.4

Discussion. The data show that both resident groups are intelligent, innovative, self-sufficient, and above average in their interest in medical science. Low scores on scales associated with business, such as sales and office practices, underlay their low score in the theme, Conventional. These results are not surprising. The high interest of each group in Music/Drama caused their high score in the SCII theme, Artistic, and this may be related to their site of residence rather than to choice of specialty. The high psychiatry score in Tender-mindedness may be either a cause or result of their choice of specialty. The low score of anesthesiology in the theme, Social, may be related to its residents' perceptions of this specialty when entering it. A comparison of these resident scores with those of older, established practitioners within each specialty is underway and may clarify these issues. These tests do not demonstrate differences between anesthesiology and psychiatry residents that are sufficient to serve as a basis for resident selection.