

Title: SHOULD ANESTHESIA RESIDENCIES TEACH PSYCHOLOGICAL SKILLS ?
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Introduction. Educational programs in anesthesiology may need to include training in communication skills to prepare and guide patients through the experience of surgery. Beginning in 1963 (1) and continuing to the present (2) experimental work has indicated a medically effective basis for implementing such preparation (3-5). We surveyed anesthesia residency programs about their psychological training, if any, within their residency training programs.

Methods. A questionnaire was devised in consultation with survey research professionals and sent to the department chairs of 110 anesthesia residency training programs in the United States and Puerto Rico. It asked, among other questions, about general and specific training in psychological aspects of anesthesiology including preoperative preparation, the informed consent interview and strategies for directing patient stress.

Of 110 questionnaires sent, one survey was returned unanswered and two other programs were no longer offering residencies in anesthesiology, leaving 107 possible respondents. By means of three repeat mailings asking for compliance we secured responses from 96 residency training programs, a 90% return rate.

Results. Twenty-nine of the 96 programs surveyed (30% of responses) offer some psychological instruction to residents. Four programs offer ten hours or more of formal instruction in psychology. The majority of instruction in other programs is given informally by anesthesiologists. Of the programs offering psychological training, 26 teach specific techniques for providing information and developing a plan with the patient. Ten programs also teach residents in methods of instructing patients about specific coping, relaxation, and hypnosis techniques. Of the 30 programs offering psychological instruction, 22 train residents in preoperative interview skills, 23 train them to use psychological skills such as positive suggestion in the operating room, and 10 teach residents to communicate with patients intraoperatively.

In specific categories of patient preparation, of the programs offering training in psychology, consultations with patients include offering patients choices in premedication (24 programs) induction techniques (22 programs), regional vs. general types of anesthesia (25 programs), and intraoperative earphones or music (6 programs). Evaluation of

residents' psychological skills is made by staff observation (25 programs) and is often considered as data by the residency competency committee (19 programs).

Of the 96 programs responding to the survey, twelve neither offer nor believe there is any merit in offering psychological training to their residents. However, of the 67 programs which do not offer any psychological training to residents, 55 (82%) answered "Yes" to the question, "Do you feel there is a need for this subject in the curriculum?" Thus, out of the total sample of residency programs responding, 87% either offer (29 programs) or state that they should offer (55 programs) training in the psychological management of patients to their residents.

Discussion. There is an expressed need by anesthesiology training programs for more and better psychological training in their residency programs. What might comprise such training is suggested by research findings in acute care physician-patient communication. These research findings await implementation.

References.

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