

A879

TITLE: MONTHLY RESIDENT READING ASSIGNMENTS AND QUIZZES: THEIR IMPACT ON ABA IN-TRAINING EXAM SCORE IMPROVEMENT

Author: Douglas J. Reinhart, M.D.
Affiliation: Dept of Anesthesia, Southwestern Medical Center, Dallas, Texas 75235-9068

INTRODUCTION: In order to evaluate the possible impact of a monthly reading assignment and accompanying quiz, the improvement on American Board of Anesthesiology In-Training Exam (ABA) scores from 1989 to 1990 was compared with the number of quizzes taken over a 10 month period.

METHODS: A textbook reading schedule was devised for the CA-1 residents participating in the study. Approximately 80 pages from a standard anesthesia textbook were assigned each month and a quiz (50 board-type multiple choice questions) was offered covering the material. This was done on a voluntary basis. No passing grade was assigned to the quizzes and the quiz results were revealed only to the respective residents. The residents were not questioned whether they read the assignment prior to taking the quizzes or merely wrote the quizzes. At the end of 10 reading months, residents took the second ABA In-Training Exam. The difference between each resident's 1989 (control) and 1990 ABA In-Training percentile ranking was compared to the number of quizzes taken by the resident. A linear regression analysis was performed on the change in score with the number of quizzes taken as the covariant.

RESULTS: For the nineteen residents, the slope for the linear regression was estimated as 0.59 ±0.25 with a p-value of 0.02.

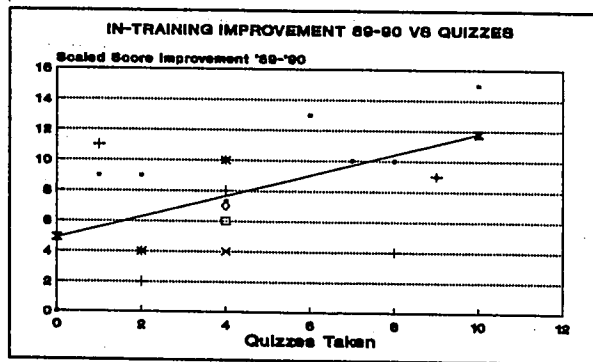


Figure 1.

# quizzes	n	Mean '89 SS	Mean '89%ile	Mean '90 SS	Mean '90%ile	Diff '89-'90	Diff %ile
0-2	6	18.8	41	24.7	25	5.8	-16
3-5	6	22.7	75	29.8	63	7.2	-12
6-8	4	20.0	53	29.0	58	9.0	+5
>8	3	18.0	31	29.0	58	11.0	+27

Table 1.

CONCLUSION: These results suggest a significant increase in ABA In-Training Exam scale score from 1989 to 1990 of 0.59 units per quiz. A resident reading program with accompanying quizzes may accelerate resident's ABA In-Training Exam score improvement.

A880

TITLE: SUBSTANCE ABUSE PROBLEMS IN ANESTHESIOLOGY RESIDENCY TRAINING PROGRAMS

AUTHORS: Peter E. Frasco, MD, John B. Leslie, MD, Rick Jones, BA

AFFILIATION: Dept. of Anesthesia, Duke Univ Med Ctr, Durham, NC, 27710 & Glaxo Inc, Research Triangle Park, NC, 27709

Approximately 10% of physicians will, at some time in their career, develop the disease of chemical dependence. Practitioners of clinical anesthesia, represent about 4% of the total physician population in the US yet represent nearly 13% of physicians who suffer from the disease of chemical dependency and appear to be at increased risk for chemical dependency¹. Numerous factors have been cited for this increased incidence, including: easy accessibility, stress, fatigue, boredom, facility with drugs, denial, lack of rigorous monitoring of controlled substances, and numerous others. The exact prevalence of substance abuse problems in the profession is unknown. Beginning in 1988, an annual meeting for the Chief Resident in all Anesthesiology training programs in the United States and Canada has been held. The meeting consists of a series of didactic lectures and interactive group discussions of topics such as drug abuse in anesthesia.

At the 1989 and 1990 Annual Symposia, a blinded survey of the Training Programs was completed by the Chief Residents. Part of this survey was written to address the problems of controlled substance abuse (not including alcohol abuse) in members of their Department. The results of this survey are presented in Tables I and II.

REGION	No. Residents in Programs	SA Lecture?	SA Committee?
Northeast	1268	47%	21%
Southeast	797	89%	26%
Central	1157	59%	31%
West	437	60%	33%
CANADA	178	50%	0%

SA Lecture? - % of programs that include a lecture on SA % in the didactic curriculum. SA Committee? - % of programs that have a committee or program dedicated to SA.

POSITION	1990	1989	1991
CA1	8	10	
CA2	14	13	
CA3	13	13	
Fellow	3	5	
CRNA	19	13	
Faculty	16	16	
TOTAL	73	70	

In addition, the survey indicated that at least 9 practitioners of anesthesiology had died in the last two years secondary to their chemical dependency.

These results indicate that the number of teaching programs that offer information on SA within their curricula is surprisingly small. The number of programs that offer programs or sponsor committees on the issues of SA treatment and recovery is even smaller. It would seem that the first step towards prevention of SA in all specialties of medical practice, especially our own, would be education. In addition, it appears that, despite the growing knowledge that physicians do indeed suffer from chemical dependency, the avenues for prevention, recovery and treatment are either not in place or unknown to the physician at large. Finally, we encourage the use of this symposium to address future concerns and problems within our specialty. We invite your assistance.

References: ¹JAMA 257:2927, 1987