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## Anesthesiology Resident Evaluation Practices: Beginning at Square One

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In the [volume 11, number 6 of the *Journal of Clinical Anesthesia*], the *Journal of Education in Perioperawtive Medicine (JEPM)* section contains two articles related to evaluation and feedback in U.S. anesthesiology residency programs. A brfief assessment of the education literature reveals a remarkable paucity of material dealing with this topic. Most information is available only in abstract form, and the few full-length publications deal primarily with oral examinations and evaluation by daily faculty comments. (1,2)

The article by Rosenblatt and Schartel(3) presented [in volume 11, number 6 of the *Journal of Clinical Anesthesia*] is important for several reasons. It allows educators to take an inventory of the status of resident evaluation in 1995 to 1996. Such an inventory can offer valuable information for internal calibration and improvement efforts of individual programs. Certainly, with a bewtter than 85% response rate, educators can be reasonably confident that the survey is representative and that sampling bias is minimized.

The timing of the authors' survey coincides with the nadir of new enrollment into anesthesiology training programs(4) The survey, therefore, in effect "time stamps" programs' resident evaluation practices at a time when many programs were forced either to radically decrease their enrollment or to accept candidates under lowered admission standards. Depending on the prevalence of the latter, one might reasonably expect a change in residency evaluation and remediation procedures to take shape in the coming years. How this is done and with what outcome may well be the subject of an education-oriented investigation in the future, which should be able to make use of the 1995 to 1996 survey supported by the Society for Education in Anesthesia.

How important is it that Rosenblatt and Schartel did not aim to answer a specific question with their survey? Certainly, surveys can be used to corroborate a specific hypothesis, which the authors could have posed about a particular aspect of evaluation methods or remediation outcome. They chose not to do this.

Rather, they are taking us back to square one, and they report summary information that is highly interesting and serves to point out areas ripe for further development and improvement in anesthesiology training programs. At a minimum, findings such as the relatively low faculty compliance rate (faculty compliance in the evaluation process was reported to be >75% in only 45% of surveyed training programs), the paucity of faculty training (present in only 20% of surveyed programs) about residency evaluation, and the inconsistent use of standardized tests and written policies are apt to promote healthy discussion and re-examination of existing education practices.

The survey on resident evaluation reported in this edition [volume 11, number 6] of the *JEPM* section of the *Journal of Clinical Anesthesia* serves as a first step in our understanding of the resident assessment kaleidoscope at U.S. training programs. It points out areas of concern and opens multiple opportunities for further study and refinement. Follow-up investigation may include more information on evaluation by simulation, structured oral examination, or problem-based learning performance. Does monitoring faculty compliance with evaluation procedures improve the process? What is the short- and long-term effectiveness? In probation and remediation procedures, how does frequency of evaluation impact evaluation effectiveness, practicality, and cost? These and other issues are apt to yield fruitful areas of investigation.

Rosenblatt and Shartel perform a useful service to the anesthesiology education community by cracking open the door to further understanding of issues that have historically suffered from underappreciation and lack of systematic assessment. Their survey contains a wealth of information and linkages about educational processes in residency evaluation that have not yet been explored, but should, either working from the current data set, or, preferably, by means of a follow-up survey.

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