Outcomes of Categorical Versus Advanced Residents - The University of Wisconsin Experience

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Introduction

The Department of Anesthesiology at the University of Wisconsin has, like many programs, traditionally offered both three and four year residency positions. The four-year (categorical) program includes a rotating internship of internal medicine, pediatrics, general surgery and anesthesiology, while the three-year (advanced) positions are available to individuals who have completed their initial training elsewhere. This program structure has recently come under scrutiny, however, with the rationale that the variability in training of residents entering at the CA1 level has a negative effect on outcome. The Anesthesiology Residency Review Committee has recently recommended that only four-year programs be accredited, ensuring a uniform experience for all graduates of the residency. We have reviewed our experience with both categorical and advanced graduates in search of outcome differences between the groups.

Methods

The records of 137 residents from the University of Wisconsin Department of Anesthesiology were reviewed for the period 1990-2004. The residents were categorized into three-year and four-year groups and compared with regard to examination performance, ABA Board certification, fellowship enrollment, and eventual career path.

Results

A total of 79 residents completed the four-year program, while 58 completed the three-year. Of those entering at the CA1 level, 12 (21%) were Board certified in another specialty (4 internal medicine, 3 family medicine, 2 emergency medicine, and one each pediatrics, neonatology, and general surgery). Of the remaining residents 40 (70%) completed one year of internal medicine at a range of academic and community programs, while 6 (10%) completed one or two years of general surgery or a surgical subspecialty. The average score on the ABA written examination was 37.6 ± 0.5 for the three-year group (range 29-45) and 38.6 ± 0.5 for the four-year group (range 30-50). In-training examination scores at the beginning of the CA1 year were 20.5 ± 0.7 for the three-year residents (range 13-34) and 21.2 ± 0.5 for the four-year (range 10-34). Board certification rates were 100% in both groups (excluding recent graduated currently in the process). 14 of the 58 three-year residents (24%) pursued fellowship training, compared to 18 of 79 four-year (23%). 11 advanced residents pursued academic positions following graduation (19%), along with 15 who completed the categorical program (19%).

Discussion

As the practice of anesthesiology evolves it is critical that our approach to training evolves with it. Part of this evolution may be a standardization of the preliminary experience of our residents. We were unable, however, to show any statistically significant difference between the performance of residents that completed a four-year categorical program with an integrated multidisciplinary internship and residents that entered at the CA1 level with a range of prior experiences and training