

## Addressing Issues With Service Over Education

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**Learner Audience:** This abstract is intended for those involved in academic residency programs in Anesthesiology. The intention is to demonstrate ways to make education a priority over service obligations.

**Background:** A majority of our residents noted on the 2009 ACGME resident survey that, at least some of the time, their rotations and other major assignments emphasized service obligations over clinical teaching. 63% of our residents answered that at least some of the time clinical obligations took precedence over education and 5% answered this occurred all the time. A review of the national survey data for our specialty shows we are not alone in that regard, as 46.3 % [1] of respondents nationally responded that this was the case at least some of the time in their anesthesiology residency program.

**Needs Assessment:** Before we could move forward with correcting the problem and attain a more favorable response on subsequent ACGME surveys, we had to better define service and education. In many instances, these overlap, and are prone to subjective opinion.

**Hypothesis:** Our hypothesis is that by eliciting responses from faculty and residents, we could more clearly define both service and education and improve the residents' perception of this issue.

**Curriculum Design:** The purpose was to obtain the opinions of both faculty and residents in our program as to what they felt were examples within the department of service obligation over educational experience. We received responses from email, and from individual meetings, an education committee meeting, a faculty meeting, and a meeting with all our residents. We then merged this information to form a database of the most common responses. The most frequent responses were assumed to be the biggest offenses of clinical service over education.

The top five responses identified were: 1. Relief of CRNA's by non-call residents 2. Switching of OR assignments the day of surgery 3. Lack of frequent faculty presence for intraoperative teaching 4. Lectures rescheduled or cancelled 5. Residents being interrupted during lecture for clinical service calls. We have implemented the following changes in response to these problems. We had a meeting with the schedulers, they are to use only other CRNA's or faculty to relieve the CRNA's in the afternoon. Residents assignments for the following day are not to be changed and a senior resident will also aid the scheduler in placing the residents in OR's for the next day. We have added topic cards that the resident keeps track of what faculty member is teaching them intraoperatively and what days they are doing this. This will be tied into an academic performance bonus for the faculty. We have changed the time for the lecture to Friday morning and are shifting CRNA and faculty manpower to Fridays. This will allow consistent and protected lecture time.

**Outcome:** The results of our 2010 ACGME Resident survey will be the objective measure if the changes we instituted are improving the educational component of our program. It is the department's desire that the residents perceive these changes as an improvement to our residency program.