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Analysis of Administrative Practices and Residency Training Curricula in Academic Anesthesiology Programs

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Introduction: A survey of academic anesthesiology programs was undertaken to analyze administrative and educational practice patterns. Information regarding current and planned changes to residency curricula in preoperative assessment was obtained to assess program plans to meet the increasing requirements mandated by the Accreditation Council for Graduate Medical Education (ACGME).

Methods: A detailed questionnaire was devised using input from a group of academic anesthesiologists with specific expertise in preoperative assessment. The questionnaire was sent via e-mail to anesthesiology program directors in the United States. Data were collected and descriptive analysis was performed.

Results: Responses were submitted from 75 of 130 academic anesthesiology programs (58% response rate). Responses to administrative questions revealed that 81.3% have a preoperative clinic, of which 63% are run by an anesthesiologist, 31% by a nurse manager, and 4% by a hospitalist. Only 40% of clinics had anesthesia attendings physically on site in the clinic. Of those that do have attendings in the clinic, 88% utilize only specific attendings. However, 33% of institutions report that virtually all of their attendings have expertise in preoperative evaluation. Although residents currently perform about 44% of preoperative evaluations at responding institutions, 31% of institutions do not currently have residents rotating through the preoperative clinic. Of the institutions that do rotate residents though the clinic, 66.7% do this with a block rotation and 64% have a formal curriculum in preoperative evaluation. Eighty-seven percent of responding institutions plan on making changes to meet the new ACGME requirements. These changes include hiring new attendings (9.2%), establishing new curricula (33.8%), enlarging current curricula (24.6%), adding new rotations (13.8%), changing to block rotations (20%), and increasing rotation length (53.8%). Sixty-nine percent of institutions believe that these changes will meet the new ACGME requirements in education.

Conclusions: Concern about current adequacy of training in preprocedure assessment may be reflected in the increased mandates proposed by the ACGME. Results of our survey underline these concerns, particularly in the significant number of clinics that do not have attendings on site or residents on scheduled clinic rotations. The responding institutions report a number of ways in which education will hopefully be greatly improved in this area. Educational improvements in training programs will be essential to validate the significant role of the anesthesiologist during the perioperative period.