



Original Contribution

Adopting the American anesthesia oral examination in China: value and roadblocks[☆]



Jing Zhao MD (Professor and Vice Chair)^{a,1,2,3,4}
 Weifeng Yu MD, PhD (Professor and Chair)^{b,c,1,2,3,4},
 Chuanyao Tong MD (Professor)^{d,3,4,5}, Zhongcong Xie MD, PhD (Professor)^{e,3,4,5},
 Jianzhong Sun MD, PhD (Professor)^{f,3,4,5},
 Shao Feng Zhou MD (Associate Professor)^{g,3,4,5}, Hong Liu MD (Professor)^{h,3,4,5},
 Lingzhong Meng MD (Associate Professor)^{i,*3,4,6}

^aDepartment of Anesthesiology, Peking Union Medical College Hospital, Beijing, China

^bDepartment of Anesthesiology, Eastern Hepatobiliary Surgery Hospital, Shanghai, China

^cDepartment of Anesthesiology, Renji Hospital, Shanghai, China

^dDepartment of Anesthesiology, Wake Forest Baptist Medical Center, Winston-Salem, North Carolina

^eDepartment of Anesthesia, Critical Care and Pain Medicine, Massachusetts General Hospital and Harvard Medical School, Boston, MA

^fDepartment of Anesthesiology, Thomas Jefferson University and Hospitals, Philadelphia, PA

^gDepartment of Anesthesiology, The University of Texas Health Science Center at Houston, Houston, TX

^hDepartment of Anesthesiology and Pain Medicine, University of California Davis Health System, Sacramento, CA

ⁱDepartment of Anesthesia and Perioperative Care, University of California San Francisco, San Francisco, CA

Received 28 October 2015; revised 19 December 2015; accepted 29 December 2015

Keywords:

ABA oral examination;
 Adoption in China;
 Anesthesia training
 and certification;
 Value;
 Roadblocks;
 Pragmatic approach

Abstract The quality and standardized training and certification of young physicians is key to the quality of health care in the future. In contrast to the American system, there is no nationwide and standardized oral examination in the training and certification process for anesthesiologists in China. The adoptability of the American anesthesia oral examination in China, as well as potential roadblocks, has not been specifically discussed. In this commentary, we share our experience of introducing the American oral examination to an audience of Chinese anesthesiologists and propose a pragmatic approach for adopting the anesthesia oral examination in China. This initiative has the potential to reform the current anesthesia training and certification process and improve the quality of anesthetic care in China.
 © 2016 Elsevier Inc. All rights reserved.

[☆] **Funding:** None.

* Corresponding author at: Department of Anesthesia and Perioperative Care, University of California San Francisco, 500 Parnassus Ave., Box 0648, San Francisco, CA 94143.
 E-mail addresses: zhaojing1009@aliyun.com (J. Zhao), ywf808@yeah.net (W. Yu), cy970@yahoo.com (C. Tong), zxie@hms.harvard.edu (Z. Xie), jian-zhong.sun@jefferson.edu

(J. Sun), Shao.Feng.Zhou@uth.tmc.edu (S.F. Zhou), hong.liu@ucdmc.ucdavis.edu (H. Liu), lingzhong.meng@ucsf.edu, meng.lingzhong@gmail.com (L. Meng).

¹ Contributed equally and should be regarded as co-1st authors.

² Contribution: This author helped design the study and prepare the manuscript.

³ Attestation: Approved the final manuscript.

⁴ Conflicts of Interest: None.

⁵ Contribution: This author helped design the study and edit the manuscript.

⁶ Contribution: This author designed the study and prepared the manuscript.

In order to be certified as an attending anesthesiologist in China, a medical school graduate must first go through 3 years of general training that is similar to internship in the United States, followed by 3 to 5 years of anesthesia training in the hospital that has accepted him or her as a formal employee, and finally pass the anesthesia written examination at the end of training. In comparison, in the United States, in order to be board certified in anesthesiology, residents must pass the written and oral examinations administered by the American Board of Anesthesiology (ABA) in sequence after the successful completion of anesthesia training in an Accreditation Council for Graduate Medical Education–accredited program. Therefore, one of the major differences between these two systems is the national standardized oral examination, which is mandatory in the United States but absent in China.

The ABA oral examination is designed to assess a candidate's ability to demonstrate the attributes of an ABA diplomate when managing patients presented in clinical scenarios. These attributes are specified to be "sound judgment in decision making and management of surgical and anesthetic complications, appropriate application of scientific principles to clinical problems, adaptability to unexpected changes in the clinical situations, and logical organization and effective presentation of information" (<http://www.theaba.org/>). The value of ABA certification in identifying the characteristics considered necessary for high-quality practice in the specialty has been validated [1].

In China, although there are non-standardized anesthesia oral examinations in a few major cities, these are primarily tests for academic promotion that are different from the ABA oral examination. In 2015, a new policy in China mandates that all medical school graduates receive standardized residency training. However, details of the program accreditation, training curriculum, teaching and learning resources, supervision requirements, and assessment and certification process await specifications. This is an opportunity for the Chinese anesthesia community to learn from the experiences in countries that already have standardized anesthesia training and certification mechanisms. As a test promoting clinical competency, it is important to ask if the ABA oral examination can be adopted for use in China and how.

In this commentary, we share our experience of introducing the ABA oral examination in China, emphasizing its unique value and discussing roadblocks and possible approaches for its adoption in China.

1. Introducing the ABA oral examination in China

On April 16, 2015, in Shanghai, China, the Chinese Association of Anesthesiologists (CAA) and the International Chinese Academy of Anesthesiology (ICAA) jointly held the first ever workshop to introduce the ABA oral examination and explore its adoptability in China. The

workshop was designed as a one-day course consisting of four 90-minute sessions focusing on different anesthesia subspecialty topics. The four course instructors, who speak both English and Chinese, are ICAA members and ABA-certified anesthesiologists with more than 10 years of working experience in university-affiliated teaching hospitals in the United States. The workshop invited 24 young attending anesthesiologists who are practicing in major teaching hospitals and actively involved in resident education in China.

At the workshop registration, all attendees received a handout that had a brief introduction of the ABA oral examination in addition to four ABA-style cases to be used during the workshop. The workshop instructors prepared the cases. The actual questions that were used during the workshop were not given to the attendees beforehand. Each session was conducted in the format of question-answer interactions between the instructor and the attendees, similar to the ABA oral examination. Attendees took turns answering questions. The instructor gave the attendees timely feedback and explanations of the purpose and rationale of each question being asked. A formal introduction to the ABA oral examination took place during the luncheon break. At the end of the day, a round-table informal discussion was held to solicit feedback and a survey with 10 multiple-choice questions was distributed.

All 24 attendees finished the one-day workshop and 21 completed the survey. In summary, more than 90% of the attendees claimed to understand the goal and format of the ABA oral examination. More than 95% of the attendees regarded the oral examination as valuable in improving an anesthesiologist's clinical competency and irreplaceable by a written examination. All attendees expressed their satisfaction with the quality of the workshop, calling it informative, educational, and refreshing.

2. Adoptability of the anesthesia oral examination in China and roadblocks

The workshop specifically solicited feedback on the adoptability of the ABA oral examination in China, with 75% of the attendees expressing positive opinions for and the remainder unsure of the implementation of a standardized anesthesia oral examination in China. Some attendees commented that the nationwide conduction of anesthesia oral examination in China is challenging due to the wide variation in the quality of the anesthesiologists who practice at different levels of hospitals and in different regions in China. However, participants suggested that trials of the anesthesia oral examination could be considered in selected tertiary teaching hospitals that have both the resources and a higher standard of the quality of anesthetic care. One participant commented that the human factor plays a dominant role in China (without further specification), implying that there should be a mechanism for monitoring the conduct of oral examination if it were to be adopted. It was also suggested that

Download English Version:

<https://daneshyari.com/en/article/5884903>

Download Persian Version:

<https://daneshyari.com/article/5884903>

[Daneshyari.com](https://daneshyari.com)