Introduction: As anesthesia residency programs in Canada move towards a competency by design (CBD) framework, it is important that competence be defined in a meaningful way. To our knowledge, no studies have explored an interprofessional perspective of what it means to be a competent anesthesiologist, nor have studies described patient views on competency in anesthesia. Without this more holistic concept of competence, it is challenging to assess residents’ progression to competent anesthesiologist. Interprofessional perspectives are particularly pertinent as previous research has shown that interprofessional perceptions of the anesthesiologist’s role can differ from anesthesiologists’ own perceptions.1

The objectives of this study are:
1. To determine the perspective of anesthesiologists, surgeons, patients, operating room, PACU and obstetric nurses on what determines competency in anesthesia.
2. To move towards a more cohesive, well-rounded concept of competency in anesthesia.
3. To describe how this concept may be able to be applied to design of CBD curricula in anesthesia.

Methods: Local Ethics Committee approval and participants’ informed consent were obtained. A purposeful sample of 30 clinicians was recruited to ensure adequate representation from all professions. A convenience sample of 10 patients from the outpatient preoperative clinic was obtained. Data were collected via one-on-one, semi-structured interviews with anesthesiologists, surgeons, nurses and patients, and analyzed via inductive thematic analysis. Respondent validation and researcher triangulation were employed to enhance rigour.

Results: Analysis is currently ongoing. Interim analysis reveals a number of key themes:
A lack of role understanding, specifically the complexity of the anesthesia process and the perception by non-anesthesiologists of anesthesia as a ‘technical’ activity. This is in keeping with previous research.¹

A belief that overall competence is comprised of individual parts; some are more easily taught than others but all residents should be considered competent in all facets by the end of training

The expression of competence as a threshold to be surpassed and that actual practice expectations exceed a minimal level of competence

An expectation of strong interpersonal skills and clear communication for competent anesthesiologists.

A large variation in the definition of competence as it relates to anesthesia among health care professionals and patients.

Discussion: While there are similarities in interprofessional perceptions of what makes a competent anesthesiologist, our study highlights that there are also important differences. Current competency based curricula may not be taking into account views from non-anesthesia professionals and patients, possibly overlooking a number of important facets. It is our belief that a cohesive, synthesized and nuanced definition of anesthetic competence, which considers the perceptions of all important stakeholders is required. The results of this study are important in informing such a definition and ultimately the design of effective and meaningful competency-based curricula.

References: