



MEDICAL EDUCATION
SCHOLARSHIP CENTRE

The feasibility of an integrated anesthesia-surgery clerkship rotation as a learning experience for perioperative care

Jeremy Pridham, Barton Thiessen, Discipline of Anesthesia; Heidi Coombs-Thorne, Medical Education Scholarship Centre; Jenny Harris, Discipline of Anesthesia; Jacinta Reddigan, Faculty of Medicine

Background: The current literature on medical education suggests that integrated curricula can improve the learning outcomes of medical students. This research project involves the horizontal integration of anesthesia within the surgery clerkship rotation (3rd year) at Memorial University and tests the feasibility of an integrated rotation as a learning experience for perioperative care. **Method:** Twenty-five students participated in this project and were randomized into integrated (9) and non-integrated (16) groups. Student participation in the integrated group involved: 1) shadowing an anesthetist during a preoperative assessment; 2) attending the surgery; 3) assisting with delivery of the anesthetic; 4) accompanying the patient to the Recovery Room and learning about postoperative care; and, 5) following the patient's recovery on the floor. All students completed pre- and post-rotation surveys to assess their views on anesthesia, its role in the surgical process, and the integrated experience in general. The anesthetists and surgeons involved with the integrated rotation also completed post-rotation surveys to provide feedback on the feasibility of the rotation. **Results:** Of those students who participated in the integrated group, 89% felt they had a better understanding of the work of an anesthetist after the rotation. Students appreciated the hands-on experience involved in the rotation and the opportunity to learn intubation, IV-placement, arterial line insertions, and ventilating the patient. Students gained a better understanding of the surgical patient and perioperative care through the integrated rotation. However, they also reported that the integrated experience was not long enough and they wanted more clinical anesthesia experience and structure. **Conclusions:** The integrated anesthesia-surgery clerkship rotation provided students with an introduction to anesthesia which they would not have received unless they did the separate anesthesia selective in their final year of study. Further research is planned to determine the best structure of an integrated anesthesia-surgery rotation at Memorial University.