Like the teacher, the student must be willing to admit to error when an error has been made. Progress is always made by doing so. It is also true that the student will benefit by, and should learn to accept, proper criticism.

The teacher and student must work together as a team, the teacher being conscious that it is for the student that she is teaching, and the student being aware that her full co-operation and effort must be given.

THE SENDING OF SENIOR STUDENTS TO INSTITUTIONS IN NEED OF ANESTHESIA SERVICE

Gertrude L. Fife, M.A.A.N.A.
Cleveland

In defining “need of anesthesia service,” one must assume that it means illness of the regular staff of the hospital, war, disaster, or any circumstance which would make it advisable, for the continuation of anesthesia service in a city, to send students to another institution to perform those duties ordinarily performed by paid graduate anesthetists.

If students are sent to various institutions only when there is “need,” the primary reason for so doing is to give service to the hospital, the quality of student training becoming a secondary consideration. If students’ services are requested by institutions that are not facing a serious emergency, the question could rightfully be asked, “Why do you not set up a continuous affiliated training program in order that student training may be correlated and not subjected to periodic interruption?”

The school must accept the principle that student training comes first, and the hospital’s obligation to the students it has accepted for training in anesthesiology should not be compromised.

The hospital requesting the student service may employ graduate anesthetists and may reason that the students will get good training under their supervision. This is not always true; the anesthetists on the staff may be excellent anesthetists, but it does not necessarily follow that they will be good teachers. Furthermore, if the hospital can provide adequate supervision of the student’s work, it should not need the student service.

There are certain advantages, however, and for a proper conclusion to be reached, the advantages and disadvantages should be weighed. Weight should always be thrown on the side of student training. Otherwise the students are exploited, and the standards of the nurse anesthetist service are being lowered.

The advantages to the hospital are that (1) student services are available, (2) the anesthesia service is less costly, and (3) graduate anesthetists sometimes benefit by contact with students. There are also obvious disadvantages: (1) Part of the anesthesia service is at the student level; (2) in case of an accident, the hospital must assume responsibility for using students instead of graduate anesthetists; (3) frequent changes in personnel mean periodic interruption of the anesthesia service; (4) the schedule must be so arranged that the student can be relieved for classes; (5) strain is placed on the members of the graduate staff who are responsible for the student’s work; (6) the surgeon may be dissatisfied with having a student on the case.

The advantages to the school are that more students may be admitted and that the school gains the good will
of hospitals in the city. These advantages are greatly outnumbered by the disadvantages: (1) To a certain extent, the school is responsible for the quality of the student's work possibly performed without adequate supervision; (2) fewer experienced anesthetists are available for clinical work and night duty; (3) the bulk of class work must be given to the student early in the course in order that she will have to return to the teaching hospital for a minimal number of classes; (4) the teaching hospital has little control over the technics used and the clinical experience obtained by the student in another hospital; (5) the teaching hospital also has little control over teaching methods or quality of teaching in another institution.

The advantages to the student are that (1) she has an opportunity to observe and put into practice technics not used in the teaching hospital, (2) she comes in closer contact with graduate anesthetists, and (3) with less supervision, she has the opportunity to develop self confidence. On the other hand, (1) with less supervision of the student's work and with less contact with those in the teaching field, careless and dangerous habits may be formed; (2) there is less correlation of basic training with clinical experience; (3) graduates in another institution are less interested in the student since they are not responsible for the quality of her work after her graduation; (4) frequent interruptions are necessary for the student to return to the teaching hospital for classes, and time is lost in transit; (5) the student may be dissatisfied with her training but be hesitant to discuss it with the director of the school of anesthesiology.

After an analysis of the advantages and disadvantages, it is evident that sending students to other hospitals is not a good policy unless the school can establish (1) a continuous teaching program and (2) an affiliation with a hospital in which the graduate anesthetists are interested in teaching and have the ability to teach and which is primarily interested in the student and her training and not in the service she can render.

The student should definitely not be paid for her services. She should be compensated, however, for expenses which she would not have had if she had remained on duty in the school. Allowing a student compensation for her services is being unfair to the other students. Moreover, in paying the student, the hospital is admitting the prime reason for using her services. Also if the student is paid, she will underestimate the value of the training offered. Training, if it is of the caliber it should be, should be paid for and will be appreciated from that standpoint.

ABDOMINAL SURGERY

(Continued from page 76)

Inal wall, and any manipulation producing traction on the mesentery will result in pain and struggling and in tightening of the abdominal muscles. Although certain operations of moderate extent can be performed under local anesthesia or regional block, closure of the wound is commonly difficult and often impossible without the supplemental use of another agent. Therefore, the use of local anesthesia is best limited to operations of slight magnitude and to patients who are poor operative risks.