

**St. Paul's Hospital Millennium Medical College, Department
Anesthesiology and critical care**



Medical Student's Attitude towards Anesthesiology as a Future Career

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Medical Student's Attitude Towards Anesthesiology as a Future Career

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**Medical College Department of Public Health in Partial Fulfilment of
Specialty certificate in anesthesiology and critical care**

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Acronyms and Abbreviation

A.A - Addis Ababa

E.C - Ethiopian Calendar

G.C - Gregorian Calendar

IRB - Institutional Review Board

SPHMMC - Saint Paul's Hospital Millennium Medical College

SPSS - Statistical Package for the Social Sciences

Abstract

BACKGROUND: Ethiopia suffers from a drastic shortage of anesthesiologists. This shortage has a major impact on the provision of safe, timeous and appropriate surgery for the population. One factor implicated in this shortage may be the difficulty in appropriate recruitment of trainees

OBJECTIVE: The main purpose of this study was to assess attitude of medical student on anesthesiology as career in their future

METHODS: A questionnaire-based cross-sectional study was conducted among the final year medical students at the University of SPHMMC for the year 2011 E.C.... The data was analyzed using SPSS 20 software and the results will be presented by tables and bar graphs

RESULT

At total of 96 final-year medical students participated in the study. The majority (88.3%) of the medical students would like to specialize in the future. Anesthesiology ranked seventh in popularity among the specialties presented to the students. The students opinion positive attribute of anesthesiology was high income(76%), quick response to treatment (76%), and controllable life style (61% and)The negative attributes of anesthesiology highlighted by the students were that it was , stressful(76.1%) lack of recognition by peers(61.5%) and patients(75%) , frightening and perceived as behind the scenes The biggest influence on the medical student of anesthesiology was the medical school rotation, with the need for longer duration of exposure, highlighted by 24 (21.4%) of the students.

Conclusion: The perceptions of medical students concerning anesthesia are multi-faceted, with the undergraduate anesthesiology rotation viewed as the biggest influence on their attitudes regarding anesthesiology. All anesthesiology should strive to improve the discipline profile, change the misconceptions and enhance the attractiveness of the specialty amongst medical students from foundation level upwards

CHAPTER ONE

1. INTRODUCTION

1.1 BACKGROUND

Anesthesia has evolved immensely since the first anesthesia was administered publicly by TG Morton in 1846. The experience and skill acquired from intra-operative patient care have been extended from the operating theatre to resuscitation, intensive care and acute and chronic pain management.¹

Africa is the hardest hit by shortage of Anesthesiology specialist's. Shortage of anesthesia providers adds to the crisis in access to safe surgical services in low- and middle-income countries (LMICs) such as Ethiopia.³ One of the key determinants of access to quality and safe surgical services is the availability of trained, motivated and accessible health workers such as physician anesthesiologists. This drastic shortage is highlighted by FMOH report which is around 1:3,000,000 anesthesiologist to population ratio

In low and middle-income countries (LMICs) such as Ethiopia, about 94% of the population lack access to safe, affordable anesthesia care.⁴ In Ethiopia, surgically treatable conditions like the field of obstetrics, make up an increasing proportion of the disease burden.^{3,4} Shortage and lack of retention of anesthesia providers is one of the key contributing factors to this health care crisis⁶

Anesthesiology as a medical specialty had its beginnings in the early part of this century when physicians began to manage vital functions during surgery in addition to simply performing the surgical prerequisites of inducing unconsciousness and waking patients at the end of surgery.

Complex surgery performed on sicker patients became increasingly possible as anesthetists developed techniques for critical care and active perioperative management of vital functions¹²

The role of the anesthesiologist has widened substantially over the past 2–3 decades, with anesthesiologist making up one of the largest groups of hospital medical specialists with involvement in the care of up to two-thirds of hospital patients. Anesthesiologist have roles in multiple aspects of patient care: preoperative planning, preparation and optimization of patients for surgical procedures, provision of anesthesia for all types of surgery, care of critically ill patients within high dependency, critical and intensive care units, transfers within and between¹⁵. Choosing a career is a complex exercise and maybe influenced by several intrinsic and extrinsic factors.^{12,}

^{13, 15} the subject has vital implications in national workforce planning and future recruitment

strategies, in a specialty that is reported as an unattractive choice for medical students both in developing and developed countries.^{11,15} It is also an important input for academic bodies and government agencies to formulate and decide the number of postgraduate students to be allotted to the specialty. Attitude about anesthesiology as a career choice may be different from student to student of various regions in the world.^{4, 9, 15} medical students whom are interested in anesthesiology as a specialty is 0% in Israel compared to 12% among medical students in the United States due to better working conditions and salaries. When we see the Saud Arabian study number of medical students who are interested in anesthesia (1%) is significantly less than the other major disciplines in medicine which is imputed to the different factors that impact medical student's decision

When we come to our continent Anesthesiology (8%) ranked fourth in popularity as a first career Choice among the specialties presented to the UKZN students South Africa but another South African study conducted by Dambisya *et al.* in 2003 where a very low number of medical students (1.2%) opted to pursue a career in anaesthesia¹⁹. Similar to the Dambisya study, anesthesiology was among the least preferred specialty in more recent studies among Ghanaian, and Nigerian^{20, 21} Unfortunately there is no published data regarding this subject matter. Thus To study such factors, it may be important to develop future recruitment plans in a specialty which is already not a preferable choice of the medical students of developing countries¹⁵ The aim of this study is to explore some of the reasons by undergraduate medical students as a postgraduate choice.

1.2.STATEMENTOF THEPROBLEM

The one way of improving this work force shortage is working at grassroots, by focusing the medical student's experience. Therefore understanding and addressing medical students impression of the specialty with goal of improving students experience, improving knowledge, stimulating interest and making it more attractive will act as base for future development of the specialty .But in our country setup there is no data regarding attitudes and factors that affect specialty choice thus my study

1.3.SIGNIFICANCE OF THE STUDY

Realizing students' point of view toward anesthesia and factors affecting their preferences will help Ethiopian society anesthesiology professional association and FMOH to attract more students to choose anesthesia as their career specialty. In addition, it will contribute to identify the disadvantages in the eye of medical students toward anesthesia to rectify it therefore the focus of study is to explore medical student's impression towards the specialty& factors that affects, thus help us to understand problem at the grassroots and act upon it to human power of anesthesiologist in Ethiopia.^{8, 17}

may use as bench mark study on this subject matter

CHAPTER TWO

2 LITERATURE REVIEW

Anesthesiology is one of the medical specialties that are concerned in relieving pain and administrating of anesthesia medication during surgical and medical procedures. Clinically, anesthesia is classified into three main categories general, regional as well as monitored anesthesia care. General anesthesia results in a complete loss of consciousness and sensation while regional anesthesia is done only to a part of the body without affecting the level of consciousness.

However, local anesthesia is not limited to anesthesiologists, all health-care providers (doctors, dentists, and nurses) are using anesthesia to some degree in their medical procedures.¹

Ethiopia has made tremendous effort to address the unmet anesthesia care, mainly in the form of task shifting from physician anesthesiologists to non-physician anesthetists which was launched in 2012.^{2,3} The effort aimed to rapidly increase the number of mid-level non-physician anesthetists to increase access to safe anesthesia services and address the critical shortage in a sustainable way.^{2,3} According to Ministry of health, currently there are around 1000 BSc graduate, 70 MSc and 211 Anesthesia level 5 graduates serving the nations.⁵ The number of public tertiary institutions providing anesthesia education increased from three universities in 2005 to 26 institutions in 2016, including 12 universities and 14 Regional Health Science Colleges (RHSCs).⁵ While, residency training for physician anesthesiologists throughout Ethiopia are only provided in three universities: Addis Ababa University (AAU) Department of Anesthesiology, St. Paul Department of Anesthesiology and Jimma Department of Anesthesiology.

Although Ethiopia has successfully expanded higher education for non-physician anesthetists, the process has been hindered due to lack of focus on quality of training and assessment of learners, appropriate support for career development, and salary.⁶ In addition, the lack of team-based model in which physician anesthesiologists and non-physician anesthetist's work together to provide safe anesthesia services is alarming. In developed countries, a team-based model is common, in which 90% of non-physician anesthetists are supervised by physician anesthesiologists, compared to low income countries, where all non-physician anesthetists provided anesthetic services without

any supervision.⁷ Combined factors such as lack of adequate number of trained physician anesthesiologists and retaining them in the public health sector has proven challenging

. Orbach-zinger stated that the percentage of medical students whom are interested in anesthesiology as a specialty is 0% in Israel compared to 12% among medical students in the United States due to better working conditions and salaries.⁹ In addition, evidence showed that some factors are affecting the career choice in anesthesiology. However, Tyagi conducted a survey regarding which factors medical students consider important while opting for anesthesiology. Results showed economic security was chosen by the majority of students (67.7%) as one of the important factors affecting their choice to specialize in anesthesiology, but when asked to enumerate three first factors for choosing the anesthesiology, the majority rated the intellectual challenge of the specialty as the first factor.

Influence of doctor – patient relationship was not considered by a large number of students.¹⁰

Another important element while formulating a career choice is the gender of the student.¹¹

Multiple studies showed that females are more likely to consider a career as an anesthesiologist.¹²

In a more recent study, Rehman et al. found that interest among female physicians to pursue anesthesiology is

9.9% compared to 4.5% in male.

Previous studies have looked at factors that influence the career preferences of medical graduates.^{13, 19,20} Such factors include the individual's characteristics, personal interest, perceived benefits of the discipline, prestige, attractiveness of particular specialties, and exposure to a specialty in the undergraduate medical curriculum

When the aspect of a doctor–patient relationship examined, 54.7% of the participants in AlKhilaiwi, *ET al.*²¹: considered it of importance to their future career practice. On the other hand, Tyagi found that doctor–patient relationship was not a major factor in choosing a future career for 74% of students.¹⁰ similarly, controllable lifestyle was important to 55% of the participants in AlKhilaiwi, *et al.*: considering a specialty in medicine

South Africa students' opinion of the key positive attributes of anesthesiology were that it was interesting, mentally challenging and afforded good working hours.²² In a Nigerian study, 61% of the final-year medical students were also of the opinion that anesthesia was an interesting and an important specialty.²³

The negative attributes of anesthesiology highlighted by the students were that it was boring, stressful, frightening and perceived as behind the scenes. These sentiments were echoed by medical students in Ghana²⁰ and Nigeria.²³ Nyssen *et al.* also identified anesthesiology as a stressful specialty.²⁴

Locally, unfortunately, there is no available knowledge of the attitude of medical students toward anesthesiology as a specialty or the influencing factors

CHAPTER THREE

3.OBJECTIVES

3.1 General Objective

- To assess medical students attitude towards anesthesiology as a future career.

3.2. Specific Objectives

To assess attitude of medical students towards the specialty

To assess factors that affect the attitudes of student towards the specialty

CHAPTER FOUR

4 METHODS AND MATERIALS

4.1. Study Setting

This study was conducted in SPHMMC. SPHMMC is one of the two biggest specialized referral hospitals in Addis Ababa and in the country at large. It is a hospital on advance and accelerated expansion and development after it started working as a medical college since 2000 E.C/2007G.C. the College is currently giving residency and subspecialist program. It also opens a new burn, emergency and trauma center and get involved in outreach services to fulfill the community demand in health. Of three university which give anesthesiology residency nationally SPHMMC is one of them, which make good study setting.

4.2. Study Design

Descriptive cross-sectional study was conducted. using a 27-item survey including demographics items and 5-point Likert scale questions (1=strongly agree, 2=agree, 3=neutral, 4= disagree 5=strongly disagree). And open ended qualitative question.

4.3. Source Population

Medical students of SPHMMC.

4.4. Study Population

This cross-sectional survey involved undergraduate medical students who pursue their medical education in SPHMMC, one of government owned higher learning institutions of Ethiopia, and was carried out between September and October 2019. In the survey, final year (internship) medical students were involved (assuming that they have thought over their future career plan than the junior ones) at the time of the study.

4.5. Inclusion Criteria

All final year medical students

4.6. Exclusion Criteria

Students which didn't have anesthesiology attachment

4.7. Sample Size

All medical student of final year will be included in the study.

4.8. Data Collection Procedures

Data was collected through a structured questionnaire that was developed by the investigator

Data collection instrument is developed in English. To evaluate understandability and applicability of the instrument 2 week prior to main data collection, a pretest was conducted on 5% of the sample size.

Data was collected by two trained data collectors after being trained ahead of data collection.

4.9. Study Variables

4.9.1. Independent Variable

- ✓ Age
- ✓ Sex
- ✓ Clinical rotation

4.9.2. Dependent variables

- ✓ Medical student attitude towards anesthesiology as future career

4.10. Data Processing and Analysis

Each questionnaire was checked for completeness, missed value. Data was cross checked for consistency and accuracy. The collected data was entered and analyzed by using SPSS version 20 by the investigator. Descriptive statistics was used to describe data i.e., mean and standard deviation, for quantitative variables while frequency and percentage for qualitative variables. A thematic analysis was used for open ended (qualitative) questions.

4.11. Ethical Consideration

Ethical clearance was obtained from ethical review board of SPHMM and written consent was attached on each questioners. Confidentiality was maintained at all levels of the study by avoiding the use of names and any identifiers.

4.12. Dissemination and Utilization of Results

The final result of the research will be submitted to SPHMMC. Furthermore, the finding will be presented on appropriate seminars, conferences and workshops, and publishing with scientific journal will be considered.

CHAPTER FIVE

5 Result

A total of 96 SPHMMC final-year medical students, from a class of 100, participated in the study, giving a response rate of 96%. The remaining 4 students did not participate as they were either at decentralized sites, on-call or absent. All 96 questionnaires were analyzed. The age range of the respondents was 20–40 years, with a mean age of 23 years and with standard deviation of 2.71 (p-value .068). Females constituted 40.6% ($n = 39$). p value 0.121 of the cohort.

The majority of the students (88.5%; $n = 85$) indicated that they would like to specialize in the future. The eleven students who planned not to specialize completed all aspects of the questionnaire and were thus included in the analysis. The most popular first-choice option was surgery followed jointly by Internal Medicine and radiology (Table 1). Anesthesiology ranked seventh as a first-choice option

CHOICE OF SPECIALITY	1ST	2ND	3RD	TOTAL OF THE THREE
INTERNAL MEDICINE	13	8	4	25
GENERAL SURGERY	27	14	8	
PEDIATRICS	7	9	8	24
OBSTETRICS & GYNCELOGY	11	12	15	38
ANESTHESIOLOGY	2		1	3
PATHOLOGY	0			
RADIOLOGY	13	13	10	36
DERMATOLOGY	2	7	6	15
GENERAL PRACTITIONER	3	1	4	8
MEDICAL ADMINISTRATION	1	3	2	6
FAMILY MEDICINE	0			

ENT	1	1	4	6
PSYCHIATRY	1			
OPHTHALMOLOGY	2	1	1	4
FORENSIC MEDICINE	1			
EMERGENCY MEDICINE	1	3		4
UROLOGY	0	1		
ORTHOPEDICS	0			1
NEUROSURGERY	0	1	1	2
TOTAL	85*	77*	73*	

*The discrepancy in the column totals is as a result of six medical students who only chose a first and second career option; and another eight student's choice only first career, with no second or third option

As not everyone is likely to end up with their first career choice, I looked at the first three career choices of the students. The most popular specialties appearing within the first three choices were general surgery (51.04%), obstetrics& gynecology (39.5%) and radiology (37.5%). 3(3.15%) had Anesthesiology within their

top three specialty choices, making it the eleventh most top three specialty choices, making it the eleventh

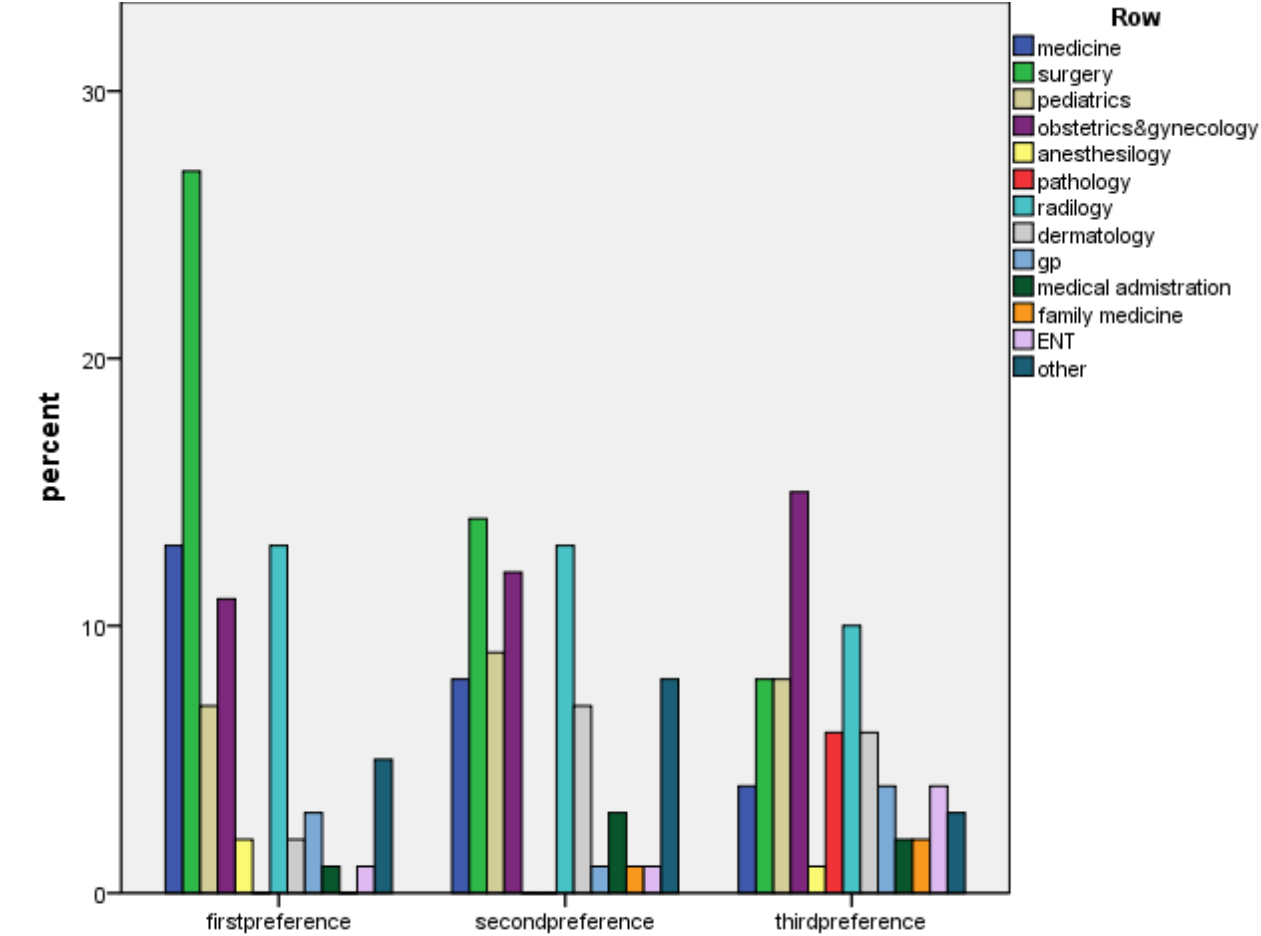


Figure 1 the first three specialty choice of medical student

The reason for choosing the above department is beyond the scope of study, thus, the remaining issues focused specifically on anesthesiology. The mean duration of exposure to anesthesiology was 7 days (range: 4–10 days), though they expected 3 weeks attachment period par the curriculum, with 69 (81.3%) students deeming this exposure to be insufficient. Most of the students complain of they get only lectures and recommends if the department involves stimulation training and practical attachment .The students were asked to rank positive and negative features from supplied lists that best described anesthesiology ,with five stage Likert scale s(shown below by stack graph). the top three positive attribute of anesthesiology was high income(76%), quick response to treatment (76%), and controllable life style (61% and)The negative attributes of anesthesiology highlighted by the students were that it was , stressful(76.1%) lack of recognition by peers(61.5%) and patients(75%) , frightening and perceived as behind the scenes.

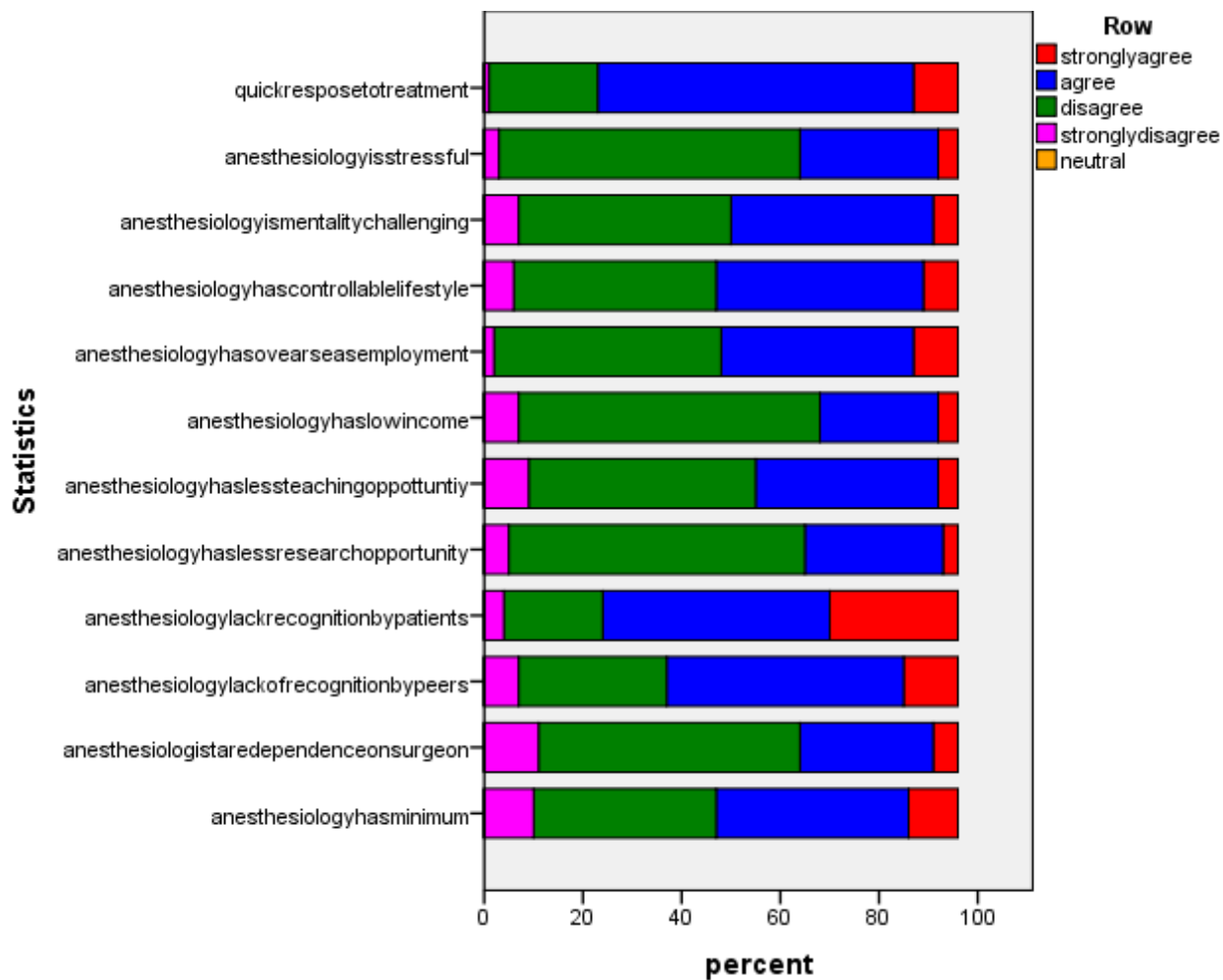
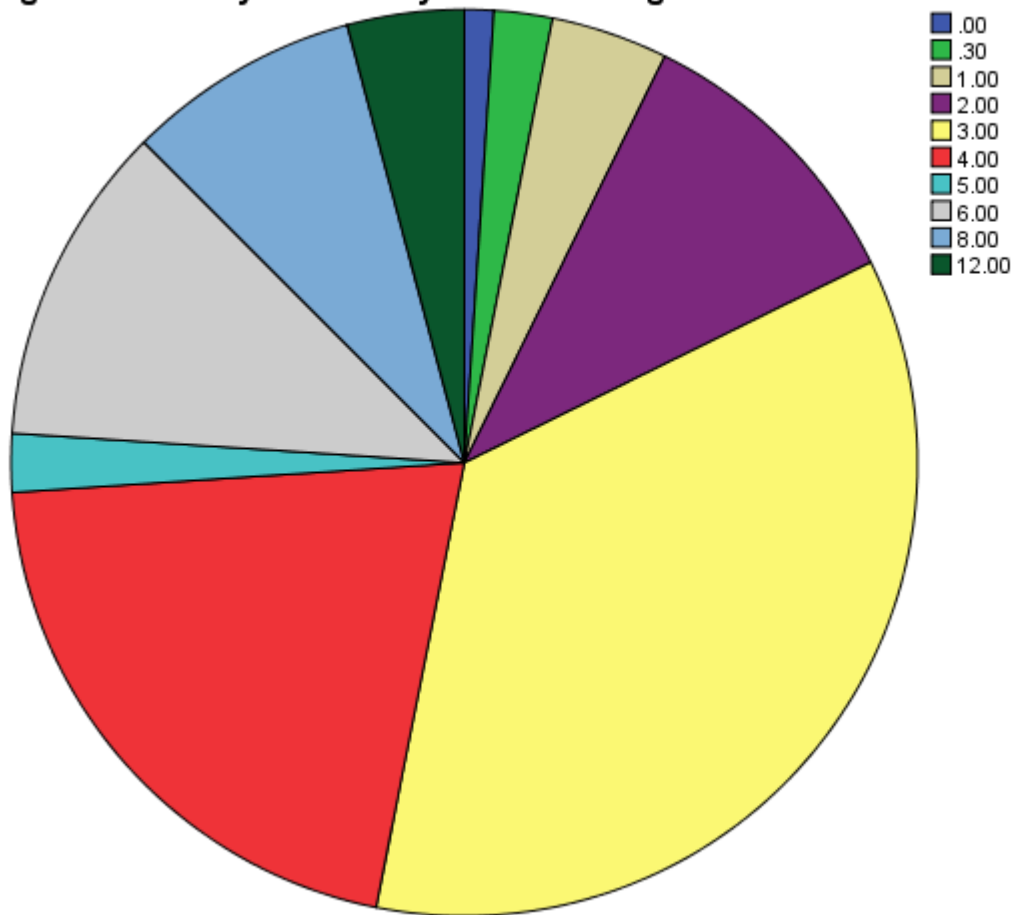


Figure 2 students response on attitude towards anesthesiology

Figure 3 illustrates the comments given by the students related to the rotation. Most of the students don't know about the specialty before they enter medical school, and they also say their exposure in the medical school is not adequate. Despite this, most of the students think anesthesiologists have an equal role with the surgeon intraoperatively and postoperatively for patient outcome.

Finally, when asked how much time will be enough for an ideal anesthesiology rotation, their response is dissipated. On the pie chart.

figure how many weeks do you think enough for an idea lanesthesiology rotation



Footnote

Figure 3 students recommendation on duration of anesthesiology attachment

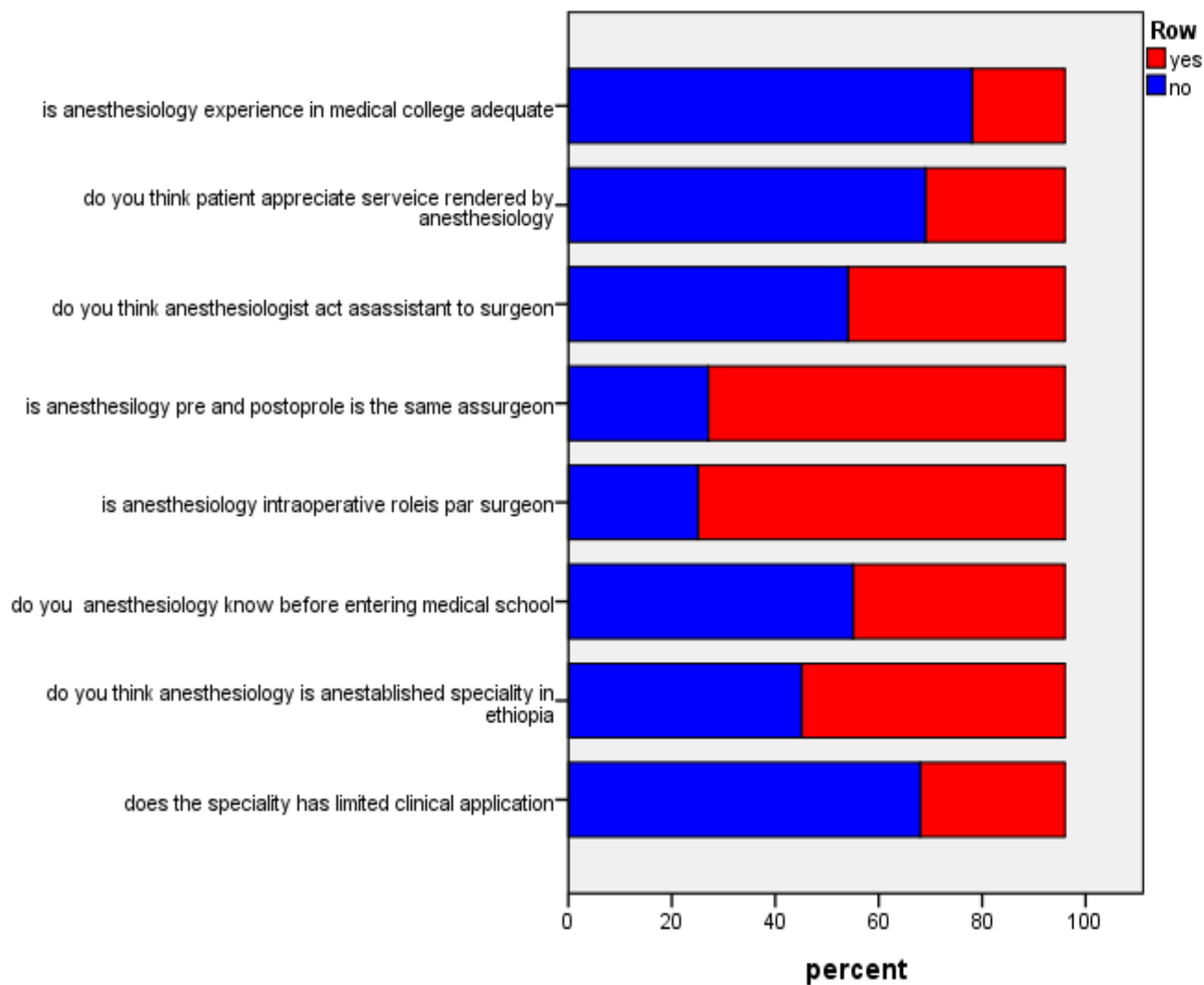


figure 2 the comments given by the students related to the rotation

Figure 4 comments given by the students related to the anesthesiology rotation

CHAPTER SIX

6 Discussion

The purpose of this descriptive study was to understand the attitude of final-year medical students at SPHMMC for the year 2019 with regard to anesthesiology as a preferred specialty choice. Anesthesiology (2.08 %) ranked 7th in popularity as a first career choice among the specialties presented to the students. This was almost similar to South African study conducted by Dambisa et al.

in 2003 where a very low number of medical students (1.2%) opted to pursue a career in anaesthesiology.¹⁹ similar to the Dambisa study, anesthesiology was among the least preferred specialty in more recent studies among Ghanaian,²⁰ Nigerian²³ and Pakistani¹³ medical students. However there is relative popularity of anesthesia among the UKZN medical students which ranked fourth popular choice as well a multicenter UK study conducted by Cleland *et al.*, which ranked anesthesiology fourth in popularity as a career choice among their 1001 fifth year medical student^{22,5} this may due to the development of the department in economically well-developed counters

The most popular specialties were surgery (28.125%), followed jointly by internal medicine (13.54%) and radiology (13.54%). This was echoed by a study in Nigeria by dambisa at which showed that surgery and internal medicine were among the most preferred specialty choices among final year medical students.¹⁹ the much longer undergraduate exposures in these popular specialty choices in comparison with specialties like anesthesiology may account for this relative popularity. A summary of relevant studies from the literature to serve as comparison with our study is depicted in Table 2

Nyssen *et al.* also identified anesthesiology as a stressful specialty.²⁴ such negative attitude need to be addressed if we are to attract and recruit more people into anesthesia. I found the undergraduate medical school rotation to have the biggest influence on the medical students 'attitude of anesthesiology with the need for longer exposure as an undergraduate being consistently highlighted plus when I ask what was the enjoyable part of anesthesiology (despite on graph below) about 40% of students say none ,reason out it by lack of practical engagement and skill transfer during the rotation Khan *et al.* in 2011 showed the positive influence of a two-week clinical clerkship of anesthesia on changing the attitude of medical students towards the specialty of anaesthesia.²⁵

Desalu *et al.* also showed a positive change in the attitudes that their Nigerian medical students had of anesthesiology after their clinical clerkship.

In my result 81.3 % (n=78) their anesthesiology experience is not adequate which may be the one of the implicating cause of less preferably of anesthesiology among our students.

Hence, a positive undergraduate experience may well play a very important role in choice of future specialization.

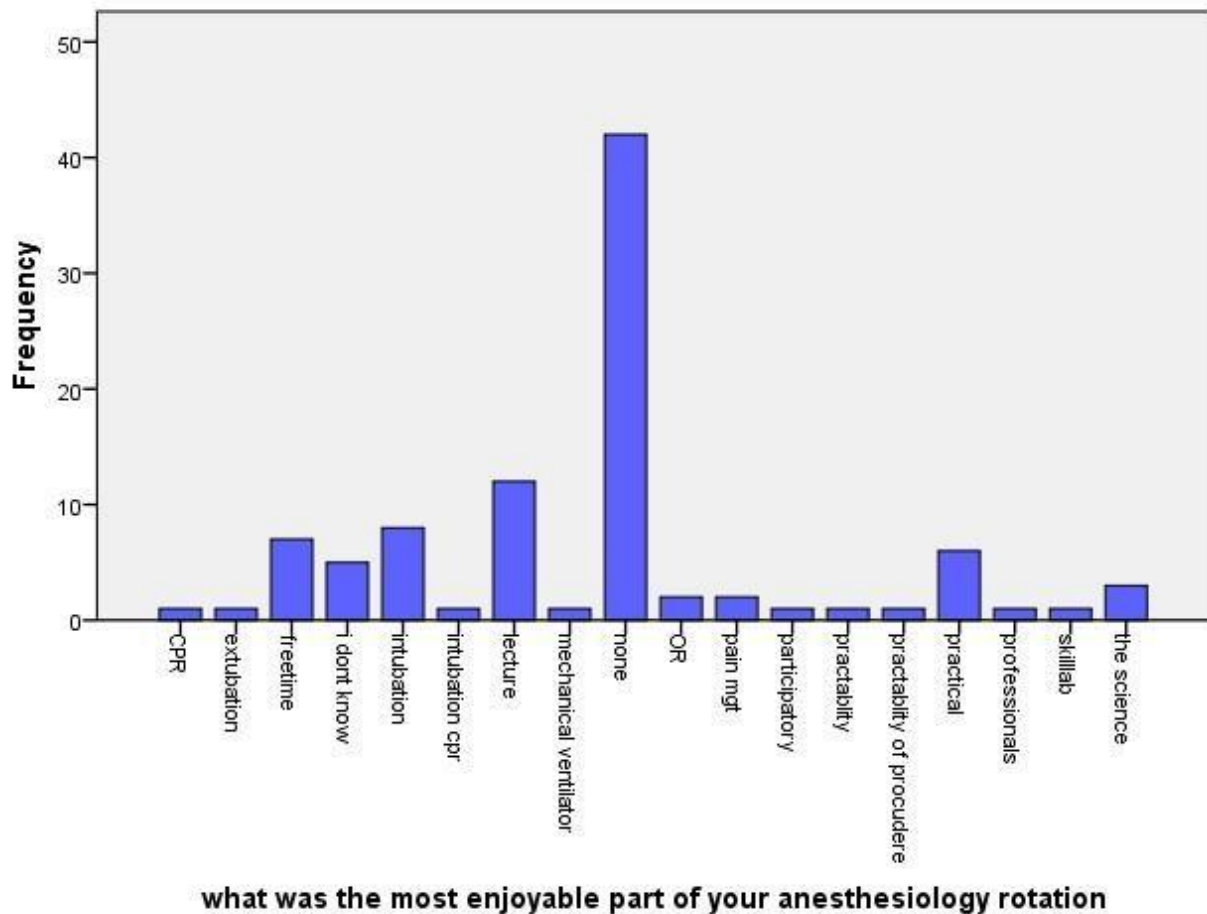


Figure 5response of students on enjoyable part of anesthesiology rotation

Further, it would be important to follow up medical students after they qualify, as the next most appropriate nexus for enticing them into the specialty would be their time as interns in anesthesiology. In a study by Reddy *et al.* in Durban, South Africa, there was an increase in the number of interns choosing a future career in anesthesiology after their clinical rotation.²⁶ The factors that influenced their choice of anesthesiology as a career were: positive patient outcomes, satisfaction from immediate results seen, intellectual content, hours/working conditions and no ward round or clinics. But our interns are not lucky for this since they don't have anesthesiology internship attachment. These above factors could also be used in marketing the discipline to medical students at an earlier stage.

Table 2 result summary of different study.

Author and reference	Year	country	Sample size	Population	Male: Female%	Age range (year)	Plan to specialize %	Anesthesia popularity ranking	Preferred specialty choice
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Dambisya	2003	southafrica	364	1st-6 th year	47:53	Not specified	89.8	8 th	Surgery,medicine,o&G
Nwsoara	2010	nigeria	80	Final year	80.7:19.3	26-40	92	Not specified	Not specified
Rehman	2011	Pakistan	771	1 st _5 th year	23.1:76.9	Not specified	Not specified	9 th	Surgery,medicine,pediatrics
Oku	2014	nigeria	105	Final year	69:31	27+\-4	91.4	7 th	O&G,pediatrics,medicine
Cleland	2014	Uk	1329	1 st year	41:59	17-21	Not specified	7 th	Medicine,G P,surgery
			1001	5 th Year	32.9:67.1	Not specified	Not specified	4 th	Medicine,GP,emergency medicine
Abdulrat	2015	Ghana	183	Final year	54.8:45.2	18-37	84.9	9 th	Surgery,pediatrics,medicine
Algqiba	2017	South Africa	112	5 th year	54:46	20-28	97.3	4 th	O&G,medicine,Pediatrics
My study	2019	Ethiopia	96	Final year	59.4:40.6	20-40	85	7 th	Surgery medicine radiology

Completing the continuum on to specialization, postgraduate registrars interviewed prior to starting their specialization in anesthesiology in Pakistan were of the perception that anesthesiology was intellectually challenging ; a very vast field; technology based ; gave them financial security; a sense of control; involved teamwork and had clinical application of physiology and pharmacology.²⁵ Similarly 200 postgraduate students in India highlighted intellectual stimulation(22%) and earning potential (20%) as factors that influenced their career choice in anaesthesiology.¹⁰ Again, such factors could also serve as positive reinforcement to medical students at an earlier stage.

CHAPTER SEVEN

7 Strength&Limitation

7.1 Strength

This is the first research done on SPHMMC on this topic which will be taken as initiative for further researches in topic

7.2 Limitation

A limitation of our study was that it was a single-center study that focused only on the final-year medical students.

The students were not blinded to the anesthesiology resident investigator and this may have created a bias towards anesthesiology

The cross sectional nature of the study didn't allow for inference to be drawn as to causal relationship among variables.

Eleven who did not want to specialize completed the questionnaire and thus needed to be included in the analysis. This may have created a bias.

CHAPTER EIGHT

8 Conclusion&Recommendation

8.1 Conclusion

Anesthesiology remains a less popular choice as a career amongst medical students. Their attitude regarding anesthesiology are multi-faceted, with the undergraduate anesthesiology rotation viewed as the biggest influence on their attitude of anesthesiology. This knowledge of medical students' attitude should form the basis for the development of strategies to enhance the attractiveness of the specialty of anesthesiology.

8.2Recommendation

All anesthesiologist should strive to improve the discipline profile, change the misconceptions and enhance the attractiveness of the field from foundation level upwards, such that more trainees are attracted into the discipline.

I recommend an increase in the duration of undergraduate exposure to anesthesiology to enhance the attractiveness and popularity of anesthesiology.

The department also need to work hard on incorporating more practical session beside lectures

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. ANNEX 1

Informed Consent

You are invited to participate in a survey on medical student's attitude towards anesthesia as future career. This research project is being conducted by Bayelign Wolde , M.D., St. Paul's Hospital Millennium Medical College, It should take approximately 20 minutes or less to complete.

PARTICIPATION your participation in this survey is voluntary. You may refuse to take part in the research or exit the survey at any time without penalty. You are free to decline to answer any particular question you do not wish to answer for any reason.

BENEFITS

you will receive no direct benefits from participating in this research study. However, your responses may help us learn more about medicals student need to join anesthesiology thereby highlighting any existing gaps and providing evidence on how those gaps might be addressed.

RISKS

There are no foreseeable risks involved in participating in this study, but you may find some of the questions to be sensitive.

CONFIDENTIALITY. No one will be able to identify you or your answers, and no one will know whether or not you participated in the study.

CONTACT

If you have questions at any time about the study, you may contact Bayelign wolde.MD via email binibaye.bw@gmail.com or direct contact

If you feel you have not been treated according to the descriptions in this form, or that your rights as a participant in research have not been honored during the course of this project, or you have any questions, concerns, or complaints that you wish to address to someone other than the investigator, you may contact St. Paul's Hospital Millennium Medical College via email at info@sphmmc.edu.et

CONSENT:

- You have read the above information
- You voluntarily agree to participate
- You are 18 years of age or older
- You are a medical students of SPHMMC

- ☐ I consent to begin the study
- ☐ I don't consent

1 Age A 20-25 B 25-30 C 30-35

2 Sex M F

3 Year of Medical School Class of _____

MEDICAL STUDENTS CAREER CHOICE

I. A list of specialties is given on the right. What specialty will you choose as career after graduation? Write down the row number of your preference on the left:

- | | |
|---------------------------|----------------------------|
| ❖ First preference _____ | 1. Medicine |
| | 2. Surgery |
| ❖ Second preference _____ | 3. Pediatrics |
| | 4. Obstetrics & gynecology |
| ❖ Third preference _____ | 5. Anesthesiology |
| | 6. Pathology |
| ❖ Not decided yet _____ | 7. Radiology |
| 8. Dermatology | |

9. General Practice
10. Medical Administration
11. Family Medicine
12. ENT
13. Other please specify

If you did not choose Anesthesiology in the above list, what is the reason? Please circle 'strongly agree', 'agree', 'disagree', or 'strongly disagree' to indicate your attitude the career (ANESTHESIOLOGY)

1 anesthesiologist Lacks recognition by peers

Strongly Agree Agree Disagree Strongly Disagree

2 anesthesiologist Lacks recognition by patients

Strongly Agree Agree Disagree Strongly Disagree

3 anesthesiologist has Low income

Strongly Agree Agree Disagree Strongly Disagree 4 anesthesiologist are Dependent on surgeon

Strongly Agree Agree Disagree Strongly Disagree 5 No previous exposure to specialty

Strongly Agree Agree Disagree Strongly Disagree

6 Less teaching opportunity to under graduated student in the career

Strongly Agree Agree Disagree Strongly Disagree

7 anesthesiology has Minimum patient contact Strongly Agree Agree Disagree Strongly Disagree

II. What is the important factors in the choice of a career for you?

1. Financial material Strongly Agree Agree Disagree Strongly Disagree

2. Social preference Strongly Agree Agree Disagree Strongly Disagree

3. Fixed work hours Strongly Agree Agree Disagree Strongly Disagree
4. Teaching opportunity Strongly Agree Agree Disagree Strongly Disagree
5. Research prospect Strongly Agree Agree Disagree Strongly Disagree
6. Societal appreciation Strongly Agree Agree Disagree Strongly Disagree
7. Quick response patient to treatment Strongly Agree Agree Disagree Strongly Disagree
8. Need for self-fulfillment strongly Agree Agree Disagree Strongly Disagree
9. Seeking overseas employment Strongly Agree Agree Disagree Strongly Disagree

III. The following questions relate to anesthesiology *Please go through them and elaborate your answer:*

A) Does the specialty have limited clinical application?

b) Do you think anesthesiology is an established specialty in Ethiopia?

C) Were you aware that anesthesiology was a medical specialty before entering medical school?

D) Do you think that the Intra-operative role of anesthesiologist is at par with the surgeons?

E) Do you think that the Pre/post-operative role of anesthesiologists at par with that of a surgeon?

f) Do you think the anesthesiologist act as an assistant to the surgeons?

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G) Do you think the patients undergoing surgery are appreciative of the services rendered by an anesthesiologist?

H) Do you think the anesthesiology experience in the medical college is adequate?

I) what was the most enjoyable part of your anesthesiology rotation?

j) How many days do you think are enough for an ideal anesthesiology rotation?

k) Do you find anesthesiology interesting? If yes why.
