Correspondence

Validity of Written Examinations

To the Editor:—We recently reviewed the score results for the American College of Anesthesiologists' Annual Certification Written Examination and were fascinated to find that candidates with less training and experience appeared to perform better than those with more training. In a representative sample from the provided norm (table 1), the standard score an individual received was compared with a percentile rank (the percentage of candidates taking the exam that scored less well than the individual under consideration). This comparison was made for the total group of candidates taking the exam and also for subgroups of the candidates divided according to similar degrees of training.

In the total group, which includes U.S.--Canadian as well as foreign medical graduates, for any selected standard score, those individuals with two or more years of residency generally had higher percentile ranks than those individuals with less training (less than two years of residency). This indicates that the more highly-trained resident group, as a whole, performed less well, allowing an individual in this group to have a higher percentile rank than were he in the resident group with less training for any given standard score. Similarly, the percentile ranks for those candidates who presumably had had even more training and had completed their residencies were consistently higher than those of the other two groups with less training for any given standard score, thus indicating the poorest performance of all by individuals in this group.

From these results, one or more of the following conclusions might be drawn:

1. The more training one receives, the less one in fact knows.
2. The mental deterioration that occurs due to aging as one progresses through a two-or-three-year training program affects one's ability to perceive and respond appropriately under examination.
3. Enthusiasm for study decreases as one advances in training and experience, thus making one less able to answer college-type questions correctly (what implications does this have for anesthesiologists as they leave residency and enter practice?).


We feel, however, that another conclusion seems the most reasonable. We believe that the above-noted relationship exists because written examinations primarily test recall of facts rather than testing medical judgment. We conclude that the degradation in test results among individuals with more training and experience reflects the decrease in knowledge of specific facts that may occur during the time medical judgment is developing. If true, this conclusion has profound implications concerning the reliability of written examinations to assess adequately an individual's overall clinical competence, especially during the relicensure and recertification processes.

Charles H. McLeskey, M.D.
Richard J. Ward, M.D., M.Ed.
Department of Anesthesiology, RN-10
University of Washington
Seattle, Washington 98195

Reference


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Face Tent vs. Face Mask for Oxygen Therapy

To the Editor:—In 1976, Gibson et al. studied intratracheal oxygen concentrations achieved with various types of equipment used to deliver supplemental oxygen to spontaneously breathing patients. Their experimental model involved percutaneous placement (via cricothyroid puncture) of a small sensing catheter into the tracheas of trained subjects, who then were fitted with various oxygen delivery devices.