CORRESPONDENCE

Assessing resident member needs at the Canadian Anesthesiologists' Society: a national survey

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To the Editor,

Resident involvement in the Canadian Anesthesiologists' Society (CAS) is crucial to fostering future professional citizenship¹ among practicing anesthesiologists. Unfortunately, only 261 out of 768 (34.0%) anesthesiology residents graduating in 2012–2017 continued their CAS memberships. To understand how the CAS can better serve, engage, and retain its resident and new graduate members, the CAS Residents' Section conducted a national needs assessment survey.

This quality improvement survey (see Electronic Supplementary Material [ESM], eAppendix) was developed with input from the CAS Executive Committee, Board of Directors, and Residents' Section. It addressed five domains: demographics, CAS benefits, improving the residency experience, barriers to attending the CAS annual meeting, and continuation of CAS membership upon graduation. The CAS emailed the

survey to all active anesthesia residents in Canada (11 March 2018), with two follow-up reminder emails. In addition, invitations to complete the survey were advertised in the CAS newsletter, the CAS Residents' Section website,² on social media, as well as through resident representatives at each of the Canadian residency programs. The survey was closed on 27 May 2018. A waiver of formal ethics approval was granted by the IWK Health Centre Research Ethics Board (30 September 2019) for this publication.

Of the 610 registered anesthesia residents in Canada, 603 were contacted, with 84 (14%) responses received. All 84 (100%) respondents answered yes to the question “Have you heard of CAS and do you know what we do?” Between 46 and 65% of residents reported interest in the benefits the CAS already offers, but only 18–45% presently use them (ESM eTable 1). This suggests that there is a need for the CAS to reach out to residents and promote these benefits. Career and educational resources, financial support, and social engagement are the top areas that CAS could target to improve the residency training experience (Table).

Of the respondents, 43 (51%) had previously attended a CAS annual meeting. Reported barriers to attending included scheduling issues (52 of 84 [62%] respondents), perceived cost ($n = 46$, 55%), and location ($n = 32$, 38%). Regarding the intention of continuing CAS membership upon graduation, 57 (68%) reported it as likely, 21 (25%) ambivalent, and two (2%) unlikely. The 68% who reported their continued CAS membership as “likely” was higher than the 28–42% yearly membership continuation rate observed in 2012–2017. Suggestions from respondents to increase their likelihood of continuing membership included reduced cost and better curated educational resources. Further investigation targeted at early

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Table Thematic analysis of responses to the open-ended question of how the Canadian Anesthesiologists' Society can improve the residency experience

Theme	Suggestions from respondents
Career resources	<ul style="list-style-type: none"> • Create directory of available Canadian fellowships • Database of employment opportunities • List of global health experiences
Curated education resources	<ul style="list-style-type: none"> • Centralize resources: Royal College tips, practice oral exam scenarios, anesthesia considerations summaries, guidelines, landmark papers/trials, links to useful websites • Organize national exam preparation courses • Clinical workshops (in addition to those provided at the annual meeting) • Tips around financial planning, transition to practice, billing
Financial support	<ul style="list-style-type: none"> • Conference funding (including reduced CAS annual meeting and workshop pricing) • Travel subsidies for conferences
Social engagement	<ul style="list-style-type: none"> • Facilitate inter-university resident networking through events and online social platforms • Mentorship (especially with community anesthesiologists)

CAS = Canadian Anesthesiologists' Society

graduates is needed to understand the barriers and facilitators to continuing CAS membership.

Our survey has several limitations. The questionnaire was not formally validated but received input from several CAS committees. The 14% response rate may reflect low levels of resident engagement and may over-estimate the true response rate as duplicate submissions could not be screened from anonymous respondents. These results may also reflect sampling bias—i.e., respondents may be more likely to be involved with the CAS than non-respondents are. These limitations are balanced by representation from every Canadian anesthesiology program and across postgraduate years (ESM eTable 2).

In response to the survey feedback, the resident representative to the CAS Board of Directors and the Residents' Section have implemented several initiatives including bursaries to attend the annual meeting, improved resident sessions and socials, funding for the Simulation Olympics, a communications and social media strategy, and a staff-resident mentorship program. Other projects underway include national awards to recognize resident accomplishments and more CAS-affiliated local events for residents.

Professional citizenship is crucial to the future of anesthesiology in Canada and must be nurtured starting in residency. The survey identified communication, career resources, educational resources, financial support, and social engagement as targets for improvement.

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