tions associated with OSA and patients with no risk. More recently, STOP-Bang has been used to identify patients with OSA in pre-anesthesia consultation, and we are concerned that the use of this score for this kind of screening may result in missing patients at risk and in unnecessary over-monitoring of patients without OSA.

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Where we are in training residents: results from a standardized evaluation approach

Dear Editor,

the European Diploma in Anaesthesiology and Intensive Care (EDAIC) is a multilingual, end-of-training, two-part examination covering the relevant basic sciences and clinical subjects appropriate for a specialist anaesthesiologist. It has been created by the European Society of Anaesthesiology (ESA) in 1984 to achieve a uniformly high standard of knowledge throughout Europe as judged by an independent Board of Examiners.[1] It is endorsed by the European Board of Anaesthesiology (EBA) of the European Union of Medical Specialities (UEMS) [2] and his achievement is mandatory to work as Anaesthesiologists in a number of European Country.

On-Line Assessment (OLA), has been introduced by ESA in 2011 to help anaesthesiologists to identify areas where their knowledge needs improving and up-dating in preparation of EDAIC.

On April 17, 2014 ten Italian Residency Training Schools involved their resident in Anesthesia and Intensive Care to participate to the OLA proposed by ESA.

One hundred twenty-six candidates attended obtaining an overall mean score of 61% for Section A (Basic Sciences) and 68% for Section B (Clinical Practice). These results were almost in line with the ones obtained

TABLE I.—*Scores obtained by candidates in Paper A (basic sciences) and Paper B (clinical practice) and in the different areas constituting the exam.*

Competency area	Total (N.=126) Mean±SD (%)	Stage of training			*P* value
		<2 years (N.=13) Mean± SD (%)	2-4 years (N.=65) Mean± SD (%)	>4 years (N.=48) Mean± SD (%)	
Paper A total	61±8	64±7	61±9	60±6	0.40
Paper B total	68±5	67±4	68±6	69±5	0.51
Cardiorespiratory physiology	62±11	65±6	64±12	60±10	0.07
General pharmacology	63±10	65±10	64±11	62±8	0.31
General physics	59±13	64±8	60±15	59±12	0.45
General physiology	63±11	65±13	64±13	61±8	0.41
Intensive care	65±8	65±9	66±10	65±6	0.83
Internal medicine	72±8	74±9	73±7	71±8	0.38
Local regional anesthesia	75±10	72±10	74±10	76±11	0.40
Emergency medicine	68±10	64±11	67±11	71±9	0.05
General anesthesia	67±7	65±3	67±7	68±8	0.34
Cardiovascular pharmacology	65±14	69±12	62±16	68±12	0.06
Central nervous system pharmacology	63±13	67±8	62±14	64±11	0.23
Clinical measurement	57±9	60±12	55±10	59±7	0.07
Neurophysiology	63±13	61±12	66±14	59±12	0.03
Special anesthesia and pain	68±7	67±5	67±8	68±6	0.64
Statistics	48±22	49±18	51±21	45±23	0.32

by the international cohort composed by 588 candidates coming form 58 centres located in 20 different Countries which obtained an overall mean score of 65 % for Section A and 70% for Section B.

But some differences come out if we take into account the level of seniority of the candidates (<2 years; 2-4 years; >4 years). While in the international cohort no change in the results obtained by the tree levels of seniority was observed either in Section A (67%, 64% and 65%, respectively) or in Section B (70%, 70% and 70%, respectively), a progressive reduction in the Section A results (64%, 61% and 60%, respectively) and a progressive increase in the Section B results (67%, 68% and 69%, respectively) was observed in the Italian cohort.

A more detailed analysis of the results obtained by the Italian cohort in the different areas of competency composing the exam is reported in Table I.

As shown, it seems that the higher the seniority of the candidates, the lower the competency in Basic Science areas (*i.e.* physics, pharmacology, physiology) and the higher the competency in Clinical Practice areas (*i.e.* emergency medicine, general and regional anesthesia).

Although this observation is still preliminary and the sample size is still insufficient to provide statistically significant evidence, we believe it is, as of now, important to think back the training programs of the Italian Residency Training Schools to avoid that the basic competencies acquired during the Master Degree course, and apparently still present in the early years of attendance, are likely to be lost with the progress of clinical training.

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