



Maria D. Patrocinio, MD; Samantha L. Armstrong, BS; Yunping Li, MD; Philip E. Hess, MD

Background

- Active learning techniques and large language models (LLM) are shifting resident trainee education.
- Within the Anesthesia field, LLM have reduced accuracy.

Aim

• To evaluate whether LLM-generated learning summaries validly provide a novice resident with knowledge that will aid their ability to learn accurate information.









Maria D. Patrocinio, MD; Samantha L. Armstrong, BS; Yunping Li, MD; Philip E. Hess, MD

Study design & Methods

Inclusion criteria

Exclusion criteria

Statements

Survey













Maria D. Patrocinio, MD; Samantha L. Armstrong, BS; Yunping Li, MD; Philip E. Hess, MD

Results

- Significant grading differences in scoring (P<0.01)
- Significant high reliability for the experts (Cronback's alpha 0.92) and good reliability for the LLM (Cronback's alpha 0.84).
- Residents were unable to distinguish whether the statements were written by an expert or LLM.

 LLM statements favored for anesthetic complications and expert statements for hypertensive disorders.









Maria D. Patrocinio, MD; Samantha L. Armstrong, BS; Yunping Li, MD; Philip E. Hess, MD

Conclusions

- Expert statements were highly reliable, but of similar quality to LLM.
- LLM was less favored for a complex topic due to lack of specificity,
- Residents were not able to differentiate LLM- vs expert-written statements.
- At this time, LLM can be used to gather quick knowledge, but should be used carefully for detailed information, specifically for individualized and direct patient care.



