American Society of Anesthesiologists

Medical Student Newsletter

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Match Day

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Match day is undoubtedly one of the most important days of a medical student's career. After four years of intense academics, topped with residency applications, interviews and the final rank list, it all comes down to this one day; it marks the transition between medical school and residency. On March 16, at noon, fourth year medical students nationwide open envelopes to find out where they will be spending the next 3-5 years of their training. This is an invigorating time for students; after today, they will begin planning for the next stage of their life.

This year's success in the match was no short of outstanding. Written in a press release from the NRMP, 95 percent of U.S. medical school seniors – the highest rate in 30 years – have matched into residency positions. Internal medicine, Anesthesiology, and Emergency medicine had the largest increase in the match.

2012 match statistics: http://www.nrmp.org/data/datatables2012.pdf
NRMP Press release: http://www.nrmp.org/pressrelease2012.pdf

For those of you unfamiliar with the match for anesthesia, it includes both PGY1 (Categorical - 4 year) and PGY2 (Advanced - 3 year) positions. Looking at the 2012 match statistic graphs on the NRMP website, more and more programs seem to be shifting towards a categorical type of residency track. The trend from 2008 to 2012 shows an increase in the number of PGY1 positions offered (666→919 positions) and a decrease in the number of PGY2 positions offered (698→557 positions).

Of the 919 PGY1 positions offered this year, 78 percent were filled by US seniors and 97.6 percent filled in the match overall. There has been an increase in both the number of positions offered and the positions filled this year. As for the 557 PGY2 positions, 71.3 percent were filled by US Seniors and a total of 96.9 percent filled in the match.

Now, the last graph shows how the Anesthesia match compares with the other specialties. Out of the US Senior's who matched into PGY1 residency spots, 725 or 4.6% matched into PGY1 positions; this has increased since 2008, when 524 or 3.6% of US Seniors matched Anesthesia PGY1 spots.

"Anesthesiology is becoming more popular, and in turn, more competitive. So just be aware of the trends, and start preparing yourself during your third year for the interview trail. Then, when the time comes to apply, you'll be ready."

What do all of these numbers mean? Anesthesiology is becoming more popular, and in turn, more competitive. So just be aware of the trends, and start preparing yourself during your third year for the interview trail. Then, when the time comes to apply, you'll be ready. Remember to refer back to Amy Voet's articles on fourth year planning – you can find this on the ASA website – and you will already be well on your way to residency.

Here's a little bit about what helped me during my fourth year:

For starters, I would recommend using a book as a guide; I liked The Successful Match, by Desai. Other books students recommended: Getting into Residency by Iserson; The Residency Interview by Freedman. Whichever book you choose, it will serve as an important guide through the interview process. It will give you tips on writing the dreaded personal statement, help you prepare for interviews, and ensure you complete all the necessary steps on the interview trail, including how to follow up with thank you letters to programs after the interview.

How do you select a program? Every individual is different. The best program for one person may not be the best program for you. Listed below are important factors (not necessarily written in any order) to consider in your decision-making; you should weigh the factors on what is most important to you.

- Location is on everyone's list; after all, anesthesia residency is the next 3-4 years of your life. First, you need to decide whether you want to match into a 3 or 4 year program. As mentioned above, anesthesia residency is 4 years: 1 year preliminary or transitional year followed by a 3 year anesthesia residency. The four year programs include this first (PGY1) year. If you choose the advanced route, don't forget to apply and interview separately for the preliminary medicine/surgery or transitional year programs.

- Size and Structure of the Program: Anesthesiology programs vary in size from roughly 6 residents to 28 or even 30 residents per year. What type of program will you feel most comfortable in? Residency is a steep learning curve. It is important to be in an environment where you will learn best. Each program has its own learning style, didactics and faculty involvement.

- The Program: Compare yourself to the current residents. Are they people you see yourself working with?
    - How is the camaraderie of the program?
    - Do the residents have autonomy?
    - Is education given primary importance?
    - Academically, how often are lectures given? Are residents relieved from clinical duty to attend the lectures?
    - Is there practice management preparation prior to completing residency?
    - Staff – where did they train? Is the Program Director approachable? Is he or she a resident advocate?
    - Certified Registered Nurse Anesthetists (CRNAs)?
    - What is the department's relationship with the rest of the hospital?
    - Electives – ICU months [open vs. closed ICU; who runs the ICU; anesthesia's role in ICU], Pediatric months
    - Which hospitals will you rotate at?
    - Moonlighting and research opportunities?

- Accreditation: 5 year accreditation is the best, and if the program has it, they will surely let you know. But, less than 5 isn't necessarily bad.

- Case Load: For the most part, I found the case load to be pretty consistent amongst the residencies. The ACGME mandates certain number of cases/procedures to be met before graduation. Sometimes that means completing away electives during residency to achieve those numbers – make sure you ask! Cases should be diverse and complex. Residency may be the last time you are a student, so you should give yourself the opportunity to see as much as possible during this time; once you are an attending, you need to be ready to handle almost anything.

- Future Opportunities: Will training at this institution help you in achieving your long term goals after residency – whether that is a fellowship, academics or private practice?

You may not know what you want to do in the long term, but it's good to start thinking about it. This way you can make sure you get the exposure and academic qualifications you need in residency to achieve that goal. Otherquestions you can ask: Do the residents get fellowships and are they in the places they seek? How about for jobs? How does the program focus on board preparation? What has been program's pass rate for the boards?

Common Interview Questions to expect:

- Tell me about yourself.
- Why do you want to go into Anesthesiology?
- What are your strengths and weaknesses?
- How would a friend describe you?
- Why do you want to come here?
- Where do you see yourself in 10 years?
- What's the biggest obstacle you've overcome?
- What do you like to do outside of medicine?
- What are you looking for in a program?

For the most part, the questions are broad and they just want to get to know you. I have heard a few horror stories about pimping, but those are few and far between. Just be yourself – a good night's sleep usually does the trick.

But don't forget the inevitable question, 'what questions do you have for me?'

Sample questions:

- What don't you like about this program? How is the relationship with fellow staff and surgeons?
- Is this department well-respected? What brought you to this program or what keeps you here?
- Do you anticipate any changes in the future?

If you can, you should complete away electives at a couple programs you are interested in. This is to your advantage because it gives you an accurate feel for what it would be like to be a resident there – as opposed to the very short glimpse you get on your interview day – and it helps the faculty to get to know you beyond your resume.

Write down notes after your interviews; programs will all start looking the same after so many interviews. I suggest making a template to help keep your thoughts of the program organized. This can include impressions of the faculty and residents, and any questions that you may have asked, or still have for the program. These notes will make your rank list easier come February - and also help you write thank you letters!

Good Luck, Everyone! If you have any questions, please feel free to email me. After you get the general gist of a few interviews, you'll feel more confident and can really enjoy the new places, hotels and especially the food ☺

Best wishes,
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Anesthesia Student Interest Groups:

The Nitty Gritty on SIGs

By: Daniel Hansen
Chair-Elect, ASA Medical Student Component

Anesthesia, as a choice of specialty, is often a late discovery for many medical students. The reasons are many, but it seems they generally boil down to a lack of exposure in the early years of medical training. During the didactic portions of medical school, we are cloistered away studying and only dream of what actually lies beyond the classroom. By third year, our learning curve steepens and we begin to see different specialties in depth. For the majority, their exposure to anesthesia begins (and often ends) during a surgery rotation as they peer over the blue curtain. Yet, exposure to anesthesia can begin

sooner. Student interest groups (SIGs) can be a valuable tool to provide early exposure to the field. The range of SIG activities varies from school to school—some are lacking an anesthesia SIG altogether and others have thriving SIGs.

To begin, I'm going to shine the spotlight on one school with a thriving student interest group—The University of California—Irvine. In my research, I was impressed by the active role the UCI anesthesia interest group plays at their school:

They started the year off with a residency application/interview advising session for MS3/MS4s with the anesthesia program director, associate program director, and the AIG faculty advisor. They then had a "Real Deal" talk for MS1/MS2s introducing what it is really like to be an anesthesiologist with the associate residency director and the AIG faculty advisor. Then they had an airway workshop going over basic and difficult airways with MAC/Miller blades, nasal/oral airways, LMAs, Glidescopes, fiberoptic scopes, and retrograde wire intubation. Recently, they had a post-match advising session led by recently matched MS4s who gave advice about applying into anesthesiology. They plan on having a vascular access workshop in May with stations covering central lines, arterial lines, and IV lines. They also plan on having a "boot camp" for those interested in doing a rotation in anesthesiology next year that will cover the anesthesia machines and common protocols.

In addition, UCI will be hosting a symposium for any medical student interested in learning more about anesthesia and subspecialties. Details can be found on their website: **http://www.anesthesiology.uci.edu/aig/symposium.shtml**.

As you can see, the UCI anesthesia SIG is well organized and active. If your SIG is similar, I commend you and encourage you to keep up the good work. If not, below I have listed several ideas that can help get your SIG moving.

"Show me the money!"

Step one, whether you are going to start an anesthesia SIG, revitalize your SIG, or keep your SIG moving full steam ahead, money can help. If you do not have an allocated budget for your SIG from your school's administration or your executive student council (or whatever other leadership bodies your school has), approach them to discuss a (small) budget. Explain that you would like to plan _____ activity for students at your school. Use your budget to provide lunch for a Q&A with local anesthesiologists, or use it to purchase supplies to hold an IV or intubation clinic. If you do not have a budget or cannot get any funding, get creative. Money can help build your SIG, but it isn't a necessity.

Involve the Students

Be proactive and reach out to students at your school and invite them to join your SIG or attend functions. A larger base to your SIG can help spread the word and excitement and with some organizational dexterity, you can execute impressive events all while sharing the work load. And never forget that free food at events works wonders.

Build a network

Anesthesiologists just might be the most approachable, friendly, and helpful physicians in all of medicine. I have rarely met an unfriendly anesthesiologist and it is nearly as rare to meet one that isn't keen on sharing his or her knowledge and experience. Within your SIG, work on building a network of physician mentors that you can bring in to answer questions, provide demonstrations, or help your SIG promote anesthesia.

Make it exciting!

To some, anesthesia is a boring specialty where you put a patient to sleep, turn on your iPad, and check your stocks. While there can be times when anesthesia is routine, the full scope of anesthesia is remarkable and the possibilities an efficient SIG can offer students is unsurpassed by any other specialty (look at the work of UCI). The combination of hands-on procedures and mental gymnastics can be thrilling and few students get to experience this critical component of anesthesia. Your SIG can plan hands-on trainings for students to learn how to start an IV, intubate, or run a patient simulation in an OR setting. Talk to your administration or faculty advisor regarding setting up an IV clinic or if you school has simulation models, find out how to schedule a clinic and recruit anesthesiologists to come in and help your SIG learn and practice intubation or set up a simulation OR and run through scenarios with adverse drug reactions. The key is to provide something more than your typical lecture. Students love to practice the clinical, hands-on aspects of medicine.

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Here are some ideas for what some anesthesia SIGs have done around the country:

- Lunch meetings
  - Provide lunch for students and bring in a panel of anesthesiologist to explain their path to anesthesia, residency, the nature of their work, how their job impacts their overall lifestyle, what they love/hate about their jobs, etc.
- 4th year medical student advice
  - Arrange a night to meet at a bar or restaurant to discuss with recently matched 4th year medical students the keys to successful matching, why they picked anesthesia, etc.
- IV practice
  - Find out if your school will allow you to practice starting IVs on each other. Or, if they won't, see if you can set up a system to allow students to start IVs in the pre-op area of your affiliated hospital(s). Or, if your school has IV mannequins, use them to hold an IV clinic and bring in some anesthesiologists lead a practice session.
- Intubation clinics
  - If your school has simulation labs, organize a time to bring in some anesthesiologists to demonstrate the proper techniques and nuances of intubation and get some practice.
- OR Simulation scenarios
  - Similarly, use your school's simulation labs to set up mock-ORs and practice various drug scenarios. Test your knowledge of physiology and pharmacology and get some hands-on practice pushing drugs and doing procedures while you're at it.
- Subspecialty experiences
  - Anesthesia is often misrepresented to entail only OR procedures, but the reality is that there are many other areas of anesthesia available. Set up a Q&A or shadowing opportunities to explore the other subspecialties of anesthesia.

As you can see, the SIG can become as robust as you are willing to make it. It takes work and some serious organization at times, but by building and promoting anesthesia SIGs, we can increase exposure to anesthesia as a specialty earlier in medical school and show what a truly remarkable specialty it is.

Good luck!

(Please feel free to contact me with stories of your SIG and any questions, suggestions, or photos of your activities. dhansen@medicine.nevada.edu)

Calendar of Upcoming Events

June 14-17	**AMA Meeting, Chicago**
October 13-17	**ANESTHESIOLOGY 2012, Washington, DC**
October 13	**Medical Student Component House of Delegates, Program Directors Meet and Greet, Washington, DC**
October 14	**Medical Student Component Workshops, Washington, DC**
November 8-10	**AMA Meeting, Hawaii**