



Medical Student Newsletter

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Anesthesia Insights:

New From the Interview Trail

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Interviewing is hard.

From the applicant's perspective, it is blindly assuming that you would absolutely fancy working with a group of total strangers for the foreseeable future. Then, if you are offered an interview, it is attempting to appear relaxed, comfortable and not stiff in an all-too-unfamiliar environment. It is trying to convince the person or panel across from you that they should date you for the next four years.

Therefore, here are some steps on how to conquer it.

The application: It goes without saying that to do well on interviews, you must first get interviews. While academics are obviously crucial in that respect, there's an often under-emphasized text field in ERAS that, in my interview trail, has attracted more compliments and interest from my interviewers than my personal statement, and is one section I wish I had spent more time on: "*Hobbies and Interests.*" The program director's job is to find each candidate's uniqueness and assess whether he or she would like to get to know you better. Additionally, a note on letters of recommendation: Pick writers who know you not just academically, but personally as well, ones who have seen you outside the standard hospital workday and can speak more fully of your personality and character.

Interview day: Interview day starts as soon as you meet the residents at dinner (for programs that offer dinner the night before). In my opinion, being well-liked at these pre-interview "mingles" might not put you ahead of everyone else, but displaying poor judgment *can* and *will* sink you before you even set foot in the hospital. As cliché as it sounds, be yourself and trust in yourself. Be prepared but relax as well. Being invited to interview means you've already convinced the program that you have, at least on paper, what it takes to succeed at their institution. Through my experience as a medical school interviewer, I have found that we are pretty good at detecting if an applicant is truly genuine. Thus, if you are an introvert, now is not the time to try out the Internet's top ten tips to be more extroverted. Put the best version of yourself forward, but do not pretend to be someone you are not. Remember, this is as much your interview of the program and if it fits for you as it is their interview of you.

Once you begin your interview trail, you will encounter a plethora of advice and opinion. Remember that every ounce of advice you receive will be shaped and tinted by the unique perspectives of the adviser. It is up to you to realize that no two interview trail experiences are alike. In the end, go with what you feel is right, regardless of what others tell you.

"A
NEW
Year"

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Interdisciplinary Look at EMTs and Paramedics:

New Perspective: Patient Care from the Field to the O.R.

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Anesthesiology Interest Group Shadowing Officer

As medical students, we are shown a wide array of medical fields and we learn how all of those groups of individuals work together as a family within the hospital. Our strengths as clinicians emerge and we find ourselves fitting in with certain specialties. If you're reading this, you probably have already felt akin to anesthesiology and the operating room. Despite extensive experiences during rotations, shadowing and volunteer clinic trips, many medical students can still be fairly unfamiliar with one type of medical professional that shares so much with the field of anesthesiology, "the medic."



I worked many years in EMS before donning the short white lab coat, and I wanted to share a bit of knowledge about another member of the patient care team. I have realized during my time in medical school that most people do not really know what medics do working on an ambulance. There are different training levels and specialties within the title "Emergency Medical Technician." There are EMT-Basics, Paramedics, SWAT/tactical medics, critical care/flight medics, etc., and for brevity I will refer to them as "medics." Similar to physician anesthesiologists, medics find themselves in the same situations where they are sitting toward the head of the patient managing an airway, reading a monitor, administering medications and multitasking many treatment decisions based on all different kinds of factors. Many times, this is all done alone in the back of a speeding ambulance which is basically a box on the back of a truck suspension. To say the least, it is quite challenging to undertake skill work like starting an IV while hitting potholes in the back of a truck, and definitely different than a brightly lit, stationary O.R.

I want to also to highlight the kind of person that chooses this profession. These individuals must undergo training that seemed similar to the speed and volume of medical school while doing clinical rotations in EDs and ambulance ride outs. Additionally, many have mandatory physical training which makes studying while fighting fatigue that much harder. After certification, they continually train their skills and knowledge off-duty. Most medics have second jobs as the average pay was around \$13/hr. and work 100+ hours per week. They worked as plumbers, HV/AC technicians, contractors, etc., which only helped them understand fluid dynamics, ventilator physics, special orientation, and many other things that lend themselves to medicine and managing patients.

My experience as both a medic and a medical student has shown that hospital personnel are not quite aware of how much we care about our patients and becoming better at our jobs every day. I especially want to encourage all of you to engage with the medics when given the opportunity. I learned more about the treatments that would occur after I handed off the patient so I was better able to prepare my patient for more seamless care. I learned lots of tricks for unorthodox ways to get IVs, intubate, etc., from an older anesthesiologist who just took a few minutes of his time to show me something he thought might be neat. I also learned that just like you "don't make the nurses your enemies," you should show the same respect for the medics. The better the medic, the better the treatment your patient gets as early as possible to improve outcomes and overall teamwork.

Anesthesia Subspecialty Highlight:

New Look at Pediatric Anesthesiologists:

Amy C. Benedikt, M.D.
Pediatric Anesthesiologist
Tejas Anesthesia, San Antonio, TX



“Being a Pediatric Anesthesiologist is an incredibly rewarding profession.”

Q: What is your name?

A: Amy Castelbaum Benedikt, M.D.

Q: What is your profession?

A: Pediatric Anesthesiologist.

Q: Where do you currently work?

A: I am a partner in a private practice group, Tejas Anesthesia, located in San Antonio, Texas.

Q: Where did you attend medical school? Residency? Fellowship?

A: I attended medical school at Wake Forest School of Medicine in Winston-Salem, North Carolina. My internship year in Pediatrics was at Children’s National Medical Center in Washington D.C. I completed two years of my Anesthesia residency at George Washington University in Washington, D.C., and transferred to The University of Texas Health Science Center at San Antonio for the last year of my Anesthesia residency. I then completed a one-year fellowship in Pediatric Anesthesia at Children’s National Medical Center in Washington, D.C.

Q: How long have you practiced?

A: Approximately 20 years.

Q: Why did you decide to do a subspecialty in Anesthesia?

A: I always planned to care for children. Initially, I considered various Pediatric subspecialties and began my residency in Pediatrics. During my internship, I rotated through the Pediatric Intensive Care Unit (PICU) at Children’s National Medical Center and considered becoming a Pediatric Critical Care Specialist. During this rotation, I had the pleasure of working with the Pediatric Anesthesia Fellows who were staffing the PICU, which inspired me to consider Anesthesia. I had been interested in Anesthesia as a medical student but decided to apply for Pediatric residencies, as I had always planned. During my internship, I realized becoming a Pediatric Anesthesiologist would combine my medical interests.

Q: What drove you to pursue Pediatric Anesthesia training?

A: I always had a love for working with children and participating in their medical care. I switched to Anesthesia because I enjoyed the critical care aspect, the types of decision-making, and the physiology issues that are involved in the anesthetic care of a child. The vast range of patient pathology and clinical problem-solving makes this an exciting and rewarding subspecialty.

Q: What does your average workday entail?

A: My average workday varies. I may work one day with a Pediatric Otolaryngologist and provide anesthesia for 12 patients, with procedures ranging from simple ear tubes to tonsillectomies and adenoidectomies. The following day, I may take care of a child having a craniotomy for removal of a brain tumor.

Q: Do you have outpatient opportunities in your line of work?

A: Yes. In my current practice, the majority of my cases are outpatient procedures.

Q: How would you describe your work/life balance, being a Pediatric Anesthesiologist?

A: As a Pediatric Anesthesiologist, I feel it is quite possible to have a positive work/life balance and that I have achieved this. I truly enjoy what I do, but I also feel like I am the wife and mother that I want to be. I feel grateful for the opportunity to provide anesthetic care to children in the operating room and to also have a fulfilling family life.

Q: What is your scope of practice like?

A: The Pediatric Anesthesia Division of my private practice anesthesia group cares for children ranging in age from premature infants to approximately 18 years of age. We cover all types of cases from open-heart surgery to routine outpatient cases.

Q: What is the least favorite aspect about your work?

A: My least favorite career obligation is to work through the night, which does not occur very often.

Q: What is the favorite aspect about your work?

A: The feeling that I have made a positive difference in a child’s life.

Q: If you could give one piece of advice to residents aspiring to become Pediatric Anesthesiologists, what would it be?

A: A fellowship is critical to providing the best possible pediatric anesthesia care to your patients.

Anesthesia Interest Group Highlights:

New Anesthesiology Interest Group: From the Ground Up

Daniel Watkins
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A new student organization focused on anesthesiology has been created to provide Oklahoma State University College of Osteopathic Medicine (OSU-COM) students with information about a career in the field and opportunities to network with anesthesiologists throughout Oklahoma. Daniel Watkins, Class of 2018 vice president, is the driving force behind the new group.

“I wanted to start this club, initially, because I have a strong interest in practicing anesthesiology in rural Oklahoma,” Watkins said. “However, when I began to inquire about starting the club, I found that there are a lot of misconceptions about what anesthesiology is and is not.” The Anesthesiology Student Interest Group (ASIG) will help dispel misconceptions that anesthesiologists only work in surgical situations. “This club will serve to provide our student body with information about the practice of anesthesiology and also serve as an outlet for networking opportunities with anesthesiologists across our state,” Watkins said. Anesthesiology is a distinct residency requiring three to four years of post-graduate education and training and career paths that include work in critical care, obstetrics, adult cardiothoracic, pediatric and pain care.

More than 50 first-year medical students have expressed interest in joining OSU-COM ASIG. Ken Miller, Ph.D., professor and chair of the Department of Anatomy and Cell Biology at OSU-COM, has agreed to be faculty sponsor. OSU-COM ASIG will promote understanding of osteopathic principles of anesthesiology in relation to disease and offer a forum for discussion between students and anesthesiologists.

In addition, the organization will provide education in different areas associated with anesthesiology, including pharmacology, physiology, general anesthesia, ventilation, intubation, catheterization, instrumentation, lumbar epidural placement, osteopathic manipulative management of the chronic pain patient, and pre- and post-operative patient management.



Daniel Watkins (pictured left) will be ASIG president, and fellow first-year student Riley Hedin (pictured right) will be vice president of the organization. Other proposed executive board and club officers are Jennifer Perry, Sobhan Daneshfar and James Green.



As he began efforts last fall to start the group, Watkins contacted Aaron McEvoy, executive director of the American Osteopathic College of Anesthesiologists. “McEvoy has provided valuable advice throughout the process”, Watkins said. “The American Osteopathic College of Anesthesiologists is in full support of your

efforts to establish an anesthesiology-focused student club at OSU-COM,” McEvoy wrote. Others who have provided input and expertise are Brent Henderson, D.O., anesthesiology residency director at OSU Medical Center and Ursula Landman, D.O., clinical associate professor of anesthesiology at State University of New York.

Since the publication of this article in the American Osteopathic College of Anesthesiologists newsletter, The OSU-COM ASIG has accomplished the following:

- September 2015 marked the first OSU-COM ASIG meeting, highlighting anesthesiology as a profession, dispelling common misconceptions, and providing insight into residency programs
- November 2015 marked the first Intubation and Airway Management Clinic where members were taught and performed various airway management skills
- Future plans include meetings focusing on the ACGME-AOA merger, a lumbar epidural, central line and ART line placement clinic, community service project, and the development of a student-physician mentorship/shadowing network.

An Early Look into Anesthesia:

New Opportunities for Hands-on Anesthesia Training

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Anesthesiology Interest Group Vice President

The remarkable field of anesthesia can be one of the more challenging specialties to get experience in as a medical student. Not all schools offer a rotation, and with the ones that do, it can be very difficult to secure a spot. Throughout rotations, such as surgery, we may get to see a bit of what an anesthesiologist does but never get the opportunity to see the field for what it really is. Here at UTHSCSA, we have a program that allows second- and fourth-year medical students to participate in a work-study position as an anesthesia technician. I would like to briefly explain what I have learned and experienced while participating in this program.



Hands-on experience with the anesthesia machines is at the core of what we do. Becoming comfortable with the O.R., learning how the machines work, and being confident with how to handle situations when these things may fail are just a few of the skills we develop over the time spent in this program. Going into our rotations in the O.R. and even into residency, these experiences will support us in handling the steep learning curve that exists in anesthesia.



Another responsibility that we have is to assist the full-time technicians, residents and staff physician anesthesiologists in their everyday tasks. Examples include: running blood gas analysis, assembling hot line and arterial line set ups, restocking the O.R. carts with anesthesia materials, and various duties of O.R. turnover. Not only does this further increase our comfort level in the O.R. and with staff, but also gives us significant insight into what anesthesiology is about. We get a chance to observe and assist the people that are in the career that we are striving to achieve.

Lastly, I would like to point out the connections that we make. We have countless conversations with members of the medical team each shift. Forming relationships with these people is one of the most rewarding parts of this job. Building these networks are essential for students when attempting to find research opportunities, shadowing experience, or even letters of recommendation further down the road.

In conclusion, this program has been a very enjoyable and rewarding part of my early medical education. I have gained irreplaceable experience and have made lasting connections with various members of the anesthesiology team. I would highly recommend that all medical schools strive to find ways such as this program to allow medical students opportunities early on in their education to get a close look at specialties that are not widely available in the third and fourth years.



ASA MSC Officers:

New Governing Council Officers & Leadership Opportunities

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National Involvement

Please join me in welcoming our newly elected officers on the American Society of Anesthesiologists Medical Student Component Governing Council.



Ada Garner, *Chair-Elect*

As Chair-Elect, Ada wants to establish a standard mentoring program that exposes ASA members to how anesthesia is practiced at their home institution as well as in the public and private sector. She will be working closely with anesthesia departments to produce a mentoring program that can be implemented. She hopes that doing so will expose more medical students to the field with a goal to recruit future anesthesiologists that are sensitive to the issues and representing the growing minority population. Ada looks forward to working with awesome students, departments and community organizations to make this happens. She would love to work with other anesthesia enthusiasts, so feel free to reach out if you would like to be involved with this great project.

Ciera Ward, *Secretary*

Ciera has been involved with the ASA since her first year in medical school—first as a student member, then as delegate to the ASA for her medical school and now as Governing Council Secretary. She is at the center of an effort to expand institution-based communication to provide medical students with a glimpse into the tremendous opportunities in anesthesiology. Ciera hopes to further unite the Anesthesia Interest Groups across the nation and continue to provide beneficial information to medical students as they pursue a career in anesthesia.



Christine McLaughlin, *Senior Advisor*

Christine is a fourth-year medical student who was fortunate to meet physician anesthesiologists who quickly became her mentors over the last few years, and were vital in shaping her skill set, goals and development. Because of these relationships, she felt compelled to serve as an advisor to those interested in anesthesiology as her experiences have left her both resourceful and informed, knowing what it takes for a medical student to pursue the specialty she is so excited to become a part of. As Senior Advisor, Christine hopes that she will be a meaningful resource for medical student around the nation. She would like to help students realize their potential and niche in relation to the plethora of opportunities available in the field of anesthesiology and its fellowships. She hopes to assist in proving students the best chance of matching to the residency program of their choice. Christine is eager to connect with you, so don't hesitate to make use of this great resource!

Billy Tran, *AMA Alternate Delegate*

Billy is excited to combine his experience serving within the AMA with his passion for anesthesiology as the AMA Alternate Delegate. As a part of the Governing Council, Billy hopes to build awareness about patient experience within anesthesia and advocate for the field. His time within the AMA will allow him to be a strong voice for the ASA Medical Student Component and further establish the anesthesia platform on the national level.



Mena Abdelmalak, *Alternate*

As the Alternate to the ASA Medical Student Component Governing Council, Mena is looking forward to working with delegates and MSC members. He would like to increase the exposure of anesthesia to medical students by providing quality communication about the field, introduction to the multiple subspecialties via individual associations, and provide students interested in the field with mentorship opportunities. He would also like to increase the presence and voice of the MSC in the ASA with increased attendance and involvement.

Additionally, we are fortunate to have the following returning members of the Governing Council:

John Crowley, *Member-at-Large*

Chris Li, *AMA Delegate*

Kyle Robinson, *Chair*

We look forward to working with you all throughout the next year and proving you with opportunities, resources and guidance to help you prepare and succeed as future anesthesiologists and leaders in medicine.

Local Involvement

In addition to working with us on a national level, **you can get involved with the ASA** by representing your school in the ASA MSC House of Delegates. The ASA MSC House of Delegate meeting is held during the annual meeting. Every accredited medical school is entitled to one delegate and one alternate delegate to act as liaisons between the ASA MSC and their medical school. Contact the head of your school's anesthesiology department for more information.

Does your school have an active AIG? If so, we encourage you to join and learn more about the specialty at your home institution. If an AIG is not available at your school, you can be a trail blazer and introduce your fellow classmates to anesthesiology by starting an AIG at your school. We have an instruction manual available that provides guidance on where to begin.

To learn more about the ASA Medical Student Component House of Delegates, please [click here](#).

Upcoming Events:

Save the date

American Society of Anesthesiologists



LEGISLATIVE CONFERENCE 2016
MAY 16-18 | HYATT REGENCY WASHINGTON ON CAPITOL HILL | WASHINGTON, D.C.

NEW location! Hyatt Regency Washington on Capitol Hill

- Get the latest information about federal and state legislative, regulatory and political issues affecting anesthesiology today.
- Gain insight from policymakers about recent developments in health care legislation and regulation.
- Learn how to influence legislative and regulatory efforts both locally and in Washington.
- Meet with elected officials on Capitol Hill to advocate for the specialty.

Learn more
asahq.org/legislative


Join Us In October!

This year's ASA Annual Meeting will be in Chicago, Illinois.

Dates:
October 22-26, 2016

PLAN TO JOIN US

ANESTHESIOLOGY 2016
CHICAGO * OCTOBER 22-26



American Society of Anesthesiologists

Letter from the Editor:

Dear ASA Medical Student Component,

It is an honor to serve you as your new Secretary and Editor of the national newsletter this year. I look forward to the opportunity of sharing with you the knowledge and resources available as an ASA MSC member, and I hope to encourage you to become active in your pursuits of Anesthesiology.

As you might have deduced, this newsletter held the theme of all things “*New*.” As we embark on a new year, we can aspire to gather new knowledge and skills and apply them in a way to benefit ourselves and others.

I am very excited at the prospects ahead for the American Society of Anesthesiologists Medical Student Component, and I urge you to find new ways to get involved in your local AIG chapter as well as the ASA MSC.

The officers of the ASA MSC Governing Council welcome your questions, your comments and your concerns as we strive collectively to provide you the means to allow you to prosper as you journey down the path toward a career in Anesthesiology.

Should you have any questions, comments or concerns about the ASA MSC, please contact me directly at asa.mscsecretary@gmail.com, and I will do my best to locate a solution for you.

Thank you and best wishes,

Ciera Ward
American Society of Anesthesiologists Medical Student Component Secretary

Interested in Getting Involved?

Contribute to the MSC Newsletter

If you are interested in writing an article for the upcoming MSC Newsletter, please contact asa.mscsecretary@gmail.com.