American Society of Anesthesiologists

Medical Student Newsletter

May 2013

Mark Your Calendar:

ASA Annual Conference—San Francisco, CA October 11-16, 2013

Featuring a welcome reception, residency program meet & greet, workshops, the Medical Student Component House of Delegate meeting with guest lecturers, governing council elections, Saturday night on the town, and more events especially for medical students (most events are October 11-13). Registration for ANESTHESIOLOGY™ 2013 is free for ASA medical student members.

The Interview Trail:

Paving the Way for a Successful Match

By Dennis Thapa, MS4; ASA Senior Adviser

With match day still fresh on everyone's mind, it is a great time to reflect on the experiences from this past interview season. According to Charting Outcomes in the Match (2011), US students have a 96% chance of matching into anesthesiology. The ultimate goal, however, is not just to match, but to match at a place that best suits you. This article, along with the "Optimize Your Match" series (found here), will help you guide through the matching process and how to maximize your potential as a candidate. Read on for more insider tips and tricks that can give you the competitive edge.

Scheduling:

Shortly after you submit your ERAS the interviews will start to come in. Many programs will intentionally overbook their interview days knowing they will get some rejections. So, the person quickest to respond usually gets their preferred date of interview.

> *Tip#1*: If you have a smartphone, you can setup email forwarding. Setup a filter in Gmail or other web emails that will automatically forward emails with the words "interview," "schedule," "ERAS," and "anesthesiology," to your smartphone as a text message. You may have to Google how to do this specifically for your email client.
>
> *Tip#2*: Setup keyword shortcuts in your smartphone. For instance, every time I press the letters "ppp" in an empty email, it would automatically fill in with: "Dear [], I would love to accept an interview at []. Below are my preferred dates…"

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Using the first two tips, you will be the quickest to reply and get your preferred dates. When scheduling, keep in mind two things: early nervousness and late fatigue. The first few interviews may still be a little shaky, while the last few interviews will get repetitive and may seem too rehearsed. Many people end up canceling their later interviews because of the fatigue of traveling.

> *Tip#3*: When scheduling, put your most desired programs in the middle of your schedule, around interviews 5-10 (this may vary).

Keeping Costs Down:

Interview season can get quite expensive and I recommend finding ways to cut costs. One way to do this is by contacting old friends or alumni from your school to see if you can crash at their place. Look for hotels that offer shuttle service to the hospital, so you do not have to take a taxi. Make friends on the interview trail and compare interview schedules; quite often you will see them again. Otherwise, use credit to your advantage.

> *Tip#4*: Sign-up for a loyalty program and/or a rewards credit card for an airline. You will quickly rack up many frequent flier miles and hotel rewards that can be used later (I racked up enough for a flight to Europe!).

> *Tip#5*: When flying and making a connecting flight, carry on your interview clothes. There are already too many horror stories about airlines losing bags and students having to scramble to get clothes.

Keeping Track:

Once on an interview, take notes whenever you have the chance about the specifics of the program. By the end, most programs will blur with other ones and it will be harder to differentiate between them. You will be referring to these notes when trying to make a rank list. This will also help with post-interview contact and thank you emails.

If there is one program that you desire above the rest and want to maximize the possibility of an interview, consider attending the ASA annual meeting. This is particularly true if there is a program that you are really interested in, but feel that your board scores/grades may be less than optimal for receiving an interview from that program.

> *Tip#6*: The ASA conference hosts a program director ‘meet and greet,’ in which PD’s record your name and offer interviews based on that session.

Be Prepared:

While interviewing, every program will ask you if you have any questions. Asking the right questions can be the difference between an excellent or lackluster interview. It can display who has done their homework on the program and who came in knowing nothing. Not all questions are equal. There should be a set of questions you ask the program director and a set you ask the residents with very little overlap.

Examples of questions to ask residents:

> How many hours per week do you work?

> How is the ancillary and nursing staff?

How long did it take to reach your ABA case numbers?

Where did you rank this program?

What do you do for fun?

Examples of questions to ask program directors/faculty:

How much elective time is possible during 3rd year?

What is the board pass rate?

Do you rotate at any other sites?

Do you have captain training programs, (aka junior attending programs)?

How many graduates go on to fellowship? What types of fellowships are common out of this program?

Is regional done all 3 years or during certain blocks?

The interview process can be daunting and tiresome at times, but keep in mind that in no other profession is a job guaranteed like medicine. Take advantage of your time on the road: meet new people, explore new places, try local cuisine, and visit old friends. Oh, and keep your receipts!

Tip#7: Hotels, airfare, taxis, and sometimes food are all tax-deductible!

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Exploring Rural Anesthesiology:

Doctors in Demand

By Chad Greene, MS2; ASA MSC Chair-Elect

Many young minds venture into medical school aiming to become a big shot doctor at a prestigious, world-renowned institution. Big city medical centers are sure to boast the latest in medical technology, not to mention top-notch salaries. While this setting might appeal to many of us working in medicine, nearly one-fourth of our prospective patients choose to live outside of the booming metropolitan areas. These individuals need doctors just as much, if not more, than those choosing to live in the hustle and bustle of city life. I introduce to you, rural anesthesiology.

As previously mentioned, a large portion of the U.S. population lives in rural areas but only 12.5% of surgeons practice in them. Moreover, only 5% of our nation's anesthesiologists serve in these regions. So what can be done to close this gap? It all begins with giving medical students a glimpse into rural medicine early on in their education. A great way to spark the interest of students could involve bringing in an anesthesiologist who practices in a rural area to speak to your school's anesthesia interest group. From there, interested students could search for ways to experience this way of life firsthand. A number of programs have been introduced in recent years to facilitate just that.

The American Society of Anesthesiologists sponsors a scholarship for third and fourth year medical students to participate in a rural anesthesia clerkship of their choosing. The Rural Access to Anesthesia Care Scholarship pairs the student with a host preceptor in an area with a population density defined as "rural" by the United States Census Bureau. Jacob Eiler, MD is now the chief anesthesia resident at the University of Wisconsin, Madison. As a fourth year medical student he had the opportunity to participate in the scholarship program by rotating with Mark Gujer, MD at a dynamic, small-town hospital located in Crosby, Minnesota. Below are a few words describing his experience:

> ***"My experience was an excellent variety of cases…. Time was spent doing cases individually one-on-one with Dr. Gujer in the operating room for sick patients or higher-level ASA cases…. A typical day consisted of a variety of work from one area to another. We may start by doing regional blocks on patients in the morning around 6:00, but as a student I would be directly assisting or doing the nerve block, learning both ultrasound and nerve stimulator techniques along with landmarks. For cases, I was able to do workups and develop plans and use multiple ways of taking care of the patients in the OR…. Overall, this was an awesome experience and I would definitely recommend it to anyone."***

To qualify for this opportunity, applicants must be a third or fourth year medical student in an approved U.S. program and a medical student member of the American Society of Anesthesiologists. For more information regarding this scholarship, visit the ASA website or the following link: http://www.asahq.org/For-Students/For-Medical-Students/Rural-Access-to-Anesthesia-Care-Scholarship.aspx.

If you can look past the hardships of spotty phone service and scarce access to your Epocrates iPhone app, you might find that rural anesthesia is a good fit for you. Smaller hospitals and medical centers often offer more than meets the eye. In most cases, the level of education is second to none, boasting one-on-one clinical didactics and training with some of the nation's top professionals in anesthesiology. Give rural anesthesia a try; you'll be glad that you did!

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Getting involved with the ASAPAC:

American Society of Anesthesiologist's Political Action Committee

By: Michelle Mathy, ASAPAC Representative

As medical students, your future as anesthesiologists not only depends on what you are learning in the classroom but your engagement in professional citizenship on behalf of your patients. It is a simple fact that government has a major impact on the practice of medicine, passing the laws that regulate your future profession. The majority of the residency training programs are directly dependent on government funds for their existence. Nobody but anesthesiologists will protect and preserve the specialty in the economic and political competition for health care resources now and into the future. To do so you must educate legislative officials on the importance and needs of the specialty. The American Society of

Anesthesiologists Political Action Committee (ASAPAC) allows ASA members to develop and maintain political relationships with anesthesiologists' legislative allies on a personal level.

ASAPAC is the only national political voice for anesthesiologists. It is a voluntary organization comprised of over 8,000 ASA members, including 30 medical students, contributing individual dollars for political contributions to anesthesiology-friendly candidates for federal office. In the 2012 elections ASAPAC helped elect to Congress 23 new house members and 160 returning house members as well as three new senators and eight incumbent senators. This means 194 Members of Congress have been supported by anesthesiology. The mission of ASAPAC is to advance the goals of the specialty through bipartisan support of candidates who demonstrate their commitment to patient safety and quality of care. Put simply ASAPAC is not red or blue but working for your professional future.

As future physicians you must each do your part to ensure that high quality and safe anesthesiology continues to be practiced in America, and that it's available to your patients when they need it. Residents and Anesthesiology Assistants around the country have heard the call and have helped pave the way to their professional future by donating at 29 and 55 percent respectively to ASA's political fund. Groups whose priorities are counter to ours are engaging their next generation in PAC activity with renewed vigor. Contributing to ASAPAC is similar to purchasing insurance for your profession, do so now at www.asahq.org/asapac.

If you have any questions about ASAPAC or ASA advocacy efforts, please feel free to contact me at m.mathy@asawash.org or 202-289-2222. For more information on ASAPAC you can reference the ASA Advocacy Report.

To become an ASAPAC member, please:

1) go to the ASA website *here*

2) log in (as a reminder: your username is the first letter of your first name followed by your last name and your password is your ASA number)

3) click on the *Contribute* button

4) donate

Michelle Mathy
Political Affairs Manager
American Society of Anesthesiologists

Making the Most of 3rd-Year:

A student-led guide to the core clerkships for the anesthesia-bound student....

By: Jamie Sparling, MS3 and Rachel Wood, MS3

Entering the 3rd of medical school is an exciting (and for some, terrifying) time. It's a huge transition from the classroom world to the clinical world...different settings, different skill sets, different grading rubrics, heck even the clothes are different. Many students have plenty of understandable questions as they make this transition, which can be answered in books, blogs, and often most effectively by their student predecessors. Less commonly available is advice targeted towards the 3rd student interested in anesthesia, a rotation that many students will not do until their 4th year. For those, what follows is some

advice from those that came before on being a successful clerk overall (on all rotations), while at the same time honing your ability to shine on your 4th year anesthesia rotation.

Habits of a successful 3rd year clerk:

On the wards:

- **Read about your patients!** This is huge. Not only will it help information cement in your brain, you will impress your team, your attending, and yourself. Concepts start to blend in new ways when you have a living, breathing patient to anchor them to.

- **Do some team teaching.** Whether you are going to give a short research presentation to the team during downtime or just including 15 seconds of teaching points in your bedside patient presentation, this is a great way to expand your own and your team's knowledge and be a team player. No need to make this a 30-minute oration (actually don't, people are busy and you will lose your listeners), focus on contributing concise, treatment-oriented information.

- **Play the Part**: An older student once shared the following excellent advice - *"For every rotation, approach those 5 or 10 weeks as if that is what you are going to do for the rest of your life. Even if you know it is not."* Residents and attendings realize not every medical student who rotates on their service will ultimately choose to join their specialty, in fact they assume the majority will not. That does *not* mean you should write the rotation off! Show up physically and mentally, learn as much as you can, and above all, stay engaged. A disinterested student is easy to spot, and not fun to teach. It's fine (if asked) to share your specialty interests (don't lie!!), but that doesn't mean you should assume that you can't get anything out of other rotations.

Shelf prep:

- **Study Early.** 5 or 10 weeks goes fast and the shelf exams cover a lot of material. Especially for your first rotations of the year, *over*prepare for the shelf! As the year proceeds, you'll know what to expect and can adapt accordingly. Ask upperclassmen which resources were the best for each rotation, and plan out a study schedule at the beginning of each block.

- **Qbanks.** Everyone has their own studying style, and you probably figured out what worked best for you during first and second year and your Step 1 studying. For those that like to use question banks, there are a number of great ones out there. USMLEWorld and Kaplan are similar to those for Step 1 in that they cover everything for Step 2, but you can choose questions by subject for each rotation. Some specialties have their own question banks geared towards students on those rotations. For example, the American Academy of Physicians (AAP) publishes MKSAP (available for a fee) for a student which covers Internal Medicine. The Association of Professors of Obstetrics & Gynecology (APGO) publishes UWISE questions for students on their OB/GYN rotations (available to students at member schools). The American Academy of Family Physicians (AAFP) has free membership for all students, and provides access to board review questions geared towards practicing physicians, but they are also excellent practice for the shelf. Finally, the NBME has started making practice shelf exams available for $20 each on their website. Not all specialties are available yet, but they are real, retired shelf exams, so they're the closest to the real thing you can get!

- **Prep Books.** There are a wide variety of test prep books out there, most are published in a series for each rotation. Some are primarily a source of more practice questions with detailed explanations—Lange Q&A and Pretest. Others present a mix of reading with practice questions (Casefiles), while some are essentially concise textbooks (Blueprints). Once you find a series that works for you, it's helpful to use that for future rotations since you'll be familiar with the style and setup. One final note—you may be thinking that all of these books sound like third year is going to be very expensive! A great tip is to arrange to exchange books with your

classmates who have a different schedule. That way, each person only has to purchase books for 1-2 rotations, but the whole group can benefit.

Habits of a successful future Anesthesia clerk:

Getting exposure and experience in anesthesiology on other rotations is not as difficult as it sounds. The opportunities are everywhere; you just have to be willing to go after them!

- Always volunteer to start IVs, do ABGs, etc. It varies by the hospital, but we've found that being nice to the nurses and letting them know that you want to be an anesthesiologist really helps you get these opportunities! The nurses often do most of the IVs (a lot more than most residents), know *many* tips and tricks for successful placement, and are great teachers. Before too long you're going to be called on to get the IV that no one else can, so get some practice early on!

- Watch/learn about epidural and spinals on Surgery, OB/GYN. Even when you're on these other services, introduce yourself to the anesthesiologist and let them know you're interested in their field. They'll often grab you for other opportunities when they see that you're not busy on the service.

- If there's no anesthesia student/resident during your OR cases on Surgery, OB/GYN, ask if you can intubate the patient. Just always make sure you're fulfilling the responsibilities of your primary service first.

- Read up on the diseases your patients have and the medications they are taking. Think about them in the context of the increased or decreased risks they pose for surgery...including intubation, sedation, and recovery.

Have fun and good luck!

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Critical Care Anesthesiology:

An Interview with Docs who span the Line

By Jasmine Saleh, MS3

Critical care provides acute management for critically ill patients in an intensive care unit environment. Anesthesiologists specialize in the use of airway and ventilator support, the placement and management of invasive hemodynamic monitors, nutritional support, and a variety of drug infusions. I had an opportunity to interview Dr. Michael O'Connor and Dr. Gerald Maccioli, recent presidents of Society of Critical Care Anesthesiologists (SOCCA), regarding their personal experiences working in critical care.

Dr. Gerald Maccioli:

What made you decide to go into the field of critical care?

Critical care medicine is the most exciting area of medicine to practice. Acute events, immediate interventions, and a nearly instantaneous feedback of what you do. Lots of great procedures.

What does your work entail as a critical care anesthesiologist?

Everything from taking care of post-op patients, to medical patients with pancreatitis, oncologic crisis, and critically ill obstetric patients.

What do you like most and least about your specialty?

The best thing about critical care medicine is how it has changed over my 25 years of practice. Always something new to learn and better ways to treat patients. I guess the worst is like any acute care specialty - patients need us all hours of the day and night. The calls can be pretty tough but still enjoyable.

What is most challenging about what you do?

The biggest challenge is the daily constant reordering of priorities as patients' needs change and new patients are admitted.

What would you consider most rewarding about your career?

The best reward, beyond the direct patient care, is the interaction with the families. Often times a family member of an ICU patient will months or years later ask you to be their anesthesiologist for surgery. That's very rewarding!

What advice would you offer someone considering this career?

I would advise any medical student that anesthesiology is a great and rewarding professional career and that within anesthesiology that critical care medicine is the future. Hospitals are becoming 'giant ICUs'. Who is more qualified than the critical care anesthesiologists to lead in the future?

Dr. Michael O'Connor:

What made you decide to go into the field of critical care?

I love physiology and acute care medicine. I can't believe they pay me to practice critical care medicine.

What does your work entail as a critical care anesthesiologist?

I work in various ICUs, including the SICU, Burn unit, and CT ICU. I supervise residents from anesthesia and surgery, as well as nurse practitioners. I work at least 10 weeks a year in the ICUs.

What do you like most and least about your specialty?

I love the variety. Like least? The "paperwork" and liability; neither is unique to the specialty, both are fixtures of modern medicine.

What is most challenging about what you do?

Keeping up with the vast literature that touches every aspect of the care I deliver.

What would you consider most rewarding about your career?

Everything.

What advice would you offer someone considering this career?

If you like it, do it, no matter what it is. Don't worry about money or prestige - these things change over time. Pick a career that will keep your interest for 30 years. I know lots of doctors that picked for money or prestige. Times have changed, and they now regret their choices.

Jasmine Saleh, MS3
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“Students Speak”

Thoughts from Medical Students on all things Anesthesia…

“Managing Uncertainty through Effective Communication”
By Jonathan Ward, MS2

"Anesthesiology? But honey you're so good at talking to people." Ever since I began to express interest in pursuing a career in anesthesiology and perioperative medicine, I have been made privy to many misconceptions about the specialty. Many of these quips involve tales of anesthesiologists leisurely filling their time in the operating room with solitaire, soduko and stock trading. This commentary is easy to shrug off when I reflect on the skill that is required to manage patients safely and I consider the consequences resulting from occasions where vigilance was neglected. But even with this in mind, I was not expecting such a senseless attack to this beloved specialty. This was especially troubling as this heartless remark was delivered by my own sweet mother. For some reason I just couldn't shake her comment.

After some reflection, I was able to piece together why. Through her statement, she implied that anesthesiologists are either ineffective communicators or simply aren't required to communicate beyond saying "Okay Mrs. Jones, now count backwards from ten..." Interestingly, this could not be further from reality. In fact, the demand for superb interpersonal communication is one of the aspects that I find so intriguing about anesthesiology. You see, most other specialists enjoy a relatively extensive history with their patients. Only through subsequent interactions is rapport established. As this relationship begins to develop, the patient is placed at ease by the familiarity they feel with their physician. Trust is established with the passing of time.

Contrast this to the anesthesiologist who enters the patient’s pre-op room just minutes before a surgery is scheduled to begin. After a brief introduction, critical information is verified and decisions are rapidly made. But while records are reexamined and final preparations made, the patient and their family members cycle horror stories of general anesthesia and out-of-body experiences in their minds. The anesthesiologist has only minutes with which to place the patient at ease despite having just been introduced a few minutes prior. In these next moments thoughtful answers must be provided to important questions and specific concerns need to be acknowledged. It is precisely this situation, an everyday occurrence in an anesthesiologist's line of work that requires the demonstration of compassion and exceptional communication skills. They too, must be "good at talking to people."

Equipped with this understanding I now am able to chuckle when I think of my mother's words. I am excited for the day when I will have the opportunity to guide my patients through this process and I look forward to providing comfort at a time when it is most needed. But until then, I'm going to have to drastically improve my Solitaire skills in order to maintain credibility.

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By Timothy Steenhoff, MS2

I first became interested in anesthesiology before I started medical school, while I was a flight medic on my fire department’s Air Rescue helicopter. Our unit was responsible for transporting critical trauma patients who were too far from the trauma center to be transported by ambulance. Our unit was the only one in the county that was certified to provide advanced airway techniques, such as rapid sequence intubation. It was during this time that I realized how absolutely important quality airway management is to the outcome of a patient’s condition. I loved being an “expert” on airway management in the pre-hospital setting. When I decided to go to medical school, I thought about how wonderful it will be to be an expert at the highest level.

Timothy Steenhoff, MS2
VCOM Class of 2015

"Ask an Anesthesiologist"

Anonymous thoughts from Physicians on all things Anesthesia…

Question of the Issue: "Given that anesthesia is traditionally not a part of the core clerkship curriculum, what are some of the most important lessons and skills that a 3rd-year student clerk can focus on developing in preparation for a successful 4th-year elective rotation in anesthesiology?"

> "During the surgical rotation pay attention to how patients are worked up and prepared for surgery. Also, during other medical rotations, if consults are obtained by the anesthesia team, why were they obtained, what did they want to know or hope to achieve? What recommendations did the primary team make to optimize the patient for surgery? Procedural skills are also important. Get as much hands on training drawing blood, starting intravenous lines, central lines and arterial lines as possible. Anesthesiologists are the critical care/internists of the operating room. Solid training in internal medicine and critical care are fantastic for anesthesia. We care for all the same disease processes except that the patient is simultaneously undergoing a surgical procedure. How to manage fluids, kidney function, acid-base disturbances, ventilators, diabetes, pulmonary disease, coronary ischemia, etc, are all essential skills for an anesthesiologist."

> "Good patient/parent interaction - We have to establish a good relationship with patients and their families often in a few short minutes, so a good, adaptable bedside manner is imperative (especially with kids/parents).

> Pharmacology - the more anesthesia drugs/dosing you know, the more applicable your 4th year rotation will be.

> Critical care skills - intubation, line placement (central, arterial, peripheral), and resuscitation are what we do every day so paying attention to technique in those areas is key."

> "Review the pharmacology of the autonomic nervous system. Review CV and pulmonary physiology. Anticipate observing the nuances of the (usually brief) interaction between the anesthesiologist and the patient/patient's family. Our professional interactions, in addition to our drugs and our technical procedures, should foster trust and lessen discomfort. Discomfort includes fear as well as physical pain."

> "Obviously everyone will say cardiac physiology and pulmonary physiology and then the common pathophysiology and management of those systems when deranged. I find that people can get this out of a book without practicing too hard. Something that I do find requires quite a bit of observation, then application followed by repeated practice is the patient interview. As an anesthesiologist you have about 15 minutes to meet with a patient and their family and you need to get a mountain of work done in that time. You have to gather data. By data I mean the important stuff and not the unnecessary stuff and it can be difficult to know just what that is, in the beginning. You also have to calm the patient and family, demonstrate empathy, warmth and caring, and gain their trust. It's really hard to do this in a short amount of time but, not impossible. In the third and fourth years I would recommend observing great and not-so-great clinicians interact with patients. See what works well. Watch how the patient and family respond to questions, situations and body language of the provider. Watch how the provider responds also to the patient's response, mood, and situation. Practice observing social situations and build your emotional intelligence along with your fund of medical knowledge. Ask a patient how they felt following an interaction. Observe and then practice the ever

important "interview pause". Silence can be deafening and uncomfortable but is also amazingly powerful. Absorb all of the good habits and practices that you see from your leaders and vow to avoid the styles which you have observed to be less than ideal. Apply what you have learned. Practice forming questions in a manner which has the patient respond with the information you need and not what you don't need. Practice your emotional intelligence. Practice, Practice, Practice. Don't shy away from difficult patient encounters. Don't get discouraged if you feel the interaction was a failure. It probably wasn't entirely. Finally ask the patient for feedback when you are done. They may observe words or behaviors which you had no idea were emanating from you. They are good teachers too."

Additional Opportunities...

Free Open Access Medical Education (#FOAMed) and other online resources for Anesthesia Medical Students

by Stesha Doku, MS4

For those of us who are just starting our journey into medicine, we face a very different landscape than our predecessors. Technology is a key component which cannot be ignored. Our capacity to access content and create content to be shared is currently, and excitedly unparalleled. There are several resources available for the budding anesthesiologist to enhance their learning and prepare themselves for opportunities on the wards and in the operating room.

Free Open Access Medical Education (#FOAMed) is an online initiative to globally curate peer-edited content for supplementation to our traditional learning. In addition to the medical courses that we take, there is a growing library of online resources including case scenarios, radiographic images, EKGs, blogs, videos, podcasts and the ability to pose your own or answer others' questions.

The founder of #FOAMed, Dr. Mike Cadogan, is an ED doc from Perth, Australia and has created a large global community which emphasizes that everyone has something to teach and everyone has something to learn. While many of the current contributors come from the emergency medicine domain, there is a heavy presence of critical care resources and room to contribute our knowledge in anesthesia.

To get involved, check out their site: http://lifeinthefastlane.com/foam/. Or follow the hashtag: #FOAMed on twitter.

OpenAnesthesia.org was formed in 2009 by the International Anesthesia Research Society with the intended goal of creating an "online multimodal toolkit specifically designed to advance graduate medical education (GME) in anesthesia." After three years, the site is growing in content available for anesthesiologists, residents and medical students. The Editor-In-Chief, Dr. Edward Nemergut describes three primary goals of the site: to establish a flow of content from the top-down, facilitate communication and provide opportunities for contributors to behave as peer teachers -- learning as they create content to teach someone else.

The site currently features sections particularly of interest to medical students including ABA (boards) keywords, podcasts, questions of the day, a monthly 'Ask The Expert' where individuals can send in

questions and TEE videos. For Medical Students (and CA1s) there is a dedicated section titled ‘Boot Camp’ that can be reached from the front page. While OpenAnesthesia has a long way to go (Nemergut said there would be changes made in the next six months including interface re-design, online simulations and mobile apps) it is a good place to start for dedicated anesthesia material. Get involved and contribute!

Stesha Doku is a 4th year MD Candidate at Stanford Medical School and an ASA MSC Delegate. She is interested in health tech, web applications and user interfaces in anesthesia. Contact her at: stesha.doku@gmail.com or follow her on twitter @dohkoo.

Interested in becoming an ASA Delegate?

What is an ASA Delegate?

ASA Delegates are elected by their individual institutions to act as a liaison between their school and the ASA. They also serve as a voting member at the ASA House of Delegates meeting which takes place at the ASA Annual Meeting, ANESTHESIOLOGY™ 2013.

How and when do I apply?

Applications can be found here, by clicking on “Medical Student Component Delegate.” Delegate terms run from July 1-July 30 of each year, so start thinking about getting your application in now!