



Medical Student *Newsletter*

March 2011

ASA Medical Student Component Updates

The Future of the ASA Medical Student Component

By: Matthew Gertsch, Chair of the ASA-MSC

I am excited for this next year as I take on the position of Chair to the ASA Medical Student Component. Our component continues to grow each year, and it is an honor to lead the future anesthesiologists of our generation. To continue a tradition of excellence, I have goals of making our component larger and better than ever before. Promoting awareness of anesthesiology earlier in medical schools is critical. Many students are currently not exposed to anesthesiology until their fourth year of medical education, making it a difficult path to choose. As a medical student component we have recently implemented workshops at the ASA annual meetings allowing medical students across the nation earlier exposure. At the last meeting, I organized both an airway and regional anesthesia workshop at San Diego's Hillcrest Hospital with many of UCSD's terrific anesthesiologists. We will expand our workshops this next year, with the goal of accommodating all interested students. Not only are the workshops an excellent opportunity to learn more about anesthesiology, they also provide a way for becoming more familiar with local programs. While hosting the workshops, these programs are able to highlight their department, which offers great insight for rising applicants. Another goal for this next year is to have every school in the country represented at our House of Delegates meeting. Our membership has grown tremendously over the years and I expect continued growth over this next year. Each delegate has a responsibility of either starting or maintaining an Anesthesiology Interest Group at their local institution, as well as acting as a liaison between our component and their respective program. At the University of North Carolina we have a very active group. Each year we have several airway management workshops, a vascular access workshop, several luncheons with guest speakers, weekly shadowing opportunities in the OR, and we hope to soon start a journal club with our host department. It is my goal to assist our delegates in establishing similarly strong interest groups across the nation.

Attendance at the annual meeting has also continued to rise over the years. A large motivating factor for our students to attend the meeting includes something we recently started called the Residency Program Meet and Greet. In 2009, we had approximately ten anesthesia programs represented by chairs, program directors, and residents. Last year we had nearly thirty programs represented. As you can imagine, this gives our students the ability to learn more about a number of excellent programs

and is a rich source of networking for the future. It is my goal for this next year's meeting to have twice as many programs represented, in order to motivate students from all regions to attend.

Having participated as a FAER scholar, I have a huge amount of respect and appreciation for the Medical Student Anesthesia Research Fellowship. It is thus my goal to combine efforts with FAER in getting more medical students interested in academics. The Foundation for Anesthesia Education and Research has developed a program allowing medical students the opportunity to explore the option of an academic path. Having spent three years as a research assistant in college, and one year as a clinical researcher at the National Institutes of Health, my experience with the FAER program has honestly been the most valuable in regard to career exploration. This program has strongly encouraged me in my decision to pursue an academic career, and I hope that many of our members will take advantage of this opportunity. It is also my hope that many of you will make yourselves available as mentors within this program.

Lastly, we will continue to encourage medical students to get involved politically within our component, in the ASAPAC, and by coming to national meetings. I had the pleasure of attending the ASA Legislative Conference in Washington DC this past year and was amazed at the opportunities available. I was able to meet with many political leaders on Capitol Hill and was part of a large voice advocating the progression and viability of anesthesia. There are countless ways to get involved at many different levels, and it is my goal to have our component represented at as many events as possible.

I am excited about my role as Chair, and I look forward to having another fun year. Please contact me at matt.gertsch@gmail.com with any comments or suggestions, as we are always looking for ways to improve.

UCSD Hosts Medical Student Airway Workshop during Annual Meeting

By: Blake Perkins, Secretary of the ASA-MSA

This past year at the annual meeting in San Diego, the University of California-San Diego's Anesthesiology Department hosted an airway and regional anesthesia workshop for students. Students attending the annual meeting in San Diego signed up to participate in this exciting day at UCSD's Hillcrest Hospital, where they were treated to a lecture and demonstration of airway management and ultrasound technique in regional anesthesia. The students were joined by Dr. Benjamin Atwater, Program Director for the UCSD Anesthesia Residency, as well as other faculty members and residents of the anesthesia program at UCSD. Students had a great time learning about different regional blocks as well as practicing ultrasound techniques on faculty members and residents. Thanks Dr. Atwater for hosting a great day!



Summer Research Opportunity with FAER

By: Soumya Rangarajan, ASA-MSC Member from University of Illinois-Peoria

I spent the summer after my M1 year at Vanderbilt University in Nashville, TN through the Foundation for Anesthesia Education and Research's Medical Student Anesthesia Research Fellowship. I chose this from several summer opportunities, and was very pleased with my experience. I worked at Vanderbilt's Center for Perioperative Research in Quality. As a social science major with an interest in health outcomes research, I wasn't sure what to expect from a medical research program, but I found that the project I was involved in was tailored very well to my academic interests. The faculty and my colleagues (including post-docs, medical students, and undergraduates) were very intelligent and interesting. I was able to do a lot of productive research over the summer, culminating in a first-author poster that I presented at the American Society of Anesthesiologist's national conference in San Diego. I anticipate this research can eventually develop into a peer-reviewed journal article. I also had the opportunity to rotate one day a week with clinical anesthesia faculty, including general, pediatric, cardiac, and surgical ICU. This was an incredible experience, and has really piqued my interest in pursuing anesthesia. However, my summer wasn't just all work and no play. I had plenty of time to explore Nashville and Tennessee, and the wonderful anesthesia residents and faculty were very welcoming and integrated me fully into their department. I had a great experience, and I would definitely choose MSARF again and recommend it to all medical students.

Senior Advice Column

Optimize Your Match

By: Amy Voet, Senior Advisor of the ASA-MSC

This article is the first of a 4 part series geared toward allopathic and osteopathic medical students on how to optimize matching in an anesthesiology residency. At this point you are on the home stretch of your 3rd year of medical school. Now is the time to start making some decisions about how you want to plan your 4th year. Do you want to do any audition rotations at your home institution or as a visiting medical student? Have you thought about where you might want to end up? Have you started working

on your CV and personal statement? Do you have any letters of recommendation? If you are an osteopathic student, have you thought about whether you will apply allopathic, osteopathic or both?

The Audition Rotation (Clerkship):

Anesthesia usually falls under the surgery subspecialty or as an elective when fitting it into your schedule. There are advantages and disadvantages to doing an audition rotation. Some of the benefits are: you will gain clinical experience, it can serve as an extended interview, you have the opportunity to impress upon the program and key faculty your enthusiasm for the program, whether you will fit in with their residency, you will have the chance to meet with current residents and you should be able to gain a strong letter of recommendation. Some of the negatives: be careful not to “waste” an elective on a program you have no chance of matching at, it may be difficult to set yourself aside among other qualified applicants and finally, the dreaded thought you may end up looking worse in person than on paper. It is best to talk with your faculty advisor if you have one and also speak with current anesthesia residents or 4th year medical students that have recently gone through the process. To be eligible for an audition rotation you must first apply for one. To improve your chances of an audition rotation you must apply early. Most of the programs will have the information on how to apply and the dates the applications are accepted on their websites. The information is usually listed under graduate medical education, visiting students or clerkships. It is typical for the application period to open around the beginning of April however; it is different for every institution. Keep in mind that it may take your school some time to process their part of the application. Take this into consideration to prevent delays in submission of your application. Don't feel shy about contacting the institutions for information via email or telephone. Other things to remember are: try to time the rotation to get a good letter of recommendation out of it, be careful about scheduling the rotation during interview season (sometimes this cannot be helped) and be aware that doing an audition rotation does NOT always guarantee you an interview.

Where Should I Go? Categorical vs. Advanced?

A good place to start researching programs is online. Allopathic programs can be found on FREIDA at www.ama-assn.org. This is an excellent resource and you can use the resource whether you are a member or not. If you are a member of the AMA you can create folders to save programs as you go. Osteopathic programs can be found on the AOA website www.opportunities.osteopathic.org. There are many ways to start narrowing the programs: categorical vs. advanced, region, state. A categorical program is 4 years and includes both the internship year (aka: post graduate year or PGY-1) and 3 years of anesthesia. An advanced program is only the 3 anesthesia years and requires you complete the PGY-1 year before you start. You can apply for both the categorical and advanced. There are a couple of advantages to going the categorical route. First, you don't have to worry about doing a separate match for the internship year. Second, some programs have started to integrate the internship year throughout the first couple of years of the residency giving you the opportunity to do anesthesia much earlier. Third, even if the PGY-1 is not integrated you will still complete the internship at the same institution and will already know the hospital, some of the people and the record system when you begin anesthesia in the 2nd year.

CV, Personal Statement, Letters of Recommendation (LOR) and ERAS

NOW is the time to start working on your CV, personal statement and LOR.

The CV should include your education, relevant employment, teaching experience, research/publications/presentations, licensure/certifications, extracurricular activities and professional memberships/affiliations/awards. You want your CV to highlight your accomplishments for maximum impact. Have multiple experienced professionals review your CV.

The personal statement is one thing you have complete control over. Don't underestimate the importance of a strong statement. Use this statement as an opportunity to sell yourself and your strengths. Manual dexterity, skilled at procedures, meticulous, warm and caring, ability to make quick decisions and the ability to stay calm in stressful situations are a few of the qualities that make an excellent anesthesiologist. Use your personal statement to enhance your application not mirror your CV. Start your statement with a hook and showcase your growth throughout medical school. Be sure to demonstrate why anesthesia is the clear choice. Plan on writing multiple drafts and be sure to have an experienced professional review your statement. Finally, be sure you comply with the rules of the length of the statement.

Letters of recommendation are very important. Each program may have different requirements for letters so be sure to read the program specifics. The maximum number of letters submitted through ERAS is 4. Typically the letters must be from a physician, NOT a resident. Start gathering letters early so you will have most of them done by September 1st when you can submit your ERAS application. To waive your right or not to waive your right...that is the question? There is a general consensus that waiving the right to see the letters gives a more candid and credible review of the applicant. If you do waive your right to see the LOR you are showing that you have confidence in yourself and the letter writer. If you do not waive your right to view the LOR you do have the opportunity to review it and potentially decide not to use the letter. Keep in mind this can send the message that you had some concerns over what might be said in the letters and you may have to answer questions about why you didn't waive your rights in your interviews.

Stay on task. The time will start flying by and before you know it ERAS will be open. The ERAS application opens in July and the applications are usually sent out September 1st. Be prepared to have your application finished and ready to be released to programs when it's permitted because programs begin downloading information as soon as it's available to them. The ERAS application is very large, but if you have everything finished ahead of time, it will significantly reduce the amount of time you spend on it. Typically the application will be what's on your CV. I recommend cutting and pasting from your CV/word document so that it has been spell/grammar checked. Your personal statement can also be cut and pasted into the application but must be done in a plain text format. If you don't use plain text or something similar the formatting interferes and it will get jumbled around and there will be strange characters dispersed throughout the essay. Be sure to view your application before sending it to check for such mistakes. It is imperative that your application have virtually no mistakes.

Osteopathic vs. Allopathic

Osteopathic medical students have the option to apply for both osteopathic and allopathic residency programs. It is highly recommended that you take USMLE step 1 to be competitive at the allopathic programs. Some programs will accept COMLEX but in my experience most of them prefer to have USMLE because it allows them a better comparison between candidates. If you decide to apply allopathic be sure to still register for the AOA matching service. This allows you the opportunity to fill an open osteopathic spot in the unfortunate event you don't match allopathic.

Look for the next installment of "optimizing your match" in our summer newsletter where I will go over more information about the NRMP, ERAS and the interviewing process.

Good luck to all of you! Amy Voet

Have a question?

Ask Amy

amy.voet@azwebmail.midwestern.edu