American Society of Anesthesiologists®

MEDICAL STUDENT COMPONENT

- Optimize Your Match Series -

WALKING THE TIGHTROPE:

A Guide to the Audition Rotation

You have reached the fourth year of medical school. Congratulations! By now, you have delivered a placenta, retracted a multitude of organs and limbs, stared upon countless radiographs and consumed your body mass in granola bars. However, most importantly, you have decided upon an illustrious career in anesthesiology. In fact, you may be thinking of taking your talents on the road, to break from the comforting cocoon of your home institution and everything you hold dear, and venturing to uncharted territory. An audition rotation is the perfect way to get your name out there, if not to see how anesthesiology is practiced elsewhere, even in your same city.

> "The truth is, no one really cares if you're amazing at this point. It takes years of practice (and many failures) to be good. Just give it your best and allow your enthusiasm to show."

On the surface, the audition rotation seems like a massive job interview: a song and dance, if you will. You want to sell yourself, but not appear pretentious. You want to shine at difficult procedures, but worry about killing your patients. You want people to like you, but not be a sycophant.

I am here to help steer you through the entire process without sacrificing your dignity.

I will first preface this guide with this: I am not an anesthesiologist, only an anesthesiology enthusiast. This guide is purely based on my experience at my audition rotation, and my experience may vary from the experience you will have at your audition rotation. I have adapted what I have learned to something that may be relevant to you. However, given that it is impossible for me to advise you on unpredictable and unforeseen circumstances, I have chosen the most high-yield advice based on the likelihood of occurrence.

This guide will not address how to attain housing at your new location, the best way to save on groceries, the intricacies of public transportation, or how to secure an audition rotation (which is usually accomplished through VSAS or an institution-specific application process). [continued on next page]

LET YOUR VOICE BE HEARD: ATTEND THE 2014 ASA LEGISLATIVE CONFERENCE!

Are you interested in the changing waves of health care reform? Are you passionate about the future of anesthesiology and the practice of medicine as a whole? If so, make plans to attend the 2014 ASA Legislative Conference, which will take place May 5-7 at the J.W. Marriott Hotel in Washington, D.C. We will focus on the various state and federal legislative, regulatory and political issues impacting ASA and anesthesiology. On the final day, we will travel to nearby Capitol Hill where attendees will meet with congressmen and senators directly to discuss the issues. For more info, visit: https://www.asahq.org/For-Members/Advocacy/Legislative-Conference.aspx.

THE 13 COMMANDMENTS OF THE AUDITION ROTATION

PREP WORK

1. It's all about timing. Scheduling your audition/away rotation is a personal decision and is student-specific. The decision about when to complete this rotation largely depends on how badly you want to do a residency at your chosen away site. If you would prefer to stay at your home institution for residency, and want to do an audition/away rotation for the additional experience, then I would highly suggest completing the audition rotation first and the home rotation later (i.e., closer to interview season). If vice versa, then switch the dates. The rationale behind this is that there are only so many questions anesthesiology residents and attendings will ask you. You will be surprised by how often these questions overlap. So if you want to look like a genius for your coveted program, look at the first rotation you complete as your "practice session." Absorb all the critiques, the questions, the wrong answers, the right answers... everything, during this time. By the time your second rotation rolls around, you will be a lean, mean anesthesia machine!

2. Know your basics. A good command of the preoperative patient evaluation, neuromuscular blockers, volatile anesthetics, local anesthetics, intravenous anesthetics, capnography, pharmacokinetics, and extubation criteria will serve you well. There are many resources available to master this material: Barash, Miller, Morgan & Mikhail's, Jaffe, etc. Pick your poison. However, chances are you will be sleep-deprived and lack time. Jaffe and Morgan & Mikhail's are concise and informative for case-specific anesthesia management (i.e., neuromonitoring, cardiac bypass, one lung ventilation, etc). Miller is good for physiology and pharmacodynamics/pharma cokinetics general information, but quite wordy (i.e., read with your favorite legal addictive stimulant in hand).

Sidenote: DO **NOT** BUY ALL THESE TEXTBOOKS. Most of these books are incredibly expensive and usually sit in resident break rooms as massive paperweights. The best way to get your hand on these sources is by convincing a generous colleague to send them via Dropbox. All one needs do is ask.

3. Know thy patient, know thy patient, KNOW THY PATIENT! It's all about the patient: the star of the show! (Surely you didn't think it was you?!) The night before your O.R. case, look up your patient's history, current and past. Read as much as you can, jotting down allergies, current medications, past anesthesiology assessments, past surgeries, smoking/drug history, and the most recent labs. Keep this information handy at all times and even try presenting your patient to your resident or attending (if he/she has time to listen to you). A good segue is: "Would you like me to tell you about the next patient?"

Residents usually will humor you and let you present. And if they don't, then you have information handy in case they need it. "Does anyone know the last Hct?" BOOM. You do.

Another good exercise to get in the habit of is pretending you are the resident and coming up with an anesthesia management plan: pre-op (i.e., anxiety, pain, I.V. access), induction, airway, maintenance (i.e., fluids, meds, etc.), emergence, PONV, and post-op pain considerations. Chances are, no one will expect this of you EVER, but it doesn't hurt to try if you get the opportunity.

Knowing your patient's history and plan will also help you develop questions about the case in the chance that anyone asks you: "Do you have any questions?" This question will be posed to you more times than you can count, guaranteed. Use this to your advantage: this is your chance to sound thoughtful and inquisitive, to show that you have really done your homework! Above all else, preparing a question or two about the case at hand, or anesthesia basics, provides a sparkling conversation starter. If absolutely no patient-centered questions come to mind, asking "Why did you choose anesthesiology for a career?" will reveal more information about the person you are working with and provide a basis for further conversation.

4. Wakey Wakey! This is an audition! You can't show up half asleep, SON! You want

to arrive at least an hour to 45 minutes prior to O.R. start time, (e-mailing your resident in advance to know when he/she would like you to be there is always a place to start). An e-mail the night before can also be an excellent way to negotiate morning tasks: "Can I try placing an I.V.? Can I try the a-line? Minty on your pillow?!!" Initially, no one may trust you to do anything, but prove yourself and you will gain more responsibilities. Just be patient.

As far as how best to wake up: If you are a coffee addict, I trust you already have a morning cup of joe at the ready. On occasion, your resident may take you along to get coffee with them, but don't always count on this. If you want a sure-fire way of waking up, a good playlist for your morning walk or drive to the hospital will work wonders. (Might I suggest Michael Jackson's "Beat It," Rupaul's "Jealous of My Boogie" or Don Omar's "Danza Kuduro"?)

5. Never underestimate the power of tape. A rapper never leaves without a few gold chains. The detective never approaches a crime scene without a camera and a magnifying glass. If you're going to be an anesthesiologist, you have to play the part! A trusty anesthesiologist NEVER leaves the locker rooms without a few handy accouterments: stethoscope, pen, tegaderms, tape, alcohol pads, notebook, saline flush, and a pocket anesthesia manual. You mean business, and you have to look legit! Some may call you a "hoarder," but I will say this: when your resident or attending is struggling to secure an I.V. or other device and you bust out tape on the spot, no one will ever accuse you of being unprepared.

6. Love thy resident, but always have an ounce of skepticism. A good resident can be your best friend. Residents are the unsung heroes, the workhorses, the back-up dancers and the queen bees. Some, admittedly, would rather you were not in their O.R. and will do anything in their power to get rid of you. "Hey, why don't you take a 20-hour lunch break?" "Yeah, there's nothing exciting going on in my O.R. ...tell ya what, why don't you go to the library and I'll page you if anything happens?" (i.e., never).

Get to know who these residents are, and then ally yourself with the ones who love to teach and actually enjoy having you around. These residents are worth their weight in gold because you will learn more and have a better time in the O.R. These residents will also be your best advocates if they like you, but don't overdo it. Constantly ask yourself, "If I were an anesthesiology resident or fellow, would I want to hang out with myself?" This is a question only you can answer. If you find even yourself annoying and over-eager, chances are everyone else does, too. Take it down a few notches.

Residents are also your ticket to prime information unavailable in any brochure or Internet webpage on the department. Most programs with a visiting student make a genuine effort to make themselves look good. This will make it even harder to truly get a candid impression, as even the most notorious attendings are being kind. Your faithful resident will tell you which attendings to look out for, which residents are good to work with, and whether they would even apply to their program if they could do it all over again.

Sidenote: Make sure you get a gestalt from a wide sample of residents. The opinion of one resident alone can be influenced by many factors, including the possibility that he/she regrets pursuing an anesthesiology career to begin with.

7. Do not just stand there. You have helped push the stretcher to the O.R. – now you will become a formula-one pit crewmember: EKG leads! Pulse oximeter! Preoxygenate! Bag mask! Intubate! Bair hugger!

Upon successfully securing the airway, there is still plenty to do. Draw up medications! Pre-op the next patient! Get a warm blankey! Always ask yourself: "What could I be doing? How can I help my resident?" If there really is absolutely nothing else to do, and your patient is on anesthesia cruise control with stable vitals, going through board questions or teaching your resident about something you read last night is another perfectly suitable way to make sure you are always busy.

8. "It's a *VOLATILE* anesthetic!" Some attendings are particular about terminology,

and they will see you as a young, malleable, and impressionable creature to mold and form into a clone of their being. Roll with it and be respectful.

In a similar vein, people will attempt to teach you the same exact procedure in a multitude of ways. Further, each person will claim their method of I.V. placement, central line placement or [insert activity here] is superior to that of their contemporaries and that you should adopt their technique and ignore the naysayers. To this I will say: have an open mind. Learn all the techniques and pick whatever works for you. There is no "right" way; but there is a "wrong" way.

9. Hakuna matata. (That's "no worries" to all you non-"Lion King" fans out there). You will make mistakes. Accept this and move on. Apologize to your attending/resident/patient, (depending on the situation) and take responsibility for any major screw-ups. Learn from your wrongs, and then don't repeat them.

10. Always look on the bright side of life. I realize that not everyone is lucky enough to be at a supportive home institution, and the reality just may be that your own anesthesiology department may be somewhat malignant.

Now, I'm not saying: "LIE." I'm just saying "put a positive spin on anything, no matter what."

For example: Let's say an attending asks you: "What is it like at [insert your home institution here]?"

GOOD: "It's a stimulating environment, but I'm looking forward to a change."

BAD: "It is a soulless pit of misery and I want to be euthanized."

Constantly speaking poorly of your home institution or your peers will reflect worse on you than on said subjects.

Also, you may be in a situation on your audition rotation where something is done completely different than how you were taught.

Example: Let's say your home institution does not use lidocaine for I.V. placement. The minute you are about to stick a patient, your audition rotation attending may give you the most horrified look akin to Macaulay Culkin in "Home Alone." Your next move is crucial.

GOOD: "I'm sorry; I am a visiting student on my first week. Could you show me how *you* place an I.V.?"

BAD: "At *MY* institution, I was taught differently. And at *MY* institution...."

Sometimes the best response is smiling, nodding and allowing others to show you how things are done.

11. Commit to a case (or two...or three) and stick with it. Personally, I highly suggest you stay with the same resident and attending team the entire day. However, if this is not possible, stick to the entirety of whichever cases you choose to be a part of; this ensures continuity. Introduce yourself to everyone: your resident, your attending, CRNAs and (most importantly) your patient. Also, make sure to write your name on the dry erase board when you enter the O.R.

Do **NOT** be the person trying to go in and out of O.R.s just to get intubations. Would you want a medical student who did not even bother to introduce themselves to you prior to going under anesthesia to then intubate you without your knowledge? Didn't think so.

The truth is, no one really cares if you're amazing at this point. It takes years of practice (and many failures) to be good. Just give it your best and allow your enthusiasm to show.

RAZZLE DAZZLE...

Ok, your performance is almost complete. It's time to add the finishing touches! JAZZ HANDS, everyone!

12. Seek out the challenging when you have mastered the basics. Without knowing what your audition rotation institution will and will not allow you to do, it is hard to say what you can do that will be above and beyond. However, some examples of things you can try (if allowed) include: placing an a-line, placing a double lumen ET tube, using a bougie, or helping out in the PACU/SICU/labor and delivery.

13. Recommendations, commendations and appreciation(s)

If you are completing an audition/away rotation early enough to garner an ERAS letter of recommendation, and you are interested in procuring written proof of your good performance, make an effort to obtain one from the highest-ranking anesthesiologist with whom you have personally interacted. A letter from the chair or program director will speak wonders, but only if they actually know you and have worked with you. Your mission, if you choose to accept it, is to make this happen: request O.R. time with these individuals!

Letters from junior faculty are less valued, and residents do not count for letters (although a resident can e-mail the program director internally if they work with a student who he/she feels would make a great future resident-refer to commandment 6!).

Also, do not forget to write a thank you note to all who have helped you. As Randy Pausch once said, "Never lose the childlike wonder. Show gratitude...don't complain; just work harder." Never give up.

Above all else, have fun, be yourself and let me know how it goes!

If this helped you in any way, or you have any comments/amendments, please do not hesitate to e-mail me at **daclaud@bu.edu**

Good luck!!!

Claudia Sotillo, MS4
Boston University School of Medicine

ERAS AND WHERE TO APPLY

Unfortunately for some of us, when it comes down to it, you may be a stellar candidate, but all the residency program will see is your ERAS application. This fact alone should have you thinking NOW about how to best present yourself on paper!

Here are some of the basics. ERAS stands for Electronic Residency Application Service, and it is the common application that allows you to apply for most residencies in the U.S. It is run by the Association of American Medical Colleges (AAMC) and is a service that compiles your application materials, including your CV, personal statement, board scores, transcripts, letters of recommendation, and dean's letter or MSPE (Medical School Performance Evaluation). In order to register for ERAS, you must receive a token from your school, and throughout the application process, both you and your school will be providing information to complete your application.

My advice is to start thinking about what you want to say in your ERAS application early on. I was actually "forced" to do so by my medical school, which required me to complete a questionnaire about my activities and interests, and meet with the dean who would write my dean's letter in the spring of third year. Even if your school doesn't have a process like this, it is worthwhile to begin to think through what med school has been about for you. Were there common themes such an interest in research, medical education, quality, policy, community service, advocacy, etc.? How do your activities and honors demonstrate these themes? Thinking about this before you have the application open on your laptop will save you time down the road and facilitate writing your personal statement. It is very helpful to make sure that your CV is up-to-date and you have a short description of each activity available well before ERAS opens. If this is done, completing your ERAS application is simply a matter of cutting and pasting, then (carefully!) proofreading.

A PIECE OF ADVICE: Print off your application (both the long-form and the "CV" format) so you can see what it will look like in front of your audience. Take a red pen to it, and make all of the nit-picky edits that you only notice on the hard copy. Have someone else (outside of medicine even!) read everything to make sure it's clear. Check your punctuation and grammar! Many little typos can go unnoticed if you never look at it other than on the computer screen.

Check on the ERAS website

(www.aamc.org/eras) for the specific dates during your application season, but generally speaking, the application itself opens on July 1. You can begin transmitting your application to programs beginning on September 15. Make sure you are prepared for this date so you can get your application in the hands of program directors ASAP! Definitely have your components (the application itself, the personal statement, and the release of board scores) ready to go by this point. To some degree, we as students have limited control over letters of recommendation, transcripts and deans' letters, which are sent by our schools, but it is important that YOU ensure you've completed everything the school requires in order to have these components submitted. Once you have done so, YOU are responsible for checking the documents tab to ensure ERAS has received these items. Ask your letter writers early, provide them with appropriate context (e.g., copy of CV, personal statement), and send timely (and polite!) reminders of the due dates in order to ensure they are submitted in time. I recommend asking that all of your letters be submitted by September 1, if at all possible. This will give you some leeway to still have them in by September 15 in case the letter writers are late.

A lot of applicants wonder about what information should be included under "activities" on the ERAS application – whether to be exhaustive versus focused, whether to include college activities/honors, etc. I asked for advice from prior applicants, deans, advisors and other faculty, and I received some highly variable answers! In my case, I left off some of the minor activities that I had only participated in for a short while, even if it was during medical school. That allowed me to focus in on activities – whether during medical school or before – that helped to paint who I really was as an applicant. For example, I included several research projects and leadership awards from my college years, but I left off some of the one-off volunteer projects I did as an MS1 student.

The fun part of your ERAS application is choosing where to apply! There is a search functionality within the application that allows you to choose the programs.

TIDBIT OF ADVICE: It is fairly simple to navigate, but one area of confusion for anesthesia applicants seems to be how to choose preliminary and transitional programs (that is, if you are applying for advanced programs). For preliminary programs, you can search by Internal Medicine or General Surgery, then within each program (where a prelim track is offered), you can select the appropriate option. There is no separate search for "Prelim Medicine" or "Prelim Surgery"! There is, however, a separate search for "Transitional Programs," which you can select alongside other specialties.

Deciding where to apply can certainly be a challenging process – so many factors go into that decision that an entire book could probably be devoted to it! Suffice it to say, each individual will have to balance his or her preferences in terms of location, size of program, academic versus community setting, clinical and research strengths, competitiveness, etc. I would advise you to speak frankly with your advisor and/or department chair about your competitiveness as an applicant; less competitive applicants will want to apply more broadly. Personal circumstances may dictate the specific location(s) where you apply, and oftentimes you may want to relay to a program your strong desire to be in a particular locale.

ANOTHER TIDBIT: Attend the ASA annual meeting, where we host a meet & greet with >100 different anesthesiology residency programs! It is a great chance to speak with program directors and current residents to get a feel for where you would like to apply!

Once you've decided where to apply, you'll have to assign your documents to each specific program. This is great in case you have certain letters of recommendation you want to use for different programs. After you've submitted your documents accordingly, you'll be able to track which programs have downloaded your application to ensure your application is complete at each one. At that point, you can sit back and wait for

the interview invitations to roll in! Good luck!

Jamie Sparling, MS4
ASA-MSC AMA Delegate

WHERE SHOULD I GO?

Categorical vs. Advanced Programs

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 it whether you are a member or not. If you are an AMA member, 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 versus advanced, region, state. A categorical program is four years and includes both the internship year (a.k.a., postgraduate year, or PGY-1) and three years of anesthesia. An advanced program is only the three 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 second year.

Amy Voet
Former ASA-MSC Senior Advisor

THE CV, PERSONAL STATEMENT, LOR AND ERAS

NOW is the time to start working on your CV, personal statement and letters of recommendation (LORs). 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.

LORs 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 four. 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 1 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 answers questions about why you didn't waive your rights in your interviews.

Amy Voet
Former ASA-MSC Senior Advisor

RESIDENCY INTERVIEW 101

People say that Step 1 scores and third-year clerkship grades are important to get you interviews, but your interviews determine how programs will rank you. As you can see, the interview is probably the most important factor on where you will be matched. In this article, I will lead you through the entire interview process to help get you prepared.

You will receive interview invites as early as TWO DAYS after you submit your ERAS application. Therefore, submit the ERAS application EARLY and then let the wait begin. Once you receive an interview invite email, reply as soon as you can with your preferred interview dates, because slots are filled up very quickly! Some students reply a few hours late and have to be placed on the interview wait list. Interview invites are precious. Please don't lose those opportunities to visit great programs!

Here are my tips: first of all, to get your dream interview dates, set up a new Gmail email account and use it solely for ERAS. Link this email account to your phone so you can get notifications only for ERAS-related emails. Interview invites will slow down during the third week of October, but it's still possible to receive invites in November and December. Second, try to group your interviews based on geographical locations. From my personal experience, you can attend three to four interviews each week without being burned out. Third, consider driving, taking trains or using public transportation to go from one interview to another. Fourth, because most anesthesiology interviews take place in November, December and January, upperclassmen will tell you to schedule your "practice interviews" in November, "favorite interviews" in December, and "least favorite interviews" in January. However, study has shown that the timing of your interview does not influence the Match outcome. I suggest you schedule all interviews upon receiving the invites and then cancel the ones scheduled in January if necessary. Attending eight-14 interviews is all you need. Fifth, sign up for hotel and airline loyalty programs to accumulate points! You will be surprised how fast you can earn your rewards. Sixth, when you purchase flights, don't forget about other airports nearby. Sometimes you can save a few hundred dollars by flying to a different airport.

Interview takes lots of preparation and practice. It's important to find potential residency interview questions and try to answer all of them beforehand, especially those behavioral interview questions! Once you prepare your answers, find your advisor, friends or parents to practice interviews with and listen to their feedback. Your self-confidence and your interest in their program can all be shown through eye contact, body posture and facial expressions. Be prepared to elaborate anything on your application: extracurricular, Step scores, life experience, research, etc. Thoroughly research each program before the interview. Always be prepared to ask many questions about the program! If you don't ask questions, they will assume that you are not interested.

Most programs will take you out to dinner the night

before the interview, so plan to be in the city before 5 p.m. The interview dinner is a great opportunity for you to get to know the residents and ask them questions. Don't underestimate dinner interviews! Residents do report back to the admission committee on how they like those applicants. So don't be late, and the dress code is usually business casual.

On the interview day, plan to be there half an hour early. You will be provided with breakfast, coffee and a folder with all the program information. The program director will usually give you a presentation first, then you will have two-five interviews, depending on the program. Each interview lasts anywhere from 15 minutes to 30 minutes. Every interviewer will have a folder of your application, so it's not necessary to give them your CV or personal statement. Some interviews are informal and are conversation-like. Some other interviewers have a list of questions they have to ask you, including behavioral questions. If you are given a hard time during the interview, don't worry because other interviewees probably experience the same thing. After interviews, you will be given the opportunity to tour the hospital with a resident. Ask more questions and try to think about if you can see yourself working there. Most programs will provide lunch at the end. Your interview day will end anywhere from between noon and 4 p.m.

Congratulations, you just finished an interview! What now? Take notes on your way home and start making or modifying your rank list after each interview. You will be surprised how your interview experience can really change your rank list. If you wait till February to make your rank list, all those interviews will become a blur. Good luck! Let me know how I can help!

Melissa Zhu
ASA-MSC Secretary
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POST-INTERVIEW COMMUNICATION & RANK LISTS

So, you've just finished up with all of your interviews for an anesthesia residency position. What now? We can break up the entire application process to residency into five steps: Apply, Interview, Rank, Match, and the optional SOAP for any unmatched applicants. The focus of this article will be to advise students on the third step of the application process: Rank.

During the ranking step, which includes the post-interview period typically around January-February, many students begin to question whether they should be sending out thank-you notes to programs at which they interviewed, requesting second-look visits in order to have a little extra face time before rank lists are submitted, or just kicking back and taking a breather after a busy semester of traveling the country. In reality, this really depends on what you are trying to accomplish; if your objective in your post-interview communication is to simply express appreciation to programs who gave you an opportunity to visit their training site, a thank-you letter is an excellent medium. If you are still unsure whether a particular program would fit your needs during residency, a second-look visit may be a great way to solidify your rank list. If, however, your primary motivation in establishing additional communication during the post-interview period is to gain an edge over other applicants, then your efforts may not necessarily yield the results you are hoping for.

In order to be somewhat objective, let's take a look at the 2012 NRMP Program Director Survey to see if post-interview contact or a second-look visit improved an applicant's chance of being ranked highly. Out of 38 factors cited by anesthesia residency program directors as being important in ranking applicants, post-interview contact and a second-look visit ranked 36th and 37th, respectively, with a mean importance rating of 2.6 and

2.3 on a 5-point scale. Only 28 percent of anesthesia programs cited post-interview contact as being a factor in ranking applicants. While some programs may be swayed by a well-written thank-you letter, it seems that most anesthesia programs do not place a great deal of weight on any of the post-interview communication when establishing their rank lists of future residents.

Perhaps the most important activity occurring during the pre-Match months is the establishment of the applicant's rank list. This can be a daunting task as many programs you visit will have excellent training opportunities and very few negatives. According to the 2013 NRMP Applicant Survey, the top three factors listed by applicants applying to anesthesiology residencies in establishing their rank lists were reputation of the program (91 percent), geographic location (85 percent), and work/life balance (79 percent). While several other factors were listed, and certainly every applicant will have his or her own priorities in ranking top programs, it seems a general rule of thumb is to go by your overall gut feeling about the programs you visited and try not to over-analyze all of the little differences between them. If you are still having a hard time putting a rank order to your programs, try to figure out what one factor is most important to you and go from there. If living in a big city is a must, you can easily move the small city programs to the bottom of your list. If publishing research is extremely important to you, move all the programs with strong research support to the top of your list. Never rank a program that you would not want to attend, but you should definitely rank every program that you would be happy training at, regardless of how long your rank list seems. Finally, always put your true number-one at the top of your rank list; there is absolutely no advantage in ranking a program you think you have a better chance of matching into at the top of your rank list instead of your favorite program. The match algorithm always gives the applicant his or her top-ranked program as long as the residency still has a spot open.

The takeaways:

1) While I highly encourage every applicant to send out as many thank-you notes as time and energy allows, don't expect this single act to boost your rank over other applicants in most situations.

2) Second-look visits should not be confused for a valuable time to schmooze the application committee into giving you a high rank, but rather should be viewed as an opportunity to solidify your rank list if you are still uncertain about specific programs.

3) When creating a rank list, be sure to figure out what matters most to YOU and use your overall gut feeling.

While this time before the Match can be stressful, realize that you're only a few short months away from finally becoming a doctor! Best of luck to all of the applicants with the Match!

Craig Barnette, OMS-IV
ASA-MSC Senior Advisor

HOW TO RANK A PROGRAM

Each applicant will have a unique approach to his or her rank list. To some, location will be more important, to others program strengths will be more important, and it only gets more complicated from there - call schedules, salary, work options for a spouse, schools, etc. To ease some of the complication involved, I am providing some pointers.

A lot of what goes into making a rank list are the same types of things you consider when deciding where to apply and where to interview. Once you get to those interviews, take notes, ask questions and as soon as you leave make a pro and con list. Once the interviews start to blend together, this list will help you more than you realize.

Between interviewing and submitting your rank list - which happens around the

end of February - keep in touch with your favorite programs and let them know you are interested. Some program directors will try to sway your decision, but just remember your ranking within the Match system is independent of how they rank you. You should truly rank your number-one as *number-one* regardless of communications you have had with programs.

Some applicants ask about excluding programs from their rank list. Not ranking a program is a very serious decision and shouldn't be taken lightly. If there is a program you truly do not believe you could survive in for four years, leave it out. However, before you leave a program off, assess your probability of matching versus your probability of having to use SOAP.

Deciding how to rank is a very personal decision. Everybody will place weight differently on what is important to them. I think the best place for residency is where you feel most comfortable, feel you will get the best education and be able to live for four years. Ultimately remember that no matter how many people talk about a "ranking strategy," there really is nothing better than ranking your programs in your actual order of preference.

Ultimately, most people match to one of their top choices, so try not to make the situation more stressful than it is. However, be sure not to let this statistic give you a false sense of security.

Maggie Coffield, OMS-IV
ASA-MSC Alternate

FROM THE 2013 MATCH

A profile of students entering anesthesia residencies in 2013

As interview season approaches, the question on many fourth-year students' minds is, "Do I have what it takes to Match?" While matching into anesthesia is multifactorial, a look at the vast amount of data available can help students maximize their individual application strategy.

Resources and Data

There are several resources that medical students should utilize when assessing both their individual competitiveness as an applicant and investigating which anesthesia programs might be the best fit for their particular application. The National Residency Matching Program (NRMP) www.nrmp.org for results, data and charting outcomes in the Match are great places to begin. Providing more than 100 pages of statistics and charts on past residency matches, the NRMP reports allow students to gauge the competitiveness of each specialty and trends, as well as how many positions are available in each state. The NRMP Program Director Survey is an invaluable document that outlines what program directors value most in applicants (e.g., USMLE scores, letters of recommendation, etc.) and is broken down into individual specialties. Similarly, the National Matching Service (NMS) Match Statistics provides Match data for osteopathic students applying for AOA (American Osteopathic Association) accredited residency programs. More information on individual programs can be found through FRIEDA Online for allopathic residencies and Opportunities for AOA-accredited osteopathic residencies. These websites display the number of residency positions available at individual programs and the minimum board score required to be considered for an interview (if applicable), as well as information on the benefits offered to residents. Students should also consider referencing the websites of individual programs they are interested in to see the current class of residents and

any additional information pertinent to the residency.

Anesthesia Residencies

So let's begin to break down those hundreds of pages of data with a particular focus on anesthesia.

ANESTHESIA RESIDENCY POSITIONS (Year 2013)

- **147 programs** offered **1,073 PGY-1 positions** for anesthesia (4 yr programs)
- **86 programs** offered **580 PGY-2 positions** for anesthesia (3 yr programs; must complete an internship year separately, but senior medical students can still apply)
- **13 AOA-accredited programs** offering **32 positions** for anesthesia (osteopathic students only)
- 1,893 applicants (1,208 U.S. seniors) for PGY-1 positions, and 1,628 applicants (1,067 U.S. seniors) for PGY-2 positions; Note: applicant double counted if applied to both PGY-1 and PGY-2
- 0.9 available anesthesia positions per applicant (1.4 positions per U.S. senior)
- For allopathic PGY-1 positions, 748 (70%) went to U.S. seniors, 117 (11%) went to osteopathic students, and 164 (15%) went to other independent applicants, including IMG's.
- Only 62 anesthesia positions went unfilled after the Match; of those, 40 filled during the SOAP process
- 1,591 anesthesia positions filled through the Match 2013 (PGY-1 and PGY-2), which represents 5.7% of the entire residency Match. This makes anesthesia the 6th largest specialty in the Match.

Match Factors

So now that we know what's available for prospective anesthesiologists, let's talk about how to match. If you break the matching process down into two steps - first "how to get an interview," and second, "how to get ranked by a program" - students can properly understand what it takes to land that coveted anesthesia residency position. Selection factors for each of these steps appear to be weighted differently. Without an interview, a student is very unlikely to match to a program, but a poor interview will assuredly eliminate a student from a rank list. Let's take a closer look at what factors seem to be most important in, first, getting the interview, and second, getting a high rank.

Interview Selection Factors:

Interview season for residencies typically runs from October to January. When program directors receive the hundreds of applications from students, they must decide which applicants to invite for an interview. The average program received 719 applications for eight positions and interviewed 117 of those applicants. According to the NRMP Program Director Survey for 2012, the most common factors used by anesthesia program directors in selecting which applicants to interview were letters of recommendation in the specialty, USMLE/COMLEX Step 1 score, class rank/grades, personal statement, audition rotation at the program, and USMLE/COMLEX Step 2 score. Several other factors were also considered among program directors but with less frequency.

USMLE/COMLEX Scores:

Because USMLE Step 1 scores are so commonly used by program directors in selecting applicants to interview, they deserve a bit more attention here. As far as USMLE/COMLEX Step 1 scores, 82 percent of anesthesia programs stated that they required a specific

target score when considering applicants to interview. The remaining 18 percent of programs required a passing score only for interview consideration. For applicants failing step 1 on first attempt, 35 percent of programs never consider these applicants and 62 percent seldom consider these applicants.

So what USMLE score do you need? This greatly depends on which program you are applying to. Specific minimum target scores can often be found on the FRIEDA website. Looking at all anesthesia programs collectively, however, the median score below which programs do NOT grant interviews is 210, with the 25th and 75th percentile of programs falling at 220 and 200 respectively. This means that the majority of anesthesia program directors will not consider an applicant with a USMLE Step 1 score below 200, but some programs still consider these applicants. Applicants with scores above 225 (median) are nearly always granted interviews. Step 2 target scores are less frequently required by programs, but 57 percent of programs still require a target Step 2 score for interview consideration.

Rank Selection Factors:

Once invited for an interview, program directors seem to focus on a different set of criteria for determining which applicants to rank for the Match. According to the 2012 NRMP Program Director Survey, the most important factors anesthesia program directors considered in ranking applicants were: interactions with faculty and housestaff, interpersonal skills, feedback from current residents, and professionalism/ethics. While letters of recommendation, Step 1 and Step 2 scores, grades and several other factors were also considered in ranking applicants, these had a mean importance rating less than the assets listed above. Basically, once an applicant has been invited for an interview based on his or her scores, program directors focus on whether the applicant's personality will be a good fit for their particular program.

Summary and Recommendations

Anesthesia is an exciting field of medicine that is fairly competitive but definitely obtainable for most medical students with a solid application strategy. Be sure to consider your own competitiveness for specific anesthesia programs by comparing your Step 1 and Step 2 scores to target scores posted by the program. If your scores or grades are less than average, consider applying broadly to a variety of programs in order to maximize the number of interviews you are offered. Audition rotations are a great way to get to know a specific program and may aid in overcoming deficiencies in your application if the rotation is a positive experience. Obtain a very positive letter of recommendation within the field of anesthesia. Spend a lot of time on your personal statement as this document is highly considered in selecting candidates for interviews. Once you are invited for an interview, be yourself and relax; the program simply wants to get to know who you are outside of your CV, so try to let your personality shine. Finally, remember that during your interviews, your interactions with EVERYONE at the program are considered.

Good luck to all of the applicants this year!

Craig Barnette, OMS-IV
ASA-MSC Senior Advisor

THE TRANSITION

Going from medical student to intern

Now that Match Day has come and gone, it is now time to start thinking about your next stage of training: Internship!

You are all now doctors and you are expected to apply the medical knowledge you have accumulated over the past four years. While this can be an overwhelming thought, you will find yourselves more ready than you think! Hiding behind the title of "medical student" can oftentimes limit your ability to truly unveil what you actually know. You will be forced to make decisions on the fly and you will likely feel very uncomfortable as you get started, but this is really how you want it to be. If you aren't being pushed or pushing yourself to feel uncomfortable daily, then you aren't learning to your maximum potential. Use these feelings to push you further in your reading and desire to take on patients who are difficult, and not the simple bread-and-butter cases only.

Manage your money well. Consider starting to pay off debt and don't blow what little amount you get on a fancy new car (yet)! This can wait, and will give you something to look forward to at the completion of your residency.

Take Step 3 early. Buy a question bank and go through it twice. This will prepare you well for success on Step 3 and will also serve you well in building a solid foundation of knowledge that you will apply daily during your intern year. It will also relieve some stress, knowing that you can actually study anesthesia books the rest of the year in your free time. Some decide to take this later in training, but I would advise against it. Why not just get it over as soon as possible? You will find it surprisingly easier than both Step 1 and 2.

Take your intern year seriously and treat it as though you are going into that respective specialty (internal medicine, surgery, etc.). This will help you get the most out of your year and will also keep you from going crazy. If all you think about is moving on to anesthesia, it is going to be a long year, and you won't be as well prepared for taking care of sick patients in anesthesia when the time comes. Having completed a rigorous year of internal medicine, I feel confident in handling patients with numerous comorbidities, and that should be your goal upon completion of your training.

In conclusion, you are going to do great. You are now doctors and you have earned it! Congratulations to all of you as you embark on this new phase of your life! Trust in your medical training and continue to challenge yourself daily by asking questions, reading and working hard. I look forward to having you all as colleagues in the future!

Matt Gertsch, CA-1
ASA-RC Chair-Elect
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Attention AMA Annual Meeting Attendees:

Are you attending the AMA-Medical Student Section (MSS) Annual Meeting? The meeting is held in Chicago on June 5-7. Our ASA-MSC Delegate and Alternate Delegate, Jamie Sparling and Ryan Budwany, will be representing us there. They welcome your input, and would love to get a group of ASA members together to socialize and discuss policy issues. Contact sparling.jamie@gmail.com or ryan.budwany@gmail.com for more information.