



---

# Medical Student Newsletter

---

January 2012

---

## 2011 Annual Meeting Review

By: *David Garcia, M.S.*

*Chair, ASA Medical Student Component*

[david.garcia@mwumail.midwestern.edu](mailto:david.garcia@mwumail.midwestern.edu)

This year the Annual Meeting of the Medical Student Component of the ASA in Chicago was a great success due to the hard work of the Governing Council and participation of over 70 delegates from medical schools across the country. Our first event of this year's annual meeting was our House of Delegates which began with the Governing Council elections. Following our elections, we welcomed the new members of the 2011-2012 MSC-ASA Governing Council. Please join me in congratulating your new Governing Council members Daniel Hansen (Chair-Elect), Lakshmi Geddam (Senior Advisor), Amanda Gelineau (Secretary), Liya Gendler (Member-at-Large), Allen Miraflor (MSC Alternate), Bradford Cardonell (AMA Delegate), and Sunny Jha (AMA Alternate Delegate).

Following our elections was a distinguished line-up of guest speakers. Our first speaker was Dr. Deborah Schwengel from Johns Hopkins University who spoke on what residency program directors look for in applicants. Dr. Gerald Maccioli then addressed the House of Delegates meeting with a presentation on several topics such as critical care anesthesia, private practice versus academic careers in anesthesia, and the role of CRNAs in the future. Our third set of speakers were Dr. Catherine Kuhn and Dr. David Warner who discussed the Duke University ACES program, and they were followed by a presentation of Pediatric Anesthesia training options by Dr. Mark Rockoff. Our panel of speakers was concluded with a discussion of Anesthesia and Healthcare Reform by the ASA First Vice President Dr. John Zerwas.

**Mark your calendars for  
Anesthesiology 2012 in  
Washington, D.C. from  
October 13-17, 2012!**

At the conclusion of our House of Delegates Meeting, the entire delegation was invited to attend our Residency Program Director Meet and Greet. This event consisted of program directors and representatives from 49 anesthesia residency programs from across the US. At this event, attendees were given the opportunity to approach the

anesthesia programs they are interested in applying to for residency and ask questions about that particular program. In addition, it provided the opportunity for those programs to put a face to an application for those students that have already begun applying to residency programs. The event was extremely popular this year and we had a record number of attendees with anticipation of an even greater turnout next year.

This year also included the first annual Resident and Medical student social event in downtown Chicago. Based on the number of attendees and the excellent feedback we received regarding the event, we will be organizing a similar event next year at the annual meeting in Washington, D.C. We also held our third annual Anesthesia Program Showcase this year at Northwestern University. Our program this year consisted of three workshops that included a basic airway management course, ethics seminar, and a case in the anesthesia patient simulator.

---

We were also provided a visually stimulating interactive lecture by Dr. Naveen Nathan on basic anesthesia related topics such as pharmacology and physiology.

I hope those of you reading this were able to attend this year's meeting and had the opportunity to participate in all of the events listed above. However, if you are a new member and this is the first time you are hearing about our annual meeting events, please mark your calendars for next year's annual meeting in Washington, D.C. from October 13-17, 2012 so you too will be given the



opportunity to participate in these events. The current Governing Council is putting together an excellent program that will consist of content that is similar to this past year plus much more. I also encourage you young leaders out there to start thinking about getting involved in the MSC-ASA by getting your governing council application ready for next fall's elections. It is not too early to update your CV and request those letters of recommendation! Good luck this year during your coursework and I look forward to meeting all of you in our nation's capital next year. For more information visit [www.asahq.org](http://www.asahq.org).

## Optimize Your Match, Part 4

By: Amy Voet, D.O., M.S.

Junior Editor, Resident Component

[avoet@hmc.psu.edu](mailto:avoet@hmc.psu.edu)

**\*Editor's Note:** Due to the timing of this newsletter, Part 3 of Amy Voet's "Optimize Your Match" was omitted. This article (along with the complete set) can be found on the ASA Medical Student Component website at <http://www.asahq.org/For-Students/For-Medical-Students.aspx>

The final article of the series will go through contacting programs after the interview, the final rank list and the match. The interview season is well underway at this point. As I mentioned in the 3<sup>rd</sup> article, after each interview, it is a great idea to write down your impression of the program, pros and cons and even specific conversations you had during the interview. This will help you when you go to put together your final rank list and it will help you write personalized thank you cards and letters to program directors.

The three basic rules for post interview communication are: 1. Thank every program for the opportunity to interview (whether by email, hand written notes or a letter). 2. Plan on how to communicate and what to say to the program directors of your top choices. 3. Plan on how to respond to programs who initiate contact with you after an interview.

---

The most effective thank you letters contain information that includes a statement of appreciation for the opportunity to interview, enjoyment of the meeting, expression of interest in the position, reason why you would be a good fit, reference to a conversation during the interview and an indication of an intent to rank highly only if plan to rank the program in the top 3 (this is purely optional). Thank you letters to directors should follow business letter format. Avoid being informal, misspellings or making it too long.

It is common for program directors or other faculty to contact applicants via email, phone or mail. They encourage you to “stay in touch” if they are interested in ranking you. They may also call you directly to attempt to get a feel for how you will rank them. The most important thing to remember is NOT to lie. If you truly intend to rank the program first, you can tell them. If you are not sure but know you will rank them highly you can communicate that as well. Do not tell a program for which you have no intension of ranking highly, that you are going to do so. The community is a much smaller than you think, and program directors do talk with each other.

Interview season typically finishes at the end of January. The programs must turn in their rank list by 9pm Eastern Standard Time on January 31<sup>st</sup>. The Rank list opens for students on January 15<sup>th</sup> to begin entering programs and closes on February 22<sup>nd</sup> at 9 pm Eastern Standard Time. If you plan to write a letter to the program director with your ranking intentions, be sure to get it in before January 31<sup>st</sup>. This can make it difficult if you are interviewing right up to the end of month. This is why I have strongly and continually recommended writing down information about each program right after the interview.

Making your rank list should be fairly easy if you follow the criteria you have set for you and your family (if you have one). Never rank a program you don't want to attend but **DO** rank every program you would consider attending. Don't wait until the last minute to certify your rank list to avoid any problems that may occur at the last minute. Finally, don't be naïve and believe everything you hear from program directors. There are many accounts of programs being less than truthful when making informal commitments to candidates. So once again, rank all programs you are considering attending regardless of informal commitments.

***“The three basic rules for post interview communication are: 1. Thank every program for the opportunity to interview (whether by email, hand written notes or a letter). 2. Plan on how to communicate and what to say to the program directors of your top choices. 3. Plan on how to respond to programs who initiate contact with you after an interview.”***

Match day is 3 weeks after the rank list closes in February. March 12<sup>th</sup> 12 pm Eastern Standard Time applicant matched and unmatched communication will be sent out and a list of unfilled positions will be available. March 13<sup>th</sup> is the scramble, March 14<sup>th</sup> all programs must finalize their new acceptance list and March 15<sup>th</sup> at 1 pm Eastern Standard Time the Match list is released.

I hope this series of articles has helped take the mystery out of the match and will help you move forward through the process with some confidence. If you have any questions please do not hesitate to contact me with questions.

Good luck to everyone this year!

---

# Graduate Medical Education Update

*By: Sachin Jha, M.S.*

*AMA Alternate Delegate, ASA Medical Student Component*

*sunny.jha@gmail.com*

On November 21, 2011 the US Joint Select Committee on Deficit Reduction, popularly called the "Supercommittee," failed to reach an agreement to resolve the budget impasse that had placed the US economy on a path to defaulting. This special committee was tasked with reducing \$1.5 trillion over 10 years from the US federal budget to avoid breaking the US debt ceiling. The Supercommittee was empowered to pursue cuts to any and all sources in order to reduce the budget.

Among the areas targeted for reduction by the Supercommittee included financing for Graduate Medical Education (GME), also known as funding for physician residency training. The federal government has financially supported the training of medical residents across the country. In 2010, the government, via Medicare, spent approximately \$9.5 billion to support the training of nearly 100,000 residents across the country. About \$3 billion was spent to cover resident stipends and expenses while the remaining \$6.5 billion went towards indirect medical education costs associated with training such as new technologies and treatment for critically ill and complex patients.

On November 9th, 2011 the Association of American Medical Colleges (AAMC) released an Urgent Action Request, stating that the Supercommittee and Obama Administration were actively discussing reductions to the GME budget by \$60 billion over the next 10 years, a move which would have seriously jeopardized access to residency slots for future physicians. An emergency legislative campaign was launched urging all medical students, residents, physicians, medical staff, and patients to contact their elected officials urging them to reconsider reducing GME funding. Many other medical organizations either followed the AAMC or initiated their own concurrent legislative campaigns to protect GME funding, including the ASA and American Medical Association (AMA).

Your ASA Medical Student Component (MSC) Governing Council (GC) participated in an emergency conference call, spearheaded by the AMA, joining medical students, residents, and fellows representing over a dozen medical societies to organize a Congressional phone-a-thon. Within hours, over 11,000 individuals were invited to participate in the event via Facebook and countless others were contacted through their medical school listservs. By November 21, the AAMC reported approximately 12,600 medical students sent over 40,000 emails to Congress members using its online legislative action software.

Ultimately, the Supercommittee admitted defeat and was unable to reach an agreement on a revised budget. Since the Supercommittee was unsuccessful, a failsafe mechanism automatically activated cutting both defense and domestic spending by \$1.2 trillion over the next 10 years. This will ultimately yield a 2% reduction across all budgets, including GME spending. However, the specific impact of this cut and how it will manifest itself in graduate medical education across this country is unknown.

Nearly every physician society is reporting shortages across the country. Dramatic reductions in GME funding would exacerbate the shortage of physicians across all specialties leading to poorer patient outcomes and increased healthcare spending. Additionally, with the healthcare sector serving as one of the few reliable areas of growth in our economy, GME cuts would stifle and derail the healthcare sectors' progress.

---

Additionally, medical students are being trained at a growing rate, as the AAMC mandated medical schools increase their class sizes by 30%. It is estimated by 2019, the number of medical school graduates will outpace the number of first year residency positions. By then, a health care education crisis will have been in effect for many years, as foreign medical graduates, osteopathic graduates and even allopathic graduates seeking United States residency positions will be graduating medical school unable to secure residency training opportunities. So while GME cutbacks are threatening the number of available positions, the demand for residency positions is simultaneously ever increasing, placing patient care in a precarious position of uneven supply and demand.

Ultimately, many may consider the Supercommittee failure as a legislative victory, in that academic medicine avoided the 60% reduction. However, it remains to be seen if GME will be safe from future cuts, as the Ryan-Wyden Plan to overhaul Medicare has yet to be finalized and others have vocalized support for similar GME cutback proposals. Future legislative proposals may be closer than we think...

**Interested in helping preserve GME funding? Here's how you can help:**

ASA Grassroots Network (<http://grassroots.asahq.org/>)

- Receive short and timely legislative updates from the ASA

ASA Legislative Conference (Monday, April 30, 2012 to Wednesday, May 02, 2012)

- Lobby Congress and receive special legislative training

ASAPAC (<http://www.asahq.org/ASAPAC>)

- Join the political advocacy arm of the ASA

AAMC Legislative Action Center (<http://capwiz.com/aamc/home/>)

- Sign up for legislative updates

AAMC GME Funding Page (<https://www.aamc.org/initiatives/gmefunding/>)

- More info on GME from the AAMC
-