

# American Society of Anesthesiologists Resident Component Newsletter

Spring 2018

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## Anesthesia Across the Nation

### The Invaluable PAC Champion

Layne Bettini  
Mayo Clinic, PGY-2  
Junior Co-Editor, ASA Resident Component Governing Council

The American Society of Anesthesiology Political Action Committee (ASAPAC) is the political arm of the ASA. The ASA uses the ASAPAC to advocate for the practice of anesthesiology by influencing policy decisions and supporting candidates in federal and state elections. The ASAPAC is a bipartisan committee that financially backs candidates and elected officials of both political parties who champion policy efforts to preserve high-quality care and to maintain physician-patient relationships—values that are important to physician anesthesiologists and the ASA alike.

As resident members of the ASA, we are poised to take over the future of our specialty. If we intend to maintain a seat at the table and remain involved in the evolution of our specialty, it is essential that we are aware of, and are actively engaged in, the issues facing our practice. By contributing financially to ASAPAC, we, as anesthesiologists, empower our specialty to impact its direction in a meaningfully engaged way.



In order to meet these goals, it is important that we continue the great work of past years and continue to expand membership and contributions to the PAC. In the last few years, about 30% of residency programs achieved 100% contribution rates. But there is room for improvement. We encourage each residency program to select a “PAC Champion” who will inspire co-residents to engage in the political process and contribute to the ASAPAC.

While contributions to the ASAPAC remain one of the most important ways to support the specialty, there are many other ways residents can engage in the political process, such as attending local ASAPAC fundraisers, meeting with elected officials, or getting involved with the Grassroots Network.

Further information is available at: <https://www.asahq.org/advocacy/>.



American Society  
of Anesthesiologists  
Political Action Committee

# Anesthesia Insights: Advice for Residents

## Transitioning to Practice Services (Part III)

*Christine Nguyen-Buckley, MD*

This is the conclusion of a series of articles covering the transition to practice for residents. These articles were written by anesthesiologists who are members of the ASA Committee on Young Physicians. Previous topics include choosing a practice setting (Fall 2017), resources for help (Fall 2017), and transitioning to academic practice (Winter 2018).

In this issue, Dr. Jessica Sumski and Dr. Julius Hamilton give their advice on transitioning to private practice and financial planning. Dr. Sumski discusses how to find help when starting out in private practice and learning to supervise. Dr. Hamilton discusses the elements of making a financial plan, including first steps, loan repayment and retirement. We hope that the transition to practice series has provided practical and useful information for residents planning their careers.

### Transition to Private Practice

Jessica Sumski, M.D.

Transitioning from residency into private practice can be difficult. Being aware of some of the difficulties you may encounter can help to ease that transition. Throughout residency, we are trained to manage different types of cases and patients, but under the supervision of an experienced attending that can provide assistance and knowledge to ensure safe and effective patient care. When entering into private practice, depending upon the group, you can find yourself as the lone anesthesia provider at a surgical center with the expectation of doing cases with little or no support system. Also, you can find yourself assigned to cases which you had limited experience in managing as a resident and feel uncomfortable performing them due to familiarity. These situations can be overwhelming straight out of residency, especially when you feel that you need to be autonomous immediately. The most important thing to remember is to never be afraid to ask questions and for help when it is needed to ensure therapeutic care and patient safety. Every person in your group started out in an unfamiliar setting at some point in their career and they can be your best resource for advice and direction. If you do not feel comfortable going to your department chair with every little question you have, you can always find another partner or employee in the group whom you trust and can run cases by them if you are unsure. These types of collaborative discussions are expected often when you are right out of residency to ensure safe practice.

During residency, you are used to having an attending watching over you rather than yourself supervising another provider. There is a sharp learning curve when it comes to supervising, and even experience teaching other residents prior to graduation does not quite prepare you for supervising multiple rooms of CRNAs or AAs. When doing a case alone, you become used to controlling most aspects of the patient care to your own preference. When supervising, it is important to accept that there are multiple ways to do the same job and that you may receive push back from

someone who has been doing things a certain way for decades. It is important to learn to pick your battles such as standing your ground on points of appropriate patient care and safety while letting some small personal preferences be done in a different manner. Otherwise you may end up in a challenging working environment.

The other consideration with supervision is the number of rooms you may be covering. The average coverage ratio is anywhere from 2-4 rooms. You must learn to manage your time to see all your patients preoperatively as well as be present for all the critical parts of the case i.e. Induction/emergence. Depending on the practice you may also be responsible for giving breaks in all your rooms. Initially this all may seem overwhelming and difficult to manage but if you try and develop a broad plan at the beginning of the day and ask coworkers for help when needed you will adjust quickly.

Graduating residency and transitioning in to private practice may seem overwhelming, but every year it is successfully accomplished by new graduates. If you have survived years of training, then you have the knowledge and skills needed to succeed. You just need to enter with confidence that you can do it, as well as the humility to know when to ask for help.





## Finding a Financial Planner

As you begin to consider your financial future, consult a financial advisor to help guide you through the process. Before doing so, it would benefit you to learn how your advisor is paid. Advisors are paid a commission on the insurance plans or investment products they sell or they are paid by fees. Fee only advisors carry a fiduciary responsibility act only in your best interest. You can find a local fee-only financial advisor by searching [www.napfa.org](http://www.napfa.org), The National Association of Personal Financial Advisors. A financial advisor can help you with your retirement planning and acquiring insurance policies.

## Insurance Policies

Immediately following training is a particularly vulnerable time in your financial plan. This is a time when many carry high debt but have yet to receive a high income. Any life event that could alter your ability to practice and generate an income could be devastating. To protect against this risk, disability insurance is an essential component of your financial plan. Ask your financial advisor about own-specialty-specific disability plans, which would pay if you were injured and unable to perform the duties of your current job, but would allow you to still work in another field. Your new practice may offer a group disability plan, but these are not portable and generally, these plans do not carry favorable definitions of disability.

After purchasing your disability insurance, consider life insurance if anyone else depends on your salary. Life insurance is sold as whole life, which is more expensive and is seen as an investment, or as a term life. Term life policies carry the benefit of being much more affordable and they allow you to protect yourself at especially vulnerable times of your financial plan. These plans can be purchased in multiple year increments (e.g. 10, 15, 30 years), which would

## Financial Planning

Julius Hamilton, M.D.

### Overview

One of the most exciting and challenging aspects of transitioning from training into clinical practice is financial planning. Creating a financial plan can be daunting, but with appropriate foresight and guidance you will be prepared to plan for your financial future. With the average indebtedness of medical school graduates exceeding \$187,000, a strong financial plan is essential to achieving financial independence.

Before making any steps toward improving your standard of living you should establish your financial plan with a budget to guide your priorities. When considering retirement savings, compounding interest makes every dollar you save now worth more than any of your future savings. If others are depending on your salary, life insurance and disability are necessary to protect your loved ones should anything unexpectedly happen to you. For the trainee with debt, the time immediately following training comes with significant risk.

## First Steps

### Emergency Fund

Before considering a major purchase, establish your emergency fund. Six months of cash in an interest bearing liquid account (savings, money market, etc.) serves as a good buffer

Before considering a major purchase, establish your emergency fund.

for emergencies that may arise. Should your first job not fully meet your expectations, having a fund to cover day to day expenses can offer tremendous freedom should you find yourself seeking a new practice. Additionally, your emergency fund will cover your expenses during the waiting period of your disability insurance should you become disabled.

allow you to layer the plans to have higher coverage during especially vulnerable periods in your financial plan.

When shopping for insurance plans, price comparisons can be especially difficult for disability plans. Be certain that your financial advisor can provide you with quotes from multiple providers to ensure that you have access to the best plan for you. Both types of insurance require a health assessment with laboratory testing to determine your health status, which influences the price of your policy. Life insurance is a bit easier to compare as websites like [www.term4sale.com](http://www.term4sale.com) allow you to input your demographic information and immediately provides a list of insurance plans with agents in your area who can help you with purchasing.

#### Loan Repayment

With ever increasing interest rates for graduate education, aggressive educational loan repayment is the cornerstone of a wise financial plan. With federal interest rates at and above 6%, it is prudent to repay debt quickly or refinance. Many private lenders offer opportunities to refinance at competitive rates, your

financial advisor can help you determine which method of repayment is best for you, as private lenders can have differing terms and more stringent conditions for repayment.

#### Retirement

The best way to start with your retirement planning is to begin with the end in mind. At what age would you like to retire? What percentage of your working income would you need to retire comfortably? These questions should serve as the starting point for how much of your income you should save, as well as the different investment vehicles you plan to use. 401ks and IRAs penalize withdrawals prior to age 59 ½, so if you desire more flexibility with your retirement age, differing methods of retirement savings would be required.

When considering different job offers, do not overlook employer contributions to retirement, as these benefits can certainly add up. If your

practice/employer provides a match to your contributions to your retirement account, you should max out this contribution. For physicians exceeding the IRA income limit, a Health Savings Account (HSA) can serve as a tax protected investment vehicle. A HSA is exclusively available to enrollees of high deductible health plans and offers triple tax advantages:

1. Pre-tax deduction
2. Tax free growth
3. Tax free withdrawal for qualifying expenses

#### Summary

You have spent nights and weekends studying and learning to care for your patients; be sure to spend time learning about personal finance and don't be afraid to get professional help. Finishing training is an exciting time of life and putting significant thought and effort to creating an excellent financial plan will pay dividends for years to come.

*“An investment in knowledge pays the best interest.”*

*Benjamin Franklin*

### Trivia Questions

*October 16, 1846 is officially known as \_\_\_\_\_, as it was the first successful public demonstration of an inhalational anesthetic during a surgical procedure. Who delivered this first surgical anesthetic?*

*Who was the first physician to conceive the idea of neuraxial anesthesia in 1885? Who performed the first successful spinal anesthetic in August 1898 and with what specific anesthetic?*

# Fellowship Spotlight: Pediatric Anesthesiology



*A Fellowship Program Director's perspective...*

Franklyn Cladis MD FAAP  
Associate Professor of Anesthesiology  
Program Director  
Pediatric Anesthesiology Fellowship  
The Children's Hospital of Pittsburgh of UPMC  
Anesthesiology Residency: University of Rochester 1998-2001  
Pediatric Anesthesiology at The Children's Hospital of Boston 2001-2002

## Why anesthesia?

I chose anesthesiology because it combined the best parts of all of the medical, surgical, obstetrical and pediatric specialties into one acute care specialty. In a day you can be a 'resuscitologist', clinical pharmacologist, pain reliever, and crisis/family counselor

## What is the goal or intent of the fellowship program?

Our goal is to train the next generation of pediatric anesthesiologists. I value emotional intelligence and clinical competence the most.

In addition to the routine pediatric surgical patients, the Pediatric Anesthesiology Fellow will be expected to master the anesthetic care of complicated pediatric patients undergoing repair of orthopedic, neurologic, urologic, plastic, and general surgical pathologies. The fellow will also be exposed to pediatric patients with organ failure undergoing transplantation and non-transplantation procedures.

The Pediatric Anesthesiology Fellow will develop expertise in critical perioperative pediatric care, pediatric advanced life support, invasive monitoring, and pediatric pain management during subspecialty rotations on the Acute Pain Medicine Service, Congenital Cardiac Service, and The Cardiac Intensive Care Unit.

## What is the case volume or types of procedures fellows do?

The Pediatric Anesthesiology Fellowship at Children's Hospital of Pittsburgh of UPMC is designed to further develop clinical expertise in caring for neonates, infants, children, and adolescents undergoing a wide variety of surgical, diagnostic, and therapeutic procedures. There are approximately 30,000 anesthetics performed yearly at the Children's Hospital sites. It is among the oldest and most

successful fellowships of its kind in America and it is one of the first Pediatric Anesthesiology Fellowships to receive ACGME accreditation.

Our fellows on average perform 500 pediatric anesthetics and it includes everything from NICU cases to medically complex children. In particular our fellows perform on average 50 pediatric peripheral nerve blocks per year.

## What career paths were taken by prior fellows? Pros vs Cons of private vs academic?

Our fellows are 50% academic and 50% private practice. Both are essential and important. Our job is to help our fellows figure out which career path is best for them.



## A Resident's perspective...

Remigio A. Roque, MD

Residency - Oregon Health and Science University, PGY-4/CA-3, 2014 -2018

Fellowship - University of Washington/Seattle Children's Hospital, Seattle, WA 2018-2019

### Why choose a fellowship for your career path vs general practice? Why did you choose your specific fellowship?

I think this is a very personal decision and both can be the "right decision". Choosing to pursue a fellowship allows the opportunity to gain more knowledge, expertise, and skills in a particular area. It's a good option if you know that you want to specialize in a particular area or if you feel like you need more experience in a particular area prior to going into a generalist practice. This may be more important if your residency program has areas which are lower in case volumes or are difficult to obtain case minimums. Fellowships are also becoming more important if you want to pursue a career in academics. On the other hand, if you know you want to be a generalist, it might be better to jump into a private practice or academic generalist job. This has the advantage of being able to get started in your practice, start making a "real" salary, and working toward tenure/promotion/partnership. For some, it is hard to pursue a fellowship later in their career once they are making that "real" salary and have settled into a practice.

I started residency interested in pursuing a fellowship, knowing that I likely wanted a career in academic medicine. I chose a pediatric fellowship based on my experiences on my resident rotations. I enjoyed working with children and families, the even-more-preciseness of everything with smaller patients, and I found it incredibly rewarding to be involved in surgeries that could make big, lifelong impacts (like repairing cleft palates). While I had enjoyed other rotations, on Peds I more often left at the end of the day feeling excited about the next day (even after a long, tedious day in the peds ENT room). The hard days on my peds rotations were still something I looked forward to.



### Were you able to contact previous fellows or recent graduates on the interview trail? If so, what advice did they share?

At pretty much every interview, there is opportunity to interact and talk with current fellows about their programs. This is invaluable in helping to know what the culture and day-to-day workings of the program are like. I would also advocate for contacting past residents from your home program who are current fellows or past fellows at places that you are considering. Advice I received was to make sure to ask if there were any case minimums that were hard to meet, how helpful the program was in the job search process, and how much protected time fellows got outside of their clinical duties.

### What advice would you share concerning the interview process? Is there anything that you would do differently or think was really beneficial?

My advice would be to apply as early

as you can. It doesn't have to be the day the system opens, but I wouldn't wait until the deadline. Some programs will offer interviews on a rolling basis; others will wait until after the deadline for applications ends. Either way, having your application in earlier increases the likelihood of being offered an interview and having more flexibility in scheduling a preferred date. Make sure you know who in your residency program administration will be the one approving your time off for interviews and helping to get the coverage you need - communicate with them early and often. They will be your best friend during interview season. Be prepared to use some vacation days to interview - it may not be the case for everyone, but most people I encountered on the interview trail sacrificed some vacation for interviews. I found it helpful to be really organized by keeping a google document of all the programs I applied to, interview dates I had scheduled, and the email/phone numbers of the program coordinators so if I needed more information or wanted to reschedule I didn't have to dig through my inbox. Another piece of advice (which sounds obvious) is to be

honest in your interviews and don't lie - the world of anesthesiology is small, but the world of pediatric anesthesiology is even smaller. It's a close-knit community of people. Even if you don't end up at a particular program for fellowship, there is a high chance you will interact with your interviewers again at meetings or when looking for employment. Treat the interview process as an excellent way to network. For example, I went to the SPA meeting after the Match had concluded and saw people I interviewed with from most of the programs - many of whom said hello or had conversations with me.

**What did you consider important things to know or ask representatives/programs during your interviews?**

Of course, it is important to ask all the usual things about the call schedule, rotations, opportunities for additional fellowship training or jobs, etc. to figure out if the program will meet your *A Resident's Perspective from Page 5*

education goals. I also think it is just as important to ask current fellows about their happiness and satisfaction with the program - Are they happy? Do they feel overworked? Do they have appropriate work-life balance?

Do they feel supported by their program leadership? The answers to those questions may seriously impact your opinions on a particular program. Also - remember to ask if the program is going to offer spots outside of the Match - this is becoming less and less common, but is important. Usually these spots go to internal candidates or candidates committing to a 2-year fellowship. If there are 8 spots, but 4 are outside of the match, there are essentially only 4 spots that you are competing for!

**Important deadlines? Letter writer recommendations or advice? Rotations that are beneficial in your CA-3 year prior to starting your fellowship?**

Remember that the whole process comes really early - midway through your CA-2 year! ERAS opens sometime in November and you can start working on your application and personal statement. Starting in early December, you can submit your application to programs. ERAS closes in May. Programs, however, will review and make interview offers at various times from about February-June. Interviews occur from March - August. \*Remember that if you are interviewing after June, the fellows

may be brand new and may not be as helpful as outgoing fellows. For the programs I interviewed at later in the season, after their fellows had graduated, I felt like I didn't get as good of an idea of the program and if it would be a good fit for me.

Registering for the Match occurs separately through the NRMP - registration opens in June and rank lists can be submitted in late August - mid September. Match Day is in early October.

In terms of letters of recommendation, one letter has to come from your program director. Most people have a pediatric anesthesiologist write one of the other two. My biggest advice here? Ask early! Pick people to write your letters that know you best and will be able to put a personal spin on it. I was surprised by how many people commented on my letters of recommendation during interviews.

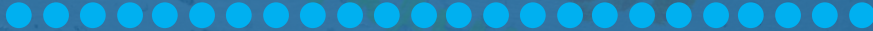


**Trivia Answers**  
from Page 4

- 1. Ether Day, William T. G. Morton**
- 2. J. Leonard Corning; August Bier, cocaine**



# Community Outreach & Global Health



*Excerpts from...We Need Help Over Here!*  
Joanna M. Davies, MBBS, FRCA; Lena E. Dohlman, MD, MPH  
ASA Monitor 03 2018, Vol.82, 18-20

Did you know that...Anesthesia-associated mortality in developing countries is estimated to be 100 to 1,000 times higher than in developed countries.

The Society for Education in Anesthesia (SEA) is in its seventeenth year of collaboration with Health Volunteers Overseas (HVO) and annually offers up to nine traveling fellowships of one-month duration to various countries for final-year residents

Training in a medical specialty, such as anesthesiology, is exceedingly rare and difficult to obtain [in developing countries]. Too few students have the financial support and are adequately prepared to continue their education. Even those who pass these hurdles will struggle to find teachers and clinical programs where they can get specialty training. Because higher education is difficult to obtain, leading to few available physician anesthesiologists, anesthesia care relies heavily on training of clinical officers

The long-term goal of these anesthesia-based global health programs is for these countries to become self-sustaining in terms of training their own anesthesia providers to a high standard, develop the infrastructure to expand and support greater numbers of providers, and to ultimately reduce the rate of

anesthesia-associated mortality.

Interested in getting involved but need more information?  
Global Humanitarian Outreach website  
[www.asahq.org/gho](http://www.asahq.org/gho)

Society for Education in Anesthesia (SEA) Global Outreach webpage  
[www.seahq.net/index.php/2014-01-21-22-57-40/2014-01-24-15-30-18](http://www.seahq.net/index.php/2014-01-21-22-57-40/2014-01-24-15-30-18)

Anesthesia-associated mortality in developing countries is estimated to be **100 to 1,000 times higher** than in developed countries.



# Opportunities in Anesthesia

## A Letter to a Mentor: Resident-Student Mentoring Program

Dear ASA Resident Component Member,

My name is Elena Madan. I am a fourth-year medical student at Tufts University School of Medicine and Senior Advisor of ASA's Medical Student Component (MSC) Governing Council. At Tufts, I have had the privilege of working with many phenomenal anesthesia attendings and residents whose teaching and mentorship have motivated me to pursue a career in this specialty.

Mentorship is a valuable resource for medical students. The amount of support available in different training environments is variable; some schools are closely integrated with their anesthesia department; others might not have as close a relationship. For all students interested in a career in anesthesia, especially those who do not have easy access to mentors, the ASA MSC Governing Council plans to initiate the inaugural **Resident-Medical Student Mentoring Program** in Spring 2018.

My colleague Justin Yuan, a second-year medical student at Oakland University William Beaumont School of Medicine and current Chair-Elect, is co-leading this initiative with me.

This volunteer mentoring program is intended to provide the following services:

1. **Act as a resource for medical students.** Medical students often have questions about the prospective resident experience. Compared to attendings or administrative advisors, residents are closer in age to the students, have more recent and relevant experience, and can offer better insights into the residency application process, life as a resident, and outlook for the profession.
2. **Provide leadership opportunities for residents.** A resident-medical student mentorship can be mutually beneficial. Students benefit from the residents' experience. Residents can develop leadership and mentoring skills as well as help their institutions and profession by providing guidance to medical students.
3. **Foster a sense of community among ASA members.** Medical school and residency are demanding journeys. While there are hundreds of ASA members across the country, even at the same medical institution, members do not have the ability to interact frequently. Anesthesiologists, residents-in-training, and aspiring students, can provide strength to one another in a changing field with opportunities, issues, concerns, and risks that affect all of them. Establishing this mentoring program will facilitate communication and connectedness.



If you are interested in serving as a mentor, we invite you to fill out this survey:

<https://docs.google.com/forms/d/e/1FAIpQLSda4-ZCSAhzqzAE8kJdHIZcPuV14L3zhJ8CTg04siiGCLrI3A/viewform>


All ASA dues-paying medical student and resident members are eligible to participate in this program. The ASA MSC will make pairings according to mentor-mentee preferences. We are eager to help foster many new relationships, and hope you will find this program valuable. Thank you!

Sincerely,

Elena Madan  
M.D. Candidate, Class of 2018  
Tufts University School of Medicine  
[elenamadan@gmail.com](mailto:elenamadan@gmail.com)

# SOAP

*Society for Obstetric  
Anesthesia and Perinatology*



Maternal mortality and morbidity is a challenge in the United States. Among Organisation for Economic Co-operation and Development (OECD) countries, the United States ranks 30 in regard to maternal mortality. While obstetricians work to address this problem, there is another group of physicians who work with the obstetrician. These physicians are involved in the clinical care, education, research, quality assurance and development of patient care guidelines. These physicians have performed training in obstetric anesthesiology and are members of the Society for Obstetric Anesthesia and Perinatology. While this group of physicians are dedicated toward pain relief during childbirth, they also are intimately involved in advancing the specialty of obstetrics as well as improving patient safety.

The Society for Obstetric Anesthesia and Perinatology was founded in 1968 to provide a group of similar minded individuals with an interest in the problems unique to the peripartum period. The mission of the Society is to improve the pregnancy-related outcomes of women and neonates through the support of obstetric anesthesiology research, the provision of education to its members, other providers, and pregnant women, and the promotion of excellence in clinical anesthetic care. Members consist of anesthesiologists, obstetricians, pediatricians, and basic scientists.

Membership within the Society provides access to previous meeting archives, newsletter clinical articles, patient education materials, consensus statements, and the ability to ask SOAP a question. These materials provide the most accurate up-to-date information concerning safe care of the parturient. The newsletter is a quarterly publication that discusses controversies within obstetric anesthesia as well as new techniques. Furthermore, members have access to research grants and research mentorship. SOAP sponsors meetings that evaluate and discuss the latest research, education, and clinical practices in obstetric anesthesia, obstetrics and perinatology.

Residents and fellows in Obstetric Anesthesiology have the opportunity to join the Society for Obstetric Anesthesia and Perinatology at no cost. This complementary full membership will provide access to all the publications of the society. Furthermore, residents and fellows in Obstetric Anesthesiology have significantly reduced fees for the annual meeting. Please avail yourself to this opportunity and join this group of physicians who continually strive to improve maternal care and safety while ensuring their comfort through childbirth. <https://soap.org/application.php>

## Upcoming Events

Resident Regional Conferences are excellent opportunities to network, exchange ideas, and continue your pursuit of knowledge in this awesome specialty. Please join fellow residents at a conference near you!

If you are involved in organizing a conference in your region and would be interested in having a Resident Component Governing Council Member attend or speak please contact [asa.residentsecretary@gmail.com](mailto:asa.residentsecretary@gmail.com). On behalf of the RCGC, we appreciate all the hard work that you do and would like to assist in any way that we can.

Gulf Atlantic Anesthesia Residents' Research Conference (GAARRC)

**April 13-15, 2018**

**Biloxi, Mississippi**

University of Mississippi Medical Center



Midwest Anesthesia Residents Conference (MARC)

**April 13-15, 2018**

**Cincinnati, OH**

University of Cincinnati, Ohio State University, Wexner Medical Center, University of Toledo



Mid-Atlantic Anesthesia Research Conference (MAARC)

**April 20-22, 2018**

**Morgantown, West Virginia**

Department of Anesthesiology, West Virginia School of Medicine



Western Anesthesia Residents Conference (WARC)

**May 4-6, 2018**

**UC San Diego**

San Diego Marriott Marquis Hotel



New England Anesthesia Residents Conference (NEARC)

**May 5, 2018**

**Boston, MA**

Massachusetts General Hospital



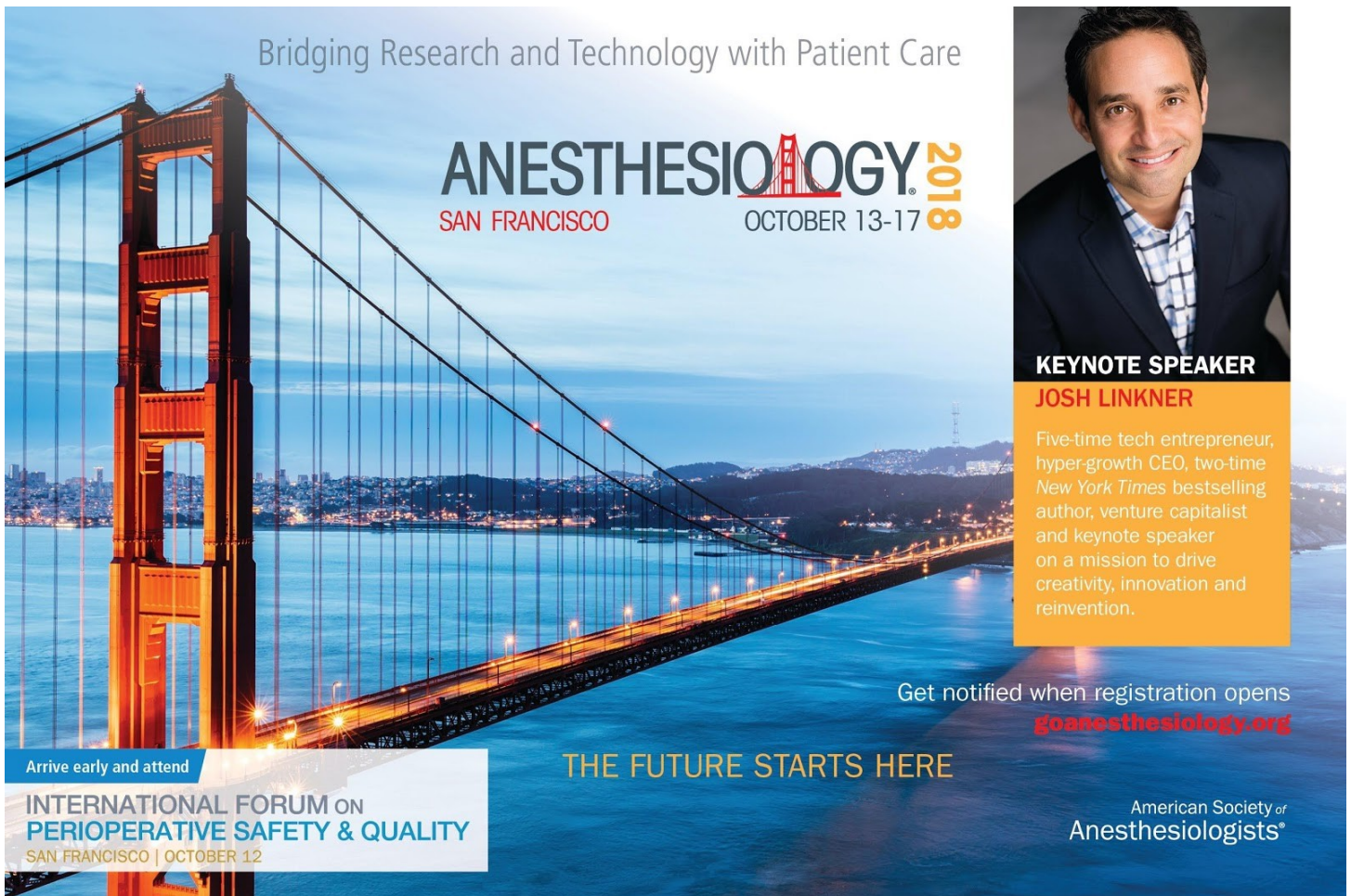
# Upcoming Events



Save the Date  
**LEGISLATIVE CONFERENCE 2018**  
MAY 14-16 | HYATT REGENCY WASHINGTON ON CAPITOL HILL | WASHINGTON, D.C.

## ASA Legislative Conference 2018

May 14-16, 2018  
Hyatt Regency  
Washington, D.C., USA



Bridging Research and Technology with Patient Care

**ANESTHESIOLOGY** 2018  
SAN FRANCISCO OCTOBER 13-17

**KEYNOTE SPEAKER**  
**JOSH LINKNER**

Five-time tech entrepreneur, hyper-growth CEO, two-time *New York Times* bestselling author, venture capitalist and keynote speaker on a mission to drive creativity, innovation and reinvention.

Get notified when registration opens  
[goanesthesiology.org](http://goanesthesiology.org)

Arrive early and attend  
**INTERNATIONAL FORUM ON  
PERIOPERATIVE SAFETY & QUALITY**  
SAN FRANCISCO | OCTOBER 12

**THE FUTURE STARTS HERE**

American Society of  
Anesthesiologists®

**Interested in Getting Involved?** Contribute to the ASA RC Newsletter  
If you are interested in writing for an upcoming newsletter or would like to communicate with the Resident Component Governing Council, please contact [asa.residentsecretary@gmail.com](mailto:asa.residentsecretary@gmail.com)