



American Society of  
**Anesthesiologists™**

Residents In a Room

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(SOUNDBITE OF MUSIC)

VOICE OVER:

This is Residents in a Room, an official podcast of the American Society of Anesthesiologists, where we go behind the scenes to explore the world from the point of view of anesthesiology residents.

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DR. MADA HELOU (HOST):

Hi, everyone, and welcome to Residents in the Room, the podcast for residents by residents. I'm Dr. Mada Helou, the Program Director at University Hospitals Cleveland Medical Center, and I'm the host of today's topsy-turvy episode, The Program Director Take-Over. I'm here with some of my fellow Program Directors. Can you all please introduce yourselves?

DR. ROBERT GAISER:

Yes. Good evening. This is Robert Geiser. I'm the Program Director at Yale University and a practicing obstetric anesthesiologist.

DR. MICHELLE PARRA:

Michelle Parra. I'm the Program Director at the University of Iowa, and my focus is largely in regional and acute pain management.

DR. JACK BUCKLEY:

I'm Jack Buckley, I'm the Program Director here at UCLA Medical Center, also in charge of the Anesthesia Head and Neck Team. And my clinical focus is dealing with patients with head neck cancers and difficult airways.

DR. HELOU:

Great, so let's kick this off with some self-reflection. What made you all want to be Program Directors and has the role panned out like you expected it to?

DR. GAISER:

That's a great question. I don't think I ever wanted to be a Program Director. I had the opportunity and let me tell you, it is the best job. I've been doing it for over 16 years. And I think the best part of the job is getting the chance to really know the residents, be there at the times of birth, be with them at the times of marriage, and also be with them when there's losses or illnesses in the family.

DR. PARRA:

I think Program Director was a role I sort of stumbled into. I got pretty involved with the education program and sort of took a segue into becoming Program Director. I think one of the things that has definitely panned out like I expected it to, is just the role that we play in residents lives and the opportunities that we have to be a significant part of their lives at a very pivotal time.

DR. BUCKLEY:

Well, for myself, it, it didn't really start out with me having the goal of being the Program Director. It was more I just got involved in small activities. So initially, I, I started doing the didactic program. I eventually worked my way up to being in charge of recruitment, and then ultimately came the Associate Program Director, which I did for about six years before becoming the Program Director. So it really was never the plan. It was just something I enjoyed doing. I liked working with the residents. I like being part of the residency program and helping, you know, with these different tasks. And just over time, when I was the Associate Program Director, I just started taking on more and more of the roles that done by the Program Director, and I just enjoyed that. And so that's why I ultimately decided to do it.

And then kind of going on to the question of did it pan out? I think it did. And it was kind of what I expected because my former Program Director was very wise, and by getting

me involved in virtually everything she did, you know, I was able to learn from her and learn, and see her mentorship. So I knew exactly what the good and the bad of being a Program Director was. So I really made the transition much easier and there was really no surprises for me.

DR. HELOU:

Well, it sounds like we all had the same experience. I also really never planned on doing anything admin, administrative when I became a brand new attending, but also my active role in education and just the relationship that I had with the residents, I think set me up for taking on this role. And it's, it's been amazing. I've really enjoyed the relationships I've built and just the degree of influence, not only that I've had on their lives, but that they've had on mine. And it's been a great journey. So it's funny that we all stumbled into it in the same way and ended up equally happy.

So moving on to kind of discussing the nitty-gritty of our job and parts that are particularly interesting to our residents. Let's talk a little bit more about recruiting. It's a big part of our job. It's a part of our job that listeners would want to know more about. Could you share your thoughts on what you look for when you're recruiting your trainees?

DR. PARRA:

This is a question that comes up honestly at almost every single interview candidates will ask, what are you looking for in a, a resident? I think one of the things that I talk most about in those situations is, I'm looking for somebody who's interested and enthusiastic about going into anesthesia. I'm looking for people who I can envision as colleagues in the future. But most of all, and I tell all of the candidates this when they do ask this question is, I'm looking for somebody that's honest, somebody that's honest with themselves about what brings them pleasure, somebody that's honest with themselves when they're talking about what their future goals look like. We can pretty much teach anybody to do procedures and to kind of understand anesthesia. But I think is, if you're not working with somebody that's honest, that's a, that's a problem.

DR. BUCKLEY:

For us, I think we're a little unique in the sense that we do a, we really do a, a very in-depth review of applications. And this is actually one of the reasons we tend to send out interviews later than a lot of other programs, because what I have is, I end up having about 20 faculty review each applicant's entire file. And as you can imagine, this takes a significant amount of time. But I think it's worthwhile because we end up getting to really

know the applicants and see all the different aspects of their file instead of just looking at a given medical school, Step score, those kind of things.

So, the things that we tend to focus on is, you know, we obviously will pay attention to an applicant's clinical grades. We like to look at what kind of research activities they do, what kind of leadership activities they do. I, I very much like to see different work history that different applicants have, including back in college and even before potentially. And I also just like to look at any other factors that are a sign of your work ethic and maybe some of the struggles that you've overcome over the years. And just kind of just to see how this will predict your future success with our program.

DR. GAISER:

Yeah, at, at Yale, I review applications and what I want to find is a passion. You know, I do not use board scores. I really look at the whole application and I want to see where is their passion? At the time of the interview, one of the most important things, it's actually really simple, be nice. You're going to have a conversation. And I always tell all the people interviewing the same question. If you were with this person and you were working with them in the OR for 10 hours, could you sit in an OR with that person for that time period? Do you like them? Can they carry on a conversation? Uh, I think so many people get so wrapped up in the achievements when in reality we, we are looking for the person that has that, that passion, that honesty and most importantly, that niceness.

DR. HELOU:

I couldn't agree with you more. I always share with our applicants and medical students that the camaraderie that our residents have amongst one another, that whole environment of lifting one another up together, is something that we value very highly. And we want to recruit individuals who want to elevate others along with them. We want candidates who have initiative, who really have a passion for patient care that leads them to take initiative in every aspect, whether that be in learning clinical skills or in helping others or in doing anything that ultimately ends up benefiting patient care. And we like them to also be a part of the change that they want to see in the world. So there are many ideas for improvements, but it takes a special person that'll roll up their sleeves and actually help out. And we really, truly value that.

So that kind of segues very nicely into our third question. How can residents play an active role in recruitment efforts? Could you please elaborate on that?

DR. BUCKLEY:

We actually have the residents pretty involved in our recruitment because one of our biggest strengths, I think, is our residents, and we like to highlight them. So we get them involved on the day before, whether it's a day before zoom event, or hopefully one day when we go back to in-person interviews, they'll do a, a day before dinner. During the interview day, we have the Chief Residents actually interview and in addition, we have numerous residents that come by and meet the applicants just to kind of talk about what it's like being a resident here.

And then we also have residents doing a variety of other sessions throughout the entire year. Some, a lot of these are on Zoon so that the residents can meet some of the applicants, whether it's like a virtual open house, just a meet and greet with the residents, because my goal is to have the applicants meet as many of our residents as possible, because I found historically that the more residents they meet, the more they seem to like our program.

DR. GAISER:

Yeah, the residents are critical in, in recruitment. They're going to tell what life is like. I always tell candidates it's actually pretty simple. If you want to be a successful resident, you have to be happy. And how are you going to determine can you be happy at that program? It really will only come from talking to the other residents. So I tell our residents who participate, I make sure that it's open, that every single resident can attend because I don't want to self-select, and we allow all people to attend any recruitment effort and we just ask them to be honest, answer their questions, let them know what life at Yale is like, let them know what life in New Haven is like.

I always use the example where an individual said they really want to come there and they'll be a, absolutely convinced they can get their significant other on board with it. And I said, what do you mean? They said, well, my significant other really doesn't want to move to the Northeast. I ended up not ranking that person because I know while the person was a great candidate, I did not feel they could be happy because you have to be happy outside the hospital to function at your best and do your best job.

DR. PARRA:

Very similar to the programs where you guys are, residents really are key and vital in recruiting efforts. I think they are the eyes and ears of the program in a lot of ways. They interact in many ways that the faculty do not with the hospital system. And I think if somebody coming from somewhere else, really wants to know what it's like at the program, the residents are the best answer to that. That's why we always feed them,

give them the opportunity to chat with candidates the night before, or you know, virtually this year, of course. But I think that is a key, is getting the residents involved, not just in discussing the outside and living in the location, but also in what aspects of the program they enjoyed or what drew them to the program.

DR. HELOU:

That's certainly true, that involving residents in the actual recruitment process is absolutely vital. I think any Program Director would definitely second that opinion. The one thing I will add, too, is that my residents have been extremely helpful also in planning and mapping out the strategy for interview season and in providing feedback post interview season. And so many of my residents have provided me with opportunity either to hold video interviews with the ASA. They told me about ASA meet and greets. So a lot of the things that we did that were successful were actually ideas that were initiated by residents. And so I really do use their brainpower to map out and tackle the strategy that we have for recruitment. And there's just nothing like working with all of those brilliant minds to incorporate all of those ideas. So that is definitely a talent pool that is super helpful.

So moving on to the fourth question, what kind of information should medical students consider when weighing which programs to apply to? So what we're asking is what elements of a program are typically important when residents are to make a selection of where to train?

DR. GAISER:

So, I'll, I'll start, and it's interesting because I would guarantee I am the oldest on this podcast. And when I started, ACGME was just slowly starting. And so what you would have had in those days, you had some programs that did six months critical care. You had some programs that did a full year of pediatrics. It was so varied and you would choose your program based on your clinical interest.

Now, the ACGME has leveled the playing field. All programs pretty much offer the same rotations in the same length, and it's the same clinical experience. You know, there'll always be this a little bit, you'll hear people say, oh, heart transplants and that, but in reality, you're going to find that the experience is very similar. So now you have to decide based on other things. So is there a strength within that program? If research is your interest, is there a heavy research focus? Is there an advocacy, is it education? And then the most important thing I'll say is pick a place where you're going to be happy living. You're only in the hospital a short time period. So if you are happy outside the

hospital, you'll be much happier. You can see I really do focus on this happy because a happy resident is a successful resident.

DR. PARRA:

I agree. I think considering where you are in relation to things that are important to you is vital. A lot of times that can be family, that can be spouse or significant others, job situation. I think taking all of those things into consideration has become much more in the forefront of medical students' minds when they're looking for residency programs. In a lot of ways, the programs are very similarly focused because of the standards, like Bob mentioned, with the ACGME. I think the nuances within the program really tailor more towards interests as you progress through residency, as opposed to big draws to, to different programs.

DR. HELOU:

And just thinking back to the time when I was making my own rank list, I really did remember struggling with making that rank list just a small bit. And when I became Medical Student Director after that, I tried to think of a way to simplify how to make that rank list, and it really boiled down to priority. My primary priority was to be close to my family. And so that was number one. And I ranked programs that were closest to my family in that order. So something, a little tip that I gave my med students was I said, write down everything that could be a priority for you, whether it was proximity to family, the type of city that you're in, the amount of research, the amount of didactics, you know, whether it's a level one trauma center or a laid back place, and then write all of those priorities in order of preference. And then that'll help you think a little bit more clearly about where to rank and how to approach your thought process about those programs. So obviously, there's not a way to totally simplify that process, but at least it adds a little bit of, of a logical framework there.

DR. BUCKLEY:

Yeah, I think this is one of the harder questions to answer, because everyone is going to have a different perspective on what their priority is. One of the things when I'm mentoring medical students that I make sure to tell them is for obvious reasons you do want to consider location. First, where do you want to live for four years? But even more important than that is where do you want to live after residency, because it's always easier to get a job from a local program, than from a program on the other side of the country.

So ignoring the location, I think then you just got to see what is your biggest priority. Like, is, do you want to be a research heavy program? Do you want to be in a program that has maybe a stronger clinical focus and just kind of find out, you know, of the different strengths of each program, which ones fit you personally? And it's, it's really hard to answer for a specific applicant, what's the most important thing?

You know, I guess I'll answer what kind of drew me to UCLA when I did my surveys here and ultimately as a resident and then ultimately as a faculty. You know, I like the combination of the big complex cases, but it was also very important to me to meet the, when I met the residents at the time, that everyone was very friendly and easygoing and it just felt like a nice place to work, because I think the clinical environment, meaning, you know, who you're going to spend four years working with is a big factor. And, and that's what's the hardest to know until you actually interview at a program.

DR. HELOU:

So that kind of wraps up our questions in terms of traditional interview seasons. But let's be honest, this year's been a little bit more tough. A lot of things have been upended and that means a lot for residents. There's a lot that's changed. So how does this year differ from a normal year? And what can residents expect if they were to do virtual interviews again? Do you have any advice about how this year's residency match will be going?

DR. GAISER:

So I think they should be as excited about the virtual interview as anything else. From my perspective, I thought the virtual interviews have worked exceptionally well. We've been able to introduce our candidates to more faculty and residents than we had in previous due to the ability to move around and not requiring that five and ten minutes between each interview to get people there. I can't tell you over my years how many residents have spent nights on the O'Hare floor because their flight was canceled or they missed a connection and how much money they saved.

Now, what I've also heard as well, I really am upset that I didn't get to see the hospital. And I always ask the students the same thing. How many hospitals have you rotated in? And they'll generally say about five. I said, was there really a difference among the five? And I always get a chuckle because they'll always say no, the hospital is pretty much the same, but I didn't get to see the city. And then I say the same thing on that one. What would a typical interview day been is that you would have gotten on a plane, arrived around three o'clock, checked into the hotel, went to dinner. So you saw a restaurant in the city, woke up, went to the interview and caught a flight out the next

day. And I'll argue, did you really see the city or did you see a restaurant in the city? Absolutely. You drove through. You saw a little bit. But that's about it. I think with web and, and the ability to see the various aspects, there is really no reason to do this travel. It affords you the opportunity to check out more programs. I have been thrilled with the virtual interviews.

DR. HELOU:

I was actually going to ride that wave also. I like the positive outlook. I think that there is a lot of benefit, like you mentioned, the cost savings and there's a lot of body language and personality that can be conveyed even through a, a screen. And I forecast that we might hang on to Zoom interviews for a little bit longer even after the pandemic ends.

DR. PARRA:

We certainly have talked about continuing with some elements of virtual interviews. I think there are some programs have benefited from having the ability now for a more diverse population to look at the program where maybe they would not have previously. We've seen candidates from all over the country, a huge variety of backgrounds this year when maybe those candidates would have been a little bit reluctant to apply, for example, in previous years. So I think we'll always strive to sort of continue some element of virtual because it really has opened the doors for candidates that I don't think were there previously.

DR. BUCKLEY:

It is unfortunate that everything was virtual, but I actually think it actually worked out fairly well and we've learned a lot from it. You know, we've actually learned what kind of things work out well. So instead of having applicants come back and see us for a second look, having them come back and see us on a virtual second look achieved most of the goals without having an applicant have to come all this way. So we have learned a few things that, you know, kind of like the didactics, you know, will probably eventually go back to doing in person didactics, but there's a lot of nice things about Zoom that you can actually take advantage of. So, for example, for the residents that are in rotations at other hospitals, by the use of Zoom, we can include them on some of our future lectures. So we're going to try to take some of the positives of this last year and see what we can learn from them and use them in the future.

DR. GAISER:

Yeah. And, and I think that the national organizations who are going to have to weigh in because we are going to come to a time where we can travel again and we'll have to figure out a way to find a nice hybrid model for this. The Zoom has worked. And I do empathize, I know they want to come see and, and we don't shake hands anymore, but fist bump, whatever. But I think that ultimately we have to learn from this and realize that it has worked fairly well. But the true answer comes in two years when we have the residents and they're one year into it, whether they feel they got a good feel for the program, and we got a good feel for them as candidates.

DR. HELOU:

And that's a great point, Dr. Geiser. I think that would be one of the most indicative outcome measures is to see how those candidates who matched feel about their experience and you know, assess it for us in retrospect. That'll be the real answer for sure.

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DR. HELOU:

I think some of our listeners might also be interested in a little bit of study advice. Do you have any tips or tricks that have helped you or your residents when you study for tests? Are there any guides or resources that you think are best kept secrets for your residents that our listeners would like to hear?

DR. PARRA:

I usually advise when thinking about studying is approach every day as though you're studying for an exam. So if you have a patient with diabetes, read about diabetes and have some discussion with the faculty. I think the way that residents, for example, are approaching exams probably looks a little bit different for them than it did even for me. I think the question banks and resources like that are certainly becoming much more popular than, than textbooks.

DR. BUCKLEY:

I actually think this is a very interesting question because I literally meet with all of our residents and have this exact conversation. And I, what I've done in the past is I've actually met with the residents that have done well, meaning the ones that scored in the top in the country. And I meet with the residents that, you know, are unfortunately on the other side and don't do as well. And I always ask the successful residents how they studied and the ones that, you know, did poorly, how they studied and pretty much without fail, the residents that struggled on the different exams have almost always used the different question banks.

So for people that are just about to start their residencies, I would highly recommend question banks should not be your primary study tool. And the residents that have succeeded almost without fail would always use one of our major textbooks as their primary study technique, and then they would use the questions kind of towards the end just to kind of solidify the basic knowledge that they got from the textbook. But, I, this is one of the things I'm getting a little worried about, because it's becoming fairly common to use question banks as a primary study technique. And we've seen over the years that doesn't really help as much as the, reading the textbook.

DR. GAISER:

You know, the, the good news is as listening as a med student, the good news now is Step 1 is pass fail or will be pass fail. And I think by the time you're applying, it should be because it's one year away and that's a big plus. Gone is that stress of those first two years and that Step 1 score, there'll be still the Step 2. And then when you enter anesthesia residencies, you, you take a Basic and an Advanced Exam. And obviously there's not one book that is the best, because if it was, all the other books would be out. And what you're going to find is there's different types of books. Find the one that you like and make sure you do a little bit every day. I always tell you an exam is a lot like a marathon. Nobody prepares for a marathon by running a hundred miles two weeks before the marathon. It doesn't work. You prepare for a marathon by doing little runs every day, one long run every now and then, and also taking days off. And if you start early and prepare for your marathon, you'll have a superb time and you'll have a PR by the time you finish. That's a personal record, and that same applies to exams.

DR. HELOU:

We have instituted weekly quizzes for our residents that are tailored to the exams that they'll be taking, whether it be the ITE, the Basic or the Advanced. They all come from the TrueLearn question bank. And then we have some other quizzes that come from other sources. If folks get through even twenty five or thirty questions a week for sure

every week and give it their best, then at least they're getting exposed to concepts and kind of having some light shed on the areas that they need to read more about.

I'm definitely a fan of textbooks for preparation for patient care and I do think that reading for cases the night before is one of the things that makes the strongest resident. Patient centered reading and learning and application of knowledge, I think is definitely one of the best ways to study.

So with that, let's end this episode and some personal wins and losses. We're getting personal with the Program Directors. What are your biggest challenges and what are your proudest moments as Program Director?

DR. PARRA:

I think some of the biggest challenges in the role as Program Director are certainly different than personal challenges. Some of the biggest personal challenges are just keeping a mind's eye at times for what the vision and the mission of the training program and how that aligns with the departmental values. I think sometimes those challenges overlap nicely and sometimes those challenges feel like they're isolating, and keeping your mind's eye towards those programmatic goals.

Some of the proudest moments are when you see a resident who has had a challenge throughout their training, whether it be a personal relationship or exam, or just challenged in holding down a more than full-time job and studying for high stakes exams. I think that's, you know, for a lot of our trainees, that's the first time in their life where those two things collide so acutely. And I think some of the proudest moments are when, you know, it's that end of June and you're talking about them and handing over certificates and, you know, there's a sense of accomplishment from them and their families, and you get to witness that and be part of that.

DR. BUCKLEY:

Know, the thing that really makes me happy is, you know, this is the time of year that our residents are getting jobs. And I, I spent a lot of time talking to, you know, presidents and, you know, different people that are in the private practice groups or the academic groups that are looking to hire our current residents. And the part that makes me really happy with those conversations is a lot of times they tell me about our person that we sent them previously. So they say, you know, the resident that you sent us here a year ago and they just tell us like three minutes about how they're such an amazing partner and they're just doing so well. And it, it feels good to kind of hear about our former residents being successful because that's the goal, you know, with all the hard

work and residency. Your ultimate goal is to be a good physician, take excellent care of your patients and be successful in your first job. So that's the part that, you know, if I had to pick what I'm happiest about over the course of the year, it's, it's just hearing our former residents being successful.

And, I think the challenge I think it's pretty obvious, the biggest challenge that all of us faced in the last year was COVID, and, you know, it's, it's been a challenge kind of getting to connect with the residents, connecting with the faculty when a lot of us are doing a lot more things virtual, trying to find the few positives in doing everything virtual and seeing how we can use them in the future, even though we can get back together. But I'll be very happy when COVID goes away.

DR. GAISER:

So a personal challenge and a proudest moment sometimes comes together. One of the hardest is when you have a resident with a substance use disorder. There's nothing harder than dealing. You frequently err, more frequently, i.e., if there's any concerns, you test because the consequence of not exploring is too severe. I can think of one individual who, when I brought to therapy, the last words to me was, to me you are dead. And then the success was that two years later, one of the kindest emails on how I saved this person's life. I was happy I intervened early. There has been a time when I did not detect it in time, and it's really hard to live with.

DR. HELOU:

Wow, those are beautiful answers, and I definitely sense that experience that is becoming very apparent in everything that you shared. I'm a much younger and newer PD and my experiences are more limited. I would say my biggest challenge that I learned to face was how to navigate political waters efficiently and effectively to secure the resources that my residents need. I make it one of my key leadership philosophies to always advocate on their behalf. I just learned how to do that in a way that aligns better with departmental and institutional mission while still kind of garnering the support that I need for my initiatives for them.

And I would say that one of my proudest moments really was that after I became involved in the program, there was a huge increase in resident morale and we've kind of did things together as a team. Their ideas were incorporated. We kind of got to know each other on a personal level. And I think one of my proudest moments is when I realized that my residents are truly happy and satisfied with the hard work that I put into the program and that their needs are being met. I feel that it makes me, just, it really genuinely brings joy to my career to be able to impact their lives. And I really connect

with what Dr. Parra's said about graduation. It's just a very emotional moment. I spend hours preparing for it because I want each one of them to exit with a unique slide and a unique story. And I want their parents to be proud of them. And, yeah, I just, I just connected with that vision very, very much.

So, yeah, that's about it. That really wraps up for this episode. Thank you all for joining us. I'm Mada Helou and this was Residents in a Room, the podcast for residents by residents. Join us again next month for another PD take-over episode. Thank you.

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