



American Society of
Anesthesiologists™

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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.

In this unique episode of Residence in a Room, we're actually switching it up. We're sharing information from ASA's recent Town Hall on the impacts of COVID-19 on medical students. We'll listen to residency program leaders discuss the resident application cycle, share interview support and guidance, and how to handle application gaps. Let's listen in.

MODERATOR:

Good evening, welcome to the ASA Town Hall webinar on COVID's impact on medical students for August 27th, 2020. To begin tonight's Town Hall meeting, ASA President, Dr. Mary Dale Peterson, will make a few opening remarks. Dr. Peterson?

DR. MARY DALE PETERSON:

Thank you, appreciate that very much. Good evening everyone, and welcome to our Town Hall addressing COVID's impact on medical students. Um, I have heard from many of you about how difficult this year has been, and navigating the application process, uh, during the pandemic. For many of you, this may be your first interaction with the ASA. We're really glad to have you join us. ASA is the professional home of over 54,000 members including, um, anesthesiologists, care team staff, trainees and others dedicated to advancing the practice and securing the future of our specialty.

Medical students are our fastest growing membership base and in the coming years young leaders like you will emerge from this group to direct the future of our specialty and the Association. You are a top priority and in difficult times like these, it's our duty to help you find your way.

COVID has upended medical education. It has made many medical students unable to sit for licensing exams, complete rotations, and pursue other career-defining activities. Juggling a personal life in medical school is hard enough, but it is now even more difficult with the safety concerns of loved ones.

All things considered, the pandemic has deeply impacted medical students' ability to prepare for residency and their future careers. That's why I'm happy that we will be able to offer you some answers tonight. But before we get started, I'd like to mention that COVID has impacted the way ASA functions as well. Due to the pandemic, our annual meeting, Anesthesiology 2020, will be a fully virtual event. The good news is that this opens the door for many medical students to attend without having to travel. Best of all, registration for the Annual Meeting is free for medical student members, and on-demand content will be available to registrants after the Annual Meeting ends. So you can register now by visiting asahq.org/annualmeeting.

Without further ado, it's my pleasure to introduce tonight's moderator Dr. Christian Diez. Dr. Diez is Vice Chair for Clinical Affairs, Director of Medical Student Clerkships and Associate Professor of Clinical Anesthesiology at the University of Miami, Miller School of Medicine. He is Chair of the ASA committee on Residents and Medical Students and the immediate past President of the Florida Society of Anesthesiologists. Dr. Diez is also an advisor to the ASA Medical Student Component Governing Council. He will begin by sharing what the work of this Council does and how it benefits medical student members. With that, I'll turn it over to Dr. Diez. Dr. Diez?

DR. CHRISTIAN DIEZ:

Thank you Dr. Peterson. All ASA medical student members are members of the ASA Medical Student Component. Governing Council Officers are elected from this Component during the Medical Student House of Delegates meeting, which occurs during the ASA Annual Meeting. Recently, Council activities have focused on maintaining a list of anesthesia interest groups for medical students, overseeing the ASA Medical Student Resident Mentoring Program, developing sessions for the medical student track at the Annual Meeting, and recording video interviews for residency Program Directors that are hosted on the ASA website.

This is a group of your peers working together to create value to you as a member and is one of the many ways to get involved with the Society. Tonight's speakers are residency program leaders from top programs around the country. Our first speaker is Dr. Julie Williamson. Dr. Williamson has been the Program Director for Emory University's anesthesiology program since 2016. Tonight Dr. Williamson will cover COVID's impact on the resident application cycle.

Our second speaker, Dr. Tim Martin, is the Anesthesiology Residency Program Director at the University of Florida College of Medicine in Gainesville, Florida, where he is a Professor of Anesthesiology, the Associate Chair for Education, and Chief of Pediatric Anesthesiology. Dr. Martin will address COVID's impact on medical student related to interview support and guidance.

Our third speaker in this section is Dr. Dawn Dillman. Dr. Dillman is a Professor and Vice-Chair for Education in the Department of Anesthesiology for Perioperative Medicine at Oregon Health and Science University. Dr. Dillman's presentation tonight is focused on COVID's impact on application gaps and how to handle them. We will have a QA session after Dr. Dillman's presentation.

Abigail Schirmer, President-Elect of the Medical Student Component Governing Council will help moderate this portion. She's a third-year medical student at Florida State University College of Medicine.

I would now like to welcome Dr. Williamson for her presentation. Dr. Williamson?

DR. JULIE WILLIAMSON:

Thank you so much for having me here. It's such a pleasure to talk to all of you, especially in this very, very stressful year. I want to let you know you've all made amazingly good decisions to become anesthesiologists, and I wish you as much joy in this field as I've found.

I'm going to review some of the acronyms and the vocabulary to help you make sense of the application season.

ERAS is the Electronic Residency Application Service. This is the organization to which you'll submit your application and ask your letter writers to upload, upload their letters.

The National Resident Matching Program is a separate entity. They use the Nobel Prize awarded match algorithm to match candidates to programs using ranked order lists.

We'll talk a little bit later on about SOAP or the Supplemental Offer and Acceptance Program that used to be referred to as the Scramble.

We're going to move on now to the application cycle dates. So, the cycle is starting next week on September 1st when you can start uploading your packages to ERAS, and it is useful to get your applications in early and have them complete by the time they are downloaded to all of us, en masse, on October 21st. We are expecting record numbers

of applications this year because some barriers to traveling and expense have been removed. So, just remember that all of the programs are going to get all of these files on the same day. Especially efficient programs may start interviewing that last week of October but the main bulk of the interview season is going to be November through February. All of the rank order lists, or Match lists, are due from both the applicants and the programs on March 3rd.

The Monday of Match Week, March 15th this year, programs will find out if they are filled and applicants will find out if they have fully or partially Matched, and I'll refer to what partially Matched means a little bit later. For those who have not filled, and applicants who have not matched, they'll go through cycles of SOAP, which I'll explain in a moment. Friday March 19th is Match Day and at Noon both the programs and the applicants can release where we've all matched.

So, my next slide is about the Scramble, or the SOAP program. It can be a little bit confusing so there's a link on here where you can watch a video that goes through it further. But essentially, programs that have not filled and that are participating in SOAP will list themselves, now through the NRMP program again, and then residents, or excuse me, students, will upload their ERAS applications to those programs. The programs will then contact the applicants and that's important because during the SOAP cycle, neither you nor anyone acting on your behalf can contact the program.

There are several rounds of SOAP where the programs submit a preference list, so this isn't really like a mini-Match because the applicants don't get to rank, and they will have 2 hour windows in which the program will contact applicants by phone or email, do a little mini-interview and then all at the same time they'll make their offers. And the applicants decide, can decide whether to accept, reject, or let the application time out.

The Thursday of SOAP, everything will be opened up so all applicants can see all open spots in anesthesiology or any other specialty and can then contact programs. And I would like to let you know, very wonderful anesthesiologists come from the SOAP process. It is not a failure.

I am going to explain these different program types, because even as a Program Director, my first year I found this very confusing and I do find that applicants every year still don't have this down by the time they interview.

Categorical Anesthesiology Programs are four-year programs. The PGY1 year, or intern year, is integrated into the residency. You only have to apply to one program, and the Department of Anesthesiology administrates that first year before you move on to your anesthesia training.

In contrast to that, a smaller number of programs are Advanced Programs that you must pair with a preliminary program. The preliminary program is usually in internal medicine or surgery, and it satisfies the requirements for you to move on the subsequent July your clinical anesthesiology training.

The last, and least common type of spot is a Physician Reserve Spot, and that's a spot where someone who has completed other medical training may apply through the Match to start their anesthesia training the first July after the Match date. So, for example, a surgeon or someone in obstetrics and gynecology or pediatrics who has completed two years of training would be able to take an R spot and start the immediate next July instead of redoing an intern year or starting a year from July. I'm going to show you sort of a, a vanilla timeline of a general anesthesiology residency, though of course other residencies or some residencies modify the order of event.

For Categorical Residency, you'll start your first year, which is known as a clinical base year or fundamental clinical skills year. There are required rotations in intensive care medicine and emergency medicine, and you go through a lot of in-patient hospital medicine to really get the basics of physiology. After that year, you're now referred to as a Clinical Anesthesia Resident, or CA1, 2 and 3.

The CA1 year is the basics of general anesthesiology before you move into subspecialty, and throughout that year, you're going to have graduated autonomy where you're doing more and more, and decision-making more and more on your own. The second year, or CA2 year, you rotate through all the required sub-specialties and you may start looping around to electives and (sic) research until you move on to your senior year, which is the most fun ever, where you have electives, subspecialties, you may participate in global health and do substantial research, depending on your interests and the program's interests.

And one of the things I love the most about anesthesiology training is that as you find your passion, your niche, what you like to do, you can do a fifth year of Fellowship in numerous subspecialties which I've listed here for you. And I think that one year training, is an extremely good return on investment for both clinical skills, networking and setting yourself up for great job opportunities.

So what you'll see is that for PGY1 positions, those are those all categorical programs, there about 153, and then there are a smaller amount of PGY2, or advanced positions. And of those, about two-thirds come from 4th year medical students from MD programs, and about a little more than 15% come from 4th year osteopathic medical students. The other 11-13% are international medical graduates, or people who have not, are not graduating from medical school the year of the Match.

I'm going to close this out, by saying in my last slide, that all of our hearts go out to anyone who's been personally affected by COVID. We all know that you have been professionally affected by COVID. We know when we're looking at your applications that externships and away rotations have been canceled, and that even those of you who participated in anesthesiology rotations may not have been allowed to manage airways or do other higher-risk procedures. We know because of this, that your letters of recommendation may come from physicians outside the field of anesthesiology. We know that you may not have taken Step 2. We understand that, and we are opening our arms and broadening the way we look at applications to account for that.

We also recognized that while the expense and travel burden of interviews may be down, when we do virtual interviews, not everybody has a private home, a beautiful background or a stable Wi-Fi system, or privacy. So we do recognize that this usually stressful season has become a historically stressful season. We know, and will take into account, the difficulties of this season. We think you've made an excellent decision by choosing anesthesiology and I wish you all the best of luck, and look forward to talking with you. Thank you very much.

DR. DIEZ:

Thank you Dr. Williamson. Our next speaker is Dr. Martin.

DR. TIM MARTIN:

Thank you. Over these next few minutes I'd like to provide you with some information, advice and recommendations for what you might expect in this upcoming cycle of anesthesiology residency interviews. It'll likely extend through at least the end of January and possibly into February, as you just heard on that timeline from Dr. Williamson

There's a couple of statements here, and I think most of us may have been hopeful back in February and March of 2020 that perhaps the pandemic would come and go in the period or timespan of maybe a month or two, and that maybe by the time we got to the fall we've been back to a relatively normal interview season for residency and all the specialties. But I think by the time we got to the end of April and on, on to May of 2020, it was pretty clear that that was not going to be the case, and these statements are actually available on the website of the AAMC, so this is another acronym in addition to the ones that Dr. Williamson just introduced you to, so the Association of American Medical Colleges and this is their advice. They say that given the need for all of us to support the nation's public health efforts, the AAMC strongly encourages medical school

and teaching hospital faculty to conduct all interviews with potential students, residents and faculty in a virtual setting either by phone or through video conferencing.

So the AAMC, the NRMP, and several other physicians group all formed a, a larger network of groups called the Coalition for Physician Accountability and that work group recommends that all programs commit to online interviews and virtual visits for all applicants, including local students. So here at my own university, we made the decision three months ago with all of our own local medical students, even though they might be on the next floor or in the next building, would also interview with us virtually rather than in person in our efforts to try to keep all applicants on an equal playing field.

And so that's for this entire cycle, and then also the working group recommend at the medical education community commit to creating a robust digital environment and set of tools that will yield the best experiences for you as applicants as well as us programs. And how long this entire cycle goes is a matter of interpretation. At this point, I think it's fair to say it's at least through next march of 2021 when the Match is completed and it may well extend on into the future beyond that.

Then it's clear that the virtual interview is our present reality. And I think it's very important for applicants, as well as all of our interviewers, the members of our residency program staff, to realize and remember that this is an official formal interview. You'll want to dress and prepare yourself appropriately as if you were having an in-person interview. You want to be well-rested, you want to have a bottle or a glass of water available, you want to have a bio break in advance of actually starting your interview, you want to present yourself professionally just as if you were there in person.

And on this next point and it kind of sounds like when I'm talking with our residents as they prepare for their oral board exams, but you want to focus and listen and clearly articulate responses to the interviewer questions. And I would also add that it's really important that you remember that even the virtual interview should be a two-way street. It is also an opportunity for you to gain information and to ask questions of the interview team as well. I would also recommend that you consider and minimize any background noise. I'll talk a little bit more about that on a later slide, as well as any distractions that might be behind you, you in the background.

Uh, there's really two different types of virtual interviews. Most commonly, it would be a format similar to what we're doing with this webinar, a live virtual interview using videoconferencing technology in real time, it could be one to one, it might be one to two which is our pattern here in my program, or a small group interview. Uh, you'll answer interviewer questions and you will, again, be very likely be given the opportunity to ask questions of the interviewer. So you want to give some thought as to what things you

think are important to know that maybe were not addressed or answered on the website for the program that you're interviewing with on that day.

Virtual interviews may or may not be recorded. If they're going to be recorded you ought to be informed and allowed to provide consent if that's the case. I can tell you that at my own institution, we have made the conscious decision across all programs not to record any live virtual interviews. The other alternative is an asynchronous virtual interview, also known as an on-demand interview, where there's no live interviewer present. You simply have a text or a pre-recorded video with questions that you're going to respond to in a recorded way and then have those responses looked at and shared with reviewers later for scoring, so it won't be an interactive experience.

You would like to be able to gather as much information as you can about each interview. And probably by the time you're into December, and certainly into January, you'll be very used to this. You'll be an old pro at, uh, participating and giving an online interview with an interview team. You'll want to know if in fact it's a live interview, I just described, or it's asynchronous and on-demand. You would be well-served to know what interview platform that program is using, whether it's Zoom or Skype or Blue Jeans or Go To Meeting or any of about three or four others that I'm familiar with. You might know the number of interviews session, um, how many interviewers are you going to encounter, is it all faculty, are there residents involved, are there other staff, how long might the interviews be? I would expect each interview to be in the range of maybe as short of 10 minutes to as long as about 30. Uh, there's pretty clear evidence that anything beyond 20 to 30 minutes is, is probably not necessary for most interview interactions.

You might get a handle on what the interview questions are that the team is preparing to ask you. What types of things to think and prepare for, and what kind of competencies and skills is that interviewing team looking at during the interview? And ideally then you'd practice in advance, either with other medical students or maybe your faculty advisor at your medical school. As we're experiencing right now, uh you like to have a very stable internet connection you want to have a back-up plan with phone numbers of the program uh, that you're talking to that day just in case you need to contact them in the event of technical difficulties. I would suggest, and most authorities would suggest, that you use a computer or tablet rather than a mobile phone. You want to have a decent webcam and a microphone that have been pre-checked. You might check your internet speed in the location where you're planning on doing your interviews and there is a site called speedtest.net where you can actually check your internet speed and then consider whether you want to go wireless or with a hardwired Ethernet connection.

I mentioned the camera and a mic test with your, to test your positioning of the quality of the video and audio. You want to sit straight have your head and shoulders centered in the middle of the screen, and you want to be able to look directly into the camera as if you're talking to the live interviewers. You want to have shut down any other applications or programs on your computer or tablet so that you don't get any interruptions or reminders. You want to make sure your device is fully charged and plugged in and you want to think thoughtfully about, you know, where am I going to do this? It ought to be private, it ought to be quiet, it ought to be well lit from the front as opposed to behind you, and free of distractions. And so you might have a perfect spot at home, or maybe it's at your medical school, or a meeting room at a library, or some other location. You want to again think about background noise sources. So, common things are things like pets who want to start barking or meowing, or family members in the background or a roommate, or a phone that rings, or even construction noise if they're doing construction outside your apartment or your house. And you want to remove any distracting clutter or objects in the background.

Uh, I mentioned that you'd like to get an idea as to what kinds of questions you might expect in the interview, and there are really three broad varieties that the AAMC would suggest. Uh, there's the general questions where you might be asked to describe yourself broadly in various legal, and I put that in parentheses to (sic), I'm going to give you some examples of illegal questions here in a minute that everybody on both the interviewing team and the receiving or the interviewee team ought to be aware of. Then, behavioral questions where you are asked to describe previous experiences to demonstrate your level of knowledge and skills. And then situational questions where you have to demonstrate your level of knowledge and skill by describing what you should or would do in different hypothetical and possible situations. I'm going to give you some examples of just a few behavioral questions. These will be available later for you to look at. There's certainly many more, uh, that can be used, but we're really as interviewers and as programs, trying to get a handle as to how thoughtful, what kind of experiences have you had? Have you had real life experiences with some of these different um, situations that you can tell us about? So you might describe a stressful clinical situation that you were involved in and how did you respond to it? Um, tell us about a time when your academic or training performance didn't come up to your own expectations and what did you do about it? Uh, when you receive less than positive or frankly negative feedback from a supervisor or a rater, what do you do when a member of your team isn't working as you would expect them to do, how did you respond? How did you handle that? Uh, and increasingly in this era I would expected that you might encounter questions about times or situations when you were either forced, asked to work with peers or customers or clients who've come from a different background than yourself and whatever upbringing you may have had.

Moving on then, this next slide is going to show you an example of a situational question or a situational interview question. And so here it might be something like, imagine that you're an anesthesia resident on the night float or the night call team, you're working with another resident, uh more senior in this case, in the care of a trauma patient and then you witness what you believe is a medication error where the upper-level resident administered the wrong med but may have, or appears to have falsified the anesthesia record. What did you do? How did you respond to that? That's a situational interview question.

Uh, you heard earlier from Dr. Williamson about the NRMP or the National Residency Match Program which has, as its purpose, um, to promote the highest ethical standards during the interview ranking matching process, and as Program Directors, and when I say Program Directors that includes all of our interviewing team, faculty and staff, we commit to being able to respect an applicant's right to privacy and confidentiality. We accept responsibility for all of our recruitment team members, not just ourselves. We commit to refraining from asking any illegal or coercive questions, declining to require second visits or visiting rotations, and discouraging any unnecessary post-interview communication. That's really important.

On the next slide, I won't read all of this to you, but this is just some examples of different things that have been held as Match violations either by interviewing teams or by applicants in the process. And I could boil all these down by simply saying it's not appropriate and against the Match rules for programs to ask you about the names or specialties, if you're applying in more than one specialty, geographic locations, or any identifying information about other programs that you might be applying to. And programs may not ask you to reveal your ranking preferences. The most important thing on both sides is that neither side can do anything that looks like a, a contract or a commitment. Well if you will you do this, I'll do this, if you'll tell me number one, then we'll make sure, um, that you're in a high enough on our list to, to Match here. That type of communication and commitment would be illegal according to the NRMP.

I said that there were some illegal interview questions, these are just a few examples of these. You would think in 2020 that maybe it wouldn't be necessary for us to talk about this, but it's really important for our faculty as well as you as an applicant to understand these things because someday you will be in a hiring situation, you'll be making decisions and participating in interviews of future employees or partners, and you need to know that these things are off-limits. It's, uh, not acceptable and frankly illegal to ask questions like this. It is fair, you know, if you are particularly compelled to offer something about a family member or perhaps your partner or your significant other, it's fair for you to say that and once you put it on the table, you may get a response or a question from the people who are interviewers but most will leave it alone because the

fundamental purpose of these interviews is for us to decide as a program, whether you're an appropriate, um, and well qualified candidate for our residency program.

So you can take a look at the rest of these examples later on. This is a summary, I, I found this actually from a very recently published paper, in the academic radiology literature, but it's a nice checklist for you to think about. It includes some of the things I've already talked about, to make sure you find an appropriate setting for your video interview, that you make sure all your technology is working it's been pre-tested it set up, that you have a fallback plan and a phone number so if you need to contact the program by phone you can do that. You want to practice your video conferencing interviewing skills particularly with the kinds of questions that I just provided for you. You want to have questions to ask the interviewers, and in particular questions to ask residents. I suspect that most programs when they're offering their virtual interviews will provide breakout rooms where you'll get to talk directly with residents without faculty in attendance so that you can hear the down and the dirty, if you will, about each program uh, that you're talking to. You do want to dress and groom professionally and let the program know if you're having any tech issues.

The last slide here, and I'm not going to spend too much time talking it, is just simply a list of some very useful references for the AAMC, the NRMP, and a few other things for the recent medical literature that specifically address features of video interviews in this era. Good luck to you all and thank you for your attendance on this Thursday evening.

DR. DIEZ:

Thank you Doctor Martin. Our next speaker is Dr. Dillman who will speak about COVID'S impact on application gaps and how to handle them. Dr. Dillman?

DR. DAWN DILLMAN:

Hello there, and, um, thanks for the opportunity to get to speak on this. Um, I was, as I was preparing these uh, words, I came across a, um, little, uh, fortune cookie that as I was preparing, I thought was relevant, which is, I'm not selfish with my advice and I'd want you all to just know that this is just advice, so if you don't like it, feel free to, to skip right over it.

Um, I, it may seem to you like your application has huge gaps in it like the Grand Canyon, but it really, if you take a little time to address those gaps, most people will be successful in Matching in anesthesia as Dr. Williamson showed. And you will successfully be able to get yourself to an anesthesia residency.

OK, well let's start thinking about the different type of gaps that we might be wanting to consider. You can see that there's academic gaps that correspond to either low USMLE scores, or uh, failures of the USMLE, or course failures or low grades. And those are going to be addressed a little differently than time and training gaps that you used, uh, time to pursue additional degrees or perhaps you have family or illness issues that you had to take time off to address. Maybe those time and training gaps are related to course failures and remediation probation, and again those are going to take, uh, particular consideration as well.

Um, in general, you'll want to take the, the general rules of life that you would apply to, to anything, which is that you're going to show your strengths in your application and put your best foot forward, um, and really highlight who you are as a person. But on the flip side of that, you do want to always be honest about your gaps and the ability to reflect on those gaps is important for your ability to grow into the most successful applicant that you can be.

I think having a growth mindset is critical as a successful resident and practitioner as you move forward, and so having the ability to know, uh, as a applicant that you are cognizant of what your gaps are and instead of just trying to, to brush over them or saying I can't do this, or I just made a mistake and it was a one-time thing, but being able instead to reflect on what happened and what the, that gap might have taught you. How you uh, evaluated that and showed that you can improve yourself because of that that gap, is really what a Program Director is looking for because those, those stumbling blocks and those failures those are part of learning and knowing that you can, uh, learn from your mistakes is, is critical.

If you have a test score that's low, um, particularly people can be really concerned about their USMLE Step 1 scores for the time being, um, your Program Directors are going to be really interested in your ability to pass the basic and advanced ABA Board Exams. So they're looking for those as, as a potential indicator of your ability to take tests. Um, if you have one aberrant low score, maybe you had a close family member die, um, when you had, uh, just before you took your Step 1 Exam, um, it may be worth calling out the particular circumstances related to that challenge, and noting that there are other successes that you've had and that is not, um, reflective of your ability to, to take exams. And that is why one of the key reasons to potentially have the Step 2 Exam on your um, application as you are able to if you have a low Step 1 score. Um, and if it's a broader test-taking issue, you can talk about how you have evaluated your ability to take a, a test and in some circumstances, students may have, um, gotten evaluated during medical school for test-taking anxiety and had that addressed and you are more than welcome to, to disclose that as Dr. Martin was mentioning. Um, Program Directors, are not going to be asking you about that necessarily so if you feel like you've learned

something about yourself and have a plan for how you're going to improve yourself, you're welcome to disclose that yourself.

Uh, if you have similar failures on courses and grades, um, if it's a one isolated problem and it, it's probably not worth calling too much attention to. But be ready to disclose or have an explanation for that in your interview should you get asked about it. Um, if it's more than one, then it might be worth proactively demonstrating that you understood the feedback around those uh, failures and how you have, um, incorporated that feedback into how you are uh, performing on rotations and moving forward into your career.

Um, there are different databases that can help you evaluate where you apply to if you have certain gaps you are going to want to be strategic about how you're applying. So the AMA has the FREIDA database that will have a lot of information on specific programs about, um, who they accept has a resident and their average, um, Step 1 scores and those that may or may not be completely accurate and up-to-date. Programs can be overwhelmed and I'm sure as you can expect during COVID times, it may be that they have not updated their FREIDA, uh, site and so there can on occasion be gaps in that. The Texas Star Database is a self-report from students who have, uh, participated in the Match previously about where they were able to get interviews and Match at.

And you'll find, uh, graphs similar to the ones below so, um, on the x-axis here is a, is a USMLE Step 1 Score and on the y-axis is a quartile and so you can see, um, if you were interested in program A where the graph is on the left, they have interviewed and Matched students from all different quartiles and all different levels of USMLE. Um, the program on the right has a pretty strict cut off you can see for not offering interviews for, uh, lower Step scores and not offering interviews to students in the bottom quartile. So it probably would not be worth trying to apply to that if you were to fall into those groups. So being strategic about where you are applying is going to be helpful if you have those gaps.

If you have a time and training gap that was related to uh, pursuing an additional degree, whether that be an MBA or, or MPH, um, it's really helpful to be, uh, explicit about why you did that. What, how do you see that affecting your career moving forward? Um, what were your goals in doing that? There's nothing more that a Program Director wants to do than to help the people who come to that residency succeed and if they know why you were, uh, doing what you're doing, in order, and what your goals are in order to become the clinician that you want to be, they'll be able to help you achieve those goals.

Um, if you had a family, uh, issue or, or illness that had you take time out, consider disclosing that, potentially claiming that is a strength that you recognized to, the need to take time. It is, uh, I think, nerve-wracking, um, trying to make this decision about whether you should disclose this or not, and if it, um, makes you feel too nervous to, by all means don't. Um, but if you feel like, uh, you want to disclose it in order to know whether a program is going to be able to support you in being able to take time to get additional treatment, um, or how they'll support you as a, as a parent, um, feel free to do that.

Uh, if you had a problem, uh, that included remediation or probation, it's explicitly called out in the MSPE. Um, it's probably worthwhile to explicitly respond to that in your personal statement so that the Program Director knows that you were able to take that growth mindset and understand, uh, how you've changed your approach to learning in response to that. If it's not explicitly uh, called out, then, then, I, I feel a, a little more conflicted about giving you the advice to address that explicitly.

Um, one of the biggest changes from pre-COVID times to now, is the ability for the applicant to signal interest in a program. So in the past an applicant would potentially do an away rotation to signal strong interest in a program that is currently not an option for applicants to be able to do. Um, so you're going to want to leverage the opportunities that you do have such as attending virtual open houses or virtual rotations as the case may be. And some programs, uh, will be keeping track of who attends those open houses and so uh, making sure that you take the opportunity if they are provided to, uh, signal interest in that way is, is, probably a good idea.

Um, if you were going to, uh, try and introduce email communication into, uh, your relationship with the program please target that to the Program Coordinator. Um, Program Directors are frequently overwhelmed with email at this point and the Program Coordinator, um, is really the person who can most effectively, uh, respond to incoming emails by potential applicants. And one way that you can introduce yourself in a way that most non-threatening to the program coordinator, is asking specifically how can I signal interest, um, because I have X, Y and Z reasons that I'm interested in your program. Um, are there specific open houses or ways that I should be interacting with your, with your program?

By all means, use the personal statement as a means to indicate interest in a program. Um, you can have as many personal statement as you have applications to programs and, um, it's my guess that programs are going to lean more heavily on the personal statement as a means for trying to figure out who is interested in the program, um, compared to the past, because they know that they don't have these other means, of, of having, uh, signals given to them. Um, you can go on their website and try and figure

out who you can think that you most connect with or why you are interested in, in their program. Um, and then highlight that in the, in a personal statement.

Um, you can also leverage faculty connections. So, if you have a faculty advisor or Medical Student Director or a Chair that you at have contact with and you have, um, asked them to provide a letter of recommendation for you, you already have that connection going with them. If you think that you could ask them to reach out to the one or two or at most three programs that you are really interested in to let that faculty member reach out on your behalf, that's a way of leveraging uh, that connection in a way that the Program Director that is hearing from that faculty knows that you are really interested. Because the faculty member is not going to reach out to 50 programs on your behalf, unfortunately.

And finally, your story is yours to tell like I mentioned, um, earlier. A Program Director really wants to hear your story. They want to hear who you are as a person and where you're going, where your vision is for your career, so that they can successfully support you in achieving the, those goal. So by all means, tell the story the way that you want to tell it. Thank you.

DR. DIEZ:

Thank you Dr. Dillman.

Now we'd like to open things up to the audience for a QA session with the help from medical student Abigail Schirmer. A friendly reminder to please submit your questions through the QA box and not the chat. Ms. Schirmer?

ABIGAIL SCHIRMER:

Hi, good evening. I would first like to say thank you to Dr. Peterson, the panelists and the ASA for the efforts placed into the session to support and inform medical students applying to anesthesiology residency. My first question tonight is for Dr. Martin. Dr. Martin with most students, uh, unable to do away rotations, do you have suggestions for students and how they can make meaningful interest into specific programs in regions which they may not have the geographic relation with?

DR. MARTIN:

Yeah, thank you, Abby. And I think, uh, that is really something that Dr. Dillman was just answering a few slides ago, and, and covering in pretty good detail, but just to expand on some of those points I think all three of us as Program Directors who are on, uh, this uh, panel tonight, we all recognize that we draw from a national, um, applicant pool and it's made it extra difficult for us because we ordinarily would really depend on those, either those rotations or those visits, um, for medical students at other schools to try to discern who is genuinely interested and who might be a good fit for our residency program, and we're simply not going to have that this year.

So I would suggest, um, and I would agree with Dawn or Dr. Dillman there, that I think we will be relying more heavily upon the personal statements which you can customize to different programs. I think a lot of it will be through faculty, uh, Program Directors maybe Department Chair or maybe Associate Chair in the program where you're in medical school reaching out because you'll find now that you're entering this wonderful specialty that nationally, and really even internationally, but certainly nationally, we are all a large family. Most of us have connections and know, uh, other faculty and PDs around the country and we're very happy to help our students and, and to reach out and help make connections.

There will be an ASA meet and greet for the medical student section coming up on October 3rd where you might have the opportunity to make specific connections with, um, programs that you're particularly interested in. And I also agree with the idea that either emailing or perhaps phone calling the Program Coordinators so that you can flag that interest and they can pull up that ERAS application and put it in front of the, the Program Directors or the Selection Team who is trying to figure out who all they're going to talk and interview. Those are probably the best things, um, that you can do, um, in this particular era that we find ourselves. Thanks.

ABIGAIL SCHIRMER:

Thank you. My second question is for Dr. Williamson. Is there any benefit to sending the ERAS application on September 1st vs. October 21st? Additionally, when should students expect interview invitations?

DR. WILLIAMSON:

You know, in regards to the first question, I would advise not leaving any part of this process till the last-minute. Websites go down, problems happen and you just don't want to be lost in the shuffle at the last minute. It's also good life advice.

And then as far as the second question, that was are we going to increase the number of people that were interviewing. Um, I think that's program specific. In my program we actually are not increasing the number people we're interviewing, or at least at this point in time, we don't intend to. I do think we're going to depend heavily, as my co-panelists have said, about you letting us know especially if you're not from the region, why you're interested in our program through all the ways that have already been mentioned.

ABIGAIL SCHIRMER:

Great, thank you. So, um, my next question is for Dr. Dillman. Uh, what type of changes are programs making to their usual requirements given the disruptions that students are facing? Uh, specifically regarding Step 2 CK and, uh, acquiring appropriate letters of recommendation?

DR. DILLMAN:

I would say that, um, every program knows that you guys have not been able to do all of the rotations that you would have normally done, so, um, we're not expecting everybody to have the perfect package of two letters of anesthesia recommendation and then another couple of letters from others. Quite like, that, that's just not reasonable to expect at this point so, um, I think we, we are all just looking for letters that support the applicant's clinical abilities. Um, if it, if there is a letter from anesthesia, great, we love, we love that. If there's not, that's okay too.

Um, in regards to Step 2 CK, um, I think that's going to be program dependent. Of course every Program Director gets to make their own decision about what they're looking at. Um, I can say that for our program, um, we're not excluding people who don't have a Step 2 score by any means, so.

ABIGAIL SCHIRMER:

Great, thank you. So my next question is for Dr. Martin. How would you suggest students respond if they are asked an illegal question?

DR. MARTIN:

Yeah, that's a great question. Um, you know, I think it's fair to say, you know, that you would rather not respond or, you know, depending on the context you can just frankly say, you know, that, that's not an appropriate question. And I know that that may be very difficult for you because you maybe you may feel as an applicant for a residency position you're in a relatively subordinate position, you're depending on that interviewing

team. But I think that tells you a lot about a program. You know, I can tell you that here and I, I'm sure it's the case at Oregon and at Emory, we spend a lot of time in September, um, orienting and educating our faculty and our residents, because again, these are life skills professionally that you need to carry forward throughout the rest of your career. And, you know, if you, if you get questions like that I, I, I do think it informs you about that particular program and I think it's fair to say that you would rather not respond or, or that you're not required to respond frankly.

ABIGAIL SCHIRMER:

Thank you. Uh, so my next question is for Dr. Williamson. Will interview invites be sent out in a tiered system so that students who don't reply fast enough aren't locked out of the interview spot?

DR. WILLIAMSON:

That is going to be program by program. We are using a self-scheduling software so as we send out our invitations people can book their interviews on any of the days that we've picked as interview days.

ABIGAIL SCHIRMER:

Great, thank you. My next question is for Dr. Dillman. Uh, this question states, dozens of programs are offering virtual open houses right now, but with applicants from many different time zones, not all events are going to be attended. Um, some has spoken about this in a way to show interest in the program by attending the virtual events, however the question is asking, will programs be taking attendance to these events and factoring that into the applicant's application?

DR. DILLMAN:

Um, I, I can't say that I know the answer to that. I wish I had a magic ball and could, could know for every program, but I, I don't know the answer and so the, the best advice and this is strictly advice with no data backing it, um, but if I were giving advice to an applicant it would be to try and attend those because you don't know if it's going to weigh in or not, so.

ABIGAIL SCHIRMER:

Great. Thank you all so much for your, uh, very in-depth responses.

DR. DIEZ:

And thank you Abigail. This concludes our QA session for tonight. Thank you for your questions and participation. I would also like to specially thank our panelists for their time during tonight's Town Hall. And with that I'll turn it over to our President Dr. Peterson for closing remarks. Dr. Peterson?

DR. MARY DALE PETERSON:

Thank you Dr. DIEZ. I just want to remind you also that the slides for tonight's presentation will be available within the next few hours and the on-demand video of this Town Hall will be available on Monday to view at www.asahq.org/townhalls.

We really do appreciate your participation tonight. In addition to Town Halls, ASA is currently offering resources for medical students during COVID like complimentary access to select ASA educational content through the end of the year, um, for our medical student members. Also don't forget to register for the ASA Annual Meeting. It's going to be awesome, and it's free to medical students and resident members so you can't beat that price.

So once again, thank you and everybody have a great night. Thank you.

(MUSIC)

VOICEOVER:

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