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Residents In a Room
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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.

If, if anything, we, dare I say benefitted from the situation.

There's just such a vast amount of material that we need to know as anesthesiologists.

Don't allow yourself to get so stressed that you're unable to take this exam without a calm mind.

DR. ELENA MADAN, HOST:

Hi everyone. Welcome to Residents in a Room. This is a podcast series for residents by residents. I'm Dr. Elena Madan. I'm a CA1 at Beth Israel Deaconess Medical Center in Boston, today's host. And I'm here with my fellow residents Dr. Lin and Dr. Green, so I'm going to let them introduce themselves.

DR. ALBERT LIN:

Good afternoon everyone. My name is Albert Lin and I'm a current CA2 resident out here at Stanford University in California. My, uh, career intentions after residency, um, is to apply for a pain fellowship. It's a pleasure to be here with you all.

DR. MICHAEL GREEN:

Hi everybody. I'm Michael Green. I'm a CA3 at, uh, Kaweah Delta in Visalia, California. Um, I am bound for a pediatric anesthesia fellowship at Johns Hopkins next year.

DR. MADAN:

So, thank you all so much for joining us. We're going to talk about the American Board of Anesthesiology, the ABA, which is different from the ASA, the American Society of Anesthesiologists. The ABA sets our standards and exams.

So we're going to jump right in, and our first question, just starting with the basics. So what do we know about the ABA? What services or support does the ABA provide to both anesthesiologists during medical school and residency?

DR. LIN:

So, the American Board of Anesthesiology, so as you mentioned it's uh, one of several certifying bodies in United States that sets practice standards, administers certification exams, and provides continual medical education opportunities for anesthesiologists in this country. Um, the ABA is primarily composed of 13 different board directors, all of whom are senior, um, attendings within anesthesiology all across the country, um, and their mission statement on the website is that they set the strategic vision that is designed to advance the practice of anesthesiology.

DR. GREEN:

Dr. Lin gave an excellent synopsis. There is, uh, very little that I think I can add. Um, however, uh, I do admire the fact that the, uh, President is a pediatric anesthesiologist which underscores the potential I see myself having, um, going into that field and, uh, I also do get a little, uh, chill down my spine when I hear the ABA because I know that it is intimately involved with test-taking and administration, uh, administering tests, um, and so for me it's uh, a little less objective, more emotional.

DR. MADAN:

I think for many of us, thoughts of the ABA trigger an emotional response because of that link to exams. So let's talk a little bit about the In-Training Exams. What do you guys feel is the purpose of In-Training Exams and do you think that they achieve what they're meant to?

DR. GREEN:

So, aside from, uh, instilling dread in residents everywhere, um, as we all know the ITE is designed to help training programs, evaluate residents' and fellows' progress as they advance through training, and ostensibly, this is, the reason for this is that so that anesthesia graduates will be better positioned become board-certified after training. Um, as many of us know, although maybe our CA1s who have yet to sit for the ITE now,

the ITE is typically a four-hour exam. It's usually about two hundred questions, all multiple choice, and it's generally administered all at the same time in, in the first or second week of February. Um, the same exam is administered three times over the course of our residency, so you take the same exam pretty much as of 1, a 2, and a CA3, and, uh, after you take the exam, examinees are provided with a score report that contains the number of questions you got correct, your percentile rank, um, and they also release a list of commonly missed topic areas both for yourself, as well as nationally.

I will say in my experience, um, you know, residency is very busy so it's difficult to find time to continue studying, but the ITE was a strong motivator to continue studying while practicing clinically, so, uh, I would say that their, their mission is successful in this regard. And I would say that most of my co-residents likely feel similarly.

DR. LIN:

Yeah, yeah, I agree. Um, I think that the mission, uh, if it's to maintain our academic investment, uh, is definitely accomplished. Uh, every year I know, um, I start sweating around this time and so I think this is a really well-timed podcast. Um, and uh, I think that compared to something like the USMLE, where I always felt like I wasn't tested on necessarily things that I was focused on, I feel like they do a much better job and maybe it's just because I've found myself in the field of anesthesia and, uh, they're testing anesthesia topics. Um, I, I think they do a much better job of aligning with the topics that we focus on.

Um, that being said, I think most people can agree that anyone, uh, who leaves a standardized exam feels like the test did not focus where they might have focused their studying. What I do feel aligns really well with it with, with the ABA is, uh, some of these, uh, more standardized areas of education. Um, I think that they have a nice layout for their topics of focus. Um, if you go on their website they can, they pretty much spell out everything that they're going to test you on. I think that they align really well with the Open Anesthesia website, um, so there's a lot of potential to do well on these if you focus your attention in the right spots when studying.

DR. MADAN:

So, do you guys lose sleep over exams, and if so, what do you find the scariest thing about them? What keeps you up at night?

DR. LIN:

I would say exams always instill a certain level of anxiety in me, but you know, as a resident physician, I would say that I have been taking exams for pretty much as long as I can remember, so. So, fortunately I, I don't really lose too much sleep over exams nowadays.

Uh, one thing I will say about the ITE, in my opinion, I think it helps that the quote "stakes" for these exams are generally lower than what many entering residents are used to, namely the Step 1, Step 2 and Step 3 exams. And what I mean by that is that although passing your ITE is certainly a very important part of completing residency, generally speaking the ITE scores are not commonly factored into fellowship or hiring decisions, although obviously, this may be different on a case-by-case basis.

In my experience, whenever I've felt restless or unable to sleep before an exam it was generally due to performance anxiety or a perception that I did not prepare well enough or that something would go horribly wrong on testing day, which I'm sure is a very common feeling. I would say in general, um, I would approach exam preparation, um, with, um, adequate preparation, healthy self-care, um, as getting enough sleep, eating a good diet, as well as framing all these tests from a perspective of, um, good mental health.

DR. GREEN:

Dr. McDade mentioned in a previous episode that there's a David Asch study that discusses ob-gyn outcomes and, uh, and it traces back to their performance on the USMLE tests and basically spells out how they are not correlative, uh, with, uh, clinician performance. So, I always use that as kind of a pat on the back, as, as, someone who historically did not perform well on, um, on the USMLE tests. Um, saying, it's going to be fine, it's going to be okay, you'll still be a good doctor, which ultimately, we have to keep in mind is the point of all of this, is to make sure that everyone is going to be a good clinician and take care of their patients, uh, to the best that they can. Um, and I think I have a much better relationship with the ITE than I did the USMLE and I'm not sure what the ABA is doing differently, but I, just in taking them, they, and, and knowing that they don't have that same type of prescriptive outcome for, for your future, you know, it's, it's a little more reassuring as far as, uh, if I don't do well on this test, it's not the end of the world. Um, and it's, nor is it even, uh, going to really have any impact on what happens tomorrow when I show up and, and start my cases. Um, I can run a room and do poorly on the ITE and everything will be fine.

That being said, I think it's much easier to do better on the ITE, being that, um, it's a four-hour exam vs. over two days for some of the USMLE tests, so I think that that should be reassuring for some of the newer residents. Uh, once again it's, uh, I, I think

they set you up a little better for, for your success just by showing up and doing, uh, being a good resident and keeping up with your basics, you should be able to at least get a relatively passing score on this, let alone if you put a lot of effort in.

DR. MADAN:

So, do you guys have any coping strategies that you use as a way to tackle the exam fears and worries or any tips or advice you'd like to share with others who would also deal with anxiety about these In-Training Exams?

DR. LIN:

Uh, certainly. I wanted to just kind of preface what I'm about to say by saying that of course, everyone's a little bit different, so what worked for me might may not always work for others. Um, but with that said, I'll kind of jump into my approach and generally, you know, looking back upon all the exams I have taken in my life, I think success really kind of comes down to three aspects, uh, adequate preparation using uh, good resources in a smart way; healthy self-care habits; and then kind of attaching to the second point there is paying attention to anxious thought patterns and trying to figure out how to kind of cut through that. I, I will expand on what I mean by that.

So first, as far as adequate preparation goes, um, when it comes to the ITE, I would say the vast majority of people use some sort of question bank and at my institution, um, we have an institutional subscription to TrueLearn and for those who aren't familiar, TrueLearn is sort of, um, the residency version of, um, UWorld so to speak, and it has about a thousand to about a thousand two hundred questions available for the ITE as well as for the BASIC, as well as for the ADVANCED. Because you don't have that much time as a resident, you don't have that much free time to be honest, outside of clinical duty, I think using, um, high yield resources, and I'm sure many medical students are familiar with that buzzword, I think using those kinds of resources to extent you can is a good idea. So the way I prepared for ITE is I did my best to get through all the questions in TrueLearn, and then I also used a review textbook as well. But I would say if you had to choose between the two, I would recommend going with the question bank.

Furthermore, I found that by using the Q-Banks early and often, so I tried to start using it about a couple months into the CA1 year after I learned the ropes, that it helped me not only to prepare for the test tests, but also helped me to review important topics that were relevant clinically. So my recommendation to, uh, new residents is to start using it relatively early. Um, don't feel pressure to use it to get through all the questions quickly

but try to use it regularly. So I would try to do one to two blocks of questions per week, not being too hard on myself of course if I couldn't get to it because of the schedule.

The second prong of my approach would be healthy self-care habits, and I'm sure many people listening to this podcast have probably heard, um, people talk about this before, but it's true that you really need to take care of yourself to be, um, at the peak of your performance so that means paying attention to your diet, making sure you drink plenty of water, and making sure that you're getting adequate sleep, especially around the time of the exam. I know a lot of this is easier said than done given that we're all busy with clinical duties, but this is, a little bit of attention here definitely goes a long way.

And then the third item that I want to mention, it's paying attention to the patterns of your mental thought patterns as well as your mental health. For me, um, I've had issues just with kind of a low-level anxiety and I feel like many anesthesia residents probably feel some anxiety as well just from working in the operating room, um, but for me it was something that I became more interested in especially in this past year with the pandemic and everything else that's been going on nationally. Headspace which is, um, one of these, um, mindfulness apps that have come out recently, uh, offered a free subscription to healthcare providers for this year, so it was something that I picked up and something I've been doing regularly. And I think that I've personally found it incredibly useful for recognizing anxious thought patterns and being able to break myself out of those, so to speak.

DR. GREEN:

That was a very comprehensive response and, uh, I believe, uh, that for myself you've touched on a few really, really crucial points. I know that early on in my, uh, med school training I, like when I started taking USMLEs, I had a big problem with ruminating on the consequences of doing poorly on these exams. And, uh, this has also been, I think looked into, um, by several different organizations, uh, but rumination being something that people, um, associate with poorer test outcomes and I too to use Headspace.

Um, and um, Albert and I, uh, I think are at very different types of institutions. However, we've both come to the conclusion that tool to help you get off the train, so to speak, is really important. And getting out of those negative, uh, patterns, um, is really, really important. Especially if you've had a bad history or um, you don't do well with test-taking, or if you show up on this one particular day and something bad happened. Um, being able to be resilient and having a, a way out of that stormy mental environment can, uh, can really be helpful. So, I, I'd like to start there and just, just mention that having some sort of practice with sitting down, long-term, uh, test-taking, or, or test-taking of a long duration and being able to keep yourself coming back, uh, to the test,

and, and what is important is really, really important. And of course, good sleep really helps with. I think for the clarity that you need for recruiting those deep dives into your storage space, your, your metal storage space, there, you, you need to be able to, you know, have your, your wherewithal, um, and good sleep helps with that.

DR. LIN:

Also tried and true evidence is always, um, a good idea, so talking to more senior residents in your program. Uh, don't forget as C1s, the C2s and C3s in your program, they just took this exam probably just a couple months ago. So definitely pick their brains, see what, see what's worked for them. Uh, I find that the more people you talk to, the better picture you get overall of the best approach for yourself.

Otherwise, um, it goes without saying that residency is a tough process even more so with the pandemic this year so if you find yourself struggling, uh, don't be afraid to reach out for help from your mentors or if you need to from qualified mental health professionals.

DR. GREEN:

I think that talking with your fellow residents is a really, really important, and, and undervalued. Uh, there's something called transactional memory where you share, you know, there, there is too much to know for one person, uh, so you guys can share the knowledge basically and, and share in the breadth, um, by exchanging, uh, answers to questions and experiences and talking about, uh, how you struggled with one question or you couldn't wrap your mind around another. And so I think that having that dialogue and being open about it, um, will only help you and not be, you shouldn't be ashamed of struggling with certain questions. It's only going to help you to be able to talk about it.

DR. MADAN:

Great, thank you guys so much. So from my own perspective, just echoing a lot of what you guys said, so I think for me, my biggest fear is usually that there's just such a vast amount of material that we need to know as anesthesiologists. And regardless of how much one can prepare, you almost can expect that the test will throw you curveballs that, you know, concepts that you haven't seen or minute new details that you just forgot, either in the moment, or just forgot to look over. And I think also just the anxiety of your own performance that you may show up in the test and as you begin forgetting things, just sort of letting those sentiments get to you.

Um, I think I deal with this, um, by just sort of keeping it in perspective. You guys both touched upon the fact that this is less of a high-stakes exam than exams that we have taken in the past, like the USMLE. So just keeping it in perspective and using it as a challenge of, um, you know, just to keep me motivated and reading, um, and sort of see how well I'm doing from the clinical theory. And we all can sort of see how we're doing on a daily basis of the actual practice. So, just keeping it in perspective.

I think the other thing is just preparing, um, as much as possible. So doing things like reading, you know, one of the core textbooks either Miller or Barash, or Morgan & Mikhail. I think it's really important to have some, uh, Question Bank that you're using because at the end of the day this is a questions-based exam and you can read and do a lot of, you know, passes, things like that but testing yourself with questions is what I found to be one of the best ways of retaining the material. I've also used an AACRAC of the podcast series, uh, that Dr. Wolpaw does at Johns Hopkins, so that I found an additional resource. Using OpenAnesthesia to kind of look up specific keywords is also very helpful.

And then, um, kind of echoing what Dr. Lin said about just maintaining good health, I think it's really helpful and makes you feel like you're balanced when you're sleeping, exercising, eating right. And then, um, trying to be social with your co-residents, because, um, you know, we're all going through this together, so I've found everyone to be a really great source of support in these times as well.

So, 2020 was a tough year for all of us. Um, many of us struggled to get required exams done. Um, people had dates that were cancelled, postponed, rescheduled. So how have you both coped with that?

DR. LIN:

So, I took my ITE as a CA1 in February and so that was prior to, um, the widespread, uh, institution of lockdowns and subsequent cancellations for in person exams exam. So for me, I was fortunately able to get that test out of the way, uh, prior to all the cancellations that occurred. But the BASIC exam which is the first of three exams you need to be board certified, typically you take out the end of your CA1 year and so for me that happened to coincide right in the just a couple months after, after the pandemic became, um, more and more serious. So for me, and my exam was delayed from June to August. But for me personally I, I didn't perceive too much of a detriment because for me it's just, more or less meant a couple extra months of studying.

I think for people who are hoping to take their advanced or applied exams, so, our graduating CA3's, uh, I think they ran into more frustrations namely because they were

hoping to get that certification process out of the way prior to starting their jobs and unfortunately they were not able to do so. I don't personally have much experience with how that's impacted people, but in my conversation with recent graduates, um, it seems more of an annoyance than a true barrier. I think most graduates, at least from my program, uh, were able to find some form of employment and their plan was to take those certification exams at a later date.

DR. GREEN:

Luckily, we, we didn't run in to, uh, too much of an issue with this for my class. Um, as a CA3's we took our ITE, um, in February pretty much before everything shut down too much. Um, and then, um, we haven't had to take, you know, a, an exam, uh, through the end of our CA2 year and, uh, I'm, I'm not sure what's going to come for, uh, this February. But, um, as long as we're six feet apart and wearing our masks, I don't see it impacting us too much. Um, that could be naïve, uh, but for our CA2 class currently, um, I know that they were taking their Basic and that got delayed significantly by a few months. Um, and so I know that a few of them definitely had some difficulty. They had studied, they had prepared, um, and then there was a little bit of whiplash I think because it was cancelled, delayed, and then, um, they got a bit of a last-minute email or a surprise, like, hey it's time to take the AVA, um, after they had been working clinically and kind of got out of the rhythm. Um, so I know that they weren't too happy about the way that this impacted them but that's truly anecdotal. I can't speak from a personal perspective.

But, um, I know that, that as a senior class, we have not had any issues, um, with actually from the fellowship interview process, unfortunately I mean it's kind of easy. Um, we, you know, with the whole Zoom interviews, um, we only financially benefited, and I think both of us did really well with where we wound up going next year. So I think that, uh, if anything we, dare I say, benefited from the situation, um, and uh, I, it hasn't impacted us too much from the studying or testing perspective.

DR. MADAN:

So, in 2019 the ABA added and Absence from Training policy for residents. Um, from my own experience, you know, I've seen some co-residents who've been able to take time off for maternity leave or, you know, if they've had an illness take some time off without having to extend training. So I've seen, um, some benefits from having this policy in place and I'm curious how has this impacted the residents in your program?

DR. LIN:

I would say overall, the impact has been quite positive. So just to explain this policy a little bit in case our listeners aren't familiar with it, um, the ABA I think last year or two years ago they are releasing updated absence from training policy that allows for additional 40 working days, or essentially 8 work weeks, away from training on top of the already allowed 60 working days. The, the current the policy before this update was that we can miss up to 12 weeks of residency for approved reasons, um, I think that's factors in, um, personal days. It also factors in, some, to a degree, academic days, um, but all in all it's essentially, um, it kind of doubles the amount of time that you're allowed to take away without having to make it up.

Um, while I don't have any first-hand experience invoking this policy, I do know of several co-residents who've appreciated the extra time, sort of like you said Elena, to take it for maternity or paternity leave. I also know some people who have had to care for a sick loved one and also have taken advantage of this opportunity.

And then finally, again this is anecdotal, but I do know a co-resident here at Stanford who's on our research track within the program and he was actually able to use the policy to um, to be able to attend a special internship, um, that aligned with his research interests. So overall, it seems that people like the policy, um, and it seems like people are taking advantage of it.

DR. GREEN:

I personally, uh, haven't had to use this policy at all. I haven't seen anyone in our residency who have actually had to use it but it has great potential. I, the amount of things that can come up in your training, um, as you go through it just seem to be exponential. Life doesn't stop, um, especially when you look at this, the way this year has gone, there is just an innumerable number of things that can take you from training. Um, and so having more time to read, just the fact that they are taking into account the time needed to heal as well as, actually, I mean if you have to go to a funeral you, you have to leave but there's also a time after that when you need to grieve. And so I think that this allows, um, for a little more healing as well. This will only benefit us and allow for more resiliency in getting back to training when you return.

DR. MADAN:

Great, thank you guys. So next, I'd like to dig into this whole certification process. So first, what do you guys know about the certification process? And second, do you guys have, uh, mentors or other attending doctors who've been through it and passed along advice about what to do, and specifically what not to do? And lastly, how are you both preparing? Do you feel like whatever you're doing is sufficient?

DR. LIN:

So, the certification process for the ABA primarily consists of the three exams. So my understanding is that before this, uh, it used to be a two-exam series to be board certified and they retired that system a couple years ago and replaced it with this three-exam series. And the three exams are the Basic, the Advanced and the Applied. In broad strokes, the Basic exam is a, as it implies, is a basic science exam mean to kind of test the scientific principles of anesthesia and you take it at the end of your CA1 year.

The Advanced exam, um, is also a comprehensive exam. My understanding is that it's a little bit more clinically focused than as, and basic science focused, although not having taken it is hard for me to say. But you take that written exam at the end of your residency.

And then the third and final portion is the Applied exam. And the Applied exam consists of just has question stems where you're expected to talk about uh, your medical management on the spot with the examiners, and also an ASCII portion or a standardized medical examination portion of the exam. That portion I admittedly know a lot less detail about.

Um, at my program at Stanford we are offered mock oral exams pretty early in training. I, I think I had a mock oral exam month four of my CA1 year so they, they really have been doing a good job of introducing us to the format early. Um, but for us, what it consists of is we have two attending physicians. You'll go into this small room, it's almost looks like an interrogation room, uh, but you'll sit down and our, our professors essentially will just start asking question stems. And what they've told me is that the way that the mock, that oral exams work is that there's a certain number of questions that the examiners have to get through. So imagine a question stem, you're giving a patient getting a type of surgery, and there's essentially a list of questions that the examiners are looking for very specific answers. So the approach for the oral portion of the exam is that you want to be quick, you want to be succinct, and you want to not second guess your answers. And if you, if they ask you what you want to do, generally you want to, instead of asking for clarification questions, just say that you would obtain this information, obtain these labs, and assuming a certain type of value, that you would then proceed with your decision.

Um, and then finally, in terms of other docs who have been through it, I would say the most common advice that I've heard is to take it easy. And what I mean by that is that, don't allow yourself get so stressed that you're unable to take this exam without a calm mind. And again, this kind of goes back to what we said with the previous questions, but the important things are taking care of yourself, paying attention to mental health, and

making sure that you're adequately prepared. And then in general, I think the sooner that you're able to start preparing for these exams, probably the better it is.

DR. GREEN:

Yeah, I mean that's, that's another excellent synopsis by Albert. Um, I, I think that the crux of this, um, just focusing on the applied aspect and mainly the, the oral aspect of, of this, uh, certification process is going to come down to I think your ability to organize thoughts, and your ability to have either systems-based approach our problems-based approach, but, um, I think that the earlier on you practice, the, the better off you'll be. Uh, uh, starting really early, taking advantage of those little moments in the operating rooms where a physician or an attending asks you how to approach a problem, um, taking in like in every, every opportunity to practice your oral board skills I think is really, really important.

As far as, uh, what we know about the ASCII, our Program Director has done a really good job of trying to dig up as much intel as he can. Um, this is, this is a newer aspect and really doesn't have a long history, um, nor a long body of, of uh, practice materials. Um, so what he started to do is, is put together some mock situations for us. And we've sat in a room with him and he's basically run us through, um, with some software that he's got in from somewhere--it seems kind of proprietary--some mock scenarios either with EKG interpretation in the operating room or, uh, ultrasound image interpretation, um, and they'll ask you, um, some pretty predictable questions based on either ultrasound anatomy or monitor interpretation. I know that there's also consent, basically just giving a consent and making sure that you have all the aspects of, of that and including risks, benefits, alternatives. And additionally you want to be able to convey a safe space where the patient can ask questions and feels comfortable and autonomous yet informed. Um, and so I think that those are points of, uh, feedback that, that he's given us just to make sure that, that the examiners are going to be grading us on our ability to make sure that the patient also has a, a moment to feel comfortable as well, and um, that you 're not to us you're not just throwing a bunch of information at him just to show that you know a bunch of stuff to the examiners.

You really want to keep everything pretty, uh, close to, to the safest practice that, that you're aware of and not get a test that, that may be, like a lot of the times pulmonary function tests come up as, as something that we normally wouldn't get, but they'll ask you about it all the time on these oral exams. And, um, you know, you, you, you don't want to stray from your typical practice just because of the exam scenario. So just having, having an idea of what you typically do, um is informed by just showing up to work every day and then being a good resident and having that confidence, I think that that you can safely and securely get through the certification process. Um, I've been

reassured by my, my attendings and some were on the younger side and so, uh, they're very reassuring that the training that we're getting is adequate.

DR. LIN:

I just want to ask one follow-up question, Michael, since you are almost graduating, which by the way congratulations.

DR. GREEN:

Thank you.

DR. LIN:

Usually, in your experience, or maybe what has your program told you about the timing of the Advanced and the Applied exams? Are they kind of scheduled simultaneously or is one usually taken before the other?

DR. GREEN:

Um, the timing has, has basically been associated with whether or not you're going to do a fellowship. So first of all, you can't assume that everyone is going to do a fellowship. Um, so they say take your, um, your oral boards will be after your fellow, after you graduate your fellowship year. Um, and, uh, the, uh, Applied exam, um, the ASCII portion, they've basically told us to take it as soon as you can closest to your training. Um, what, what for them that means is going to be taking it after you finish your fellowship year. Uh, there so much up in the air this year, that it's, it's really hard to answer, um, what's going to happen next year that I think, um, there's a lot of head-scratching going on, because we've asked this. We also don't have a senior class in my program um, so, so I uh, to clarify, my co-resident and I are the senior class. We're the only see a 3As and we, we were the first class of our program so nobody's graduated before us. So, um, we don't have any guinea pigs that we can look to, to ask. So our interpretation is basically, do a lot of the applied stuff together and, uh do it as close to your training as possible, and take the Advanced exam prior to starting fellowship. So I have ever been a month and a half month-and-a-half in between my fellowship and the end of Residency so I'm going to try and take my Advanced exam in between there and do the Applied exam on the other end of my fellowship.

DR. LIN:

That's great, thank you.

DR. MADAN:

Yes, thank you guys both. So, uh, yeah, I think, echoing what Michael said, um, in terms of preparation, uh, just remembering that coming to work and working hard is definitely, you know, the fundamental preparation. And, you know, given there's both the written and oral component, so I think we talked about the In-Training Exam those are great to sort of benchmark your progress on the written side. Um, and then on the oral board side of things, um, at our, at our program we have an e-journal club which it allows us to sort of stay up to date with the literature as well as interact with one another and sort of defend our rationale for things, and then we talk to our attendings before cases to sort of go over why we're doing things and I think that's really helpful as well. Um, we also are able to do mock orals with attendings, so sort of testing yourself in that sort of environment is helpful.

One thing that I'm wondering, I've heard that you need to fly around, you know, to very specific sites for the oral boards, and you know now that we've seen what can be done virtually throughout this COVID crisis, it'd be interesting to know if there's a possibility of moving towards a more virtual approach in the future because that is a large expense for many of us.

Um. I know this is a little down the line and we're all just trying to get through Residency but given the pace of change in medicine, um, staying up to date on the newest things is very important. So do you guys know anything about the Maintenance of Certification Anesthesiology program also known as MOCA?

DR. LIN:

You know, as you, as you mentioned, Elena, I don't think, uh, any of us here are quite at the point where we need to be using MOCA just yet. But my understanding of the program is that it's the way that the ABA allows for regular maintenance of board certification in anesthesiology without having to take one big exam every 10 years. It's essentially a multi-pronged program that allows for maintenance of certification, a more continuous, uh, regular education offering rather than just having people prepare for exams every 10 years. Fortunately we'll be speaking to a representative from the ABA on this podcast next month, so we can have all these questions answered by an expert.

DR. GREEN:

Yeah, I, I think that the way that they have updated this, um, accounts for the tendency to lag on your training if there's no exams. I mean we talked about it earlier, about how motivating the ITE can be, um, and knowing that you have to keep up at least in the

most basic way with your education, I think is important to patient safety. I think it's important to being the level of an attending where you're, if, you're in an academic institution and you're responsible for training people, you want to be delivering, um, updated information. I think it's one of our responsibilities as physicians and so I think it's really cool that the way that they've adapted this. Um, having to do questions by app is certainly the most I think technologically advanced way of, of doing certification and administration that we've come across.

And so, I think it also holds physicians to a different standard, um, and you know is it, is it going to is, I, I think it's kind of a game changer. I'm really impressed with the way they did that I think. Um, it's, uh, while nobody wants to take more tests, I think doing questions on our phone is a much more digestible way of maintaining our certification and maintaining our displays of competency. Um, and I think we're much more familiar with that as a generation, um, and so I think that, uh, it makes it much less scary and it makes, it makes it much less burdensome. I like the sound of it. I haven't had to do it yet, but I know, uh, some physicians who have and it's not as scary overall.

DR. MADAN:

Great, so both of you guys have mentioned the website and in terms of other resources you're using to stay up to date with what's happening with the ABA, do you guys follow their blog or follow them on social media? I'm wondering also if your intentional about staying tuned to them or do you just, uh, get the information that comes your way?

DR. LIN:

So, I subscribe communication emails from the ABA so in general I do get notified anytime that the ABA is planning to implement a new policy, a new program or otherwise just have an important update for anesthesiologists. To be frank I don't really read their blog, um, I don't really follow them on social media either. Um, I certainly would consider doing so in the future but to be frank, as you know as a CA2 right now kind of going through the meat of our subspecialty rotations, my priorities are more about finishing my training and essentially learning as much as I can and I've essentially kind of put the whole certification process on the back burner for the time-being. With that said, I do think given how important the ABA is to our, uh, professional careers and, um, our certifications, it is important to be at least tangentially aware of what the, um, updates are and their activities. This is our future. Once we're all attendings, we're all convening diplomats of the ABA. So, I think it's very important to be to be a to be up to be updated. Um, how close you want to pay attention obviously is sort of up to you. But I would say the more informed you are, in general, um, the better able to make good decisions for your career.

DR. GREEN:

Admittedly, I, I do not, uh, follow their blog or, or follow them on social media. Um, I'm not really on social media so I, I don't really follow anyone. Um, I think that it's important to stay updated on a, just from a very superficial standpoint. There are tests on both our ITE and Basic exam of certification standards and so I think it's good to, as, as Albert said, be tangentially aware of, of a lot of the stuff. What you have to accomplish, I mean, knowing your goals and knowing the milestones, um, allows you to, uh, check off the boxes and do what you need to do to get through the copious amounts of administrative paperwork that we need to do to complete residency.

DR. MADAN:

Great, thank you guys. Yeah, I'm in the same boat. I'm just finding myself, you know, very busy, and with my clinical work, that I don't find much time to sort of follow these blogs or social media. But I think having a peripheral awareness of, you know, what they can help us with, what we need to, to achieve our certifications throughout residency, I think is important, and knowing, uh, what resources they have available to us like in terms of the website, the fact that the blog exists, that we can follow them to know where to get the latest updates is really important.

So today we've spoken about the ABA, but this podcast series is hosted by the ASA and so I'm curious what your experience is with interacting with the ASA as a resident?

From my own experience, I was on the ASA Governing Council as a medical student and I did attend uh, one of the sessions for medical residents that was hosted at the Anesthesiology Annual Meeting and I think that's the way that I mainly stay in touch, is just paying attention around that time of year and then peripherally throughout other times of the year. Uh, this podcast series is something new that I hope to engage in, so that's my own personal experience.

DR. GREEN:

As a CSA rep, I know that a lot of the missions or goals of some of the State organizations do, uh, extend from, or are extensions of, the ASA, um, while also having, having their own individual State goals and missions. Um, I think that from my experience, the ASA does actually provide a lot of the resources that pave where the field is going. And, um, it's interesting to stay involved. The further along I've gotten in my medical training, I refer to them more and more. I think that the guidelines that they list out are, um, extremely high yield for tests and knowing them is really important for just understanding why we do what we do. Um, and so I think that that's been a really,

really, uh, useful, just their website has been really, really useful for me. Um, that's just something I kind of privately do, um, browse their website. But I think that they provide a lot of cool resources. For instance like I, I honestly early on in my career did not know that the CRNA adoption of anesthesiologists was, uh, how that would impact. As I've gone through, I do see why that move would impact us pretty substantially. And so, I, I think that that, that's just one example of some of the things that the CSA as an extension of the ASA has been, um, working hard at resolving.

DR. MADAN?

Thank you both for joining us for this episode and for everyone for listening to this, uh, residents in a Room, the podcast for residents by residents. And I hope you all will join us next month when the three of us get back together and at that time we'll have a representative from the ABA join us and uh, he or she will be able to answer a lot more questions about the exams, MOCA, certification and anything else we're all wondering about.

DR. LIN:

Thank you so much for hosting, Elena. It was a pleasure to be here.

DR. GREEN:

Can't wait. Thanks everyone involved for making this a really, uh, both educational and uh, enjoyable experience.

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