ANESTHESIOLOGY 2019 from a Third Year Medical Student’s Perspective

Logan Koubek, OMS III, Kentucky College of Osteopathic Medicine

The Anesthesiology 2019 Annual Meeting was held in Orlando this year from October 19th to the 23rd. As a third year medical student who just recently fell in love with the specialty, I knew I had to take time from my rotations to attend. From poster presentations and innovations on display at the exhibit hall, to meeting with residency programs throughout the nation, there was a plethora of opportunity and knowledge to gain at the meeting. The first night, I attended the welcome session and a meet and greet with peers including other medical students and current residents and fellows. At the first session, attendees were able to direct questions to a panel of anesthesiologists regarding contracts and negotiations. Despite having a couple years until I am at that point in my medical career, it was a source of motivation to keep pushing forward and interesting to see what a 3rd year student like myself will have to consider in just a short time. At the opening medical student/resident mixer, I was able to meet new people, hear unique personal stories and get more comfortable having conversations with new people before the residency program meet and greet the following day.

The residency program meet and greet was the highlight of the annual meeting for both 3rd and 4th year students. Although it was more advantageous for 4th years who had submitted residency applications and were hoping to show face and gain more interview invitations, there was a lot to gain as a 3rd year as well. I met with multiple programs I was interested in and was able to meet the program directors at each table I visited. It was there that I made my first impressions, provided them with my current CV, and asked them about certain qualities and experiences they envision future candidates to possess.
This was very beneficial as a 3rd year given the fact that we still have time before submitting applications. I was provided with insight into other steps I should take to be a more competitive applicant on both paper and during interviews. At certain tables, my name was taken down and contact information was exchanged. Possible interviews were even mentioned at a few tables. Given the latter, these exchanges were extremely valuable, and I encourage anyone interested in this field to attend the conference even if they just want to go to the residency program meet and greet.

I am glad I made the decision to attend the conference. Not only was it a mini vacation from rotations, but I was able to meet a lot of new people and network the entire time. Additionally, for those of you like me who are living off dreaded student loans and looking for more perks, there was a lot of free goodies, hors d’oeuvres, and free barista bars provided by companies in the exhibit hall. Also, if you’re stressing out about how you are going to pay for those student loans, there was a session on money management as well.

I highly recommend attendance at future conferences for students of all years, and I look forward to attending ANESTHESIOLOGY 2020 in Washington, D.C. October 3rd – 7th.

ASA medical student members come from all over and fill the rooms at the highly sought out medical student sessions that cover a wide variety of topics!
Dr. Shawn Banks, MD, and program director of the anesthesiology residency program at the University of Miami/Jackson Memorial Hospital addresses a large crowd of medical student attendees with advice on applying to residency.
Dr. Amanda Xi, MD, currently a critical care fellow at MGH, provides an exciting session for medical students prior to the Residency Meet & Greet. She got the crowd involved by having them stand to network with each other!

Immediate Past President Justin Yuan (far left) expertly runs the panel session during the medical student House of Delegates. Dr. Saddawi-Konefka, MD, MBA of MGH, Dr. Jed Wolpaw, MD, MEd of Johns Hopkins and Dr. Soban Umar, MD, PhD of UCLA spoke with the HOD on the utility of their dual degrees.

Dr. Jerome Adams, MD, MPH and current Surgeon General of the United States makes a guest appearance at the medical student HOD and not only provides inspiring words but also gets a selfie!
The ASA Annual Meetings are a great opportunity for medical students to attend a variety of helpful and educational sessions, as well as network with other medical students, current residents and residency program directors.

Make sure you join us in Washington D.C. for ANESTHESIOLOGY 2020!

ANESTHESIOLOGY 2021: San Diego, CA
ANESTHESIOLOGY 2022: New Orleans, LA

More information: https://www.asahq.org/annualmeeting

Ways to Get Involved:

- Become a delegate/alternate delegate for your school
- Apply for a governing council position; a new council is elected at each Annual Meeting
  - You can always reach out to current council members to have your voice heard!
- Reach out to your State Component Society to become a more active medical student member within your state; this can propel further opportunities!

Left: Dr. Amanda Xi, MD, and current critical care fellow at MGH, reflects on her attendance at the ASA in 2014 as a third year medical student.
Right: Immediate Past President of the ASA, Dr. Linda Mason, MD, FASA, addresses attendees of the opening panel on night one of the annual meeting!
Anesthesiology Interest Group Advice from Abroad

Sarah Vitug, MSIV, University of Queensland-Ochsner, AIG President

Greetings ASA members,

The University of Queensland-Ochsner (UQ-O) AIG is pleased to have this opportunity to share a bit about what we have been up to in Brisbane, Australia and New Orleans, Louisiana. UQ-O is an intercontinental program where American medical students complete pre-clinical years 1-2 in Brisbane, and clinical years 3-4 in New Orleans. Our AIG consists of third and fourth year UQ-O medical students based in New Orleans and is supervised by Ochsner physician anesthesiologist, Dr. Jason Park.

The highlights of our year consisted of the First Annual UQ-O AIG vs. Emergency Medicine Interest Group (EMIG) Airway Cup. This was a timed head-to-head intubation contest between the two interest groups on manikins in our SIM center that was judged by Ochsner anesthesia staff. The first student to achieve correct tube placement and bilateral chest inflation was awarded a point for that round. EMIG got off to a great start and gave our AIG a run for our money, but with a buzzer-beating “double or nothing” round, AIG was able to pull off the Airway Cup Win! We found this event to be such a successful learning activity, that UQ-O AIG has challenged Tulane AIG to a separate Airway Cup later this month! It will be a fantastic opportunity for students of all classes (especially for T1s and T2s) to gain earlier exposure to airway management before taking their skills to the OR during their anesthesia rotation!

Another exciting point in our year was reaching out to UQ-O, Tulane, LSU-New Orleans, and LSU-Shreveport AIG students, anesthesia residents, and staff to create The 2019 Louisiana Society of Anesthesiologists (LSA) Medical Student ‘Takeover’ Edition of their Newsletter. Our goal was to make a state component society letter more relevant to students and residents, and hopefully more interesting to the active membership. We covered topics on the LSA’s first ever medical student committee, financial planning, ERAS, away rotations, political advocacy, social media and medicine, women in leadership, information on upcoming LSA/ASA events and much more! Please see the LSA Newsletter Here.

Other notable UQ-O AIG events this year were an ultrasound skills workshop with Dr. Yashar Eshraghi of Ochsner’s Anesthesia Pain Management division, journal club with Ochsner’s Anesthesia Residency Program Director, Dr. Kelly Ural, and various Q&A sessions with recent UQ-O graduates on their Match experience. This year has been absolutely incredible for our UQ-O AIG students in terms of getting involved and gaining clinical exposure to the field of anesthesia. We cannot wait to see what the future holds for us as aspiring physician anesthesiologists!

All our best,
Sarah Vitug, MS4
University of Queensland-Ochsner AIG President
Transitioning to a Single Accreditation System

Ryan Dyches, OMSIV, Arizona College of Osteopathic Medicine of Midwestern University

In July 2020, the five-year plan set forth by the Single Accreditation System (SAS) will be complete. As a result, all graduate medical education (GME) will be streamlined and overseen by one accrediting body – the Academic Council of Graduate Medical Education (ACGME). What does this mean to you as a medical student and applicant to GME?

TL;DR:
If you’re an osteopathic medical student, this means two major changes. First, there are no longer two different matches for you to participate in. Gone are the days in which the agonizing decision had to be made whether to match into an AOA accredited program or roll your dice and go forward with the NRMP match. Second, there is no longer a worry about entering an AOA accredited program and being denied pursuing a fellowship in an ACGME program due to GME requirements.

If you’re an allopathic medical student, this means that now all programs are open to you, particularly those that were previously only available to osteopathic students.

Background
Prior to the SAS, GME programs were accredited by two separate governing bodies. The majority of residencies pursued ACGME accreditation. Osteopathic programs, on the other hand, were accredited by the American Osteopathic Association. In addition, some programs chose to undergo accreditation by both the ACGME and the AOA. In 2014, the ACGME, AOA, and American Association of Colleges of Osteopathic Medicine (AACOM) approved an agreement to transition to the SAS by July 2020. The ACGME was selected to be the sole accrediting body and all programs would have to pass accreditation by July 2020.

Results of the SAS Implementation
All previously osteopathic accredited programs that successfully passed accreditation through the ACGME are now available to MD applicants. 946 out of 1244 (76%) DO programs have been accredited by the ACGME as of 15 September 2019. This number includes residencies and fellowships. If broken down, 84% of residencies successfully transitioned. Between 2015 and 2019, 191 programs closed; however, 42% of the programs closing cited that they had no trainees. In that same time period, AOA program residency positions increased by 1,655.

Osteopathic Recognition and Milestones
Osteopathic Recognition is a designation given by the ACGME to programs that “demonstrate the commitment to teaching and assessing Osteopathic Principles and Practice at a GME level.” Currently, 215 programs have received osteopathic recognition, two of them in the field of anesthesiology. As a part of the osteopathic recognition designation, residents in these programs are assessed via Milestones, which are competency based developmental outcomes. While graduation requirements from residency are set by the program director, these milestones guide curriculum from programs and set transparent expectations for residents.

Conclusion
While there have been some challenges with the implementation of the SAS, the results have been a streamlined and improved process for GME. Students have increased access to programs and decreased barriers when seeking training. Collaboration has increased in the GME community and the associated costs have decreased.
### Benefits of the SAS

<table>
<thead>
<tr>
<th>For Society</th>
<th>Provided high-quality uniform graduate medical education accreditation that enhances opportunities for residents/fellows and provides transparency to the federal government, licensing boards, US and internal credentialing committees, and most importantly the public.</th>
<th>Reduced costs and increased efficiencies by eliminating duplicate accreditation costs and reporting.</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Programs</td>
<td>Increased collaboration among the medical education community to address the challenges facing graduate medical education for the benefit of all medical residents and fellows, and for the benefits of their patients</td>
<td>Eliminated the need for programs to choose either allopathic (MD) or osteopathic (DO) accreditation pathways or face the undue burden to be dually accredited by the ACGME and the AOA.</td>
</tr>
<tr>
<td>For the Osteopathic Profession</td>
<td>Preserved and protected osteopathic medical education in essential dimensions of the osteopathic tradition, including through AOA board certification, accreditation of colleges of osteopathic medicine, and osteopathic licensing examinations.</td>
<td>Increased opportunities for osteopathic graduate medical education and recognition for all ACGME accredited programs. Provided education in Osteopathic Principles and Practice to all allopathic (MD) and osteopathic (DO) medical school graduates; programs can now receive ACGME Osteopathic Recognition</td>
</tr>
<tr>
<td>For Students</td>
<td>Provided consistency across all residency programs in evaluation methods and accountability standard, using specialty-specific Milestones for assessing the competency of residents graduating from all US graduate medical education programs.</td>
<td>Off all US medical school graduates a uniform graduate medical education pathway, allowing them to seek admission into any residency and fellowship program.</td>
</tr>
</tbody>
</table>

### Former AOA Anesthesiology Programs That Have Transitioned to ACGME Accreditation

<table>
<thead>
<tr>
<th>Program</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riverside University Health System Program</td>
<td>Moreno Valley, CA</td>
</tr>
<tr>
<td>HCA West Florida GME Consortium/Largo Medical Center Program</td>
<td>Largo, FL</td>
</tr>
<tr>
<td>Detroit Medical Center/Wayne State University Program</td>
<td>Detroit, MI</td>
</tr>
<tr>
<td>McLaren Health Care/Greater Lansing/MSU Program</td>
<td>Lansing, MI</td>
</tr>
<tr>
<td>McLaren Health Care/Oakland/MSU Program</td>
<td>Pontiac, MI</td>
</tr>
<tr>
<td>OhioHealth/Doctors Hospital Program</td>
<td>Columbus, OH</td>
</tr>
<tr>
<td>Oklahoma State University Center for Health Sciences Program</td>
<td>Tulsa, OK - Received Osteopathic Recognition</td>
</tr>
<tr>
<td>UPMC Pinnacle Lititz Program</td>
<td>Lititz, PA - Received Osteopathic Recognition</td>
</tr>
</tbody>
</table>
Experiencing an Anesthesia Elective  

Uju Momah, MSIII, University of Connecticut School of Medicine

Last month I had the opportunity to complete an elective in anesthesia. This was my first real experience in the field. Outside of shadowing doctors in anesthesia or working alongside anesthesiologists on my third year clinical rotations, I was excited for the chance to finally get my hands dirty and explore more about this field. My experience was everything that I hoped for and more. I quickly discovered that there’s much more to anesthesia than “putting people to sleep.” There is pre-surgical management and perioperative care; there’s regional anesthesia; there’s pain management; and the list goes on and on. During my time on my rotation, I had the opportunity to work between the PACU and the OR. I helped with conducting pre-surgical evaluations, performing regional ultrasounds and nerve blocks, learning about intubation, helping with epidurals, as well as with induction and emergence from anesthesia. I came to quickly appreciate the dynamic work that anesthesiologists do. In many ways it is a balancing act – a balance between understanding and applying the cerebral concepts of medicine with the intricate and procedural skills of surgery. You must be quick on your feet and quick with your hands, all while never losing focus on the task at hand.

One aspect of the rotation that I especially appreciated was the connection forged between the anesthesiologists and their patients. With the intense nature of surgery, one might think that there is limited opportunity to get to know patients. However, such notions were quickly dispelled by many of the anesthesiologists that I worked with. They took the time to get to know their patients during their pre-operative evaluations, calm any fears that they may have had about their surgery, reassure them that they would be taken care of, and answer any lingering questions. I was impressed by how quickly they were able to gain their patients’ trust and calm their anxieties, as this was often integral to proceeding forward with each case.

As I reflect back on my rotation, I am so happy that I had the opportunity to do this in my third year. Because of my positive experience, I am very much looking forward to the chance to do a sub-internship in anesthesia during my fourth year. To be continued!
Dear ASA Medical Student Component,

I am very grateful to have served as Secretary for the ASA Medical Student Component over the past year. I have learned so much, both personally and professionally, and am happy to have met several medical student colleagues interested in the wonderful field of anesthesia.

This is my last newsletter as your secretary. I have enjoyed the process of creating and editing the newsletter more than I could have imagined, and through the position have connected with medical students throughout the country and internationally.

Thank you for allowing me to serve in this position, and good luck to all of our readers on their future endeavors.

Sincerely,
Alice DiFrancesco
MSIV, UConn School of Medicine