

American Society of  
Anesthesiologists®

American Society of  
Anesthesiologists  
Medical Student Component

May 2016

# Medical Student Component Newsletter

## OUTSTANDING AIG AWARD

Beginning in May 2016, the ASA MSC wishes to recognize model Anesthesiology Interest Groups (AIGs) with an [Outstanding AIG Award](#). This award is presented annually to those AIGs that show an exceptional level of participation, enthusiasm, program quality, professionalism and involvement in their university community, and at the ANESTHESIOLOGY® annual meeting.

**Nomination Deadline:** June 10, 2016

**Award Notification:** All applicants will be notified of their award status by July 1, 2016

**Award Administrator:** ASA MSC Governing Council

**Award:** Certificates for the AIG, Advisor and President

**Presentation:** The award will be presented at the ASA MSC House of Delegates Breakfast at the ANESTHESIOLOGY 2016 annual meeting in Chicago (see note below)

**Instructions:** Please fill out the [Outstanding AIG Award nomination form](#) and submit by June 10, 2016

**Selection criteria include:**

- AIG Membership
- Outstanding participation by AIG members and faculty
- Number of meetings and events
- Variety of activities, including career guidance, community outreach, departmental activities and social events
- Participation in local, regional and national anesthesiology programs (National conference, FAER scholars, etc.)

Nominations may be made by any AIG leader or ASA student member. Nominations by an entire AIG acting as a group are encouraged.

Award certificate presentation to take place during the MSC House of Delegates (HOD) Breakfast held on Sunday, October 23, during the ANESTHESIOLOGY 2016 annual meeting in Chicago.

**Please note:** Honorees are responsible for their annual meeting travel and registration expenses.

If you have questions about this award program please email [medicalstudentcomponent@asahq.org](mailto:medicalstudentcomponent@asahq.org).

Thank you and we look forward to your participation!

-ASA Medical Student Component Governing Council



## INSIDE THIS ISSUE

International Summer Program .....	2
Letter from Dr. Abdelmalak.....	2
Senior Advisor FAQs.....	3
Safe VA Care.....	4
ASA Highlights.....	4
Evaluating Anesthesiology Residency Programs .....	5
Letter from the Editor.....	6

# INTERNATIONAL EMERGENCY MEDICINE SUMMER SCHOOL PROGRAM



The Students' Society for Anaesthesiology & Traumatology in Copenhagen, Denmark, wish to inform the American Society of Anesthesiologists Medical Student Component of an opportunity for students to participate in their second international emergency medicine summer school (EMSS16) program.

During this program, participants will learn how to handle patients with acute illnesses requiring immediate medical attention through modern education methods, including workshops and full-scale simulation.

This opportunity will take place from July 16–July 25 in

Copenhagen, Denmark, and is open to students interested in anesthesiology, traumatology, critical care and emergency medicine.

For additional information regarding the program, its activities, travel expenses and costs, please reference their [website](#).

You may also secure tickets, meet other participants, ask questions, etc., at the [Emergency Medicine Summer School 2016 Facebook page](#).

Note: This opportunity is not officially sponsored nor officially endorsed by the ASA and is being provided for your information.

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*Congratulations to all who recently matched into Anesthesiology! We look forward to your bright future!*

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MEDICAL STUDENT PROGRAM—  
FRIDAY, OCTOBER 21  
THROUGH  
SUNDAY, OCTOBER 23  
2016

Are you a medical student? Plan to attend the medical student program at the ANESTHESIOLOGY® 2016 annual meeting! Each session will target where you are in your professional or academic journey. Topics such as debt management and making yourself a competitive applicant for residency will be discussed. Check back soon for full schedule details!

## LETTER FROM DR. ABDELMALAK

The American Society of Anesthesiologists values its medical student, resident and fellow members; thus, a few years ago, two content tracks were created and tailored to meet your needs. Both the academic and social content of these tracks received rave reviews from attendees, and we continue to improve and add to them based on your input and helpful feedback.

I encourage you all to make the personal commitment to attend this year in Chicago, and take advantage of the opportunities the medical student and resident and fellow tracks have to offer. It is a great opportunity to learn timely information and network with colleagues and anesthesiology leaders from around the country and the world.



I look forward to seeing you there.

Basem Abdelmalak, M.D.

Chair, ASA Committee on Residents and Medical Students

## WORDS FROM THE ASA MSC SENIOR ADVISOR

**Should I do an externship?** In my opinion, doing an externship during the earlier part of fourth year is almost essential. Even if you're undecided about going into anesthesiology, most anesthesiologists I have spoken to still advise doing an externship. Whether this is an organized externship at an academic hospital with a residency program or not would be up to you. The benefit of doing it at the former is that you would be working directly with residents and would therefore be observing what residency entails and what residents value in a program. The pros of doing an externship include that you work with residents and experienced anesthesiologists who, for the most part, love teaching; conduct a variety of procedures done by anesthesiologists; have the opportunity to show yourself off to a program you may be considering; learn more about the subspecialties of anesthesiology; earn letters of recommendation for your residency application; personally meet the program director; and gain a few mentors. You will also begin to formulate what you like about a residency program (academic vs. community hospital, categorical vs. advanced, large vs. small). One to two externships are sufficient during the fourth year of medical school. Beyond this, your fourth year of medical school is about preparing for residency. This includes broadening your skill set and becoming a better clinician overall in rotations outside of anesthesiology.

**What will make me a more competitive applicant?** In addition to the compilation of research publications, volunteerism, job experience, etc., into your CV, leadership can be a very important component to your residency application. There are so many ways to show leadership in almost any organization you can think of, regardless how large or small. Additionally, joining your anesthesiology interest group at your school can be a meaningful way to show your drive in becoming an anesthesiologist. Becoming a member of your state as well as national anesthesiologist societal organizations is an excellent way to promote yourself and your future with limited cost to the medical student. ASA members frequently obtain important information about the field of anesthesiology which is likely to come up at residency interviews. Furthermore, members (which include residents, faculty and program directors) will more than likely attend the ASA annual meeting. This is a great way to introduce yourself to potential and future colleagues from all over the country. It is recommended to even bring business cards to the annual meeting. Becoming a delegate or running for a position on the medical student component governing council whether you are a second or third year is another way of becoming involved in a leadership position surrounding your future profession.

**The Interview:** My first interviews were honestly not my best. Admittedly, I did not schedule my most anticipated interviews first. After the first couple interview days, I would frequently spend the plane ride home thinking about what I would've said differently. Above all, be punctual, be professional and be polite at all times.

Residency programs will be observing your ability to communicate and your interpersonal skills. They will want to know about your significant other and your career plans. Keep in mind that this is an interview and you may potentially be representing this residency program in the near future. Be honest in your responses and remain respectful to anyone you engage with on interview day including staff, receptionists and residents. You may get asked about an interesting case, to briefly summarize your research, elaborate on a time you or a teammate failed, or name what superhero you would be and why. Others may ask you to name an important characteristic you think makes a good anesthesiologist, and so on. I found most interviews to be a fairly casual conversation but be prepared for anything.

Another point I cannot stress enough is to know the program you are going to. Two of the most common questions are "what do you want in a residency program?" and "why do you want to come to our program?" If you know nothing about the program, residents will pick up on it at the dinner, and interviewers will realize it when you start asking them questions at the end of the interview that can be answered all over the residency program website. It shows disinterest and ill-preparation which can be difficult to come back from in an interview. On the flip side of the coin, it is important to ask questions. An excellent starting point for questions can be found [here](#).

In closing, if you have something you want to touch on such as why you love the program or why you want to move to the particular city, mention it. Interviewers know you have multiple facets to your life outside of residency. As you have probably heard, residency can be stressful and programs want to know you will be comfortable and feel supported in your new location as you embark on this important aspect of your training.

**Personal statement:** It is important when writing a personal statement to not repeat what is already contained in your CV. The CV is for factual information while the personal statement is your opportunity to write about anything that is your choosing. It is certainly a stressful part of the application for all medical students pursuing any specialty. Focus on your strengths and think about what an excellent resident would be in your eyes. Who would you want to take care of your family in the O.R.? How will you enhance the specialty? Think about your true qualities and start preparing a rough draft early. You may wind up only taking snippets of the first few drafts but you will get there in time. There are plenty of sample personal statements available online. See if a style appeals to you and adjust your own work as you like. Further, anesthesiologists, faculty or mentors are excellent editors. I cannot stress the importance of finding a couple of mentors to assist guiding you with not only the personal statement but also the many decisions you will make before starting residency.

I would like to end with a few words of wisdom. Enjoy interview season! The programs that offer you an interview are genuinely interested in you. Attend the dinners, ask questions, put your best foot forward. Quite commonly, your views of programs before and after the interview period can change as well as your rank list. I wish you all the best of luck in the future and in meeting your best match.

ASA MSC SENIOR  
ADVISOR: CHRISTINE  
MCLAUGHLIN



As Senior Advisor of the ASA Medical Student Component Governing Council now reaching the close of my fourth year of medical school and on to residency, I wish to thank all of you for allowing me to serve in such a wonderful position over the last year. I commend those of you reading the ASA newsletter and proactively researching the ASA site for yourself. Within the past year, medical students from all over the country asked me similar questions I also had as a third-year medical student with the goal of becoming an anesthesiologist. I would therefore like to provide readers with a summary of Frequently Asked Questions that I have received from many of you with a little of my own perspective of the interview trail to add. Please take the time to read over my responses at your discretion. I hope that they may be one more asset in preparing you for interview season. If you do not see a reply to a particular question you may have, please do not hesitate to contact me at [crm07h@med.fsu.edu](mailto:crm07h@med.fsu.edu).

## PROTECT OUR VETERANS:

### THE ISSUE:

The Department of Veterans Affairs' (VA) Office of Nursing Services (ONS) continues to advance a new policy document, the "VHA Nursing Handbook," that would mandate "independent" practice for all Advanced Practice Registered Nurses (APRNs), effectively abandoning the VA's proven model of physician-led, team-based anesthesia care. ASA strongly opposes the inclusion of the surgical/anesthesia setting and nurse anesthetists in the VHA Nursing Handbook.

The leading experts on surgical anesthesia care in the VA, the Chiefs of Anesthesiology, have informed VA leadership that the new policy "would directly compromise patient safety and limit our ability to provide quality care to Veterans." The VA leadership has ignored their concerns. Leading national medical associations, prominent Veterans' organizations, and bipartisan members of Congress have also challenged the VA on this change.

With 12 to 14 years of education and 14,000 to 16,000 hours of clinical training, physician anesthesiologists serve a critical role in providing safe anesthesia care. For VA patients who have poorer health status, the involvement of a physician anesthesiologist in their care is imperative. Without physician involvement, VA would be lowering the standard of care for our Veterans and putting their lives at risk.

### THE IMPACT:

As medical students, and future physician anesthesiologists, we have to be able to collectively come together and voice our opinion. Advocacy is one of the biggest responsibilities of the ASA and will need to be as we become physicians. This effect is set to begin in the upcoming months and will be fully in effect once we are attending physicians. All it takes is to simply visit the website and submit a comment.

### THE SOLUTION:

To protect patient safety, the VA should continue to follow the team-based physician-led anesthesia care as directed in the current Anesthesia Service Handbook, excluding this surgical setting from the VHA Nursing Handbook. Comment now at [www.SafeVACare.org](http://www.SafeVACare.org) to ensure Veterans receive safe, high-quality anesthesia care they have earned and deserve.

Available Resources: [View supporting documents on the issue](#)

If you have any questions, please contact Amanda Ott of the ASA Advocacy Division in Washington, D.C. at (202) 289-2222



ASA HIGHLIGHTS — ANNUAL MEETING 2016

save the date

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ANESTHESIOLOGY<sup>®</sup> 2016  
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# EVALUATING ANESTHESIOLOGY RESIDENCY TRAINING PROGRAMS:

*Catherine Barden, M.D.; Peter Rock, M.D., M.B.A., FCCM; Jeffrey R. Kirsch, M.D.; David A. Zvara, M.D.; Ronald G. Pearl, M.D., Ph.D.; Charles W. Whitten, M.D.*

Attempts have been made to rank institutes of higher education for decades. In 1983, U.S. News and World Report (U.S. News) published its first rankings of undergraduate programs, based solely on the opinions of college presidents.<sup>1</sup> Because of the poor relevance of ranking based on opinion, the methodology of these rankings evolved to include statistical data and a shift toward evaluating colleges by the success they have in graduating students (outcomes data). In 1990, “America’s Best Graduate Schools” was published, including annual listings of medical, engineering, law, business and education schools and has become the default method by which these schools are compared.<sup>2,3</sup> Last year, U.S. News and Doximity, a social media network for physicians, launched Residency Navigator, the first ranking of graduate medical education programs. With more than half of U.S. physicians as members, Doximity is the largest site of its kind.<sup>4</sup> In 2014 and again recently, its board-certified physician members were invited to submit peer nominations for up to five residency programs within their specialty. Frequency counts of the number of residency program nominations were used to rank training programs.

Applicants to anesthesiology residency programs utilize several resources when comparing programs, such as departmental websites, Web-based comments from other applicants (The Student Doctor Network [SDN], Scutwork), advice from faculty advisors and student affairs offices, and databases of program demographics (FRIEDA). The difficult professional and personal process of selecting a residency program leads most applicants to utilize most, if not all, of these resources. Unfortunately, the validity of the information presented is widely variable, as some resources represent anecdotal experiences of commentators (Scutwork, SDN), and others are databases of demographics, presenting no measure of program quality or outcomes (FRIEDA). A recent report from the Institute of Medicine issued a call for transparency into the outcomes-based performance of residency programs.<sup>2</sup> In an era of increasing importance of outcomes metrics, programs should be evaluated on the same principles.

Prior to the availability of program demographic data on the Internet, the primary resource for applicants to the specialty was a program director, chairperson or trusted mentor from whom to seek advice about the quality and stability of a training program’s environment. While still a cornerstone of advice for students, the information provided may be biased, is sometimes out of date and may not adequately take into account the personal needs of the applicant. In addition, the advice may be based on the reputation of the department rather than on the quality of the training program.

As a specialty, we are attracting an increasingly competitive group of applicants who want to make an informed decision about where to apply, interview and how to construct a Match rank list. Thus, the idea of a more formal GME “ranking” system is particularly alluring to this high-quality applicant pool. Rankings also have great appeal to institutions as a recruitment tool, not only to attract top medical students but also junior faculty members and philanthropy.

Weakness of opinion-based ranking systems such as U.S. News or Doximity include:

- The number of responding physicians represents a small percentage of those practicing, and these individuals often have limited firsthand knowledge of any institution other than the ones at which they trained or work.<sup>2</sup>
- Halo effect of parent institution with which the program is affiliated that does not necessarily translate into program quality. The emphasis on “name recognition-type popularity” may be misleading to applicants to the specialty.
- Quality and diversity of affiliated hospital partners within which residents train (of vital importance in a hospital-based specialty) is not evaluated.<sup>4,5</sup>
- Data, which for anesthesiology is mostly self-reported by Doximity members, may be severely skewed by programs “stuffing the ballot box” by encouraging votes from current department members and alumni.
- Rankings are by for-profit social media sites that generate revenue by selling

access to physician-users to clients that include pharmaceutical companies, market research and hedge funds and other investors, so there may be a conflict of interest between the revenue generating aspects of their site and the information they provide. The dual nature of these sites may undermine integrity and transparency as forums for exchange of medical opinion and presents an ethical conflict for physicians who use the sites.<sup>6</sup>

- Objective data is buried and not related to ranking.

A comprehensive review of program quality would ideally be based upon data from reliable, well-established third-party sources such as the AGCME Residency Review Committees and/or the American Board of Anesthesiology (ABA), both of which use quality metrics to evaluate programs.<sup>2,5,7</sup> Other sources of information relevant to the applicant and potentially available from the ABA could include:

- Program-level specialty data (Maintenance of Certification in Anesthesiology (MOCA®) performance).
- Practice demographics, scope-of-practice information.
- Entering resident demographics (academic data, AOA status, publications, couples match data).
- ACGME data (case logs, work hours, aggregated resident and faculty survey data).

A combination of these quality metrics, if available in a transparent form, is a stronger and more objective method by which the end consumer (medical students) can evaluate program quality. Such resources would also help dispel myths and inaccuracies about programs, which are propagated in student-driven online forums and by mentors who have no specific knowledge of programs about which they are advising. It is also important for applicants to know which programs have graduates who always perform well on examinations (i.e., programs that have strong graduates because they recruit the strongest applicants) as compared to those programs that are able to transform residents with a weaker entering portfolio into physician anesthesiologists who ultimately become outstanding physician anesthesiologists with excellent performance on their ABA certification process.<sup>7</sup>

Recent publications from other specialties have explored novel methods of comparing programs based upon quality and outcomes-based metrics. An example from the general surgery literature describes a sample ranking system that relies on input, process and outcomes measures and controls for program and resident characteristics (size, residents’ entering aptitude and research requirements) to offer a more valid measure of a program’s ability to generate high-quality surgeons.<sup>5</sup>

The host of intangibles that helps construct the environment in which a resident trains cannot possibly be measured by a series of data points; however, for naïve medical students looking for the right “fit,” a relevant and valid tool for comparison of programs is essential. The future of our specialty deserves better benchmarks than those recently released by Doximity, which are subjective rankings of anesthesiology training programs. It underscores the need for the specialty and its affiliated organizations to establish and publish measures that define program quality in an era of pay for performance. A solution should begin with a move away from commercial entities whose motives may not be aligned with our specialty and which compare programs based upon historical reputation, dominance and size, and instead focus on quality of education, learning environment, diversity of clinical experience and innovative programs.

Formal ranking of anesthesiology residency training programs would be divisive to the specialty and not particularly helpful to applicants. A significant advance for applicants and programs would be a mechanism by which applicants can have access to relevant, objective data about programs so that he or she can decide which factors are most important to his or her own individual needs.

1. Boyington, B. Infographic: 30 editions of the U.S. News Best Colleges rankings. U.S. News Education website. <http://www.usnews.com/education/best-colleges/articles/2014/09/09/infographic-30-editions-of-the-us-news-best-colleges-rankings>. Published September 9, 2014. Accessed September 15, 2015.

2. Mellinger JD, Damewood R, Morris JB. Assessing the quality of graduate surgical training programs: perception vs reality. *J Am Coll Surg*. 2015;220(5):785–789.



*WE WOULD LOVE TO  
HEAR FROM YOU!*

*SUBMIT AN ARTICLE  
FOR THE NEXT  
NEWSLETTER!*

**ASA.MSCSECRETARY  
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## **LETTER FROM THE EDITOR**

Dear ASA Medical Student Component,

I hope you enjoyed reading through the May 2016 edition of the American Society of Anesthesiologists Medical Student Component Quarterly Newsletter. My goal as editor is to provide you with useful information and opportunities in the field of anesthesiology as you progress through medical school.

For those of you who recently matched into anesthesiology and are soon to graduate medical school, congratulations! May you continue to learn and grow with each passing day of your residency training.

For those still in undergraduate medical training, I urge you to continue pursuing your dreams and expanding your knowledge and skills. Also, encourage your classmates interested in anesthesiology to become student members of the ASA!

As always, the officers of the ASA MSC Governing Council welcome your questions, comments, and concerns as we strive collectively to assist in your journey toward a career in anesthesiology.

Feel free to contact me directly at [asa.mscsecretary@gmail.com](mailto:asa.mscsecretary@gmail.com).

Thank you and best wishes,

Ciera Kaylynn Ward

**Interested in Getting Involved?**

## **Contribute to the MSC Newsletter**

If you are interested in writing an article for the upcoming MSC Newsletter, please contact

**[asa.mscsecretary@gmail.com](mailto:asa.mscsecretary@gmail.com).**