



*The Official Newsletter of the
ASA Resident Component*

Pictured left is an advocacy talk
at ASA Resident Component
Legislative Meeting
Representatives in Washington,
D.C.

Passing the Buck on GME: The Unexpected Boon of Being Told “No”

Joshua Lesko, MD An US Navy flight surgeon active in organized medicine and health policy

Advocacy was what first got me involved in organized medicine. Well, technically, the anatomy flashcards that come with a four-year American Medical Association membership as a medical student was the first thing, but that doesn't make for a good story or lead to lasting participation, does it?

Flash forward to Spring of that same year. Picture hundreds of medical students from around the country descending on Washington, DC, for the AMA's Medical Student Section advocacy day. The idea is beautiful in its execution; students attend sessions on the healthcare issues being debated, how to sell our talking points, and then, white coats in hand, we descend on the Hill to convince our Senators and Representatives that ours is the righteous path and to win the day for medicine. I probably should have realized that ours was not the only wind blowing, and that a two hour session did not necessarily prepare me to go toe-to-toe with a career salesman...the innocence of youth and all that. The ask was simple: raise the cap on federal dollars going to GME that had been established in 1997. We were fighting for the good of their constituents, for our peers and patients, how could we lose?!

It wasn't that the members of Congress, when we were able to actually meet with them or, as was more often the situation, their legislative aides, were usually able to talk circles around us about the issues. It wasn't the glad-handing and extolling of our virtues and fortitude as medical students. It was the abdication of responsibility that really got to me. Every meeting followed the same formula: we would give our elevator pitches, complete with emotional stories and solid statistics, polite small talk about the specifics would follow, and then, without fail, we would be asked, "So who's funding do we cut?" To put this in context, "budget neutrality" was the name of the game in DC. Or put another way, any new program came at the expense of another. I guess it was my fault. I thought we elected officials to plan out a budget and make these decisions; it was not the place of medical students to find the best pay-for.

Surprisingly, no expansion happened that session. To save some time, I'll summarize the next three years of our federal fight for GME. Congress: "There will not be an expansion of federal funds for GME."

Us: "In that case, please keep the levels the same as 1997." Yup, we were stuck fighting to not lose ground. There was now a redoubled need to investigate alternative sources to support GME; regardless of whether you believe there is a geographic malapportionment or an overall deficit, maintaining the status quo would not fix the problem we faced.

Luckily, while being stonewalled by Congress, the Medical Society of Virginia was already hard at work to convince the Commonwealth to pick up the slack. White Coats on Call sends doctors and medical students to the state capital across multiple days to, you guessed it, advocate. The crunch in training spots was not unexpected, and GME had long been on the Society's legislative agenda, but with the zero-sum mentality of Congress local efforts took on a renewed urgency. We took advantage of the hometown nature of local politics, tying our stories and experiences much more closely to our delegates and state senators. **Continued on page 3.**

Boston

ASA Resident & Fellow members register at no charge.

Exclusive Residents & Fellows Programming

- Take your knowledge to the next level by engaging with leaders in the specialty
- Discuss topics such as financial wellness and debt management
- Gain insights about the business side of anesthesiology such as practice management and the care team model/scope of practice
- Participate in an interactive oral board prep session
- Meet with colleagues from coast to coast to share successes and challenges!

Fun things to do in Boston

- Take a stroll through the Boston Public Garden
- Explore the four-story, 200,000-gallon giant ocean tank at the New England Aquarium
- Visit the extraordinary Museum of Fine Arts
- Walk or run the Freedom Trail – a 2.5-mile route that leads you to 16 historical sites
- Learn about the history of anesthesia by visiting the Ether Dome at Massachusetts General Hospital
- Explore MIT and Harvard University



Want to book a fun get together with colleagues?

Find unique interactive activities, happy hours and dinners for groups of 10+. Explore the options at kapow.com/anes17.

Will you be there?

Register now
goanesthesiology.org

Important Attendee Information

- All resident and fellow educational sessions will be at the Seaport World Trade Center. The Meet and Greet with Residency & Fellowship Programs will be held at the Westin Boston Waterfront in the Galleria room.
- Badge pick up is at the Boston Convention & Exhibition Center, Level 1, North Lobby. The hours are Friday 12 p.m. – 7 p.m. and Saturday-Tuesday 7 a.m. – 5 p.m. There are no registration services available at the Seaport World Trade Center. Plan accordingly.
- Kick off the meeting Friday evening with the opening session on Professional Citizenship with Dr. Plagenhoef, ASA President. There will be a networking reception to follow. This is an exclusive opportunity for residents and fellows to network with ASA leadership and peers.
- Pick up your ASA gear at the ASA Resource Center in the Boston Convention & Exhibition Center, Level 1, North Lobby. Saturday-Tuesday 7:30am-5 p.m. Purchase logo wear such as jackets, polos, lab coats, surgical caps, hats, scarves, ties, tumblers, water bottles, and flash drives.
- [Schedule an appointment](#) with select ASA Annual Meeting Supporters for a comprehensive evaluation of your CV or resume!
- Join all attendees for the Welcome Reception on Saturday, 5:15 – 6:30 p.m. in the Connection Center, Exhibit Level, Exhibit Halls A-B. Visit booth #1542 in the Connection Center, Exhibit Level, Exhibit Halls A-B to get a complimentary professional headshot taken.
- NEW SESSION: Women and the Power of Negotiation: Monday, October 23, 9:50-11:50 a.m., Boston Convention & Exhibition, Room 151AB



AMA ASA Update Corner:

Healthcare reform was a significant topic of discussion as the AMA tries to craft policy that allows it to focus on preserving access while improving patient care in whatever reforms may be made in the future. As part of that discussion, the ASA supported policies that would oppose price controls or capping Medicaid funding to achieve federal healthcare spending goals. The AMA reaffirmed existing policy stating they would continue to work with the current administration as well as the Congress and Senate to support reforms that preserve patient access to care. Forward thinking initiatives, and specifically the Perioperative Surgical Home created by the ASA, were recognized as potential models for improvement in the delivery of healthcare.

In addition to the policy work done by the ASA at the AMA meetings and the recognition of ASA initiatives by the largest physician organization in the United States, anesthesiologists continue to be recognized as leaders within organized medicine. In addition to two of our ASA members currently serving on the AMA Board of Trustees, the AMA applauded the nomination of our friend and ASA member Jerome Adams, M.D. to become the next U.S. Surgeon General. We are thrilled by the success of our ASA members within the AMA and in government, and we look forward to continuing to advocate for not only our profession, but medicine as a whole.

Matt McNelley, M.D.

Alternate Delegate, AMA Resident & Fellow Section



Passing the Buck on GME

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Beyond the days in Richmond, we hammered our legislators with letters, emails, online education campaigns aimed at motivating constituents, anything we could use to show the importance of the issue. After one season of our frenzied pace we had a toehold: a funded study to investigate the importance of funding GME and the effects across the Commonwealth. It was not our objective, but it was a start. And if it was meant as a placatory effort, it backfired. As the study was conducted, we kept our efforts up. GME was THE main talking point for our medical students. This campaign was one of those perfect meldings where the interests of all parties would be served. Medical students wanted more spots for training; as location of residency training is the number one predictor of practice location, both MSV and our legislators wanted as many in Virginia as possible; more residents means more care for patients. After the study's completion we received a bombshell. \$2.5 million were set aside in the 2017 and 2018 budget to fund 25 additional residency spots. The fight is by no means over, but 25 spots is a giant step forward that will provide further proof of the importance of investing in the future of our healthcare. The big takeaway from this is that, at least in healthcare advocacy, you don't take "no" for an answer, you might just be asking the wrong person.

Advocacy for our patients and our profession is one of the core responsibilities of anesthesiologists

- 1) Contribute to ASAPAC (www.asahq.org, click the "ASAPAC" box)
- 2) Once you have contributed, encourage your co-residents to do the same and get your program to 100%!

A unified, well-supported PAC can make a powerful impact in policy decisions. This is about our patients and your future. Together we can shatter the previous record of residency programs with 100% participation and send a powerful message that anesthesiology residents are engaged and serious about the future of our specialty.

Let's go!

Introduction to Transitioning to Practice Series

Christine Nguyen-Buckley, M.D.

Practicing independently as an anesthesiologist after completing residency brings new challenges and opportunities. After residency, new anesthesiologists may immediately feel a sense of relief and accomplishment with the completion of post-graduate training, passing board exams and securing a job. This gives way to a transition with learning to work independently or supervising, establishing a positive reputation with patients and colleagues, and finding out-of-operating room opportunities to contribute to one's group practice. In addition to these daily challenges, new anesthesiologists must start long-term career and financial planning. While transitioning to practice involves new challenges, learning and planning, it is also an opportunity for personal and professional growth.

In this series of five articles, practicing anesthesiologists from the ASA Committee on Young Physicians discuss successfully transitioning to independent practice and give their advice. The first article in this series addresses choosing a practice setting and resources for help. Subsequent articles for future newsletters include the transition to academic practice, transition to private practice, differences between academic and private practice and financial planning.

Part I: Choosing a Practice Setting and Resources for Help

Travis Teetor, M.D. and Ashish Khanna, M.D.

The completion of residency training is typically a very exciting time for trainees who have just completed their long medical school and residency journey. It can also be a time that has many unknowns and can be difficult to navigate without help from others who have been through similar situations. Deciding on what type and location of practice to join can be both exciting and frightening at the same time.

There are many things to consider when deciding what type of practice to join. Do you enjoy the rigor of academics and research and desire to remain in an academic practice? Do you enjoy the fast-paced atmosphere of a private outpatient practice? Do you enjoy any certain specialties within the field of anesthesiology and wish to spend additional time honing your skills in a certain specialty? These are all topics to consider when deciding on where to proceed once you have finished residency training.

Family dynamics are often highly considered when deciding where to practice following the completion of residency. Many times trainees have moved away from their families during residency, but wish to return to family and friends upon completion of training. Residents or their spouses may have children during training or shortly thereafter, and wish to be closer to family following the completion of their training so everyone can spend more time together and create bonding. Others may opt to accept a position in a certain location due to their spouse's job constraints or options, as well.

Lifestyle factors are yet another consideration in some individual's decisions on where to establish their practice upon completion of residency. Proximity to certain amenities such as large cities, beaches, or other recreational activities may drive trainees to accept jobs in certain locations of the country. Cost of living and various state income tax structures may also influence individuals to desire to practice in certain states or areas as compared to others.

There are also other reasons for individuals to accept jobs in certain practices or areas upon completion of residency training. Some trainees have committed to serve the United States of America as members of various branches of the armed forces and are deployed to assignments both stateside as well as abroad. Others may be in line to take over legacy positions in practices where family members currently practice.

The need for more resources to decrease the knowledge gap regarding the transitioning to an independent practice supervisor role has not gone unnoticed. The ASA continues to work in this area through the ongoing efforts of the Committee on Young Physicians: <https://www.asahq.org/resources/young-physicians>. Specialty societies are doing their bit as well. One such initiative in the critical care arena is with the Society of Critical Care Medicine (SCCM). The SCCM offers courses and educational materials directed at intensive care unit (ICU) management, from billing and coding to ICU design to help transition to practice and also develop leaders of tomorrow.

SCCM's In-Training Section recently played a vital role in identifying the difficult transition from residency to fellowship to staff. For the past several years, at SCCM's annual Congress, the In-Training Section's two-hour didactic educational session successfully identified issues and encouraged discussion with a panel of experts. Readers are referred to the SCCM website for more details. <http://www.sccm.org/Member-Center/Sections/Pages/In-Training.aspx>. Mock simulation scenarios using real time ICU clinical scenarios are played out to the audience and an active discussion of the problems faced by a new intensivist are discussed. The section has also published data highlighting areas of concern as fellows' transition to supervisor roles. Also available are other medical education programs that focus on teaching skills and the science of learning.

Lifebox Foundation at ANESTHESIOLOGY 2017

The future of anesthesiology is global - and Lifebox Foundation is the leading NGO making anesthesia and surgery safer around the world. Come meet the Lifebox team at ANESTHESIOLOGY 2017, and learn more about how you can get involved below.

Founded by Professor Atul Gawande (this year's [keynote speaker](#)), Lifebox is proud to be working with so many ASA residents driving global change in their careers and communities.

Resident Challenge Winner:

Raising more than \$25,000 for safer anesthesia over the years - plus some healthy competition between residency programs - the [2017 challenge](#) is coming to a close. Join us as we recognize and celebrate the winning team, and inspire you to learn more and take part next year. Sunday, October 22, 8:00 a.m. at the Seaport World Trade Center.

Lifebox Masterclasses:

A stellar lineup to help you learn more about your profession on a global scale, and develop your career on life-changing lines. Speakers include ASA's GHO chair Professor Berend Mets, Lifebox's new CEO, career humanitarian Kris Torgeson, and this year's phenomenal [Global Scholars](#).

Location: Lifebox kiosk, ASA Resource Center, Boston Convention & Exhibition Center

Time: check the online programme for listing!

Film screening: The Checklist Effect

Join ASA and Lifebox for a networking reception and screening of this award-winning documentary about anesthesia and surgery on a global scale. Meet both the Lifebox CEO and the film's director - and make a direct difference to the lives of fellow anesthesia providers and their patients around the world. Sunday, October 22, 6-7:30 p.m., Seaport World Trade Center

Tickets: <https://www.asahq.org/annualmeeting/network/lifeboxfilm>

Online:

Digital natives stay up to date with Lifebox news, perspectives and research by following on

Twitter (@SaferSurgery [**LINK:** <https://twitter.com/SaferSurgery>])

Facebook (LifeboxFoundation [**LINK:** <https://www.facebook.com/lifeboxfoundation>])

Instagram (@SaferSurgery [**LINK:** <https://www.instagram.com/saferurgery/?hl=en>]).

We'll also be telling our story at #ANES17, #LifeboxMasterclass and #TheChecklistEffect



PRACTICE MANAGEMENT™ 2018



Join your fellow residents and fellows at [PRACTICE MANAGEMENT 2018](#) in New Orleans! With almost 100 educational sessions, eight pre-conferences, Residents & Fellows Track, advocacy updates, panel discussions and the keynote address “From Big Data to Small Decisions: Using Data to Collaborate and Improve Care” by Sachin Kheterpal, M.D., M.B.A., this year’s meeting offers something for everyone.

PRACTICE MANAGEMENT™ 2018
JANUARY 26-28 | HYATT REGENCY NEW ORLEANS | NEW ORLEANS, LA
NAVIGATING FOR SUCCESS

Join us and discover practice optimization strategies that you can immediately implement at your practice—regardless of its size.

Residents & Fellows receive deeply discounted rates!

Register today!
asahq.org/pm18RF

Write for the ASA Monitor

We are always looking for great ideas for the “Resident Review” section of the ASA MONITOR.

If you are interested in writing an article, please submit the following:

- Topic or possible title of article, and
- A sample paragraph

Potential authors do not need to submit the entire piece, although we will accept full articles as well. Editors of the ASA-RC are happy to help edit and develop ideas if needed.

Please visit the [ASA website](#) to view the most recently published articles and get a sense of what is published.

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