American Society of Anesthesiologists Resident Component Newsletter

Newsletter *Outline*

Pictured from the left - D. Kyle Robinson, Toyin Okanlawon, Calvin Gruss, Layne Bettini, Jayme Looper, Lizbeeth Lopez. Not pictured: Shara Azad

And yet another successful annual ASA meeting in San Francisco

Calvin Gruss, MD and D. Kyle Robinson, MD

ASA Resident Component President and President-elect

Over 2000 residents and fellows from across the nation descended upon San Francisco this past October for ANESTHESIOLOGY 2018. The resident/fellow track at the meeting was full of educational sessions, networking events, and plenty of northern California fun for all who made the journey west to attend the annual meeting.

The meeting kicked off with a dynamic panel discussion exploring the lessons learned on the way to practice with Drs. Goff, Ben-Jacob, Malinzak, and Garcia-Getting. It was great reminiscing with old friends and meeting many new ones alike!

The weekend included numerous lectures, workshops, and events. Some of which included a moderated panel on how to

land your dream job, a written board preparatory primer, a global health lecture by Dr. Kelly McQueen, and a fellowship panel with representatives from a variety of anesthesiology subspecialties.

The Resident Component House of Delegates (RC-HOD) also met during the weekend and discussed several important issues that we were able to take back to the ASA leadership as a collective body. We heard overwhelming support for the proposed changes to the ABA absence from training policy and united our voices as individuals and an organization to shape the training of anesthesiologists.

One of the most exciting initiatives of the RC-HOD was the formation of an ad hoc committee on resident wellness, headed by more than 20 of our resident leaders from across the country. The committee will work throughout the year to address issues including burn out, depression, and leaves of absence, among others.

The annual meeting also welcomed a new set of officers to oversee the resident component in the coming year. San Francisco proved to be an outstanding place to spend a week with some of the best and brightest future anesthesiologists in our field. The resident council looks forward to a productive and rewarding year ahead!

Outside of the educational sessions, attendees walked through neighborhoods made famous by Full House, escaped to (and from) Alcatraz by way of a short ferry ride from Pier 33, crossed the Golden Gate Bridge by foot, bike, or car, and dined out in the city's finest restaurants.

Thank you to everyone who attended the conference and helped to create an exciting and electric atmosphere. The ASA Resident Component is already hard at work planning for next year. See you in Orlando!

How I Swam in the Swamp: The Realities of Political Advocacy

***Kenisha Muse, MD* |**
Texas A&M/Baylor Scott & White, Temple, TX

Ways to be Involved and Promote our Profession

- Join the ASA Grassroots Network:
  - asahq.org/grassroots
- Watch the Advocacy Modules:
  - asahq.org/advocacy/advocacymodules
- Join ASA Team 535:
  - asahq.org/grassroots
- Apply for the ASA Resident Scholar Program:
  - asahq.org/residentscholar
- Contribute to ASAPAC:
  - asahq.org/asapac
- Attend the LEGISLATIVE CONFERENCE each May:
  - www.asahq.org/legislative

The American Society of Anesthesiologists (ASA) Policy Research Rotation in Political Affairs, offered to five selected anesthesiology residents or fellows annually, provided a September I won't soon forget. During this past September, I obtained insight into the inner workings of our national society, met with federal legislators, attended the judicial hearing of our recently confirmed Supreme Court Justice Brett Kavanaugh, and so much more. It proved to be a very exciting time in Washington D.C. with the last push to complete legislative work prior to midterm elections, the end of the ASAPAC fiscal year and multiple legislative policy meetings on Capitol Hill. I worked directly with our society's Advocacy Division in D.C. and learned firsthand, the political, legislative, and regulatory factors that impact our delivery of patient care.

My role in advocacy for our specialty began during my first year of residency. I was shocked to learn of other organizations trying to belittle our profession and hinder patient safety. This experienced sparked my interest and I sought out opportunities to get involved in the advocacy process. Luckily, the ASA provides several opportunities for resident involvement. I attended the state level

Anesthesiologist Day at the Capitol, the ASA sponsored Legislative Conference in Washington D.C., and led our residency program to 100% ASAPAC donation. Always educating our lawmakers about the work of anesthesiologists, I decided to apply for Resident Scholar program.

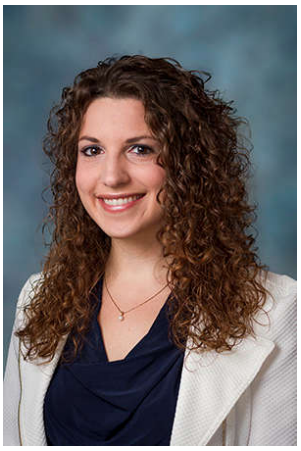
When imagining my first few days as an ASA Resident Scholar, I thought it would be slow; perhaps I could study or complete a research manuscript, etc. However, I quickly realized that this would not be the case. As I was introduced to the staff members at the Washington, D.C. office, I learned that they were ready and waiting for my arrival. After taking some social media introductory photos, I accepted the tasks at hand. Tasks which included weekly ASA lobby calls, attending re-election fundraising events, drafting solicitations for the ASA Political Action Committee (ASAPAC), assisting with ASAPAC donation awards, drafting the ASA Washington Alerts, and my personal favorite job, meeting with several Capitol Hill legislators. It is a rarity to have a physician at these discussions. I was surprised by how engaged and eager our legislators were to hear my perspective of the issues. During these meetings, I helped clarify the mechanism of peripheral nerve blocks, the burden of prior authorization by insurance companies, and the negative impact of drug shortages on patient care. These discussions are the stepping stones of future legislation that improves the care for our patients and longevity of our specialty.

There are few experiences that provide a life-long impact, but this rotation offers just that. The benefits are immeasurable: growth in public speaking skills, enhanced professionalism, and exposure to real-world political processes. This rotation has intensified my passion for patient safety and advocacy for physician anesthesiologists. In today's medical environment, it is not enough for physician anesthesiologists to only be engaged clinically. There are multiple levels of advocacy and ways you can advocate for your patients. These range from daily direct patient clinical interactions, providing insight to

hospital committees at the systems level, or being active within your professional society at a policy level. Our advocacy impacts all aspects of our practice and we have a professional duty to stay involved. It should be our goal to ensure that the role of the physician anesthesiologist will not be diminished in the future, our future.

A New Year. A New Direction. A New Focus. A New You.

Ciera K. Ward, MD | PGY2; Shan Zhou, MD, PhD | PGY-2



Ciera K. Ward, MD | PGY2 (above)
Shan Zhou, MD, PhD | PGY-2 (below)

With the new year upon us, the gyms flooded with bodies, and diets in full-swing, people all over the world invest time, money, and sweat into bettering themselves. As you make and enact this year's list of resolutions, we hope you will include the resolution to take care of yourself physically, mentally, emotionally and spiritually. Physician wellness is a hot topic in the media and in our hospitals, and the American Society of Anesthesiologists is incorporating wellness into its efforts to meet the needs of Physician Anesthesiologists and their patients.

The ASA Resident Component is pleased to announce the creation of a new Ad Hoc Committee on Wellness, the first subcommittee of the Resident Component, started just shortly after the ANESTHESIOLOGY 2018 annual meeting. This committee will focus on promoting physician wellness during the challenging period of residency training.

The Wellness Committee recently named its two Co-Chairs, Ciera K Ward, MD, a CA-1 at the Oklahoma University Health Sciences Center and Shan Zhou, MD, PhD, a CA-1 at the Cleveland Clinic, Cleveland, OH.

Dr. Ward took a Mindfulness in Medicine course during her fourth year of medical school in San Antonio, TX, where she realized the importance of maintaining a healthy life while pursuing and practicing medicine. Since then, she has led events and presented talks on wellness to her residency program in
Oklahoma. Aside from serving on two Wellness Committees at OU, she also serves as a Wellness Resident.

Dr. Zhou completed her MD and PhD in Beijing, China before she came to the US for residency. Having a newborn during intern year offered her the opportunity to look into the challenges and need for support being a resident mom. She believes personal wellness and family-work balance are major determinants of residency fulfillment and career advance. She is also a big advocate of women in leadership in her program.

Drs. Ward and Zhou plan to lead this committee with the hopes of formulating a wellness curriculum available on the ASA website for members to learn more about self-care and reflection as a preventative measure, as well as supply resources to combat such obstacles we may face during residency such as: burnout, substance use disorder, compassion fatigue and the second victim phenomenon. Drs. Ward and Zhou hope to offer a platform to provide support and help you be an advocate of resident wellness.

THE ITE: It's that time of the year...

Amanda Xi, MD | PGY-4

For many anesthesia residents, this time of year can mean many positive things: joy in time spent with family and friends, a moment to relax and recharge away from the hospital, or a sense of accomplishment over the challenges you scaled during the first half of the academic year and looking forward to making

2019 even better. However, for many interns and CA1s, the upcoming in-training exam (ITE) may put a damper on the season. Just when the clinical portion of being a resident seems manageable, they throw yet another multiple-choice exam at you. And while it seemed like there was never enough time to study as a medical student, many of us quickly realize that residency adds another layer of complexity in finding time to be a good clinician, read textbooks and relevant articles, all while having a life outside of the hospital. Luckily, the ITE (and the BASIC) are very manageable exams. I was not required to take the ITE as an intern, however when I started CA1 year, I had a number of basic questions about the exam. Let's start with the basics:

What is the ITE?

The ABA [American Board of Anesthesiology] defines it as:

> "The ITE is a computer-based exam with 200 multiple choice questions that is administered each year to all physicians enrolled in anesthesiology residency training programs. Residency programs administer the four-hour exam at their sites. Please contact your program for more details on the next administration."

The exam is typically administered in February. You get up to 4 hours to complete 200 questions. The breakdown of questions by subject matter can be found on the ITE Blueprint document. Your department arranges for the testing site - unlike the BASIC, which is through a Prometric center. Another helpful document is the Knowledge Gaps Report which has compiled the 2016, 2017 and 2018 topics that many residents answered incorrectly.

Scoring is scaled up to 50. Along with your score report, you will receive a percentile table which gives you your percentile for level of training.

Does my performance on the ITE even matter?

This depends on what you mean by "matter." If you do poorly on the ITE, it may be a reflection of your performance on the written boards in the future. I've heard a lot of talk about fellowships using the ITE as a standardization scale to compare applicants. Ultimately though, it should matter to you since it's an assessment of your knowledge that can help target your studying as you progress through residency. If you direct all of your energy toward studying for this exam and do poorly, you have a chance to recognize that what you were doing wasn't working. It also allows Program Directors to identify residents that may need a little more encouragement to read or resources to review.

How am I really going to balance work and studying?

I remember feeling overwhelmed during medical school with balancing coursework and studying for the Step exams, shelf exams, and OSCEs. Now that I've finished three years of residency, I can say that it has been much harder to find time to keep up with studying as a resident. Perhaps you're in a program that only works 40-50 hours; in that case, it shouldn't be too hard to find time to crack open a book or peruse the latest issue of Anesthesiology. As your hours approach 80, the amount of energy you have to think about doing review questions or opening an intimidating textbook... is minimal.

So, here are a couple of my thoughts on the matter:

- Reach out to senior residents in your program for tips; ultimately, most anesthesia residents end up using the same few resources (see later section on specific resources and my thoughts on them), but the question you have to ask yourself is whether you study in a similar manner to the seniors you're asking. If you learn by reading textbooks, ask which ones to pick up. If you learn through didactics, ask which lectures are the best to attend and which ones you will have to seek alternate resources on. If you learn by question banks, determine the best order for you to purchase and complete them.
- Hours worked varies substantially between residency programs, but there will always be rotations that are lighter on hours. Ask your colleagues which ones those are and use that time wisely.

Consider creating a study schedule for easy months to give yourself concrete reading and review question goals [e.g. finish 1 chapter of M&M daily, finish corresponding Hall questions].
- A lot of learning can be done through clinical work; make sure to take advantage of your attendings to ask questions about why they do a particular practice and if there is any data to support it. During long cases, you can look up papers or textbook chapters related to the procedure or pathology you are caring for.
- If you had a rough call or day in the OR and don't get studying in, don't perseverate on it. Move on, recognize that the best laid plans often go awry and tomorrow is a new day.

What resources are out there?

There seem to be a million different Anesthesia board review, question banks, online sites and prep courses available. Not all resources are created equally, and most of them come at a cost. If you'd like to see a very long list of resources, please visit my original blog entry on this subject.
The most popular resources to prepare are as follows:

Online

OpenAnesthesia: A classic online resource with a question of the day and what you really need to know on keywords.

Review Books:

The Classics: Baby Miller and M&M. Take your side on which style you like better, but these are the first and foremost textbooks to read through during the course of your residency. If you've been able to read through most of at least one of these books, you're off to a good start! Make sure to use this alongside some sort of question bank to test what knowledge has really stuck.

Anesthesia: A Comprehensive Review: (also known as Hall's) This is still a relevant question book, though some of the questions may feel a bit outdated. Many of my colleagues that reported finishing this resource did very well on their ITE and subsequent board exams. I personally struggled to get through the book; perhaps I would've done better with the app version.

Faust's Anesthesiology Review: I personally loved this resource. I felt that it was easy to follow along and each chapter is digestible (i.e. short) enough to feel like you're actually making progress.

Pictured above from the ASA mtg in San Francisco: *Amanda Xi, MD; Ammu Thampi, Susheela, MD; Brian Alexander, MD; Priyanka Ghosh, MD; Steven Young, MD; Jimin Kim, MD; Richard Gao, MD; Katelyn Devine, MD; Arun Karuppiah, MD; Jason Kung, MD*

Question Banks

ACE Questions: Although these booklets were originally intended to be CME and not review books, they a very useful for the purpose of board review. Our residency program purchases these for us; I highly recommend either purchasing them or asking your program to provide this resource.

TrueLearn: If you ask most anesthesiology residents today, they'd be familiar with, or are currently using TrueLearn to review for the ITE/BASIC/ADVANCED. It's the closest thing to UWorld for anesthesiology exams. The question bank can be pretty pricey, but if your institution is willing to purchase it on behalf of the residents, there is a huge discount.

Additionally, they often share 10-20% discounts on their social media channels. Either way, this is a resource I've used for every ITE and my BASIC and it hasn't failed me!

ACCRaC: I think most people are familiar with ACCRaC now, but it's an awesome podcast. Play it during your commute or while cleaning the house and absorb some important anesthesia concepts! Most of the earlier episodes are a great basic review of topics that often appear on board exams (though, like many resources, there are a few errors in the earlier ones).

In conclusion - you've made it this far, so I have no doubt that you'll continue to progress. Even if your first ITE performance is below your goal, see it as an opportunity to improve. Hopefully this was a helpful guide! For the original blog post this article was based on, visit my blog at blog.amandaxi.com. And feel free to email me at amanda@amandaxi.com with any questions. Good luck!

Resident Insight: ASA Legislative Conference

Reihaneh Forghany, MD | PGY-3

1. Tell me about yourself.
My name is Reihaneh Forghany, a CA-2 resident at UC Davis Department of Anesthesiology and Pain Medicine. I have been in Northern California for most of my life and attended UC Berkeley as an undergraduate. I subsequently began my medical school training at UC Davis where I am completing my Anesthesiology residency. I truly feel privileged to be in the field of Anesthesiology and to have a direct impact on patients' lives on a daily basis.

2. What interested you in attending the ASA Legislative Conference?
As an Anesthesiology resident working in the peri-operative setting, I began to encounter first hand, the many challenges and obstacles that exist in our field. I began to realize how drug shortages were impacting my patients on a daily basis. I began to realize the importance of physician led anesthesia care and its effect on patient outcome and safety. I began to realize that being a bystander would not fix any of these issues. These were just a few experiences that sparked my interest in attending the ASA Legislative Conference. I ultimately wanted to have my voice be heard and my concerns addressed. I decided to join the hundreds of other Anesthesiologists around the country and become an advocate for our specialty and our patients.

3. Why do you believe it is important for residents to be involved in attending conferences like the ASA Legislative Conference?
Being involved in advocacy as a resident is vital, as our actions now can change and hopefully guide our specialty in the right direction. I feel that we are the future of the field of Anesthesiology and have a responsibility to protect our field at this crucial point in time. Having the opportunity to meet with elected officials not only allows our voices to be heard and concerns recognized, but it also shows our dedication to patient care and safety. I highly encourage residents to attend conferences like the ASA Legislative Conference. In addition to speaking with elected officials and advocating for key issues, there are also opportunities to learn policy from ASA leaders. I feel that these experiences will not only enhance our growth as residents, but as leaders in the community as well. With all the challenges and scrutiny that our field is currently facing, it is important for residency programs to not only train knowledgeable residents, but also politically aware and active residents; thus, securing the best care for our future patients.

4. What is something that you learned from attending the conference?
That your voice and your actions have a larger impact than you think. During my time at the ASA Legislative Conference, I met with a few elected officials on Capitol Hill and discussed my concerns regarding drug shortages and the importance of physician led anesthesia care. I was surprised to see how receptive they were in learning more about these issues and exploring methods that could potentially alleviate these issues. This experience taught me that it is crucial to be involved in dialogue with elected officials, when laws and regulations are being written that impact our specialty.

The Most Powerful Weapon

Lena E Dohlman, MD, MPH & Paul Firth, MBCHB, BA

Why did you choose to become an Anesthesiologist? Were you inspired by someone whom you respected?

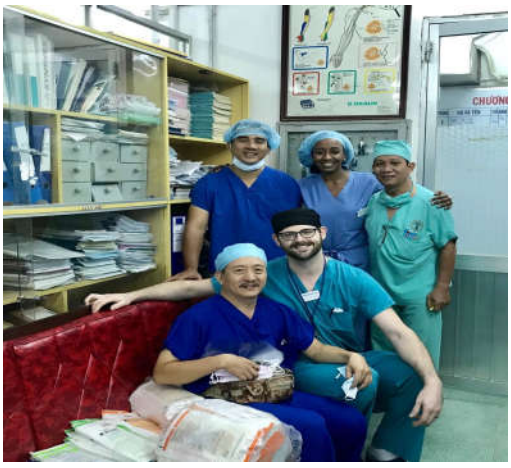
Teaching and mentoring by role models are keystones of development in the profession of anesthesiology and something we often take for granted. In most low resource countries, the critical shortage of physician anesthesiologists makes training and mentoring impossible without outside assistance. Whether you are a resident or board-certified anesthesiologist, you can be part of the solution and gain personal and professional rewards in the process.

Shortly after completing my residency in Boston in 1981, I traveled to Indonesia on a teaching mission with Orthopedics Overseas, a non-governmental agency which later became Health Volunteers Overseas (HVO) (LD). I met Dr Indro Mulyano, the only anesthesiologist for four million people on the island of Sulawesi. Dr Mulyano showed me how to give ether anesthesia with an EMO inhaler and room air, and how to monitor patients with a manual blood pressure cuff and a stethoscope. This highly experienced clinician taught me about techniques and medications I had never used during my training in Boston. I struggled to think of an educational contribution a junior practitioner could provide in return to this skilled but professionally isolated anesthesiologist. It was gratifying to discover that Dr Mulyano valued the ASA Refresher Course books I gave him. Access to information on up to date anesthetic practices was rare in low resource countries, and he absorbed and shared the information with colleagues on other islands. Dr Mulyano later moved to Jakarta where he became one of a handful of pioneers working at RSCM Teaching Hospital, in the first intensive care unit in Indonesia. It was a privilege for me to have experienced such a positive and inspiring educational exchange early in my global health career.

The number of anesthesiologists in Sulawesi has increased since my visit, but so has the population which is now over 17 million people. An already insufficient health workforce was further handicapped by a severe earthquake and tsunami in 2018, resulting in thousands of deaths and devastating damage to the health infrastructure. Many other countries in Southeast Asia and Sub-Saharan African also struggle with too few anesthesiologists. Some countries have no physician anesthesiologists at all.

This critical lack of anesthesiologists has resulted in poor or no access to quality anesthesia care for millions. It has also made capacity building difficult due to a lack of educators. There are many reasons why it has been difficult to recruit medical students to the field of anesthesia, but certainly one is the lack of role models.

A recent, yet to be published survey, asking medical students in two low- resource countries what field they hoped to go into after graduation demonstrated the problem. Between 40 and 50% of the students wanted surgical or obstetric training but only 3% wanted to go into anesthesia. The international community, through educational institutions and organizations, can play an important role in supporting growth of the anesthesia profession in low resource areas.



The founding of the SEA HVO Traveling Fellowship some 20 years ago was to provide young anesthesiologists in the United States with opportunities to share information and ideas with our colleagues overseas. The Society for Education in Anesthesia (SEA) and Health Volunteers Overseas (HVO), jointly provide scholarships for senior anesthesia residents to spend a month's rotation teaching in a low resource country. A similar program is available through the American Society of Anesthesiologists (ASA) Committee on Global Humanitarian Outreach (GHO).

Feedback from over 100 residents and from the sites they have visited confirms the value of this two-way education. American residents have served as role models for medical students and residents. They have

recruited students into the specialty and tutored them to succeed in key exams allowing them to continue their studies. They have, in conjunction with other volunteers, helped to raise the bar for quality training and an improved culture of safety and professionalism. Most important, residents from the US have shown how they value their specialty as an intellectually stimulating and professionally rewarding career.

After returning home, residents have expressed appreciation for lessons learned on intercultural communication, management of resources, the impact of different medical systems on care and how important guidelines and standards are for safety and quality of patient care. A month spent teaching in a different environment allows time for in depth review of anesthesia topics and reflection. Forming new friendships and a sincere appreciation for their efforts at teaching can be especially welcome for residents after so many years of stressful studying and long hours working in the hospital. The experience may even prevent future burnout.

"Education is the most powerful weapon you can use to change the world"

- Nelson Mandela

Application information for the SEA HVO Traveling Fellowship can be found at www.seahq.org or at www.hvousa.org and the Resident International Anesthesia Scholarship Program at www.asahq.org on the GHO Committee page. Interested residents should apply during their CA2 year for a rotation in their CA3 year. The deadlines for applications are in January. Residents who are accepted will normally be notified within two months of application.

Medical Journalism

Edith Bracho-Sanchez, MD

1. Tell me about yourself.

My name is Edith Bracho-Sanchez, I am a board-certified pediatrician and the current Stanford Global Health and Journalism fellow. I am from Caracas, Venezuela and have done work with the American Academy of Pediatrics throughout my training to improve health literacy in the Latino community. I write for the AAPs healthychildren.org website, have worked on Public Service Announcement campaigns, and created and host an AAP-endorsed weekly podcast titled Las Doctoras Recomiendan on a variety of pediatric topics. In the future I hope to incorporate both journalism and clinical practice into my career.

2. How did you get into medical journalism?

My interest in the world of communications came initially from a need to educate my community. The Latino community has historically had lower health literacy than the Caucasian population, and this is a known social determinant of health. From there I discovered a passion for communicating medical science and have found numerous opportunities to talk about health within a busy news cycle

3. What is the ABC News Elective and how did you hear about it? What does the elective entail?

All of the medical content out of ABC platforms is vetted by physicians in the medical unit. Residents can come spend a month in the unit in NYC and learn how the process works, what topics are picked for coverage, how to pitch stories, and practice writing news articles that explain the latest science.

4. Why do you think its beneficial for an anesthesiologist and/or physician in general to be involved in medical journalism and/or doing a month at the ABC News elective?

In this day and age, viral online stories get orders of magnitude more views than scientific articles in important medical journals. As a communicator, I personally believe I have a responsibility to highlight what is actually important medical science and add perspective. I don't think all physicians need to make a career change into medical communications and journalism, but I do think we can all do better in making ourselves available to the media and adding our voices to the conversation. The ABC news elective gives resident physicians the tools to do so.

Regional Anesthesia – More than just putting needles in things

Linda Hung, MD

Tell us a bit about yourself:
I completed my medical and anesthesia training in Canada, but I had the opportunity to come down to Boston for my fellowship, which was a great experience. I did undergrad at the University of Toronto (2005-2008), and then started medical school in 2008 at the University of Alberta in Edmonton, Alberta, Canada. After finishing medical school in 2012, I did my residency at the University of Calgary in Calgary, Alberta (2012-2017 …residency is slightly longer for us in Canada). After that, I had the chance to complete a fellowship in Acute Pain and Regional Anesthesia at Massachusetts General Hospital from 2017 to 2018. Currently, I work for the Department of Anesthesia, Perioperative and Pain Medicine at the University of Calgary as a Lecturer in Anesthesiology. I also run the perioperative ultrasound and regional anesthesia rotation for our residents.

Why did you choose your fellowship and did it meet your expectations?
I chose to do a regional anesthesia and acute pain fellowship because I thought it would add a new skillset to my practice. Although we get quite a bit of regional experience in residency, I wanted to become a real subspecialty expert in this area. Blocks, nerve catheters, and managing complex perioperative pain patients are not things that I felt I dealt with as frequently as placing lines, managing challenging airways, and resuscitating hemodynamically unstable patients during residency. I wanted to truly gain a new set of skills I could use in my daily practice, and teach others. My goals for fellowship were to gain the technical expertise to be able to do very challenging blocks and catheters, but also to gain an understanding of the nuances of when a block is indicated, what types of blocks are best for certain clinical scenarios, and how to troubleshoot for myself or assist a colleague with a very challenging block (difficult/aberrant anatomy …etc).

The other half of what I wanted to do in fellowship was develop a really good understanding of how we can optimize acute pain management to enhance patient recovery perioperatively. I think we often forget about regional options and the importance of acute pain management when dealing with the patient as anesthesiologists – and pain management happens to be one of the most challenging (often disliked!) areas of our practice. However, when talking to most perioperative patients, this is a crucial part of their experience in hospital. Our capabilities as anesthesiologists have now far surpassed simply being able to keep a patient alive and physiologically intact during a procedure (with technology, vigilance and hard work, this is often very much achievable). We must now focus on finer measures of quality of care, like perioperative recovery and short and long term pain management. These are some of the reasons I wanted to do a fellowship in regional anesthesia and acute pain. I would say the program at MGH more than met my expectations to become an expert in this area. The teaching and staff were fantastic, and there was a very strong component of Acute Pain training with this program but also more than enough volume from a regional perspective to get “slick” with easy and difficult blocks/catheters by the end of the year.

Were you considering a private vs. academic career? Pros vs. Cons?
Hmm… this is a harder question to answer, because I had intended to come back to Canada to work after finishing fellowship. We have quite a different system here and the dichotomy between “private practice” and “academic practice” does not exist as much as it does in the US. That said, I would say having a strong skillset and fellowship training in regional anesthesia would be very advantageous to most anesthesiologists in private or academic careers. Many routine ortho cases require this type of skill. I currently work for an academic anesthesia department and since coming back to Calgary, have been able to introduce some new protocols for perioperative pain management, and enhance the use of blocks in our orthopedic patients. Wherever you work, you will perhaps find that our surgical colleagues are more receptive to changes in practice and suggestions to optimize patient management when the come from a place of subspecialty expertise such as fellowship training.

Could you give some advice to residents considering pursuing a career in your fellowship?

I would suggest doing some extra rotations in regional and acute pain to gain some extra technical skills but also get a sense of the nuances of simpler vs. more complex blocks, and managing more challenging perioperative pain scenarios. Reading around cases and blocks is also very helpful. Other good advice I received as a resident was to talk to mentors and attendings in the department with an interest in this subspecialty, to gain an understanding of what their practice was like, what they perceived as the pros and cons of pursuing a career in regional anesthesia and acute pain. Another good piece of advice I received as a trainee was to be patient with the acquisition of technical skills. Nobody is born being able to effortlessly place a paravertebral catheter on a patient with difficult anatomy… many of these things come with time and practice. The beauty of regional anesthesia is that our skills are teachable - doing a fellowship will give you that much more opportunity to become excellent at blocks and pain management. Finally, if you have the opportunity to join ASRA (American Society of Regional Anesthesia) as a resident member and attend some regional and pain conferences, it may help you gain more exposure to the specialty, meet other residents, fellows, and attendings with interests in the field, and take part in some great workshops and lectures. Of course, getting involved early with research in the regional/acute pain arena can also be very helpful to your application to the fellowship.

What are important things to ask when interviewing for a fellowship?

It is important to get an idea of the overall structure of any fellowship you are interviewing for. What is the breakdown of regional vs. acute pain experience? How many fellows are there per academic year? What does a typical day look like (start times, responsibilities, rounding, block volumes …etc)? How much academic time is incorporated as part of the fellowship? (eg: how much non-clinical time is set aside for research …etc) What are some of the research and academic requirements of the program outside of clinical duties (eg: grand rounds, journal clubs, abstracts/publications…etc). Are there any formalized teaching sessions for the fellows? What are the academic resources available to fellows (eg: journal access, library access, texts, online modules…etc)? Who will be the main faculty involved in faculty teaching, and is it a relatively small group with specialization in regional anesthesia and acute pain?

It may also be a good idea to get some information on the logistics/administrative aspects of the fellowship – ie: is the fellowship ACGME accredited? Is there room, for specific subspecialty experience within regional and pain medicine (eg: fellows at MGH spend 1 month at Boston Children's doing pediatric regional anesthesia, and also spend time working at the MGH Chronic Pain Centre as well as a short rotation on OB anesthesia focusing on neuraxial ultrasound). Are fellows allotted a certain amount of time away to present at conferences? What does the call structure look like? – Some of these questions can easily be answered by talking to previous years' fellows.

Important Deadlines?

As far as I understand, most acute pain and regional programs have their own individual program deadlines for application submission, so it is often best to look into each program (no match as of yet). However, generally, I remember that I submitted applications around December (1.5 years before graduation from residency), and interviews were held February – April, with offers being made available June-ish.

Which rotations are beneficial to do in your CA-3 year?

It is great to get some extra experience in regional anesthesia and acute pain by doing rotations in these areas. I would say chronic pain and perhaps palliative care are also very good adjunctive rotations to consider, as they broaden our perspective on pain management and involve the use of lots of other blocks that we don't typically do for perioperative anesthesia/analgesia.

Finally, depending on where you will practice, doing a regional fellowship and having expertise in blocks/pain management doesn't mean you are going to lose your other skills! Regional and Acute Pain can be thought of as adjunctive skills to add to your expertise in all other areas of practice as an anesthesiologist. Since resuming work as an attending in Canada, I have had the opportunity not just to do blocks and manage pain patients, but also use these skills in critically ill patients in the vascular, thoracics, and interventional radiology settings. Being able to do blocks and manage pain well does not take away your ability to continue doing complex cases, awake fiberoptic intubations, all sorts of lines, and resuscitate unstable patients – it is actually a great addition to the skills we already learned in residency and possess as anesthesiologists.

Message from the Medical Student Component Secretary:

Looking for submissions for the Spring Newsletter!

Topics of interest include: residents/fellows who have had global health experience, experience with maternity/paternity leave during training or as attending, importance of wellness, etc.

Please email Liz Lopez at asa.residentsecretary@gmail.com if you are interested in contributing*!*

SUBMIT TO THE ASA MONITOR

We are looking for submissions for the Resident's Review! Submissions are essays with 1-2 citations, ideally 800 – 1200 words long.

For more information, contact Layne Bettini or Shara Azad at asamonitorsubmissions@gmail.com

SOFI

As a busy medical resident or fellow, growing interest on your student loans shouldn't stand in your way of getting ahead. It's important to have a strategy in place once you are a resident to repay your student loans. For some, taking advantage of federal income-based repayment plans makes the most sense. They can help effectively manage your monthly payments while in residency. For others, refinancing into a lower rate during residency can save borrowers thousands by reducing the interest that accrues over that period.

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