



Medical Student Track at #ANES17

By Caitlin Curcuru, ASA Medical Student Component Secretary

Welcome Reception

Friday, October 20

Badge Pickup

Noon – 7 p.m.—Boston Convention & Exhibition Center

Opening Ceremony

7:30 – 8:30 p.m.—Seaport World Trade Center, Boston, MA

Dr. Jeffrey Plagenhoef, ASA President, and Dr. James Grant, ASA President-Elect, will join attendees and share why professional citizenship is crucial for your career and for the profession of anesthesiology.

Networking Reception

8 – 10 p.m.—Seaport World Trade Center, Boston, MA

Meet medical students, residents and fellows from across the nation as we jumpstart the ANESTHESIOLOGY® 2017 Medical Student track.

Badge Pickup: Saturday – Tuesday

Saturday, October 21 – Tuesday, October 24

7 a.m. – 5:30 p.m.—Boston Convention & Exhibition Center

Medical Student Educational Programming

Saturday, October 21

Educational Sessions

9:20 a.m. – 2:50 p.m.—Seaport World Trade Center, Boston, MA

Sessions are open and available to all medical students attending ANESTHESIOLOGY 2017 (See page three for more details)

Topics include:

- Introduction to ANESTHESIOLOGY 2017
- A Day in the Life of a Physician Anesthesiologist – Private and Academic
- Residency: Applying and Finding the Right Fit
- Care Team Model/Scope of Practice in Anesthesiology
- Global Anesthesiology 2017–2030: Opportunities for Humanitarian Outreach

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Ultrasound



Medical Student Offsite Workshops

Saturday, October 21

Transportation to/from the workshop location is the responsibility of the attendee.

- Boston University Medical Center: 8 a.m. – Noon
- Massachusetts General Hospital: 8 a.m. – 2 p.m.
- Beth Israel Deaconess: 8 a.m. – Noon
- Brigham and Women's Hospital: 8 a.m. – Noon

Residency and Fellowship Programs Meet & Greet

Saturday, October 21

3:30 – 5:30 p.m.—Westin Boston Waterfront Hotel (connected to the Boston Convention & Exhibition Center)

Welcome Reception

Saturday, October 21

5:15 – 6:30 p.m.—Connection Center/Exhibit Hall: Exhibit Level, Exhibit Halls A-B

House of Delegates Award Presentations and Networking Breakfast

Sunday, October 22

7:30 – 9:30 a.m.

This year, the ASA Medical Student Component will join the Resident Component for a joint House of Delegates Award Presentations and networking breakfast. Highlights of this event include the official announcement of the 2017 Outstanding Anesthesiology Interest Group Awards, resident awards and networking with several annual meeting supporters. Registration is required for attendance to the breakfast.



House of Delegates Meeting and Educational Session

Sunday, October 22

9:30 a.m. – Noon

Come see how the medical student governing body operates in the 2017 ASA Medical Student Component House of Delegates meeting. All student delegates and/or alternate delegates from individual institutions are expected to be in attendance for voting upon items of business, including but not limited to electing the ASA Medical Student Component Governing Council officers for the 2017–2018 term.

All ASA medical student members are welcome to attend. Voting privileges are restricted to student delegates and student alternate delegates.

FAER Medical Student Anesthesia Research Fellowship Symposium

2 – 5:30 p.m.—Boston Convention and Exhibition Center, Ballroom East

The 2017 Medical Student Anesthesia Research Fellowship (MSARF) Symposium, now in its thirteenth year, a 3.5-hour forum featuring poster and oral presentations. MSARF participants have prepared written abstracts that summarize their experiences at their host institutions. They have also prepared posters about their research, which they will present during the first half of the Symposium. In the second half of the program, selected students will give oral presentations of their abstracts. These were chosen by FAER from a review of submitted abstracts. The second half will also feature oral presentations by the MSARF yearlong fellows who have just completed their year of research.

*Don't forget to pick up your
ASA gear at the ASA
Resource Center!*

Saturday, October 21 – Tuesday, October 24
7 a.m. – 5:30 p.m.—Boston Convention & Exhibition Center, Level 1, North Lobby

Logo wear such as jackets, polos, lab coats, surgical caps, hats, scarves, ties, tumblers, water bottles and flash drives will be available for purchase.

Residency: Applying and Finding the Right Fit

Saturday, October 23 | 11 – 11:50 a.m.

Presented by: **David Zvara, M.D.**



David A. Zvara, M.D., is a well-known national figure in anesthesiology and has been Chair of the Department of Anesthesiology at the University of North Carolina (UNC) at Chapel Hill since November 2008. Dr. Zvara completed all his education and training at The Ohio State University. He served in the U.S. Air Force as a physician anesthesiologist and was deployed during Operation Desert Storm. Prior to joining the faculty at UNC, he was a member of the faculty at Wake Forest University where he rose to the rank of Professor and at The Ohio State University where he also served as Chair. In the past year he has taken on the additional duties of Chief Operating Officer for UNC Faculty Physicians. His subspecialty is cardiothoracic anesthesiology, and he regularly speaks at the Society of Cardiothoracic Anesthesiologists' annual meeting. His other current interests include patient safety and quality improvement, Ongoing Professional Practice Evaluation tools, and PONV guidelines and compliance.

Care Team Model/Scope of Practice in Anesthesiology

Saturday, October 23 | 1 – 1:50 p.m.

Presented by: **Jeffrey S. Plagenhoef, M.D.**



Jeffrey S. Plagenhoef, M.D., is the current President of the American Society of Anesthesiologists (ASA). He is also the Chairman of the Department of Anesthesiology at Baylor Scott & White Hillcrest Medical Center in Waco, Texas. Dr. Plagenhoef has held numerous positions in the Society during his career and is a recipient of the ASA Excellence in Government Award. Prior to his arrival in Texas, Dr. Plagenhoef served as President the Alabama State Society of Anesthesiologists. Dr. Plagenhoef received his doctorate of medicine from the Medical College of Georgia in Augusta and completed his anesthesiology residency, with a focus on cardiac anesthesia, at the University of Alabama at Birmingham. Dr. Plagenhoef resides in Waco, Texas with his wife, Deborah, and six children. Deborah L. Plagenhoef, M.D., is also a physician anesthesiologist and leader in the specialty, having just finished her term as President of the Texas Society of Anesthesiologists.

Global Anesthesiology 2017–2030: Opportunities for Humanitarian Outreach

Saturday, October 23 | 2 – 2:50 p.m.

Presented by **Kelly McQueen, M.D., M.P.H.**



Kelly McQueen is a Professor in the Departments of Anesthesiology and Surgery at Vanderbilt University, where she serves as the Director of Vanderbilt Anesthesia Global Health and Development, and as Director for the Vanderbilt Global Anesthesia Fellowship. She also serves as Affiliate Faculty at the Vanderbilt Institute for Global Health. Dr. McQueen is Founder and the Inaugural President of the Alliance for Surgery and Anesthesia Presence, an integrated society of the International Surgical Society, which is committed to improving global anesthesia and surgical safety, as well as prioritizing surgical access, delivery and outcomes evaluation. She is also the Founder and President of The Global Surgical Consortium, a public charity committed to improving safe anesthesia and surgery in low-income countries. Previously, Dr. McQueen has also served as the President of the Arizona Society of Anesthesiologists, and the Chair of the American Society of Anesthesiologists Committee on Global Humanitarian Outreach.

Dr. McQueen has had a career-long commitment to disaster response and humanitarian aid. She has volunteered for more than 25 years for many humanitarian organizations including the American Society of Anesthesiology's Overseas Teaching Program, Operation Smile and Doctors Without Borders. She currently conducts research in low-income countries assessing anesthesia and surgical infrastructure, the global burden of pain, trauma interventions and perioperative mortality rates. In 2005, Colorado College honored Dr. McQueen with the Benezet Lifetime Achievement Award for her humanitarian work. In 2010, the International College of Surgeons presented her with the Surgical Volunteerism and Humanitarian Award. In 2011, she received the Arizona Medical Association Humanitarian of the Year Award. In 2016, the University of Vermont College of Medicine honored her with a Service to Medicine and Community Award.

A Day in the Life of a Physician Anesthesiologist

Saturday, October 23 | 10 – 10:50 a.m.

Presented by **AnneMarie Thompson, M.D.**, and **Safwat Sharobeem, M.D.**



AnneMarie Thompson, M.D.

Dr. Thompson is a Professor of Anesthesiology and Medicine at Duke University in Durham, North Carolina. She is also the Director of the Anesthesiology Residency Program. She also received her undergraduate and medical school training at Duke before completing residencies in internal medicine and anesthesiology at the University of California, San Francisco (UCSF). She completed a fellowship in adult and pediatric cardiothoracic anesthesiology at Vanderbilt University in Nashville, Tennessee and remained on the faculty at Vanderbilt until 2014 where she was Medical Director of the Preoperative Clinic, practiced cardiothoracic anesthesiology and critical care, and directed the Adult Cardiothoracic Anesthesiology fellowship. She rejoined Duke University in 2014 where she currently practices adult cardiothoracic anesthesiology and critical care and is actively involved with perioperative medicine leadership at Duke. Dr. Thompson has also been engaged in writing about evidence-based decision support in clinical practice with a particular emphasis on perioperative medicine. Dr. Thompson has been a member of several guideline committees, including the Writing Committee for the 2014 ACC/AHA Guidelines on Perioperative Cardiovascular Evaluation and Management of Patients Undergoing Noncardiac Surgery.



Safwat Sharobeem, M.D.

After finishing medical school, Dr. Sharobeem spent a year of internship in general surgery at the University of South Alabama Medical Center, followed by three years of anesthesiology residency at Northwestern University Feinberg School of Medicine in Chicago. After completing residency, he joined a private group practice in Milwaukee, WI, where he served as a partner and Vice President of the group and Chief, Section of Cardiothoracic Anesthesia. After a few years, he moved back to Chicago, and joined a large anesthesia group that serves multiple community hospitals in Chicagoland as staff anesthesiologist, then became the Chair of the Anesthesia Department and the Medical Director of the Operating Rooms at Community First Medical Center and continues to lead in this capacity after the group merged with Northstar Anesthesia. Dr. Sharobeem was recently awarded the Fellow of the American Society of Anesthesiologists (FASA) designation.



Exclusive Medical Students Programming

- Explore anesthesiology as a career path from established physician anesthesiologists
- Gain insights about how to position yourself as a competitive applicant for residency
- Learn how to find the right program for you
- Attend a hands-on clinical workshop

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

ASA Medical Student members register at no charge.



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

ANESTHESIOLOGY 2017
BOSTON OCTOBER 21-25

American Society of
Anesthesiologists®

Frequently Asked Questions

How much does it cost to register?

Member Registration Categories	Early Bird Thru Jul 23	Advance Jul 24 - Oct 8	On-site Oct 9 - 25
Fellow/Resident/Medical Student	No Fee	No Fee	\$100

What is the dress code for the meeting?

The dress code for the meeting is business casual.

Once I arrive, where do I go to register?

Registration/badge pick up will be at the Boston Convention and Exhibition Center on Friday, noon to 7 p.m.; and Saturday–Tuesday, 7 a.m. – 5:30 p.m.

Where can I purchase ASA gear?

Logo wear such as jackets, polos, lab coats, surgical caps, hats, scarves, ties, tumblers, water bottles, and flash drives will be for sale at the ASA resource Center in the Boston Convention and Exhibition Center, Level 1, North Lobby, Saturday–Tuesday, 7:30 a.m. – 5 p.m.

What is the weather like in Boston?

Boston, Massachusetts enjoys mild weather in October with days of moderate temperatures and clear skies. Daytime highs hover between 60 – 65 degrees F, with an average low of about 47 degrees F.

What are the ANESTHESIOLOGY 2017 annual meeting exhibition hours?

Exhibits will be open Saturday, October 21, 10:30 a.m. – 6:30 p.m.; Sunday, October 22, 9 a.m. – 4 p.m.; and Monday, October 23, 9 a.m. – 1 p.m.

Will shuttle buses be provided during the meeting?

Yes, complimentary continuous courtesy shuttle service is available between official ASA hotels and the BCEC. View this year's [Shuttle Route Schedule](#) along with the [Hotel Block Timing Schedule](#) for alternative options for Uber/Lyft and Taxi service.



ASA® My Meeting app

Available in early October

Navigate the meeting with ease!

- Access the event schedule and customize your agenda
- Search for speakers and their presentations
- Explore exhibitors using the interactive map
- Receive important updates and exciting offers
- Network with other attendees and share contact information

Visit goanesthesiology.org/app for download instructions.

ANESTHESIOLOGY[®] 2017

BOSTON OCTOBER 21-25

Make the Most of the Meet and Greet

Before you arrive – make a plan

- Residency programs are organized by geographic region in the room
- Utilize the map provided and prioritize the program tables you would like to visit in the time you have available

Network

- Introduce yourself with a firm handshake, warm smile and good eye contact
- Let programs get to know you by providing more details about yourself (school, year, hometown, interests, career goals)
- Be clear about your level of interest (recently applied, upcoming interview, interested in applying)

The mini interview

- Take the opportunity to get to know the program and their representatives
- Potential questions to ask:
 1. How do you determine which applicants will be successful residents in your program?
 2. How does your program set itself apart from other programs?
 3. What is the culture or morale of your program? How is it fostered?
 4. What would you consider some strengths of your program?
 5. What are areas of your program that you are working on to improve right now?
 6. What changes do you have planned for your program over the next few years?
 7. What programs exist for resident education (e.g., lectures, grand rounds, journal clubs, informal sessions, board review courses)?
 8. Is there a formal mentoring program for residents?
 9. How is the resident feedback valued and implemented?
 10. What global/research opportunities are available for residents?
 11. What do your graduates do when they finish their program?
 - a. Percent in fellowship versus practice?
 - b. Percent in academic versus private practice?
 - c. Do they stay local or move to other geographic areas?
 12. What fellowship programs does your institution have? Do they take internal applicants only or is there a preference for external? What have been popular fellowships that residents of your program have pursued the last few years?

Don't forget to visit Booth #1542 in the Connection Center Exhibits Halls A-B to get a complimentary professional headshot!

Subspecialty Highlight: Liver Transplant

1.) *What's your name? Profession? Where do you currently work?*

Chris Giordano, M.D.

Associate Professor

Division Chief of Liver Transplant

Anesthesiology / Critical Care Clerkship Director

Department of Anesthesiology

University of Florida, Gainesville, Florida

2.) *Where did you go to medical school? Residency? Fellowship?*

Medical school at University of South Florida in Tampa, Florida.

Residency in Anesthesiology at University of Alabama-Birmingham.

Fellowship in Liver Transplantation at University of Florida, Gainesville.

3.) *How long have you practiced?*

Nine years

4.) *When did you know that you wanted to practice anesthesiology?*

Like many other anesthesiologists, I was not exposed to the field until later in my medical school training. I gravitated toward fields that had technical/procedural skills, but I wanted a career that kept my interest in physiology, pharmacology and pathology. When these interests were coupled to my enjoyment of high-acuity situations and team-based care, I found myself thoroughly enjoying my critical care clerkship. I thought the quickest and most applicable route to becoming an intensivist was through an anesthesiology residency. However, after a few years of anesthesiology training in the operating rooms, I discovered that the O.R. was much more than I expected, so I shifted my career focus to the operating room and away from the ICU.

5.) *Why did you decide to do a subspecialty in anesthesia?*

During my CA-2 year, I began looking around at private practice jobs but nothing seemed to interest me. I reached out to colleagues at the University of Florida and discovered that they were looking for faculty specializing in liver transplantation. At UAB, I had developed a niche in liver transplantation because of a great affinity I developed for the complexity of the case, the degree of sickness of the patients, and the profound depth of team cognition between the surgeon and anesthesiologist. Subsequently, I elected to do a 12-month fellowship at UF under the directorship of Mark Rice, and I stayed to become a member of their team.

6.) *What attracted you to pursue fellowship training in liver transplantation?*

Liver transplantation is a newer fellowship, and many people perform these procedures without being fellowship trained. The advantage of doing a fellowship is that it provides you with protected time to develop mastery in this arena. During my fellowship time, I collaborated with multiple other specialties to enrich my understanding of the patients, procedures and hospitalization.

I also engaged in multiple research projects to develop a footprint in the subspecialty. Recently, ASA has requested that Division Chiefs of Liver Transplantation be fellowship trained, which adds further value to the fellowship.

7.) *Can you describe your typical work day?*

Liver transplants don't occur every day, and when they do, they often fall outside working hours. In the meantime, liver team members are usually assigned to high-acuity cases like esophagectomy, hepatectomy, whipple, pheo, major vascular cases, etc. Every liver division has ways to accomplish call requirements, and in our department, we have elected to follow our surgeon's call model. We take liver call one week at a time, which allows us to work closely and continuously with our surgical partner.

8.) *How do you balance work and personal life?*

Liver call is a form of home call, so those weeks I entirely leave open with the expectation of coming in to work. And those weeks can be challenging because most of my surgical cases are very involved and highly complex, which is very cognitively taxing. However, they are also very exhilarating and rewarding. I spend most of my free time with my wife and two kids, although I make it to the gym most days and golf whenever I can. All that being said, if you enjoy your professional life, it is hard to call it work. My balance keys are: exercise daily, cook what you eat, and read something each night that is not medical.

9.) *What's your favorite aspect of your work? Least favorite aspect?*

These cases and patients are vigilantly worked up by the team. Each week, a room full of professionals (nurses, pharmacists, social workers, hepatologists, cardiologists, pulmonologists, surgeons, anesthesiologists, etc.) discuss each patient's candidacy for a liver transplant. Taking the patient from this discussion to the operating room is a very gratifying process because you are working as a very high functioning team to do something incredibly important. So, putting into operational action this multidisciplinary, multiprofessional plan is one of my favorite parts. It's hard to ignore the satisfaction received from the total emersion experienced during these cases: Mihaly Csikszentmihályi identifies this as *Flow*. The most frustrating part is the ebb and flow of transplantation. There may be weeks without a transplant, and your partner does three to four in a week. It is also a shame that these cases can't all be done in daylight hours because nobody functions at their peak at 3 a.m.!

10.) *What advice do you have for aspiring anesthesiologists?*

1. Approach your career with curiosity and humility: everyone has something you can learn from.

2. The best anesthesiologists that I know are the ones with the highest *Emotional Intelligence*: you must work on this daily.

Ultrasound in Anesthesia

By Jordan Phillips, MSIV, University of Oklahoma College of Medicine

Ultrasound is an imaging modality that has a wide range of use in many different specialties. Becoming familiar with the mechanism, uses and technique of ultrasound is a very useful skill for medical students as they navigate the different rotations of the third and fourth year. Even in the preclinical years, many human anatomy courses are now integrating ultrasound into the curriculum and encouraging the students to begin manipulating a probe and identifying structures on ultrasound images. Throughout the years, ultrasound continues to find new places to prove itself useful to anesthesiologists. The first step in approaching ultrasound is to understand the mechanism of how it works.

First discovered for imaging use in the 1930s, ultrasound is a high frequency sound far above a human's ability to hear. The images produced using ultrasound are referred to as sonograms. The ultrasound machine produces the sound waves through a piezoelectric transducer encased in a plastic housing. The transducer is made up of an array of very thin crystals. The short electric pulses sent from the machine to the crystals causes them to vibrate at the desired frequency. The sound waves travel through the skin and then contact tissues of varying densities. The same crystals that produced the original sound are also able to detect the sound waves being reflected off the tissues and recreate an image in real time on the screen. The image is created based upon the time it takes the wave to return and the strength of the echo. This image can be used to identify structures, make a diagnosis, or even guide placement of different medical devices and medications in real time.

For years anesthesiologists have done many of their regional pain management and line placements as blind procedures. These procedures are accomplished with a keen understanding of the anatomy in mind. Some procedures, such as different regional anesthetic blocks, are performed with nerve stimulators that help guide the physician by producing twitches that indicate what nerve the probe is near. The local anesthetic can then be injected into this area to produce a regional anesthesia of different areas of the body for pain management or surgical procedures. Central lines and arterial lines have also been historically performed blind with palpation and anatomy guided needle insertion. With a good understanding of anatomy, these blind procedures are generally safe and effective, but are not without their complications. Ultrasound provides the ability to perform any number of nerve injections and catheter placements with real-time image guidance, creating a safer environment that reduces complications of these needle insertion procedures. It also allows physicians to access regions of the body that were previously too risky to perform blind such as with transabdominal blocks and adductor canal blocks.

Along with needle placement procedures, ultrasound technology has afforded anesthesiologists the ability to intraoperatively improve patient care with transthoracic echocardiograms (TTE) and transesophageal echocardiograms (TEE). The cardiovascular system is a critical management area intraoperatively, and TEE allows physicians to monitor the heart structure and function live during high risk surgery. It can also be used to make life-saving intraoperative diagnoses and help guide proper management.

Ultrasound imaging technology has had a profound impact on the field of anesthesiology and will continue to have an important role in future practice. It has the advantages providing images in real-time, portability, low cost and reduced radiation exposure. In the hands of a skilled operator, ultrasound can improve patient care and reduce procedural complications. As medical students, the more exposure we can get to this imaging modality the better!

ASA Medical Student Governing Council Officers

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