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Outside of the O.R.

Beyond the obvious areas of clinic teaching there are several areas where a program can show its commitment to education. Can faculty be promoted in an education or clinical educator track? Are there funds available (endowments, grants, scholarships) for resident research and presentation at meetings? Are the residents engaged in political advocacy (state and ASA resident components)? Do residents sit on departmental or institutional committees? Have they developed any novel or unique rotations for residents outside of the O.R.?

Personal Fit

Perhaps most importantly is the question of personal fit. When all is said and done, any accredited residency program should be able to help you become a competent anesthesiologist, but not every program will be a fit for your personality. In his book, "The Five Dysfunctions of a Team," Patrick Lencioni discusses the fundamental aspects of cohesive team function. The foundation is Trust; trust that the team shares the same goals and objectives. In this case, these goals and objectives should focus around concepts of excellence in patient care and excellence in education. Lack of trust results in **Fear of Conflict** and the inability of the team to openly discuss issues of concern. Without effective and open communication there is a **Lack of Commitment**. If your concerns have not been heard, why would you be expected to commit to the plan? Without commitment there can be no **Accountability**, and as a result no one takes responsibility for the education process. Without accountability there can be no **Results**. In this case the results are safe and effective patient care and your education. **Trust**, **Communication**, **Commitment**, **Accountability**, and **Results**. As you consider each program, ask yourself how the program lives up to these values as they relate to your future as an anesthesiologist. Did you see these values in their residents, their faculty, their leadership, their curriculum? Did you get the impression that the residents you met would be colleagues you could rely on, or new best friends? Was the program open to critique, willing to make change and responsive to its residents? Was the executive leadership accessible to the residents and open for discussion? Is the department willing and able to make the same commitment to you that you are prepared to make to them? If the answer to these questions is "yes" then you may have just found your new home.

Good luck!

CHAPTER 9

Categorical Versus Advanced Programs

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The educational pathway for anesthesiology residency is 48 months and can be accomplished by two distinct approaches. One option is to match into a program that offers 48 months at one site (categorical). The other option is to match at the PGY-2 level (advanced) and choose a PGY-1 year at another site. Each of these choices has advantages and disadvantages that should be considered by each student as an individual.

Many students choose the categorical option for practical reasons. Being at one institution for the entire residency means only having to move once. It also means that at the start of clinical anesthesia (PGY-2), the resident has the familiarity with the hospital that originates from being an intern (PGY-1) in that hospital. Other students choose an advanced program for equally practical reasons. Some students want one more year in the same city as the medical school for personal reasons (e.g., family, significant other). Other students have formed satisfying professional relationships with faculty who also participate in PGY-1 programs, and they prefer to continue these relationships during the legendary "intern" year. Some osteopathic students choose a traditional rotating osteopathic internship to facilitate working in the small number of states that require D.O. physicians to complete an internship approved by the Osteopathic Society.

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Many students are completely undecided and want information to help in the choice. In the 2006 NRMP match, 1,040 traditional seniors matched with anesthesiology programs (of a total of 1,311 who matched into anesthesiology), and 451 were categorical and 589 were advanced positions.[1] Overall, there is no evidence that there is a difference in outcome between the categorical and the advanced path (completion rate, training scores, board pass rate). This may be a chance phenomenon or related to the high degree of variability between categorical PGY-1 years, ranging from preliminary positions in medicine, surgery or pediatrics, transitional years, or the growing minority of programs that sponsor an anesthesiology-controlled Clinical Base Year (CBY).

There is evidence for the movement toward the 48-month curriculum. In 1996, there were 234 PGY-1 positions which expanded to 552 available in 2006. Although they backed away from a mandatory, integrated 48-month curriculum, the RRC for anesthesiology published new rules[2] this year requiring greatly increased control of the CBY curriculum, allowing some of the curricular elements to occur during the CBY. The wisdom of an anesthesiology-controlled CBY has been debated extensively within the ASA reference committee system, at the SAAC/AAPD meeting (several), and informally throughout the specialty. The argument against anesthesiology control of the CBY is resource- and logistically-based. At sites where there is no current CBY, there are issues about funding new positions and a reluctance to give up PGY-2-4 slots to create PGY-1 positions, undoubtedly related to the ability of anesthesiology chairs/program directors to demonstrate value-added benefits to the hospital by creating these positions. With the 80-hour rule, there has been a redistribution of work and some sites have been able to fill teaching services with new CBY residents.

For the programs that aggressively market anesthesiology-controlled CBY positions, the motives are related to recruitment and faculty perceptions. Having a CBY is a plus to a candidate who wants a 4-year experience. The faculty at these sites are pleased with the familiarity with hospital function that the CBY brings to the CA-1 year in the beginning when orientation to clinical anesthesia starts.

For those programs that offer both options and offer an anesthesiology-controlled CBY, there may be a shift toward the 4-year option. Those who have followed this path are often its strongest advocates. The reasons cited included becoming a part of the anesthesiology family from the start, rotations in pain, critical care and perioperative medicine, as well as the academic/social advantage of having the opportunity to participate in anesthesiology teaching activities. Since current resident satisfaction is a well-known feature for recruitment of future residents,[3] this is an important element.

So what should you do if you are a senior in the match process interested in anesthesiology? Since either option (advanced or categorical) will prepare you well for a career in anesthesiology, you should interview at sites that offer both options and consider this element of anesthesiology residency along with the dozens of other issues presented by the match. Solicit opinions on this issue from as many different residents, faculty and program directors as you can and decide what is best for you.

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