

American Society of Anesthesiologists Resident Component Newsletter

Winter 2018

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Anesthesia Across the Nation



Reflections on the ASA Annual Meeting

Chad R. Greene, D.O.
President, ASA-Resident Component
Vanderbilt University Medical Center, PGY-3

Over 1800 residents and 350 fellows from across the nation descended on Boston this past October for ANESTHESIOLOGY 2017. The week was packed full of educational sessions, networking events, and plenty of New England fun for all who made the trek far and wide to attend the annual meeting. The meeting kicked off with a riveting discussion on professional citizenship by ASA President Dr. Jeff Plagenhoef and President-Elect Dr. James Grant. As always, it was great old friends and meeting many new, like-minded individuals alike!

The weekend boasted several lectures, workshops, and events some of which included: an interactive financial wellness talk, an oral board preparatory primer, sessions on practice management, and a resident leadership workshop. The Resident Component House of Delegates 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. Residents welcomed several exceptional speakers and leaders in the field who spoke on topics like global health and humanitarian outreach, anesthesia advocacy, and introductions to the various anesthesia subspecialties.

The annual meeting also welcomed a new set of officers to oversee the resident component in the coming year (pictured below).

Boston proved to be a phenomenal place to spend a week with some of the best and brightest residents in our field. When not "conferencing", attendees spent time on the Boston harbor, walked the *Freedom Trail* where they visited the home of Paul Revere among other iconic sites, and dined out in the city's finest restaurants. No trip to Boston would be complete without a trip to the *Ether Dome* as well.

Thank you to everyone who attended the conference and helped create a phenomenal atmosphere. The ASA Resident Component is already hard at work planning for next year. See you in San Francisco!



A CALL FOR ACTION: Going Beyond the Science of Our Specialty

Alberto Bursian, MD
University of Florida, PGY-2

I still remember the responses I received when I told my colleagues in medical school I was choosing anesthesiology as my career: “Oh, I wish I liked anesthesia, but it just looks so boring” or “You better find a hobby because you’re gonna have a lot of free time on your hands.” Now, 6 months into my CA1 year, I still find myself overwhelmed by the complex physiology and pharmacology. Add in the additional duties of being a resident with maintaining case logs, studying for exams, preparing for academic presentations and it becomes all too easy to get focused in and lose sight of our role as physicians within the best specialty. That is, primarily, our role as professionals in physician advocacy. Advocating for you patient doesn’t end in the hospital, but must continue at your state and the federal government levels.

Physician advocacy is more important today than it ever was before in the

past as medicine and politics are substantially more intertwined as healthcare costs dominate our GDP. Policy directly impacts our specialty by creating regulations, setting the legal environment, and guiding the role of non-physician providers, as well as influencing our financial reimbursements. So, amidst the never-ending list of duties we already have as anesthesiology residents, how can we become physician advocates as well? Via the ASA Political Action Committee (PAC)

The ASAPAC is a bipartisan committee that functions as the political arm of the ASA by providing access to the policy makers in Washington, DC, and giving ASA leadership the opportunity to present persuasive points of view. Its mission is to advance “the goals of the medical specialty of anesthesiology through bipartisan

support of candidates who demonstrate their commitment to patient safety and quality of care.”

So, what can you do?

1. Join the ASAPAC, donate your time and money (only \$20).
2. Educate your co-residents on the importance of advocacy within our specialty.
3. Be a leader at your program and act as the ASA PAC representative.
4. Apply for the Resident Scholar Program for a chance to attend a paid four-week rotation in ASA’s Washington, D.C. office where you will get to experience the political and legislative factors that affect patient care.



American Society
of Anesthesiologists
Political Action Committee

Anesthesia Insights: Advice for Residents



Transitioning to Practice Series - Part II

Christine Nguyen-Buckley, MD

In this issue of the ASA Resident Component newsletter, readers will find the second of several pieces written by practicing anesthesiologists pertaining to the topic of transition to independent practice. The anesthesiologists who have written these pieces are all active members of the ASA Committee on Young Physicians (CYP). Writers have previously addressed the topics of choosing a practice setting and resources for help. Now, Dr. Catherine Kuza examines aspects of academic practice such as benefits of working in an academic setting, differences between academic and private practice, and challenges encountered in the transition to academic practice. She provides specific tips on how to have a smoother transition to practice, questions to ask when considering academic jobs, and discusses resources for junior faculty. Future articles will cover the transition to private practice and financial planning for young physicians.

Transition to Academic Practice

Catherine M. Kuza, M.D.

Although most anesthesiologists report practicing in a private setting¹, there are benefits to a career in academia. The appealing qualities of an academic career include: teaching trainees and students; opportunities to lecture at society, institutional, national and international conferences; providing care to diverse patient populations with multiple comorbidities in a number of outpatient and inpatient settings; the ability to focus on a specific area of interest through clinical and basic research, and the opportunity to apply for grants and research stipends; the opportunity to attain leadership positions and administrative roles; less stress of overhead expenses; and receive reimbursement for society memberships, national conferences, continuing medical education (CME) courses, and books.

The transition to an academic practice is fraught with several challenges and drawbacks. One of the major challenges is finding a job that is in a desirable location for the entire family, is aligned with one's career goals, and has job opportunities for the spouse/significant other. Compared to the multitude of search engines to find private practice jobs, there are not many for academic practice. Many of the job opportunities for academic medicine are attained by word of mouth (most commonly via alumni), and e-mailing or calling chairs of anesthesiology departments. Additionally, academic jobs in highly-desired locations, such as large metropolitan cities, often provide lower salaries than those in private practice.

The first year of practice in an academic environment may be particularly challenging as providers are not only navigating through a new work environment with new colleagues, but are also faced with numerous stressors such as: assuming a supervisory role as the primary-decision maker in a patient's management; facing challenging clinical situations for which you may

have insufficient training; and assuming the medicolegal responsibility of trainees. The high faculty turnover rates in academic practices often leave academic centers short-staffed, requiring junior faculty to work more clinical hours and take more call. Not all academic jobs guarantee nonclinical time to complete academic activities, and therefore personal time will be required to prepare lectures for trainee education, conduct research, and work on publications. Additionally, the requirement of scholarly activity varies among different institutions; some mandate research and publications, while it is optional at other academic centers. There may be insufficient mentorship and guidance offered to junior faculty who are interested in applying for grants and pursuing research endeavors at smaller, more clinical-based academic institutions. The additional stress of scholarly productivity and long clinical hours may result in job dissatisfaction and burn-out. Tenure is not always guaranteed, and appointments are usually re-evaluated on an annual basis.

Academic practices encourage faculty to be fellowship-trained, and they will often be sequestered to their sub-specialty area of anesthesia. This may result in a loss of skills that were developed during residency. For example, regional-fellowship trained faculty are often responsible for performing regional nerve blocks, whereas someone specializing in critical care may not be afforded the opportunity to perform regional nerve blocks. Additionally, the case diversity decreases as one is more likely to perform cases in their sub-specialty area (i.e. cardiac fellowship trained anesthesiologists will provide anesthesia for predominantly cardiothoracic surgeries). Furthermore, academic anesthetic practice may be dictated by the department chair, school dean, or hospital administrators, which may be frustrating for some practitioners (although similar hierarchies exist in private community hospitals).

The current generation of academic anesthesiologists face unique challenges that were not encountered

by older anesthesiologists. There is less funding from the National Institutes of Health for investigators to attain to investigate innovative ideas and there is a high failure rate of investigator applications. Additionally, academic departments are more reluctant to financially support research initiatives that promote provider scholarship¹. These factors make attaining academic tenure more challenging.

Some training programs offer "transition to practice" workshops which provide information on applying for jobs, networking with prior alumni, creating curriculum vitae, interviewing strategies, information on billing and reimbursement, negotiating employment contracts, and financial planning². There are workshops offered through national societies such as the Society of Critical Care Medicine, and other web-based and face-to-face group programs aimed at helping trainees transition to clinical practice³. Access to mentorship might ease the transition to academic practice for new attendings⁴. Identifying a mentor during residency/fellowship or in the beginning of the first year of employment is crucial, as they are a source of guidance and advice, and can help junior faculty achieve their professional goals and aspirations.

Continued on next page.

Trivia:

- 1) This anesthetic technique was first described in 1774 to prevent gastric distention in a drowning victim and was later popularized to prevent regurgitation of gastric contents during induction of anesthesia...
- 2) Who coined the term "anesthesia" in 1846, and what was the derived meaning?

(answers on page 8)

Transition to Academic Practice

(continued from page 3)

Additional suggestions that may lead to a smoother transition to practice are provided in the table below.

Advice for a smoother transition to practice:

ADVICE	Choose a job where you have strong social or familial support	Identify a senior faculty mentor
	Do not be afraid to ask for help	Ask for leadership roles
	Be friendly and respectful of all staff	Participate in local and national societies and committees
	Stay current with changes to clinical practice, guidelines, and literature	
	Create a list of long-term goals and career aspirations and share with chair of the department	
	Identify institutional/departmental resources that provide assistance with research design, execution, publications and grant writing	
	Seek opportunities to help with trainee education, develop curriculum, board preparation, and simulation lab	

Questions to ask for potential academic jobs

1	Is there designated non-clinical time?
2	What is the expected call burden?
3	Is research/publications required? If so, how many scholarly activities are required per year?
4	Is there compensation for overtime?
5	What types of leadership opportunities are there?
6	Is there support to perform research? (i.e. research assistants, biostatisticians, etc.)?
7	Is there a junior faculty mentorship program?
8	How many national conferences (CME time) can you attend and is there reimbursement?

Transition to Academic Practice

(continued from page 4)

Differences between academic and private practice settings

	Academic Practice	Private Practice
Supervision	Supervise residents, fellows, CRNAs, SRNAs, AAs	Work alone, and/or supervise CRNAs, SRNAs, AAs
Income	Mostly salary; some institutions compensate for overtime/extra call; not dependent on patients' insurance coverage	Linked to production; linked to insurance coverage of patients
Vacations	Typically 3-4 weeks of paid vacation/year	Varies; typically unpaid vacation time
Continuing Medical Education (CME)	Educational conferences are accessible. CME activities are often reimbursed by the department.	Less access to educational conferences. CME activities are typically not reimbursed.
Teaching	Required	Not required
Research/Publications	Strongly encouraged/required	Not required
Malpractice Insurance	Typically covered by the academic institution	Typically paid for by the practitioner
Paid Time Off	Often included	Varies; some private practice jobs do not offer medical leaves such as maternity, and in some practices if you take the time off you are required to reimburse the group for the time off taken.
Negotiating Employment Contracts	Minimal negotiability	More flexibility in negotiating contract terms and salary
Work Environment	Slower turnover, higher acuity cases, potentially more resources	Faster OR turnover, lower acuity cases, potentially less resources

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2. Holak EJ, Kaslow O, Pagel PS. Facilitating the transition to practice: a weekend retreat curriculum for business-of-medicine education of United States anesthesiology residents. *J Anesth.* 2010; 24: 807-810.
3. Laudanski K and Khanna AK. Remarks on the Transition from Training to Practice. *ASA Monitor.* 2012; 76(8): 80-81.
4. MacMillan TE, Rawal S, Cram P, Liu J. A journal club for peer mentorship: helping to navigate the transition to independent practice. *Perspect Med Educ.* 2016; 5:312-315.

Fellowship Spotlight: Cardiothoracic Anesthesiology

A Fellowship Program Director's perspective...

Brandi Anne Bottiger, BS, MD
Program Director, Cardiothoracic Anesthesiology Fellowship
Department of Anesthesiology
Duke University Medical Center



Why did you pursue a Cardiothoracic Anesthesiology fellowship?

I fell in love with anesthesia for cardiac and thoracic surgery at multiple points in my life. I had early exposure to the patient population after hearing stories from my mom, a long time CTICU nurse, received exposure to CT imaging as part of a shadowing experience in college, and then had the opportunity to be incredibly hands on while rotating with CT surgery as a medical student. I had excellent medical school and anesthesia training at Penn State, and great experiences on the CT anesthesia rotation there as a resident. From there, I knew I wanted additional training to truly be a consultant in cardiac anesthesia. I wanted to contribute clinical and TEE skills, and to be intimately involved in decision making for patient care plans. I interviewed at several great programs, but Duke really stood out to me because of the quality and diversity of the training, and really that every single faculty member I met was interesting, engaged, incredibly talented, and down to earth—they asked how they could help develop my personal career, and genuinely meant it. Doing the ACTA fellowship at Duke changed my career, made me a better anesthesiologist, and opened my mind to see potential opportunities I didn't even know existed.

What is the goal or intent of the CT fellowship program?

As a resident in anesthesiology, you are truly making a huge time and financial investment to do a fellowship in cardiac anesthesia. Remember, this is an extra, extremely intense and challenging year of commitment to subspecialty training that is completely voluntary. Therefore, our program philosophy is that we provide you the tools to achieve not only excellent skill set during the year, but build leadership skills and great relationships. The relationships you have the opportunity to build with colleagues and mentorship through the 12 months, though intangible, are what can really alter the course of your career. While we maintain a high standard for fellow performance to ensure all ACGME requirements are met, we anticipate that each learner's career goals will be a bit different, and we get excited about providing applicants an opportunity to think about how their career goals are unique and what resources we can provide to get you there.

Our program is organized to provide excellent clinical exposure to a diverse cardiac and thoracic surgical patient population, at a high-volume center which often provides quaternary care. Case exposure includes not only myocardial revascularization and valve procedures, but aortic surgery and deep hypothermic circulatory arrest, heart failure/VAD, heart and lung transplant, ECMO, minimally invasive valve procedures, TAVR, adult congenital and pediatric cardiac surgery, pulmonary

thrombendarterectomy, and airway management for advanced thoracic procedures, ranging from lung resection to management of tracheal procedures, and electrophysiology/cath lab procedures.

1. Excellent TEE training in 2D and 3D TEE, with all of the fellows achieving certification in advanced perioperative TEE training. This year we have added formal chest wall ultrasound imaging to our program.
2. Experiences in perfusion to include cardiopulmonary bypass, venovenous ECMO, venoarterial ECMO, balloon pump, and various types of ventricular assist devices.
3. Experiences in post operative management of our 32-bed cardiothoracic intensive care unit.
4. Research/clinical project—we ask that each fellow identify a project to work on through the course of their year. These have ranged from bench research, to clinical outcomes, to clinical outcomes, TEE research, and quality improvement projects. We ensure success by pairing you with a faculty mentor that shares areas of stated interest, with the goals of abstract submission to the Society for Cardiovascular Anesthesiology, with significant numbers of fellows going on to publish their work.
5. Quality improvement projects—we ask that fellows participate in group projects, which can effect process change and positively impact patient care. The goal of this project is to achieve abstract submission to our local meeting, with some groups

moving forward with achieving publication and awards at the level of the APSF.

Multiple structured didactic series and



workshops, led by experts in the field with opportunities for multidisciplinary discussion.

What career paths were taken by prior fellows - Private vs academic?

Both. Every year is a little different, we have had graduates demonstrate a variety of exceptional career paths with both tracks. Our fellows are extremely driven and motivated, with a diverse range of interests and career goals. A wise previous fellowship director (my mentor), always said "cream always rises to the top". Its true. We have the pleasure of recruiting, teaching and collaborating with the best and brightest trainees in the country, and it doesn't take long for those people to grow and flourish. The bottom line in thinking about academic vs private practice is that it's a really personal career decision, and depends on which track individuals feel meet their career goals. The great part is we have a large alumni network for fellows to meet and talk to as they are figuring these things out. The unique thread that our fellows share is that they want to make a difference for the subspecialty, therefore many graduates go on to lead in various ways and do great things. My only advice is to keep talking to people who have pursued both, and decide what resonates with you.

Where do you see the future of the fellowship heading over the next 5-10 years?

I have observed great moves nationally for anesthesiologists to become involved in perioperative

medicine, pain management, and critical care, which employs skills in optimizing patients before, during and after surgery.

Cardiothoracic anesthesia training offers this same opportunity, as we train to be experts in the perioperative management of the cardiothoracic surgical patient. Continued innovation and research in cardiothoracic anesthesia is needed. We should continue to demonstrate our value in streamlining care and improving the quality of care we bring to our patients, and continue to help great ideas come to fruition. We have great collaborations with our surgical and medical colleagues, and there is a ton of subspecialty programs within cardiothoracic surgery that would benefit from our involvement. We can truly help lead the way here.

For our program, with the help of my esteemed colleagues, I anticipate:

1. growth of our case volume and fellowship here at Duke.
2. growth in echocardiography training, and a need for robust infrastructure in both TEE and chest wall imaging.
3. growth in educational resources in cardiac anesthesiology and echo, particularly in the area of online learning.
4. Structured collaborations with other fellowship and institutional programs to offer increased diversity of training



What type of resident do you expect to be successful in a CT fellowship?

We look for residents who are accomplished in their current residency, who have demonstrated the drive and motivation to be successful in a very challenging year, who will

make the most of the resources that are available. We seek future colleagues that are engaged, and will continue to demonstrate their leadership and excellence after they finish their fellowship, to serve as mentors and role models for others, who will continue to grow the subspecialty. Its a challenging clinical year, and we have high expectations--our fellows are the primary anesthesia providers for these complex patients. The schedule is challenging--we deal with many emergencies and transplants, so we do seek individuals that can communicate well, be flexible and thrive in this intense environment.

Important deadlines? Licensing, board, or certification requirements?

Applications for ACTA fellowship 2019 have opened in SF match, with most institutions interviewing between Jan—May. Match is in mid June. Hard dates for this year can be found on the SF match website. In addition to your ABA certification you will complete during your fellowship year, all of our fellows sit for the Advanced Perioperative TEE examination after completion of the fellow year in mid July (through the NBE). No CTA certification examination yet.

A Resident's perspective...

Dylan Addis, MD

Wake Forest University Medical Center, PGY-4

Fellowship: University of Alabama at Birmingham SOM
Cardiothoracic Anesthesiology 2018-2019

I was originally drawn to medicine by the unique fusion of creativity, innovation, and logical reasoning that flourishes to produce sound evidence-based advancements in knowledge and practice, thus a career in academic medicine has always appealed to me. I aspire to be a consultant physician with a deep (expert) understanding of a specialized content area whose practice is consequently more limited in breadth in exchange for a focus on depth.

I am pursuing fellowship training as I intend to further refine and improve upon my clinical skills, increase the depth and substance of my knowledge base, work towards mastery of echocardiographic assessment, learn how to effectively teach and motivate residents and medical students, and develop both the practical and more esoteric research skills needed to thrive in the academic setting. I want to be surrounded and mentored in the academic environment by physicians engaged in the advancement of our specialty through investigation, education, and pushing the boundaries of clinical care. Our field is advanced and defined by those who master the nuances and intricacies central to the art and science of anesthesiology and I find the academic environment invigorating and inspiring (despite the imperfections and frustrating components of modern academic medicine).

Practicing in a setting where my specific skillset is called upon to manage cases of a greater acuity and complexity is professionally appealing to me both in clinical practice and from a research standpoint where I believe anesthesiologists ought to serve on the front lines in establishing a further push towards optimizing patient care and advancing medical science. My specific area of interest is the high-risk obstetric patient affected by significant cardiovascular disease (peripartum cardiomyopathy, idiopathic pulmonary hypertension, and valvular disease as examples) and I intend to focus my research efforts on this complex subset of patients and their underlying pathophysiology as it applies to peripartum/perioperative management.

The further I progress into my residency, the more valuable I believe obtaining advanced subspecialty training will be to help continue to build and establish a true foundational framework for non-satisficing clinical judgment, thoughtful and engaging teaching skills, and innovative research.

When applying for cardiothoracic anesthesiology positions I think it is important for applicants to understand that there is a vast spectrum of different and valid experiences available. Programs are often wildly divergent from one another in many aspects including case mix and volume (eg. heart/lung transplantation, ECMO, VAD implantation,

percutaneous procedures, congenital cardiac exposure, etc.), role as a fellow (eg. primarily supervisory, primarily "sitting" one's own cases), opportunities for teaching, opportunities for networking, and opportunities for research (eg. potential integration with T32 grant positions, research fellowships, or other mechanisms for protected pre- or post-fellowship non-clinical time). This variety is daunting while on the interview trail, but I believe the numerous unique fellowship designs afford the applicant a chance to specifically tailor their experience to best fit their interests and needs. In my opinion the most important part of the application process is for the applicant to determine, as precisely as they are able, their ultimate goals and what the ideal fellowship year would look like to help them achieve those objectives.

Trivia Answers

1. Sellick maneuver
(i.e. cricoid pressure)
2. Oliver Wendell Holmes, Greek – without sensation

Opportunities in Anesthesia

ASA

**Anesthesiology
Policy Research Rotation
in
Political Affairs**

American Society of
Anesthesiologists®

The “Resident Scholar Program.” is a paid, four-week, ABA-approved rotation to count towards residency credit, located in ASA’s Washington, D.C., office. The rotation allows resident physician anesthesiologists to experience the political, legislative, and regulatory factors that affect the delivery of patient care. During the rotation, residents will gain a comprehensive understanding of health care politics and policy by experiencing the political environment first-hand, assisting in day-to-day activities in ASA’s Advocacy Office, attending lobby events sponsored by ASA, creating research projects, and reporting on policy changes affecting the profession of anesthesiology. A stipend of \$5,500 is provided to offset living expenses in the nation’s capital. Residents will be supervised by ASA’s Congressional and Political Affairs Department. Residents who will be in their PGY - 3 / CA - 2 year and more senior during the 2018 - 2019 academic year, including those who will be serving in fellowships, are eligible to apply for the rotation.

The application is open online until March 15, 2018.

[asahq.org/ResidentScholar](http://www.asahq.org/ResidentScholar)<<http://www.asahq.org/ResidentScholar>>

Upcoming Events



Regional Anesthesia & Pain Medicine Conference 2018

April 19-21, 2018
New York Marriott Marquis
New York City, USA



ASA Legislative Conference 2018

May 14-16, 2018
Hyatt Regency
Washington, D.C., USA

Interested in Getting Involved? Contribute to the ASA RC Newsletter

If you are interested in writing for an upcoming newsletter or would like to communicate with the Resident Component Governing Council, please contact asa.residentsecretary@gmail.com