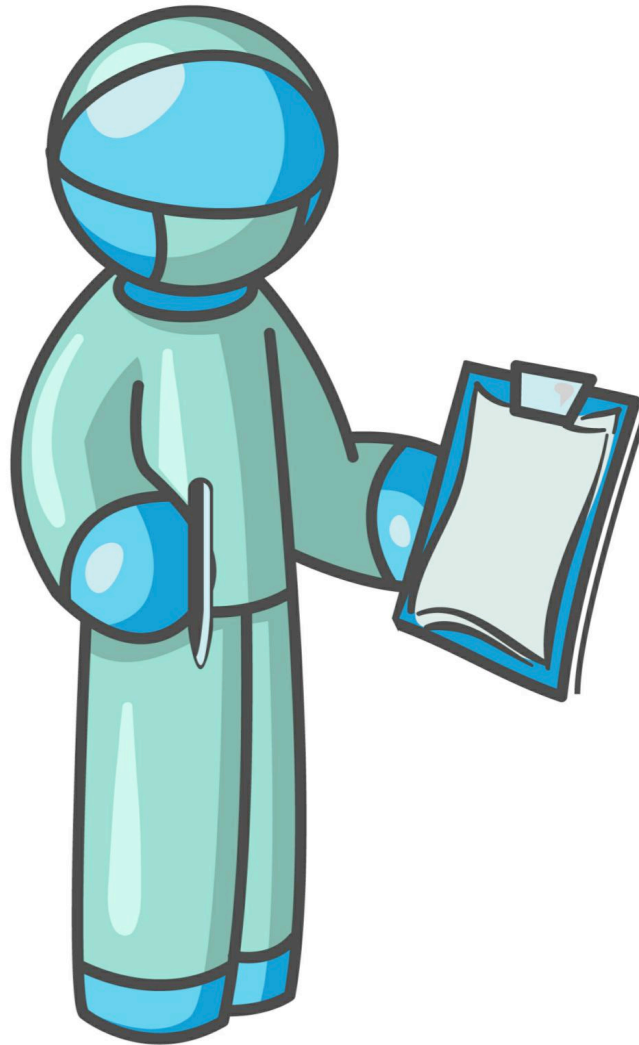


Getting Into Anesthesiology



DR. JEFF STEINER

Getting into Anesthesiology:
An Insider's Guide to help Medical Students Navigate the Process.

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Why I wrote this book

I have been a Careers in Medicine (CiM) mentor since I was chief resident my senior year in anesthesiology residency. Currently I am the program director for my institution's pediatric anesthesiology fellowship.

Many times, when I was talking with medical school students about anesthesiology, the same questions came up time and again:

"What about my USMLE Step 1 score?"

"I just found out that I liked anesthesiology . . . now what?"

"Where can I find information about anesthesiology programs?"

While I didn't mind answering those questions, they were the same ones time and again. Our time would have been better spent talking about specific questions for their situation that can't be found on the web. Instead of going over the same information with multiple medical school students, year after year, I decided to put all the information in one place for you.

I went through my old sent e-mails, reviewed websites, and reviewed current literature and came up with the guide that you are now reading.

This is not an all inclusive guide . . . one of the best guides available for applying to residency is *Iserson's Getting Into a Residency: A Guide for Medical Students*. It is a great book that talks about choosing a specialty, applying to residency programs, choices in residencies, and interviewing. *Getting into Anesthesiology* should point you in the right direction and be a supplement to *Iserson's*, not a replacement.

This Guide is my personal experience with anesthesiology and holds no promises that my advice will produce any outcome, good or bad. Do your own homework and learn about the specialty on your own.

There is no magic formula to determine if you will/will not match at a given residency. There are many factors that go into that decision. This guide is meant to help you focus into the 20% work that will give you a 80% return.

This guide cost me both time and money to produce . . . I gave it to you for free. So please don't be a troll and reproduce, copy, or sell the book.

I am "paying it forward" and so I would hope that you would benefit from this information. Please give me feedback at GIA.FeedBack@TwoPugsPublishing.com

Good luck on the interview trail.

~Steiny

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Chapter 1 Anesthesiology as a Medical Specialty

1. Background

- a. Anesthesiologists make up about 5% of all practicing physicians in the United States; however, anesthesiology is becoming a more popular choice for medical school graduates.
 - i. With this increased interest in the specialty brings with it more competition to get in.
- b. Anesthesiology is part of the “E-ROAD” specialties (Emergency Medicine, Radiology, Ophthalmology, Anesthesiology, Dermatology) that are thought of as having a great lifestyle.

2. What Anesthesiologists do

- a. We work in a variety of places
 - i. We are most commonly known for working in operating rooms, providing anesthesia.**
 - ii. We are less commonly known for working in:**
 1. outpatient surgery centers
 2. intensive care units (ICU)
 3. "off site" locations such as MRI, Cardiac Cath lab, and GI labs
 4. physician offices providing office based anesthesia and sedation
 5. pain clinic offices
 - iii. We provide a variety of services**
 1. General anesthesia
 2. Regional anesthesia (epidurals, nerve blocks)
 3. Post Anesthesia Care Unit (PACU) care
 4. ICU care
 - iv. We do a variety of procedures**
 1. Intubations
 2. IV starts
 3. Central Lines
 4. Arterial Lines
 5. Trans-Esophageal echocardiograms
 6. Regional anesthesia for
 - a. Surgery
 - b. Acute pain
 - c. Chronic Pain
 7. Chronic pain procedures
 - a. Nerve Blocks, Steroid Injections, Nerve Ablations
- b. We fulfill a vital niche in the care of the patient.**
 - i. Anesthesiology is a consult service.
 - ii. We are the perioperative physician that is responsible for the patient prior to surgery, during surgery, and following surgery.

iii. We are the last safety net for the patient before they go to surgery.

c. What is a typical day like as an anesthesiologist?

i. Anesthesiologists' work days are vastly different because of the many different types of anesthesia services we provide and the types of groups in which we work.

ii. If you worked in an adult private practice, it might look like this:

1. The night before your work day:

a. You would get your schedule.

b. You would review your cases for the next day.

i. This is much easier with the electronic record.

c. Some anesthesiology groups call all their patients the night before to obtain a history and "meet" the patient over the phone.

i. Some anesthesiologists can be up until 10pm talking with patients.

2. Your work day as an anesthesiologist:

a. 06:30 - Show up at work, prepare your room, and see your first patient.

b. 07:00 - 07:30 - Start your first case.

i. As you continue throughout the day, you would finish a case and continue on to all your scheduled cases.

ii. Work Style:

1. Some anesthesiologists do cases by themselves.

2. Others oversee midlevel providers:

a. Certified Register Nurse Anesthetists (CRNAs)

b. Anesthesiologist Assistants (AAs)

3. Others work with residents or fellows.

4. Others do a combination of the above.

iii. Some anesthesiologists work in one type of practice for the day (OB, Cardiac, Pediatric), while others do a combination of the different practices.

c. 15:00 - 19:00 - The "work" day ends

i. How late your day goes depends on if you are on call, how many cases you have in your room, what type of cases you are doing, and how your group is set up.

ii. You would then get your schedule for the next day, and prepare for the next day's cases.

d. Different Types of Anesthesiology Groups:

i. **Private Practice** - These groups contract with hospitals or individual surgeons to provide anesthesiology services for them.

1. Two main types of groups: Income or Lifestyle

a. **Income Groups:** tend to work longer hours, more call, less control over free time and will make more money. Their goal is to maximize their income.

- b. **Lifestyle Groups:** tend to have shorter work days, healthier patients, less call, more vacation and will make less money. Their goal is to balance their income with their free time.
- ii. **Academics** - Those groups that are part of an academic hospital, department, or institution.

iii. Private Practice vs. Academic Groups

1. There are many different “pluses” and “minuses” to working in either a private practice or academic group.
2. What type of group you join after your training will depend on multiple aspects:
 - a. The city or town where you want to practice
 - i. What types of jobs are available when you graduate in the area where you want to be
 - b. Your personality style
 - c. The type of practice in which you want to be involved
3. You have plenty of time to figure out the type of group you want to join.
 - a. This brief discussion was to give you an idea of what will be available to you when you graduate.

Chapter 2 Anesthesiology Training

The goal of Anesthesiology Training Programs is to train future Board Certified Anesthesiologist physicians. This specialty combines pharmacology, physiology, and procedures into a consultant service that works with a variety of medical and surgical specialties to treat and care for patients.

1. Anesthesiology Nomenclature

This can be a little confusing: a CA-3, is a PGY-4 and a senior anesthesiology resident.

- a. Post Graduate Year 1 = PGY1 = Intern Year = Clinical Base Year (CB)
- b. Post Graduate Year 2 = PGY2 = Clinical Anesthesia Year 1 (CA-1)
- c. Post Graduate Year 3 = PGY3 = Clinical Anesthesia Year 2 (CA-2)
- d. Post Graduate Year 4 = PGY4 = Clinical Anesthesia Year 3 (CA-3)
- e. Post Graduate Year 5 = PGY5 = Clinical Anesthesia Year 4 (CA-4) = Fellow in Anesthesiology

2. Length of Anesthesiology Resident Training

- a. Length of Training:
 - i. "Traditional" or "Categorical" Anesthesiology training programs.
 1. Most common type
 2. 4 year programs
 - a. Intern year + 3 years of anesthesia.
 3. You start as a PGY-1.
 - ii. "Advanced" programs
 1. Less common
 2. 3 year programs
 - a. You do your internship at another residency before you start
 3. You start after your PGY-1 year.
 4. These are for residents/physicians who:
 - a. did their intern year in another place,
 - b. residents/physicians who have already completed an intern year at some point in their career.
 - iii. Combined Anesthesiology training programs
 1. These programs combine anesthesiology training and another field of study which allows for reduction in the time it takes to complete both fields.
 2. Anesthesiology and Internal Medicine:
 - a. 5 years in length
 - b. Graduates are double boarded in Anesthesiology and Internal Medicine at the end of their training.
 - c. There are currently 2 such programs in the country.
 3. Anesthesiology and Pediatrics:
 - a. 5 years in length

- i. Graduates are double boarded in Anesthesiology and Pediatrics at the end of their training.
 - ii. There are currently 6 such programs in the country.
- 4. To learn more about these combined programs, go to www.theaba.org and click on "Combined Training Programs" in the menu on the right side of the page.

3. What do you have to learn as a Resident?

- a. Residency training in the US is very similar from institution to institution because they have to follow the same guidelines to be accredited Graduate Medical Education sites.
 - i. There are two types of accreditation systems in the United States.
 - 1. The Accreditation Council for Graduate Medical Education (ACGME)
 - a. These are allopathic
 - 2. American Osteopathic Association (AOA) Programs
 - a. These are osteopathic
- b. The purpose of Anesthesiology Residency is to prepare you for
 - i. the hands on skills of an Anesthesiologist, and
 - ii. the didactic knowledge to pass the Anesthesiology Board Exams.
 - 1. Your goal should be to become board certified. If you are not "boarded", it can limit where and how you practice.
- c. Hands on Skills of Anesthesiologists**
 - i. All ACGME programs have certain required rotations, number of procedures, and number of types of cases that are needed to graduate.
 - 1. These are the hands on skills that you will need to be a competent Anesthesiologist.
 - ii. For example: Anesthesiology Residents need to perform 40 labor epidurals, anesthesia for 100 patients under the age of 12, 40 heart bypass cases, etc.
 - iii. To get a full list of the requirements, go to ACGME.org and search "Anesthesiology Program Requirements" to find the PDF, which is 31 pages long). This will give you a good idea of what is required of residents during training.
- d. Didactic Knowledge for the Anesthesiology Board Exam**
 - i. Every residency has a didactic component (lectures, projects, meetings) that help teach residents the fund of knowledge required to be an Anesthesiologist and to pass the Board Exams.
 - ii. In-Training Exam (ITE):
 - 1. This exam is given every year during residency training to gauge how you are progressing in your anesthesiology knowledge.
 - iii. Anesthesiology Board Certification Exams:**
 - 1. There are multiple parts to the Board Exam.
 - a. Written Exams:**
 - i. Part 1 - taken during residency
 - 1. You have to pass this to graduate from residency.

- ii. Part 2 - taken the July after graduation from residency training.
 - 1. An unrestricted state medical license is required to obtain your results.

b. Oral Exam:

- i. This is taken in the April or October after you pass the Written exam.
- 2. Timeline example:
 - a. You take Part 1 after completion of your CA-1 year - July 2014
 - b. You graduate from Residency - June 2016
 - c. You take Part 2 of Written Exam - July 2016
 - d. The first available oral board will be April 2017.
 - e. If April 2017 oral exams are full, then you can take it October 2017.

e. Research During Residency

- i. ACGME does allow up to 6 months during your residency training to be concentrated in any one subspecialty of anesthesiology, including research.
 - 1. I spent 6 months of my senior year in a research track and I really enjoyed it.
- ii. If this research track is a route you want to pursue, be sure to talk with your Program Director and/or Chair early on in your training.

4. What is an Anesthesiology Resident's Schedule Like?

Much of your schedule will depend on your residency and the rotation that you are on. Because the work of an Anesthesiologist is so diverse, so is the training schedule. Below are two very brief examples of schedules for a resident. More detailed schedules can be found at www.scutwork.com.

a. General Operating Room Rotation

- i. Much like when you are a faculty anesthesiologist, you will look up your cases the night before and call your anesthesiology faculty to discuss the cases and your anesthetic plan.
- ii. 06:00 - 06:30 = Show up, go to lecture if there is one, set up your room, see your first patient.
- iii. 07:15 - 07:30 = Start your first case.
 - 1. Typically you will be doing the same type of cases (ENT, OB, General Cases etc.) in your room throughout the day.
 - a. If you are lucky, you will typically be given a morning and afternoon break (15min) and a lunch break throughout the day.
 - b. If you are not on call, you will finish your day, look up cases for the next day, call your staff and then study for your written exam.
- iv. If you are on call, you may be taking call every 3rd or 4th night, depending on the rotation.

b. ICU Rotation

- i. During these rotations, you will be an intensivist. You will be managing the same patients, over a period of time, within the ICU.
- ii. 05:00 - 06:00 - You will arrive and start seeing your patients.

1. You will be reviewing lab results, examining your patients, and reviewing the plan for the patient.
- iii. 08:00 - You will start rounds with your team, presenting your patients, and setting up the plans for all the patients for the day.
 1. When rounds are done, you go to work doing all the tests, vent setting changes, and the general work of the ICU.
- iv. 15:00 - You and your team will do afternoon rounds to review patients and do check out to the on call team before you leave for the day.
- v. If you are on call, my may be taking call every 3rd or 4th night, depending on the rotation.

5. Anesthesiology Fellowship Training:

- a. Length of Fellowship Training:
 - i. Currently all ACGME anesthesiology fellowships are one year in duration.
 - ii. In the next 5 years, I expect most fellowships to be changing to two years in length.
 1. This lengthening of the fellowship will be done to increase research and leadership skills of Anesthesiologists.
- b. Types of ACGME approved fellowships available.
 - i. Cardiovascular Anesthesiology
 - ii. Critical Care
 - iii. Obstetric Anesthesiology
 - iv. Pain
 - v. Pediatric Anesthesiology
 1. Pediatric Anesthesiology Sub-Specialty Training:
 - a. Usually one year in duration.
 - b. These are completed after a pediatric anesthesiology fellowship.
 - i. Pediatric Cardiovascular
 - ii. Pediatric Pain/Palliative Care
 - iii. Pediatric Regional Anesthesia
 - iv. Pediatric Research
- c. Types of Non-ACGME fellowships available:
 - i. Regional Anesthesia
 - ii. Liver Transplantation
 - iii. Research (2-3 years in duration)
 - iv. Informatics

6. Resources

- a. www.TheABA.org
- b. www.ACGME.org
- c. www.AOA.org
- d. www.Scutwork.com - This is a great resource to learn about different types of anesthesiology residencies and what a typical work day is like at different residencies.

Chapter 3 Is Anesthesiology a Good Fit for You?

1. Be cautious when selecting your specialty.

Medical school debt load has a profound impact on medical specialty choice in medical students. (More medical school debt = choosing a specialty that tends to be paid well.)

While it is tempting, do not let salary be the primary reason for why you choose anesthesiology. With the many current changes in health care, the past salaries of anesthesiologists are not guaranteed.

If the salaries are reduced to those of all other medical specialties during your career, would you still be happy with your choice?

2. This specialty is not for everyone.

a. Anesthesiologists are paid for four things.

i. Risk

1. Sicker patients, more complex cases, difficult working environment can all bring on higher risk.

ii. Volume of Cases

1. More cases = more patients to bill for. Larger volume of cases also means more work, potentially more risk, and having to balance patient safety with efficiently running an operating room.

iii. Time

1. More time at work = a larger paycheck.
2. When you are at work, you work hard.
3. When you are off work, you are done for the day.

iv. Types of insurance their patients have (payor mix)

1. Private insurance pays better than Medicare/Medicaid.

b. Anesthesiology has a lot of stress.

Part of my job as an Anesthesiologist is to take care of patients, and alleviate anxiety for the patient, but also for the surgeon and the entire operating room. If I freak out during a stressful situation, then the operating room freaks out and I lose control of the situation. I have to remain composed and look as relaxed as possible during even the most stressful situations.

Anesthesiologists also have to anticipate problems and try to avoid them before they arise. For some people, watching an anesthesiologist during the middle of a surgical case is like watching paint dry. I am sitting there, looking at monitors during the case, “not doing anything”. On the contrary, much like a game of chess, I am planning my moves, and acting on them accordingly. Anesthesiology is a very serious chess game.

All these things bring with them a certain amount of stress that is not inconsequential:

The average life span of an anesthesiologist is 66 years.

c. Anesthesiology doesn't get a lot of recognition.

You have to be content with the fact that you may overtake danger for your patient, intubate a difficult airway, or save a life, and the patient will never know your name. They will never know what you did for them, because they are asleep for most of your patient interaction. You will have to be content with the fact that you will get few “thank you’s” when you do some of your most difficult work.

3. However, Anesthesiology is a great career.

There is no other type of physician I would want to be. My career is challenging, has a lot of variety, and is very rewarding.

- a. For those who are a good fit for anesthesiology, it is a great career choice.
- b. Anesthesiology is very rewarding:
 - i. You are a specialist and typically spend much of your time in the OR.
 1. If you want to spend time in a pain clinic or the ICU, you can do that as well.
 - ii. Anesthesiology is very amenable to part time work / job sharing.
 - iii. You can choose a group that gives you a large variety in the different types of cases you do.
 - iv. This is a good fit for those who are detail oriented, stay calm under incredible pressure, and are able to derive job satisfaction through patient relationships that are not long term.

Chapter 4 How do you know if you want to be an Anesthesiologist?

1. There are two main ways to learn if a specialty is right for you.

a. Inventory Testing:

- i. Start with a personality test (or two) to see if you are a good fit for the specialty.
- ii. Try out one or both of the following tests:
 1. Strong Vocational Interest Inventory: Gough Medical Scales
 - a. Available through most medical schools.
 2. AAMC CIM website: <https://www.aamc.org/students/medstudents/cim/>
 - a. This website offers some free testing to try and match your personality with different types of medical specialties.
 - b. You will need to get access to this website through your medical school.

b. Testing out Anesthesiology:

- i. After you complete the inventory testing, spend some time in the field of anesthesiology.
- ii. Traditionally, this has been the way to learn about Anesthesiology.
 1. Although this is not as scientific as doing inventory testing, many medical school students tend to start here.

iii. Noncommittal ways to test it out.

1. While on your surgery rotation, spend some time with the anesthesiologists you are working with.
 - a. This is how many medical school students “test it out”.
 - b. Most anesthesiologists would be happy to have you shadow/talk with them when your surgery rotation duties are over.
2. Set up an observation with a local anesthesiologist.
 - a. Contact your career development office at your medical school.

iv. Anesthesiology Rotations:

1. Doing an anesthesiology rotation is the best way to “test it out”, because you will have some hands on opportunities and focus that you will not get in other venues.
2. The Best Way:
 - a. Set up an anesthesiology rotation with a residency program to which you might be interested in applying.
 - i. See *Evaluating Residency Programs, Chapter 6*
 - b. This gives you a chance to meet residents, faculty, and see if it is some place you want to spend four years training.
3. 2nd Best Way:
 - a. Set up an anesthesiology rotation with a local group to get some "hands on" experience.
 - b. If you want to do one rotation with a local group, that is fine. However, you could be wasting a rotation that you should be using evaluating residency programs.
 - i. See the complete discussion in *Rotations, Chapter 5*

2. Resources

- a. American Society of Anesthesiologists
 - i. <http://www.asahq.org/For-Students/For-Medical-Students.aspx>
- b. American Board of Anesthesiology
 - i. <http://www.theaba.org>
- c. AAMC CIM website:
 - i. <https://www.aamc.org/students/medstudents/cim/>

Chapter 5 Preparing for Anesthesiology Residency during Medical School

Competition for Anesthesiology Residency spots is fierce. (According to *Iserson's Getting Into a Residency*, Anesthesiology is considered “difficult” to get into.)

As you prepare for your future career, continue to ask yourself, "What can I bring to a residency program?" (AKA - How can you stand out?)

There are five areas where you can focus to improve your chances to get into anesthesia residency (in order of importance): 1. board scores, 2. grades, 3. rotations, 4. research, and 5. interest groups.

1. USMLE/COMLEX Step Scores

a. Background on Anesthesiology and Board Scores

Anesthesiology has continued to become more competitive over the last 10 years. Board Scores are one of the many factors that are taken into account . . . and for good reason. Of all the numbers, letters of recommendation, grades, etc. that residency programs look at, Step Scores are the best predictor of becoming Board Certified in Anesthesiology.

Board Certification rates of anesthesiology residency graduates is one of the things that is used to evaluate residency programs. (Many residency programs tout their percentage of graduates who pass the written anesthesiology boards.)

So the rationale of residency programs is to accept those medical school students who will have the best chance of being Board Certified. The high powered academic places may place a higher weight on these scores than lower tiered residencies.

b. How Does your Score stack up?

Review the charts on page 23 and 25 in *Charting Outcomes from the Match (2011)* - (See Resources, at the end of this chapter) to see how you stack up compared to other applicants.

Some programs publish minimal board scores for USMLE step 1&2 (see *FREIDA* section in *Chapter 6*.) However, based off of the article in the August 2012 *Journal of Anesthesiology*, a USMLE Step 2 score of 210 puts you in a good category to be accepted.

c. What can you do about a low Step 1 score?

- i. Plan to take the Step 2 exam (and do the best you can) so that the low Step 1 score may be minimized on your application.
- ii. Do a visiting rotation at a residency where you want to apply. (see *Rotations* below)
- iii. Don't let one perceived low score define who you are or what you want to do, but you need to be realistic in your expectations.

2. Grades

1. Grades in pharmacology and physiology tend to be scrutinized by residency programs.
2. Rotations in Internal Medicine, Surgery, and Anesthesiology are looked at more closely than others.

a. It goes without saying that you want to do the best you can in all your classes and rotations, but the ones mentioned above will usually draw an Anesthesiology Residency interviewer's attention.

3. They also want to see your class rank in relation to your medical school.

4. Rotations

a. Background

i. As stated above, the best way to field test anesthesiology is to do a rotation at a residency where you would like to apply.

1. While doing rotations with a private anesthesiologist gives you the opportunity to see the specialty, it does not hold as much weight as a rotation done at the institution where you want to go.

2. Because you have a finite number of rotations you can do in anesthesia, choose your rotations wisely.

ii. You will want to get your letters of recommendation from faculty anesthesiologists on your anesthesiology rotations.

1. Make sure you have at least one letter from an anesthesiologist.

a. Having a letter from a CRNA, AA, or nurse may not be looked on kindly by anesthesiology programs.

b. Where to Rotate

i. Figure out where you want to apply for residency.

1. See *Researching Residencies Programs, Chapter 6*.

ii. Where do you have the best chance of getting in based on grades, scores, etc?

iii. Then plan to do a visiting rotation there.

1. You get to see the program and they get to see you.

a. This improves your chances of getting an interview and ultimately getting ranked to match at that residency.

2. Come early, stay late, and get letters of recommendation from faculty who work at that residency . . . you know the things you need to do while you are there.

3. Plan to do rotations in several different anesthesia programs where you are interested in applying.

4. If the general OR rotation is filled, try Pediatric Anesthesia, OB Anesthesia, or Pain. Some programs have anesthesiology staff who work in the ICU, so an ICU rotation is a good rotation to do as well.

a. Author's Note: I would suggest doing an ICU rotation sometime during your 4th year of medical school, even after the match has occurred.

c. Preparing for your rotation:

1. Setting up rotations:

1. Find out where you want to rotate and apply early.

2. Prime months to do rotations to improve your chances of getting an interview are September through December.

2. Reading Materials for Your Rotations:

1. There are a ton of anesthesiology books available.
2. My number one recommendation:
 1. *Lange Clinical Anesthesiology* by Morgan, Mikhail, and Murray
 1. This is what many anesthesia residents use through residency.
3. A very close 2nd Place:
 1. *Basics of Anesthesia* by Stoelting and Miller
 1. Also known as "Baby Miller" or "Miller Light"
 2. This used to be a quick read, but with the latest edition, it sure got longer.
 2. Go to MD Consult through your school and get a free PDF of the book.
 1. It is under the book section for free.

5. Research

- a. Years ago, research was not very common on medical school applicants Curriculum Vitae (CV).
- b. However, there is a recent trend of an increase in the number of abstracts, papers, and poster presentations.
- c. With Anesthesiology becoming more competitive, some people suggest doing research; however, an article in the August 2012 Journal of Anesthesiology showed that retrospectively, research was not a deciding factor in the match.
- d. Still, as programs get more competitive, research may become more important.
 - i. As Anesthesiology programs continue to lengthen their fellowship programs and add research, having experience during medical school will become more important.
- e. Dermatology hopefuls, (as a comparison) which is very competitive, must do research to have any chance at getting in.

6. Interest Groups

- a. Join an Anesthesiology interest group at your school.
 - i. It will help you meet others with your same interest.
 - ii. It could help you find some local anesthesiologists who can have you shadow or do "trial" rotations.
- b. If your school does not have an Anesthesiology interest group, then make one.
 - i. How cool would that be to have on your CV?
- c. Join the American Society of Anesthesiologists (ASA) as a student member.
 - i. <http://www.asahq.org/For-Students/For-Medical-Students/Join-Now.aspx>
 - ii. You will need an anesthesiologist to "sponsor" you.
 1. Your local interest group or career development office can help find someone to help you.
 - a. Sponsoring a medical school student to join the ASA is not difficult at all and most anesthesiologists that you spend time rotating with will probably help you with this.

7. Resources

- a. ACGME website - www.aamc.org/matchoutcomes

i. Charting Outcomes from the Match (2011) - Characteristics of Applicants Who Matched to Their Preferred Specialty

Chapter 6 Evaluating Specific Residency Programs

1. "How do I evaluate specific Anesthesiology Programs?"

- a. Very common question. Because all programs you are looking at should be ACGME/ AOA accredited, they will be very similar with regards to hours, rotations, and "touted" experience.
 - i. One great medical student resource is www.ScutWork.com
 1. You can look up different residencies and see what medical students, residents, fellows, and faculty write about the programs.
 - ii. Once again, *Iseron's Getting Into a Residency* goes into great detail on the multiple factors that you can look at to make your decision.
 1. To reproduce what *Iseron's* has done would be crazy.
 2. What follows here are some of the most common factors I am asked about and what I have discussed with medical students for years.

2. Questions to Ask yourself

- a. Institutional Name:
 - i. How important is it to you to graduate from a "brand name" program?
 - ii. Are you looking for good training, or are you looking to graduate from well known institutions as well?
- b. Location:
 - i. In what city/state/geographic area do you want to train?
 - ii. Close to friends or family, or do you want to try a different state for a while?
 - iii. Where is your support system?
 1. This can be one of the factors that you should take into account.
- c. Fellowships:
 - i. How interested are you in doing a fellowship?
 - ii. Some want to go to a fellowship at a particular institution, so they go to a residency with a fellowship attached to the institution.
 1. This isn't mandatory to get into a fellowship.
 2. In fact, some would suggest completing a fellowship in a different place than where you do residency to learn a different way to do things.
 3. I didn't do this . . . I stayed at the same institution for family reasons.

3. Official Websites to Look Up information about Residencies

- a. ACGME
 - i. Website:
 1. <http://www.acgme.org/adspublic/> - "Search Accredited Programs" in left column
 - ii. Contains:
 1. Residency Programs
 - a. Website and contact e-mails
 - b. ACGME Accreditation
 - i. Last site visit (when the ACGME reviewed the program)

- ii. Cycle length (1-5 yrs)
 - 1. longer cycle lengths (4-5 yrs) are well run without major problems.
 - 2. This system is changing and all programs will be going to 10 year cycle lengths with institutional site visits more often.
- c. Number of approved positions and filled positions.
- d. Participating Institutions (all the locations where the residents rotate)
 - i. This will tell you if residents have to do specialty rotations in another city.
 - 1. This isn't a bad thing, but can be a challenge if you have a family or young children

b. FREIDA Online®

- i. Website:
 - 1. <http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page>
- ii. Contents:
 - 1. "General Information":
 - a. Number of Interviews conducted last year for first year positions
 - b. Number of Required letters of recommendation
 - c. Dates of the Interview period
 - d. Earliest date for applications
 - e. Latest date for applications
 - f. USMLE Step 1 and Step 2 requirements (including minimal scores for some programs)
 - g. IMG information for Visas
 - 2. "Work Schedule"
 - a. Reported work-duty hours
 - b. Reported most taxing call schedules
 - 3. "Educational Environment"
 - a. Education component setting, benefits, and features.
 - 4. "Employment Policies and Benefits"
 - a. Onsite child care.
 - b. Moving allowance.
 - c. Cost of parking.
 - d. Professional development accounts (PDAs).
 - e. Salary compensation.

Chapter 7 Applying to Anesthesiology Residency

1. Anesthesiology Match

- a. Anesthesiology programs are involved in the Electronic Residency Application Service (ERAS) Match system.
- b. Recently, the rules governing spots in the Anesthesiology match have changed.
 - i. Now all the residency spots (categorical and advanced) are in the match. There will be no other "outside the match" positions available.

2. Brief Match Timeline

- a. Get your application in early, because interview spots can fill up quick.
- b. Typically, ERAS opens for applications September 1st.
- c. Interview Season typically is November through January.

3. What does it take to Match?

- a. This is a very common question and one that is complex.
- b. The most up to date article on this is called Charting Outcomes in the Match: Characteristics of Applicants Who Matched to Their Preferred Specialty in the 2011 NRMP Main Residency Match found at www.aamc.org/matchoutcomes.
 - i. Review the data from this paper starting on page 19-30 of the PDF (2011 edition).
 - ii. Very Brief Review:
 1. The report is typically broken down by US medical schools (US Seniors) and Osteopathic/Foreign Medical Graduates (Independents)
 2. US Seniors have a better chance of getting a match.
 3. Increasing the number of residencies in your rank list improves your chances.
 - a. This is very important for Independents.
 4. Independents needed higher USMLE Step 1 scores to match, compared to US seniors.
 5. USMLE Step 2 scores are higher than step 1 scores for those who matched.
 6. Review pages 23 (for USMLE Step 1) and page 25 (for USMLE Step 2) scores to see how you compare.
- c. Another resource for the match is in the August 2012 Anesthesiology
 - i. What Are We Looking For?: The Question of Resident Selection by Fleisher et al.

4. ASA Resources About the Match

- a. Q and A - For Applying to Anesthesia Residencies
 - i. <http://www.asahq.org/For-Students/For-Medical-Students/QnA-For-Applying-to-Anesthesia-Residencies.aspx>
 1. Gives you a time line, and hints on your Curriculum Vitae, Personal Statement, Dean's Letter and Letters of Recommendation.
- b. Mastering the Interview:
 - i. <http://www.asahq.org/For-Students/For-Medical-Students/Mastering-the-MSI-Interest-Group-Interview.aspx>
- c. Optimize Your Match Series:
 - i. <http://www.asahq.org/For-Students/For-Medical-Students.aspx>

1. Found on the above page as a downloadable file.

Chapter 8 All Resources Combined

1. Books

- a. Applying to Residency
 - i. Iserson's Getting Into a Residency: A Guide for Medical Students.
- b. Anesthesia Basic Texts
 - i. Lange Clinical Anesthesiology by Morgan, Mikhail, and Murray
 - ii. Basics of Anesthesia by Miller (Also known as "Baby Miller" or "Miller Light")
 1. Most schools offer Miller as a free down load through WebMD

2. Websites

- a. American Society of Anesthesiologists
 - i. <http://www.asahq.org/For-Students/For-Medical-Students.aspx>
- b. American Board of Anesthesiology
 - i. <http://www.theaba.org>
- c. AAMC CIM website
 - i. <https://www.aamc.org/students/medstudents/cim/>
- d. ACGME website
 - i. <http://www.acgme.org/adspublic/>
 - ii. www.aamc.org/matchoutcomes
 1. Characteristics of Applicants Who Matched to Their Preferred Specialty
- e. FREIDA Online®
 - i. <http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page>
- f. ScutWork
 - i. www.ScutWork.com

Chapter 9 Conclusion

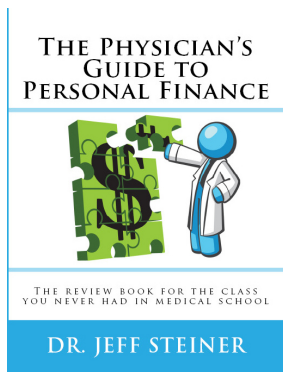
I hope this guide gave you an introduction to Anesthesiology Training and the application process. This is not an exhaustive document, but rather a guide to get you pointed in the right direction.

For specific advice in relation to board scores, where to apply after your initial research, and other questions, contact your medical school's career development office, Careers in Medicine (CiM) mentor, or the anesthesiology department at your medical school.

Do your own research on anesthesiology, specific residencies, and your options. No matter who you ask, or what advice you follow, you are the one who will have to live with your decisions.

When you contact these groups of people, have specific questions in mind to ask to make the most of your time.

One last thing . . . If you enjoyed this outline style book , you may also like *The Physician's Guide to Personal Finance: The review book for the class you never had in medical school.* This is a book I wrote specifically for the resident and new staff physician as an insider's guide to learn about:



- ☑ Medical School Debt - Uncover ways to have the government reduce your loan debt.
- ☑ Moonlighting - Learn step-by-step solutions for success.
- ☑ Staff Physician Retirement - Unlock retirement strategies that maximize staff physician retirement.
- ☑ Bonus Chapter: Part-Time Work & Job Sharing - Simple solutions to making part time employment work for you.

~Steiny