Applying to Anesthesiology Residency

April 21, 2014
Outline

• Overview of the specialty
• Residency training in anesthesiology
• Differences in programs/what to consider
• Application process/timing
• Overall strategy and how to be successful
Overview of Anesthesiology

• Fast-paced
• High acuity
• Prompt feedback/results
• Technical skills are critical
• Lots of running!
• Requirements
  – Broad knowledge base
  – Good communication skills
  – Ability to multi-task
• Many different practice environments
Residency Training

• Four years post-graduate (minimum)
  – Clinical Base Year (internship)
  – Clinical Anesthesia years 1-3 (CA-1, CA-2, CA-3)

• Two types of programs
  – Categorical
    • 4 years of training in one program (includes clinical base year)
  – Advanced
    • Separate internship (mostly Medicine or Transitional)
    • Begins with CA-1 year in anesthesiology
Categorical Program

- All four years (Clinical Base + CA-1 through CA-3) in one program
  - Clinical Base year:
    - At least 6 months of inpatient rotations + ER, ICU
    - Can be in many specialties
    - Some programs integrate Clinical Base requirements and Clinical Anesthesia training to include anesthesia earlier in PGY-1 year but tradeoff is CB year rotations linger into PGY-2+ years.
Categorical

• Advantages
  – Fewer interviews, one match list
  – All training in one location
  – Fewer moves
  – Earlier understanding of hospital (EMR, etc.)
  – Broader social network

• Disadvantages
  – Less flexible for personal situations
  – Internships usually “transitional” (vs. pure IM, surgery, etc.)
Advanced

• Internship in different department (or city) (same CB year requirements though)
• Additional move may be required
• Separate interview/match process
• Anesthesia training only after PGY-1 year
• Start with CA-1 year
Advanced

• Advantages
  – More flexibility (families, two careers, etc.)
  – Allows you to work in more than one hospital

• Disadvantages
  – Intern year not “customized” for anesthesiology prep
  – More applications
  – More interviews
  – Two matches= more complicated
  – Starting CA-1 in unfamiliar new hospital
Types of Anesthesia Programs

• Academic (Duke!)
• Community
• Some are big, some are small
• Other learners may provide competition (SRNA, Anesthesiology Assistants)
Large Programs

• Advantages
  – May have good case mix/diversity in the hospital
  – Larger faculty with varied expertise (subspecialties)
  – More likely fellowship opportunities
  – Large peer group

• Disadvantages
  – Residents may be bulk of the work force!
    • May mean longer hours, less attention to individuals
  – May seem impersonal
  – Competition with peers
Large programs-Issues to consider

• How does the work get done?
• How are cases assigned?
• Didactics-time, relief...?
• Accessibility of other teaching activities?
• How does the program assure that each resident is getting what s/he needs?
• Mentorship or other support
Small Programs

• Advantages
  – Individualized attention
  – Mentorship
  – Potentially less competition

• Disadvantages
  – Critical mass to support didactics, infrastructure?
  – Case numbers (why is the program small?)
  – Fewer peers
  – Small department may have more limited case selection and/or less subspecialty expertise
Small Programs-Issues to consider

- Case volume
- Opportunity for subspecialty focus (that’s a national trend)
- Importance of each resident to the program (impact of losing a resident to leave, etc.)
- Didactics, other education opportunities
- Still may be reliance on residents to do the work
Ideal Program

• Smaller program in a large institution (Duke)
  – Potential to have greater focus on education
  – Less reliance on residents as the work force
So you’ve decided on Anesthesiology?

• It’s competitive!
  – Typical USMLE >225
  – Lots of AOA applicants
  – Expectation of Honors in some clinical rotations
  – Some applicants need a backup plan
    • Talk to your advisory Dean and Program Director
Applications

• Electronic Residency Application Service (ERAS)
• National Resident Matching Program (the match)
• Program application deadlines differ but most are Oct-Nov
• Get your applications in as early as possible
• Applications are YOUR RESPONSIBILITY!
Applications consist of...

- Common application form
- CV
- Medical School Transcript
- Personal Statement
- MSPE (Dean’s Letter)-comes out Oct. 1
- Letters of Recommendation
Application thoughts...

- Anesthesiology is a detail-oriented specialty!
  - Timing of application submission
    - Don’t be late!
  - Grammar and spelling in application

- Give others (e.g. letter writers) plenty of time

- Follow up with to ensure programs receive your materials
  - Be polite
  - Remember the “secretary test”
Personal Statement

• Make it personal!
• Don’t restate other parts of your application unless it is important to accentuate
• Don’t tell an anesthesiologist what s/he does
  – We know what we do!
• You like pharmacology and physiology
  – We know that, or you wouldn’t be applying!
• Talking about your “fit” is okay but make it more than that.
Personal Statement

• Typical Approaches
  – Your brush with anesthesia
  – Your family’s experience with anesthesia
  – The Epiphany!
  – Some analogy that relates to your life
    • Anesthesia is like...
Personal Statement

• One page only! (Half a page is bad)
• Should emphasize your unique (positive) qualities
• Should demonstrate some awareness of the specialty
• Let’s us know...
  – You are someone we want to spend a lot of time with
  – You know what you’re getting into
  – You’re articulate, reasonable, likeable!
• Think about the reader’s perspective...
Letters of Recommendation

• Maximum of 4 letters
• Most meaningful letters are from people who know you well.
• Who?
  – Chair (Dr. Mathew will do this)
  – Research mentor
  – One other anesthesia/clinical faculty
  – Faculty member from another specialty
• Want more than just anesthesia letters
• Waive your right to review!
The numbers-In reverse

• Rank 8-12 programs on your match list
  – Don’t rank programs you truly dislike
• Interview at more
  – You may not be able to schedule interviews at all the places that offer them
• Apply to more
  – You won’t get offers at every place you apply
• Apply to even more if...
  – Couples match
  – Your scores, grades, etc. are below standard
Timing

• Start to solicit recommendation letters early!
  – This is what often holds up an application
• Apply via ERAS in September
  – Some reviews may occur before Dean’s letters out
• Dean’s letters come out Oct. 1
  – Have all your stuff in before then!
• Interviews are typically late Oct-mid Feb
How we try to help you.

• Faculty members, Chair
  – Write letters of recommendation

• Program Director/Asst. Program Director
  – Advice/advocacy
  – Frank assessment of the quality of your application
  – Typically don’t write recommendation letter
Good Luck!!!