

4th Year Guide To Anesthesiology

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Anesthesiology Fourth-Year Planning

Congratulations! You chose the greatest specialty in all of medicine – anesthesiology. It's the best of all worlds – exciting! Fast-paced! Procedure-heavy! Immediate impact on patient outcomes! It's all here!

Should I do an away?

Most applicants don't do any aways, and coming from UVA you do not need to do an away. If you do one, do it because either 1) you'd like to get to know a "hometown" program where you already have some sort of established presence (i.e. family, where you grew up, lots of friends, where you went to college, etc.); or 2) you REALLY want to be in a certain program/city for some specific reason (eg. program X is known for its special research scientist program, or spouse will have a job in city Y). Don't feel like you need to impress programs by doing aways at other places for the sake of doing them – they won't be impressed.

When should I do my ACE?

Basically any time – a common technique across specialties is to do it early and get it out of the way. Also – while the SICU is the default ACE for anesthesiology, any ICU covers the requirement, and lots of people prefer working in the TCV/PO.

What electives should I take?

Anything really, take what interests you. If you are a gunner, masochist, or just really like critical care, you could get additional ICU time in the MICU and CCU, but really whatever interests you have you should go for.

What electives?

Anesthesiology, obviously! You should do it before July because that is when new residents will come on and you will be less likely to work with a resident who is comfortable enough in the OR to let you do things. Also, taking this before July will help you get letters of rec done in time for your ERAS application.

Anesthesiology Research is also a good thing that you could take earlier on to get some work in on a project that you could talk about on interviews in the winter. You could do research any time, however.

Besides that, take electives that you find interesting! Anesthesiology is a field that is very broad, so almost any elective will have nuggets that translate to it:

- Radiology
- Blood Bank
- Any IM elective

- ECG
- EM courses
- International electives (great for interview conversations)

How to do a good job?

- Know how to do a pre-surgery anesthesia assessment – right patient/right surgery/right location, NPO for how long, important history questions (PMH, prior surgeries, prior anesthesia problems, etc.), allergies (and what happens), airway scoring, etc.
- Be able to bag mask (or at least show continuous improvement), which can sometimes be challenging with some patients if they are larger, have facial hair, have few/no teeth, or have facial injuries/abnormalities. Also know how to insert/use an oral airway which can be a huge help in the challenging situations.
- Don't worry if you fail an intubation or two (but don't fail every one either) – attendings know that's something you still have time to practice and learn. But make sure to understand each patient's medical history and upcoming surgery, common anesthetic drugs/mechanisms/side effects, and be able to describe a basic anesthetic plan and reason(s) for the plan prior to induction – knowing these things are great ways to impress the attending. Note: it is wise to quickly discuss the anesthetic plan (type/method, drugs, monitoring) with the resident in advance (and don't be afraid to ask questions).
- Try to be helpful to the residents – know the patient hx, patient weight (lbs and kg), draw up drugs (double check each drug/dose before drawing, and do NOT forget to label them correctly in the syringes), attach ECG leads and pulse/ox and temperature monitoring/probe, get meds from the pharmacy when needed, etc. When time permits (NOT when things are running behind schedule) ask if you can do an arterial/IV line.

Other Things to Know:

- Interviews can be from mid-October through end of January, with the majority likely to be in November and December which is when you should take electives with the most amount of time flexibility (ie. not your ACE, and not your medicine electives), or just take some time off.
- Be (politely) aggressive during your anesthesiology elective in regards to getting letters. Let an attending know early on that you would like a letter from them, and try to work with them a few times. If they know you would like a letter, they'll likely try to tell you their schedule to help facilitate face-to-face time. Be aware that attending schedules are often a bit irregular as they aren't necessarily in the OR every day, or sometimes they switch OR's between main, outpatient center, OB, etc. You can't count on going to the main OR and seeing someone there every day – you'll need to be on top of their schedule. But you also only need to work with an attending a handful of times to get a letter (you don't want to wear out your welcome), provided you've given them early notice of your intention and you do a good job while working with them.
- Most of us take Step 2 CK earlier on just to get it out of the way. A lot of 4th year will be doing stuff that's not on the test, while 3rd year is very relevant for the test, so taking it sooner rather than later will help things be fresh. Also, if you have a lower Step 1 score, getting a nice high Step 2 score and being able to tell people about it and have it be on your application is a good thing.
- Step 2 CS can be any time.