



SPECIALTY REPORT

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*Executive Chair of
Anesthesiology, UA
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Phoenix*

*CEO, Valley
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Executive Chair of Anesthesiology at UA College of Medicine-Phoenix: Aubrey Maze, MD

Dr. Maze serves as the Executive Chair and Professor of the Department of Anesthesiology, and the Academic Division Chief of Pediatric Anesthesiology Department of Child Health at the University of Arizona College of Medicine-Phoenix. Dr. Maze is a practicing board-certified anesthesiologist and pediatrician. He is CEO of Valley Anesthesiology & Pain Consultants, Inc. and Executive Vice President of Envision Physician Services. He attended medical school in Cape Town, South Africa before moving to the US and completing residencies in Pediatrics and Anesthesiology.



What drew you to Anesthesiology initially?

I was a Pediatrician first and really wasn't drawn to Anesthesiology to tell you the honest truth. It wasn't really high on my list. Actually, when I was younger I wanted to be a lawyer not a doctor. I was drafted to the Army out of high school, and it was there that I started getting interested in medicine. I wanted to leave South Africa due to the political situation. When I came over here in the 70's, Anesthesia was a means of getting into the ICU since most of them were run by anesthesiologists. I went to Stanford for my anesthesia training and really enjoyed all aspects of the specialty. What drew me to it in the end were the same things that drew me to the ICU, which was looking at the critically ill patients; understanding the physiology, the pharmacology, and dealing with stressful situations. I felt I was able to deal with critical patients. I have a lot of respect for pediatricians; I think it's a great choice, and I still enjoy the time I get to practice pediatrics!

What are your duties as the Chair, and how does that balance out with what you do clinically?

When I came to Phoenix it was actually to staff ICUs; I didn't come to do anesthesia alone. I started a pediatric ICU at St. Joe's, and have always been involved in teaching residents. There were many pediatric residents at that time, and I was teaching them about anesthesia, pediatrics, and critical care. When I got the Chair

appointment, my focus was to teach anesthesia. We've always had medical students and residents in this practice, and have always been geared towards teaching. I was a board examiner for Anesthesiology for 28 years, and when the medical school started here, I already had an appointment at UofA Tucson and migrated that to the Phoenix Campus. In the near future, I'll stop clinical anesthesia-I've been in there for a long time! Then, I'll mainly be focused on managing my practice and academics, and trying to meld those two things.

What sort of patient interaction have you had?

Anesthesia is often a single instance involvement so it's a little different from say, being an obstetrician where you follow someone for 9 months or longer. As a pediatrician, I've always enjoyed the interaction with families as well as with the children. Initially I used to do mainly pediatric hearts, where you usually have more than one interaction because they have to come back for multiple procedures. Later, I migrated to mainly dealing with cancer patients that were kids, and that's usually a long term commitment with their families. So I could use the pediatric part that I like, along with anesthesia. But anesthesia is usually short involvement. If you don't want to have long term follow-ups, it's perfect. However, I feel that your interaction is even more important, in a way, because you may meet the family for the very first time, and they're giving you the

responsibility to look after their child; they don't even know you. So, that interaction I think is vital; you have a responsibility to the patient, to the family, and to yourself to make sure they know what your role is. Sometimes it's more difficult to have shorter interactions than longer, because the outcome has greater significance relative to circumstances where you have more interaction with patients. The children can be very ill, or there is sometimes the possibility they could die during the surgery. And you have to, in this initial interview, explain to the families that this is a high risk; they may or may not make it. You have to be really honest. I have always felt you need to be honest with patients, treating them and their families with respect. Otherwise, how can you ask them to respect and be gentle with you?

What are your thoughts on the next generation of physicians?

So much has changed. All generations are different, and we all respond differently. I think most people today are looking at work life balance. That is significant, and I think it's beneficial. I'm hoping that this generation doesn't have the burnout that my generation and the generation below me had, where work was paramount, to the expense of families and friends, and personally well-being most of all. My biggest concern is for burnout of my physicians. I've seen it too often, where you lose the enthusiasm and it gets dreary. Medicine is an exacting profession. It's the most wonderful profession, and I wouldn't have chosen anything else, but when things don't go right, you feel very responsible (at least you should!) And because you feel responsible and there's a negative impact on you and subsequently your family, you have to make sure you have a healthy spirit as well. So I think the next generation has a better outlook than maybe we did.

“I have always felt that you need to be honest with patients, treating them and their families with respect. Otherwise, how can you ask them to respect and trust you?”

How do you balance your career and personal life?

I'm not sure I do that very well. I still struggle with it. But I encourage the younger people to balance it. I love to read, mainly about history. Even though I'm not born in this country, the Constitution and what happened in that area of time and Lincoln's time was always fascinating to me. I love reading about Churchill and Roosevelt in the war. Activity-

wise, I was a pretty competitive swimmer when I was young and played rugby. But now I play golf, like everybody as you get old. The ball doesn't move – you just have to hit it! I used to like tennis but I had my neck operated on so it

made it more difficult. I don't travel as much as I'd like to, but just got back from Iceland and Ireland in June. If you ever want to go to a nice place – go to Iceland!

Any last words of advice?

Make sure you get a good mentor, so you get good insight into yourself. There are a lot of good anesthesia programs that are tough to get into. Always aim for these programs and don't limit yourself. When you go do interviews, be yourself. Don't try to be somebody else – it's not going to work for you in the long run. If they don't like you, it may not be a good fit. Choose something that makes you happy. Never choose something that doesn't make you happy. Never waste time; you cannot get it back. Make sure you love your work and be good to yourself!

— Jessica Pirkle Callan, MS1

Program Director: Andrew Gorlin, MD

Andrew Gorlin, M.D., Program Director at Mayo Clinic Scottsdale, graduated medical school at Columbia University in 2001. He was the Chief Resident in the Department of Emergency Medicine at SUNY Downstate Medical Center in New York in 2005. Dr. Gorlin practiced Emergency Medicine until 2011 when he joined the Residency Program for Anesthesia at Massachusetts General Hospital. Dr. Gorlin completed a Fellowship in Interventional Pain in the Department of Anesthesiology at Brigham and Women's Hospital in Boston, MA in 2012.



What advice do you have for medical students interested in Anesthesiology?

Make contacts early in medical school with some Anesthesiology attendings. It helps to build those relationships over time. You come in for a rotation for one month, and it may seem like it's easy to get people to know you but it takes time. The operating room environment is very busy so I think it's good to make contacts early that you can build over time. One of the most effective ways to build a relationship and create a contact with an Anesthesiologist is to get involved in research. I think that's a really good thing to do to increase your exposure to the field and make some connections. Beyond that I think there are various things like the Anesthesiology Interest Group which can open your eyes to various issues within the field and get you some exposure to attendings as well as residents. Other than that, the recommendations I would give are the same for any medical student thinking about any specialty and that is to work really hard, get good USMLE scores, and be a team player in every clinical rotation you do. Anesthesiologists are one little niche of the hospital but we are still physicians and we still look at things like, "How did this person perform on his or her surgery rotations," and "how did this person perform in OB," for instance. I know that the student wasn't necessarily interested in becoming an Obstetrician but did they get honors in OB? That shows you are a person

“Good anesthesiologists have to be decisive and action-oriented people. You have to be willing to make a clear decision when faced with an ambiguous situation clinically.”

who can function at a high level in a team environment. That's what we look for in Anesthesiology.

What does your position as PD entail?

Essentially, I have to design, implement, or at least maintain the clinical and didactic curriculum for the residency. A lot of that material has been in place for a number of years now as it was designed by the first program director, but there are always things that change along the way, ACGME guidelines and things of that nature. The other aspect is recruitment which is getting the right people here to our program, who are going to be a good fit and are going to work out well. This means a lot of personal management, counseling, and teaching for each resident here. I meet with them regularly to make sure they are on track. I try to make sure they get all the resources, counseling, and direction they need in order to be successful in getting the fellowships and jobs they want. Teaching and guiding young physicians is a very rewarding thing to do.

Why did you ultimately go into Anesthesiology as your specialty?

I have a sort of unique and different avenue for how I got here. I was originally an Emergency Medicine doctor. Out of medical school I was young and I didn't have a lot of life experience and I didn't know what I was really interested in. I did not get exposed to anesthesia until late

in medical school and by then I had decided to do EM. I went off and did a residency and I worked as an ER attending for about 3 years and was finding that that line of work was not a great fit for my personality. I decided to go back and do a residency in Anesthesia. The things that drew me to anesthesia and the things that I still love about it are that you get to see a little bit of all walks of life so to speak in medicine. You intersect with all surgical subspecialties (neurosurgery, pediatrics, obstetrics, etc.) and are intimately involved with disparate fields like critical care and pain management, so there is a lot of variety within anesthesia. I like the problem solving aspects of it in the sense that you have 1-3 patients that you are taking care of at one time and you have to map out the best way to get them through surgery and to their final destination whether it's home, the floor, or the ICU. That requires a lot of problem solving and quick thinking as well as the ability to integrate a lot of complex information in a short period of time. It requires flexibility and adaptability. I also like the critical care and procedural components of anesthesia. It is very intellectually interesting to see a physiologic derangement, perform an intervention such as giving pressors or giving blood products or manipulating the ventilator and then seeing the physiology change in real time. I do liver transplants and it's essentially 6 hours of critical care and resuscitation. It's fun and really stimulating work.

What qualities do you look for in people when you are looking for those who will be a good fit for your program?

Good anesthesiologists have to be decisive and action-oriented people. You have to be willing to make a clear decision when faced with an ambiguous situation clinically. There are other areas of medicine where you don't have to be quite so decisive, where you can wade a little deeper into the problem and take your time. But anesthesia is very time sensitive and we don't tend to overthink things. You have to be

“We function as a critical part of the team, but our work often goes unseen, unnoticed or unappreciated.”

someone who is able to be quick on his or her feet and you absolutely have to be cool under pressure. If high stress, high acuity, and rapidly changing scenarios stress you out too much then Anesthesiology is probably not the best fit. The other big personality characteristic that I think is essential in anesthesia is that you have to be a low ego person, or at least moderate. What I mean by that is you have to be flexible and team oriented and a somewhat modest person who can go with the flow; a person who does not need to be the star of the show. We function as critical parts of the team but our work often goes unseen, unnoticed, or unappreciated. Some people who go into the more glamorous surgical specialties get to be the star of the show in a sense, and if that's something you need, you are not going to get that in Anesthesiology so I think that's something important for people to understand about this specialty.

What types of misconceptions do people have about Anesthesiology or about what you do?

I think that there is a perception that anesthesiologists don't see the patient; they just come in, give the patient a mask, give them drugs, put them to sleep, put some tubes in and then the drapes come up and they sit back and they don't really do anything. Part of the reason for that is that anesthesia has become so safe and efficient that we sometimes make it look too easy; but there is a lot that really goes in to it and you have to spend time with an anesthesiologist in order to see it. Also, if you spend time with an anesthesiologist during an open heart or a liver transplant or a complex spine or any number of difficult pediatric cases, you're going to realize that there is an extraordinary amount of knowledge, thought, skill and judgement that goes into good anesthesia care. There is also a lot of thinking and planning that goes in to what we do outside of the operating room. When I am working clinically, I spend time seeing patients

in preop, talking to them and their families, and in the recovery room, troubleshooting, problems with patients and talking on the phone with other consults and surgeons about other complex patients. When we go see a patient in the preop area, they have already seen the surgeon and they have a sense for what is involved with the surgery but a lot of times they don't have a very granular understanding of what is going to happen today and most of the time they are pretty nervous. I sit down and spend 5 minutes, sometimes longer, getting a sense of this person and try to put them at ease and tell them what is going to happen today, what they can expect, and reassure them that things are going to go well as I help reduce their anxiety and stress. I think this is a very important role we play.

What is the biggest change in the field since you started practicing?

The biggest change I have seen in the field of Anesthesiology since I started is definitely the introduction and main stream utilization of video laryngoscopes. Airway management or the ability to intubate a patient is obviously a critical skill in Anesthesiology and there is a subset of patients who are difficult to intubate. In the past this would create a lot of stress and difficulty for us. We have all kinds of different devices and strategies in order to get patients intubated but it could be a big problem and there could be a lot of morbidity associated with these types of patients. Now in the last 10 years we have seen the mainstream utilization of a new device called the video laryngoscope and this has essentially revolutionized difficult airway management. It has turned what was once potentially very difficult and challenging to an uneventful and fairly easy process and it has dramatically changed the specialty.

— **Conner Clay, MS1**

Educational Pathway for Anesthesiology Residency

PATH 1: *Categorical – PGY-1-4*
Programs begin in the PGY-1 year and provide the full training required for specialty board certification.

PATH 2: *Advanced – PGY-2-4*
Years 2-4 of Anesthesia at the advanced match site, and Year 1 done either as a preliminary or transitional year.

Preliminary Year – PGY-1
Specialty one-year programs in the PGY-1 year that provide prerequisite training for an advanced program such as anesthesia. This can be Preliminary Internal Medicine or Surgery.

Transitional Year – PGY-1
A flexible internship in which an intern in the PGY-1 year is exposed to many fields (OB/GYN, Internal Medicine, Pediatrics and Surgery, etc.). These individuals rotate through different hospital departments every few months. Historically, these programs are more competitive than preliminary programs to get into.

PGY stands for postgraduate year (after medical school).

Medical Education Director: Michelle Kim, MD

Dr. Michelle S. Kim is a Clinical Associate Professor of Child Health and Anesthesiology at the University of Arizona College of Medicine and has been a pediatric anesthesiologist for 18 years. She has been the Director of Graduate Medical Education at Valley Anesthesiology Consultants, Inc, Envision since 2013. Dr. Kim completed her medical school and residency at Loma Linda University School of Medicine and fellowship in Pediatric Anesthesiology at Children's National Health Center in Washington D.C. She practiced academic medicine for four years at Loma Linda University and two years at Northwestern University before moving to Phoenix in 2006 after accepting her position at Valley Anesthesiology Consultants.



Can you tell us about your background, from going to medical school to your practice in Anesthesiology?

My major life decisions always had two roads to take. First career changing decision was whether to attend dental school or medical school. I was accepted into both but a background about why I applied to dental and medical school. My aunt, Dr. Sunmi Yun is an anesthesiologist and later retired pediatrician, who immigrated to the United States in the early 1970's. With her citizenship, she was able to sponsor all her siblings to the United States and we immigrated from South Korea in 1976. She always felt a life as a physician was a difficult one and she discouraged me from pursuing medicine. Growing up, I would tell people that I wanted to be an "Ohio Doctor" like my aunt. I graduated from Loma Linda University Medical School and I matched as a categorical pediatric resident at Loma Linda. During the first 6 months, I rotated in NICU for 4 months and I really enjoyed the acute care and procedures. The latter half of the year, in the office clinic setting, I realized that primary care medicine was not for me and I missed the hands on procedures. In April of that year, I shadowed Dr. Linda Mason, a pediatric anesthesiologist, whenever I was post call or on my days off. In May, I was offered a spot in the anesthesia residency program, outside the match. It was a difficult decision and a leap of faith but I felt drawn to the field of anesthesiology and in July, I was an anesthesia resident. By the end of my second year in anesthesia residency, I was trying to decide between adult cardiac anesthesia and pediatric

anesthesia fellowship. Thinking back to what drew me to pediatrics, I decided to pursue pediatric anesthesia fellowship and subspecialize in Pediatric Cardiac Anesthesiology. I was offered a position at DC Children's Health Center in Washington, DC and completed my fellowship in 2000. I returned to Loma Linda University Medical Center then spent two years at Northwestern. After experiencing those cold Chicago winters, Phoenix was a welcome move. Valley Anesthesiology Consultants was a unique group as a private practice model but with university type pediatric cases. I was the second female pediatric cardiac anesthesiologist to be hired in the group. Ultimately, as a mother of 2 young sons, I chose to narrow down my interests to pursue my role as educator and became the Director of Graduate Medical Education (GME) for Valley Anesthesiology Consultants in 2013.

What advice would you give first or second year medical students who may be interested in Anesthesiology?

There is a stereotype that if you go into Anesthesiology, you will have very little patient contact because they are unconscious during the majority of our care. In actuality, you have to establish trust with the patient and their family within the first 5-10 minutes and we are the protectors of the patient until they regain consciousness. We do more than just place IVs, central lines, and intubate. We have to diagnose and quickly treat the situation. Anesthesiology is the only field of medicine

where the physician draws up medication and injects it directly. We can see instantly the heart rate going up or down or blood pressure changes with our medications. We have to know physiology and pharmacology and work with a variety of machines to safely monitor our patient. If you like working with your hands, instant gratification, anticipating the possibilities, and being cool under pressure, then the field of

Anesthesiology is one you should consider. I also enjoy the aspects of what is going to happen on the other side of the procedural/surgical field. In order to be a very good

Anesthesiologist, you need to anticipate the possibilities and have provisions ready. It helps to have an organized personality and ability to think outside the box. If you are interested in the field of Anesthesiology, we sponsor the Anesthesia Interest Group that meets twice a year, usually in October and March. Lastly, to give yourself choices, I would highly recommend to study all your subjects and do well on the USMLE.

What do you hope to see in the near future for Anesthesiology that would improve your practice and patient outcomes?

Anesthesia is actually quite safe now. I often tell patients and their families that “anesthesia is safer than driving today.” In the future, it would be good to have medications with quick onset and offset for cognitive function, but longer acting local anesthetics for pain control. Our goal as a specialty is to be involved prior to the procedure for medical optimization, to provide an enhanced recovery process with multimodality techniques, and to use regional

anesthesia when warranted so we can decrease overall narcotics use for pain control.

You have moved extensively throughout your career. Can you provide some advice on how to readjust after moving to a new city?

What I have learned is when you move to a new area, expect to get sick for the first 6 months until you develop a super immune system! You need to find your local grocery store, hairdresser, gas station etc, so it feels like your neighborhood.

Moving is very similar to when you start rotations in the 3rd year of medical school, you often feel lost, you need to learn to adapt quickly to your environment, and finding friends makes the day go better. Moving does teach you to be more self-reliant and open to new experiences. Moving around keeps you from getting stuck in the same habits. I would say embrace new experiences as it will make you a better person and physician.

What are your hobbies outside of Anesthesiology?

I always enjoyed taking photos to capture the moments since I was a kid. My first purchase from my paycheck was a 35 mm camera. I recently got a mirrorless camera and took a photography class to learn the basics of the camera and the art of composition. I am exploring landscape photography as well as portraits. I also enjoy traveling to different cities and countries. I like to visit the local museums in every city. I am an avid golfer but I don't like to practice, thus my handicap is sadly 19; it's all in the short game.

— Hong Chen, MS1

Alumnus: Joseph Liao, MD

Dr. Joseph Liao is a first year medical resident at the University of Texas Medical School-Houston. He recently graduated from the University of Arizona College of Medicine-Phoenix.

When did you know you were interested in Anesthesiology and what did you do to make yourself the most competitive?

I knew I was interested in Anesthesiology during my surgery rotation when I had the chance to speak with an Anesthesiology attending during a pneumonectomy. During that case, I watched the anesthesiologist expertly induce our patient, mysteriously control every aspect of our patient's physiology with a double lumen endotracheal tube and a few sites of vascular access, calmly take control of the situation by running the code when our patient went into cardiac arrest, somehow resuscitate the patient and allow the patient's surgery to be completed, before emerging and extubating the patient in the PACU and jovially talking to her next patient in pre-op. I realized at that moment that anesthesiologists did more than managing pain, putting patients to sleep, and waking them up; they were critical care specialists who had the capability to manipulate human physiology in order to keep patients alive.

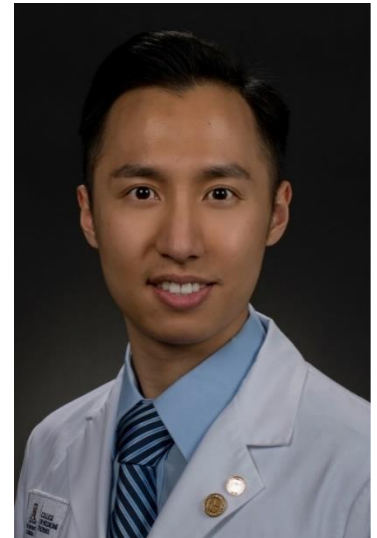
Like any job interview, candidates have to be able to convince interviewers that they can handle, if not master, the job they are trying to earn. This means actually understanding what the job entails, which cannot be achieved unless a candidate has had enough exposure to a field. Anesthesiology is not a core rotation at most medical schools, and students rarely have the opportunity to rotate in the field. Once I knew I was interested in anesthesiology, I scheduled a rotation with Valley Anesthesiology in order to learn what anesthesiologists think about before they administer anesthetics or resuscitate patients.

“At the end of the day, you want to match at a program that is the best fit for you, and that cannot be achieved unless you are clear about who you are and what you can bring to a program.”

It is challenging for students to show that they can handle the job as a resident unless they can demonstrate to interviewers that they have had enough exposure to a field; being an active medical student who has been in enough cases to have some insight into Anesthesiology and have anecdotes to share will certainly help students underscore that they have what it takes to strive as a resident.

How did you prepare for your residency applications? Was there anything that you would have done differently?

Be genuine. If you have any strengths, sell them. If you have any weaknesses, address them and show them why you are now stronger. Your applications are a chance to convince programs that you have distinctive traits that will make you a successful resident; they are also an opportunity to clear the air and stomp any doubts an application reviewer may have. I made sure to give specific anecdotes for each of the strengths I was trying to convey, especially because few things are more convincing than hard evidence. I also expounded upon my aspirations and potential areas of improvement, and specifically noted what I have done to actively grow and how that growth will make me a better resident. At the end of the day, you want to match at a program that is the best fit for you, and that cannot be achieved unless you are clear about who you



are and what you can bring to a program. There is always room for growth, and residencies want candidates who are actively trying to maximize their potential.

If you could give one piece of advice to a medical student, what would it be?

Do a month-long Anesthesiology rotation and be fully invested in the anesthetic plan for every case, and ask your attendings what they are thinking about when they are keeping a patient alive during surgery and why they are doing each step (ex. using special monitors, administering fluids and medications, positioning a patient etc.). An excellent anesthesiologist is vigilant and makes everything look effortless, which is often mistaken for "simplicity". Just as the human body is complex and everything is interconnected, so are the interventions anesthesiologists do throughout a case as every intervention has more than one effect. Asking questions and being privy to what your

mentors are thinking is what will allow students to know what anesthesiologists actually do. This will carry over when you are convincing your interviewer that you are suitable to become a resident in his or her program.

Additionally, I highly recommend going to the American Society of Anesthesiologists' Annual Meeting, and going to the residency program meet and greet. There is always a large turn out from various programs throughout the country, and it will give students insight into the culture and set up of each program. Furthermore, it is an opportunity to speak with residency programs and potentially earn more interviews. There were certainly a few programs I received interviews from that I otherwise would not likely have gotten had I not bonded with the program directors and residents I met at the conference.

— Hong Chen, MS1

Fourth-Year Perspective: Jeanine Asprer

Jeanine Asprer is a fourth-year medical student at the University of Arizona College of Medicine - Phoenix. She was born and raised in the Philippines where she obtained an undergraduate degree in Nursing. Afterwards, she moved to Los Angeles where she worked as an RN while preparing for medical school. Her preparations included completing a post-baccalaureate program at California State University Los Angeles, conducting microbiology research, and tutoring.

When and how did you become interested in Anesthesiology?

During my time working as an RN, I became really interested in critical care because of the fast-paced high-level thinking it entails. So, during years 1 and 2 of medical school, I took opportunities such as Capstones and the PAL block to learn more about potential pathways to critical care such as Peds and IM. I also attended many lunch talks, even ones that I didn't think would be related to it, and that's how I learned about Anesthesiology. Then I

started shadowing Anesthesiologists to learn more about the field. I

didn't get a 3rd year rotation in Anesthesiology which I was initially dejected about, but I reached out to anesthesiologists who gave lectures on campus or who I encountered in my other rotations and was able to gain a lot of shadowing experience. By week 1 of my first anesthesia rotation as an MS4, my interest in anesthesia was definitely cemented.



What do you wish you would have done differently in the first three years of medical school to prepare you for now?

I wish I hadn't wasted so much time worrying about getting the rotation schedule or electives that I wanted. Things have a funny way of working out and sometimes you just have to trust that what is meant to be will happen.

It might take a little more creativity on your part to set things in motion, but our Faculty and Student Affairs Staff are amazing and will help you figure it out. I also used to worry so much about not getting as much research experience as I would like or actually, as much as I think residency programs would like. I realize now that there are other aspects of my application and my personality that will make me a good resident and that the Match is a way for me to find the program that best fits who I am and how I grow and thrive.

Did you have any mentors or experiences during your path that helped solidify your interest in Anesthesiology?

I had many, many mentors that have helped me along the way. One of them was an Anesthesiologist who gave a lecture during my surgery clerkship. After the lecture, I asked if I could shadow her to learn more about the field and she was more than willing to let me work with her whenever I was free. Seeing her help CRNA's troubleshoot difficult anesthesia scenarios, respond to calls from the emergency department for difficult airway situations, and plan for complicated cases definitely solidified my interest in anesthesia. It's amazing when you can use your knowledge of pharmacology and physiology, your technical abilities, and your calm demeanor to keep patients safe, especially in emergent situations.

There was another anesthesiologist that I shadowed for a complicated delivery. In this

case, the anesthetic was an epidural so she was conscious and awake, and also very afraid and anxious. My attending physician asked me to hold the patient's hand and reassure her. This was an incredibly special moment for me because the ability to provide that comfort during a stressful time for a patient is what attracted me to medicine in the first place. More

specifically, I thought it was amazing that I could use the specialized knowledge of an anesthesiologist to provide that comfort.

What advice would you give students considering a future in Anesthesiology?

Keeping an open mind is the most important thing. You really never know where you're going to end up, so learn what you can about every field. Whether you know it or not, the material and the skills are going to come in handy somehow. Find something in every rotation to connect to what you're passionate about. Anesthesia especially overlaps with so many different specialties. You are going to be getting patients with comorbidities, and you're going to have to be able to manage their conditions while they are in the OR. An attending once told me, "In the OR, you are the patient's internist."

Anything else that you want to share?

My advice would be to not just study for the boards because eventually you are going to be taking care of patients, so focus on the process of learning and understanding big picture concepts. A lot of physicians are willing to mentor students, so make sure you take time to form those valuable connections. Don't be afraid to reach out and don't stress too much! There is always a lot of help available.

— **Monica Sadhu, MS1**

“Keeping an open mind is the most important thing. You never know where you’re going to end up, so learn what you can about every field.”

Anesthesiology Interest Group at UACOM-P

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Faculty Advisor

Michelle Kim, MD

Mission Statement

- Educate medical students about Anesthesiology through lectures and informal social events
- Provide opportunities for medical students to learn skills inherent to the practice of Anesthesiology through simulation events
- Facilitate the mentorship of medical students with faculty members

Specialty Report Newsletter Editors: Jessica Pirkle Callan, Hong Chen, Conner Clay, Monica Sadhu, Casey Sedillo, Corinne Maryssa Spires

Faculty Advisor: Lisa Shah-Patel, MD

If you have any suggestions for articles of interest, corrections, or comments for how we could enhance the newsletter, please do not hesitate to contact us at lshahpatel@email.arizona.edu and comphx-specialtyinfo.email.arizona.edu

STATS TO KNOW

Anesthesiology Match Summary, 2018

No. of Programs	Positions Offered	Unfilled Programs	No. of Applicants	No. of Matches US Seniors : Total	% Filled US Seniors : Total	Ranked Positions US Seniors : Total
132	1,253	9	2,011	861 : 1,226	68.7:97.8	11,746 : 16,071

Positions Offered in the Matching Program, 2014-2018

2018		2017		2016		2015		2014	
No.	%	No.	%	No.	%	No.	%	No.	%
1,253	4.1	1,202	4.2	1,127	4.0	1,094	4.0	1,049	3.9

Summary Statistics on US Allopathic Seniors, 2018

Measure	Matched (n=1,012)	Unmatched (n=38)
Mean number contiguous ranks	14.6	5.3
Mean number distinct specialties ranked	1.3	1.7
Mean USMLE Step 1 score	232	212
Mean USMLE Step 2 score	244	226
Mean number of research experiences	2.9	2.4
Mean number of abstracts, presentations, and publications	4.5	2.6
Mean number of work experiences	3.1	3.1
Mean number of volunteer experiences	6.4	6.9
Percentage who are AOA members	10.5	2.6
Percentage who graduated from one of the 40 US medical schools with the highest NIH funding	30.6	26.3
Percentage who have a Ph.D degree	2.5	0
Percentage who have another graduate degree	15.0	27.3