



Stanford Combined Pediatrics-Anesthesiology Residency

Overview

We are looking for applicants with outstanding clinical abilities who show potential to be leaders (e.g., pediatric anesthesia, PICU, pediatric pain management, or other fields).

The program consists of: Year one = 12 months of pediatrics. Year two = 12 months of anesthesiology. In years 3-5, six months/year is devoted to each specialty.¹

For the Combined Program in Pediatrics and Anesthesiology, the ERAS application material should be sent to the Combined Program in Pediatrics and Anesthesiology. If you are interested in also applying to the categorical programs in either Pediatrics or Anesthesia, please also apply through those ERAS programs. For the Combined Program in Pediatrics and Anesthesiology, you will need to interview at both programs over 2 days.

Residents in this combined program are full and totally included members of both departments including advising, mentoring, research opportunities, and resident colleagues, etc.

Contact information:

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Alex Macario MD, MBA, Program Director, Anesthesiology residency (amaca@stanford.edu)

Rotations

PEDIATRICS

- 5 months inpatient rotations (may be general pediatrics, mixed or a single subspecialty)
- 5 months supervisory experience
- 3 months PICU, 2 months NICU, 1 month CVICU
- 7 months subspecialty rotations with a mix of inpatient and outpatient experience
- 3 months ER
- 1 month acute care illness
- 1 month normal newborn.
- 1 month adolescent medicine
- 1 month behavioral/developmental pediatrics.
- 40% of pediatric time is in ambulatory settings
- Weekly peds continuity clinic during peds rotations & once/month during anesthesia rotations.

ANESTHESIOLOGY

- Two one-month rotations in each of obstetric anesthesiology, pediatric anesthesiology, neuroanesthesiology, and cardiothoracic anesthesiology
- A minimum of one month in an adult ICU in addition to the requirements for training in neonatal and pediatric critical care medicine.

¹ <http://www.theaba.org/pdf/CombinedTrainingRequirementsPeds.PDF>

- Three months of pain medicine = one month in acute perioperative pain, one month in chronic pain, and one month of regional analgesia/peripheral nerve blocks.
- One month in a preoperative evaluation clinic.
- One-half month in a post anesthesia care unit.
- No single subspecialty, excluding critical care medicine, exceeds six months total.
- Minimum clinical experiences as defined by the anesthesiology program requirements.
- Rotations are not “counted” twice. Thus, rotations are not considered by the program to meet the requirements for training in pediatrics or anesthesiology simultaneously.
- Anesthesiology experiences continue at least once a month during pediatric training.

A good resource is <https://www.abp.org/content/pediatrics-anesthesiology-program>

Sample Stanford Schedule

Hospital	Number of 4 wk rotations per year				
	year 1	yr 2	yr 3	yr 4	yr 5
Packard Children's Hospital	11	2*	5	8*	6
Stanford Hospital	1	7	6	3	6
Veterans Affairs Palo Alto Health Care	0	2	1	1	1
Santa Clara Valley Medical Center	1	2	1	1	0
Valley Children’s Hospital	0	0	1	0	0

*Pediatric anesthesia, pediatric cardiac anesthesia, & adult Obstetric anesthesia rotations are at Packard

Residents in combined program typically do 3 months pediatrics residency immediately after CA1 (PGY2) year and alternate back and forth every 3 months

PGY1 year

- Participate in once a month online module: the Stanford Successful Transition to Anesthesia Residency Training (START) program <http://www.learnly.org/learnly-start/> along with all the other 24 anesthesia interns
- Along with all other local Stanford Anesthesia interns also participate in the monthly simulation sessions (STARTplus) which are the third Tuesday of each month from 1-5pm

PGY2 year

- During CA1 year, the resident has 12 clinics total. This clinic is scheduled a minimum of 8 weeks in advance with goal to schedule even further ahead of time for the entire year
- Attend the Pediatric PGY2 Retreat in Spring (includes PALS recertification) as well as the June orientation session for pediatric junior residents

Didactics

- During anesthesia rotations as permitted by rotation duties, resident may attend pediatrics conferences (daily at 8am & noon (lunch included)) & peds grand rounds Friday 8am.
- In years 3-5 during pediatric rotations resident attends anesthesia weekday didactics

Exams

- Residents in combined program take written exams for both residencies. For anesthesia the BASIC Exam is taken July of PGY3 year and focuses on the scientific basis of clinical anesthetic practice and concentrates on content areas such as pharmacology, physiology, anatomy, anesthesia equipment and monitoring.ⁱ
- The ADVANCED exam for anesthesia is taken after end of residency and focuses on clinical aspects of anesthetic practice and emphasizes subspecialty based practice & advanced clinical issues.

Vacation

- Vacation time is taken proportionally equal to time spent in each residency in a given year. As required by the Boards absences from training (e.g., vacation, sick or family leave) exceeding 5 of the 60 months of required training must be made up.

Other

- Residents in combined program
 - are involved in residency recruitment (e.g., attend dinner night before interview day)
 - get-together twice a year for dinner lectures (e.g., to increase exposure to the PICU and peds anesthesia faculty)

2017 Dinner get together



FAQs

Question: A concern during applications is whether the combined residency forces the resident into 1 or 2 specific subspecialty paths?

Answer:

This issue was addressed in a recently published articleⁱⁱ, and an excerpt is below:

"I believe combined training leaves many doors open in each of the separate fields within pediatrics and anesthesiology. The ability to explore new, divergent career options was the ultimate reason for my application to combined programs... Combined training holds the promise of adding flexibility and divergent daily work for physicians who value those attributes. Fields such as pediatric sedation and pain services or novel fields yet to fully emerge could be an ideal match for dual-trained physicians. Additionally, there is the possibility of mixing tracts in unique ways such as pediatric critical care and pain medicine or pediatric anesthesiology and hospitalist care. It is easy to imagine a dual-trained physician working one-on-one with a patient in the preoperative clinic one day, the operating room the next, and rounding with a multidisciplinary team in the recovery room, ward, or intensive care unit in the same patient's hospital stay...there will be a growing subset of applicants excited by the opportunity to use different parts of their "minds and hands" more often and interact with a broad group of colleagues."

Question: What is the NRMP Match data nationally?

Answer: Available data includes:

2011: 4 approved programs offered 3 positions, which were filled by 3 of the 9 applicants.

2012: The number of positions expanded to 7 (all filled from the 16 applicants) at the same 4 approved institutions.

2013: 7 approved programs nationally

2014: Stanford (2), Children's Hospital Boston (2), UC Irvine (1), Hopkins (2), North Carolina (1), Pittsburgh (1), Medical College of Wisconsin (1)

2017: 7 programs, 9 positions offered, 1 unfilled program, 24 US senior applicants,

Question: For application process itself, is there a preferred number of letters of recommendation and distribution between anesthesiology letters, pediatrics letters, or letters from other specialties? What is the process for coordinating the application process between the two departments?

Answer: The best bet is to apply as if you were applying to each residency separately with separate letters and essay (you can mention interest in combined program of course). This is because the faculty in both departments will want the applicant to fully fit in their own residency. Once both residencies invite you for an interview we work with the applicants to facilitate dates.

Question: What feedback did the current interns provide about the internship?

Answer:

- "Biggest strengths are very sick kids, makes you comfortable with acute management."
- "Very well integrated combined program. We get to attend monthly STARTplus intern program."
- "Super supportive faculty. Great co-interns."
- "Great teaching, broad caseload, lots of program support"

Financial info

Department-specific benefits apply to the time which is spent in that department.

As an example, below is list of monies/stipends anesthesia residents receive:

- Moving Allowance from hospital GME (graduate medical education office) (pretax) \$3,000 one time when first move to Stanford
- Housing Stipend (pretax from anesthesia department) \$300/month=\$3600/yr for PGY 2-4 yrs
- Housing Stipend (pretax from hospital) \$500/month=\$6000/yr
- Educational Stipend from hospital \$1000/year
- Hospital GME bonus stipend \$2,000/year
- California medical license/renewal \$895 paid by GME if application done on time
- Presentation of research at academic meeting - expenses paid by anesthesia dept
- ASA membership dues \$75
- Call meal money (dining dollars) \$12/late call after 7pm
- DEA registration \$550
- Laptop computer and iPad issued PGY1 year for use during residency.
- Department educational allowance of \$775/yr for PGY 2-4

Faculty Resources

Dedicated Anesthesia Associate Program Director

- Dr. Tammy Wang: <https://med.stanford.edu/profiles/tammy-wang>
 - tamwang@stanford.edu
 - Dr. Wang is a pediatrician and an anesthesiologist so has deep experience in both specialties. Specifically she was a hospitalist at Children's Hospital & Research Center Oakland for several years before completing the residency in Anesthesiology.

Dedicated Pediatrics Associate Program Director

- Dr. Caroline Buckway: <https://med.stanford.edu/profiles/caroline-buckway>

Dedicated Peds/Anes Resident Coach

- Dr. Loren Sacks: <https://med.stanford.edu/profiles/loren-sacks>

Stanford Pediatrics-Anesthesia Combined Residency

Alumni



Mary Lyn Stein, MD (Pediatric Anesthesia Fellow, Boston Children's)



Gavin Hartman MD (Community Practice, Reno, Nevada)



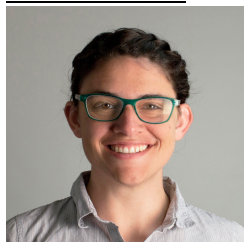
Adam Was MD (Attending, Stanford University)

Class of 2018



Erin Conner

Class of 2019



Jewel E. Sheehan



Andrew Giustini



Jason Reminick

Class of 2020



Aiden Tait



Michael O'Hara

Class of 2021



Allison Nye



Anna Olsen

Class of 2022



Elena Brandford



Kara Furman

Sample Pediatrics Schedule

PGY1 (Internship in pediatrics)	months
Blue (LPCH General Pediatrics Wards)	1
Valley (Valley General Pediatrics Wards)	1
Red (LPCH Renal/Rheumatology -- 2 wks inpt/2 wks outpt)	1
Yellow (LPCH Pulmonology -- 2 wks inpt/2 wks outpt)	1
PICU	1
LPCH NICU	1
PICN	0.5
Well Baby Nursery	0.5
Pediatric Anesthesia	0.5
ED and QI	1
NF-Green Red (LPCH GI/Renal/Rheum)	0.5
DBP	1
Adolescent	1
Community	1
Vacation	1
Total	13
PGY3	
Purple Team (Cardiology)	1
Oncology	1
PICU	1
Primary Care	0.5
ED and QI	1

CFE	1
Elective (J wkends)	0.5
Vacation	0.5
Total	6.5
PGY4	
PICU	1
LPCH NICU	1
Green (LPCH GI Wards)	0.5
NF Sup	0.5
ACC	0.5
Valley Urgent Care	0.5
CFE	1
Elective (J wkends)	1
Vacation	0.5
Total	6.5
PGY5	
Valley Sr	1
Red Sr (LPCH Renal/Rheum Wards)	1
NF Sup	0.5
ED and QI	1
CVICU**	1
Elective	1.5
Vacation	0.5
Total	6.5
**Can do PGY4 or PGY5 year (can interchange with elective)	

Note: Subspecialty Continuity Clinic an Option in PGY4 and PGY5 Year (instead of Gen Peds Continuity Clinic).

Sample Anesthesiology Schedule, PGY2 (CA-1) Year

A-BA	Basic Anesthesiology	A-Preop	Preoperative Clinic
A-Peds	Pediatric Anesthesiology	A-PACU	Post Anesthesia Care Unit
A-PM	Pain Medicine	A-ELEC	Electives (Experiences chosen by the residents over and above their required experiences)
A-Ob	Obstetric Anesthesiology	A-ICU-A	Intensive Care Unit (adult)
A-Neuro	Neuro Anesthesiology	VAC	Vacation
A-CT	Cardiothoracic Anesthesiology		

2nd Year – Anesthesiology

2nd Year Block Diagram

Month/4wk	1	2	3	4	5	6	7	8	9	10	11	12	13
Experience or Rotation	A-BA	A-BA	A-BA	A-PM	A-BA	A-Preop	A-ICU-A	A-BA	A-BA	A-Neuro	A-ELEC	A-ELEC	VAC
Anesthesiology	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y

References

ⁱ <http://www.theaba.org/pdf/Basic-and-Advanced-ContentOutline.pdf>

ⁱⁱ Sanford EL. Pediatrics-Anesthesia Combined Residency Training: An Applicant's Perspective. Anesth Analg. 2013;116(6):1386-8.