



American Society of
Anesthesiologists™

Residents In a Room
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(SOUNDBITE OF MUSIC)

VOICE OVER:

This is Residents in a Room, an official podcast of the American Society of Anesthesiologists, where we go behind the scenes to explore the world from the point of view of anesthesiology residents.

I'm by no means the smartest person in our program.

You have to be a very good diplomat.

Just always asking if there's anything else you can do to help.

BRYCE, HOST:

Hello. I am Bryce Austell, Chief Resident of the Department of Anesthesiology at Rush University Medical Center. I'm here today was some of my fellow Chief Residents from across Chicago for Residents in a Room, the ASA podcast for residents, by residents.

First off. Let's meet our guests. I'd like to go around the room and have everyone introduce themselves with their name and their institution.

LOUISE:

I'm Louise Hillen, I am one of the Chief Residents at Northwestern.

KAITLYN:

Hi, my name is Kaitlyn Neumann I am also one of the Chief Residents at Northwestern University.

CHRIS:

And I'm Chris Hull, I am also one of the Chief Residents at Northwestern.

DARYL:

I'm Darryl Kerr, one of the Chief Resident at Rush Medical Center.

JOHN:

Hi, I'm John Boguski. I'm a Chief at Rush.

MITCH:

And I'm Mitch Bosman, one of the Chief Residents at Rush as well.

BRYCE:

OK, to kick it off today, um let's start with explaining the general concept of what being a Chief Resident means. Our listeners out there might be interested in learning if it varies by program, or institution, or if you're a Chief for one year of your residency, or, it's, if it's an additional year. How does it all work?

LOUISE:

Well, at Northwestern, um, being a Chief is part of your fourth and final year of anesthesia residency. So all residencies, um, are different lengths of, uh, years, but, um, anesthesia is four, so we just complete our fourth years of Chief Resident in addition to being a senior resident.

BRYCE:

Nice. And how does it work at Rush, you guys?

DARYL:

Um, so just to let the audience know not everyone gets to be a Chief, um, if you're part of a large program, um, that there is often times people who are selected to be Chiefs. Um, so Bryce, Mitch, John and myself were elected by our peers to be Chiefs of the program. And essentially that means that we represent the best of, um, of the program in our class and, uh, we represent Rush when we go anywhere internationally, or across the nation.

KAITLYN:

Yeah, at Northwestern, um, I believe we have 23, 24 residents per year and we have three Chief Residents and our primary goal is to represent our residents and the needs of our residents, their education, um, their wellness, and just their overall, um, like situation in the program. Um, we act as the liaison to the administration, um, and regarding, um, residents, um, and their, and, and, the whole residency program in general.

BRYCE:

Fantastic. Um, tell us a little bit about your decision to become a Chief Resident. Was it a decision, or was it a goal of yours even? Kind of, how did that come about, or how was the selection made in your institution?

CHRIS:

Um, so for us at Northwestern, it's kind of, you get voted on by your peers, as well as the faculty, and then our Program Director would bring us in and ask us if we wanted to be Chief Resident. So, um, for me it was, uh, the reason I said yes was cuz, it's kind of an honor, cuz everybody gets to pick you. Um, so they think you're the one to kind of represent not only the residents, but also kind of represent, uh, kind of what the faculty want in a resident as well.

BRYCE:

And was it a similar experience at other institutions?

MITCH:

Uh, at Rush, it's very similar. They ask us beforehand, actually, if we would be willing to be Chief and then it goes to a vote, um, so that no one gets voted upon if they have no interest in being the Chief.

BRYCE:

Got you. I guess it's kind of hard to plan this for sure, you know, ahead of time, but was there an "a-ha" moment for anyone when you kind of realized earlier on in your training like yeah, I wanted to be Chief Resident, or that is something, you know, that I aspire to be?

LOUISE:

I think the Chiefs at Northwestern are traditionally and very strong residents, so, I don't think I ever thought, oh, I want to be a Chief Resident. But I thought I want to be like them and be like the Chief Residents that came in the class before me. So, um, it wasn't about being Chief about being a good resident, I think.

(Agreement)

DARYL:

I totally agree with that. I think that, um, when I was a incoming intern and a CA1, I looked up to my Chief Residents very much as role models, and I wanted to be that type of role model to the incoming, uh, anesthesia residents when it was my time to be that senior resident. So I totally agree with that.

BRYCE:

So what are some of the skill sets or circumstances that allowed you to become a Chief Resident? Um, what were the skills that really set you apart from your, your co-residents?

CHRIS:

Um, I think one is just kind of working hard. Um, just showing that you're willing to put in the, uh, extra effort, whether it's staying late, or whether it's doing something to improve patient care, um because I think that's one thing that a lot of people want to have in a Chief Resident is someone who's willing to work hard. Um, as well as, you know, kind of having a collegial attitude towards faculty, CRNAs, co-residents things, like that.

JOHN:

Uh, I completely agree, um, working hard is fundamental, but I think you also have to be well-rounded academically and clinically. Um, you know, in addition, you have to be a very good diplomat and, uh, be able to work well with, uh, everyone you encounter in the ORs and outside.

KAITLYN:

Kind of along that note, being a good communicator is a very, um, good skill to have. Not only are you communicating with your fellow residents, but you're also communicating with administration, with the um, different OR staff, um, and just the

colleagues in anesthesia in general. And I think that's really important to be able to have conversations with them and then rep, help represent their thoughts and ideas and requests, um, to everyone involved in the program.

JOHN:

Definitely a lot of common themes here. Being a team player, being willing to work hard and go out of your way to make everyone's life a little bit easier day in and day out since it's a long road during residency.

BRYCE:

So continuing on, um, did any of you have a favorite mentor or a favorite Chief that you kind of looked up to when you were early on in your residency and you really just no wanted to be like them?

KAITLYN:

Absolutely, there was one Chief Resident my CA1 year, so my first year of anesthesia, who was an excellent educator. Not only that, but he was possibly the most enthusiastic person about anesthesia and general, and starting off doing my first calls and everything as a junior resident, I loved working with him, and I knew as a previous educator myself that was something that I really aspired to be in the future, and someone I really looked up to.

MITCH:

I had a similar feeling my CA1 year with one of our Chiefs who was absolutely just dominant in the OR. She was an amazing clinician and she also kind of just controlled the room as a whole, and so that's what I aspired to be like when I became Chief.

BRYCE:

Okay. So Kate or Mitch, do feel like there was any specific advice that you got from those mentors that really helped you get to where you are today?

KAITLYN:

I don't know if there was any directed advice, necessarily, more just as a role model, um, behavior-wise.

MITCH:

I'd say that's pretty similar to me. I just kind of saw myself in her, almost, in our personality types. So, that just kind of led me to believe that that could be me in a few years.

JOHN:

You guys definitely have similar personalities.

DARYL:

I think my mentor, role model, actually was someone who wasn't very vocal, as Mitch's role model was, but did lead by example and I think that was, um, that went a long way for me, instead of someone who was a great communicator.

BRYCE:

Absolutely. So now that everyone is a Chief Resident, um, and you've kind of seen the ins-and-outs of the job, is there anything you wish you would have known before accepting to be a Chief Resident?

LOUISE:

I think, I wish I would have told myself, it's okay to make mistakes along the way. I think this is our first year on the job as a Chief Resident. If this were a longer, uh, roll maybe we could perfect it, but we have one year to kind of get the job right. And so, I've made some mistakes along the way, and, um, don't, so I guess I would tell myself like don't be so hard on, on yourself.

CHRIS:

Yea, I think to kind of go off of what Louise says, is that, um, you can't please everybody, I think is a good thing to know, cuz you have faculty coming up to you with certain problems, you have other residents coming to you with certain problems. Obviously when you're making the call schedule, it's hard to please everybody, um, so just knowing that, that it's kind of impossible to please everybody.

DARYL:

It's good to know you guys have the same problems that we do.

(Laughter)

BRYCE:

Its definitely true, there's a lot of give-and-take and it's good to just, you know, acknowledge, you know, where your shortcomings are, and just let people know that you're trying to do your best and as long as you put your best foot forward people are, are going to trust you that you are doing your best job.

Going along with that what were some of the pros and cons that you all perceived prior to accepting the position? And how did you kind of, weigh your decision um, to accept?

JOHN:

Well, you're leaned on a little more, for more responsibility. Obviously, there's the schedule making, but when there are, you know, you have to cover a shift or, um, something of that nature in a short notice, it's generally looked upon for either us to fill that, that void or, or find someone that will. So, you know, often, uh, unfortunately, you know, you have to, uh, reach out to your colleagues and, and ask them almost a favor if they can cover, and that, and that, you know, can be hard to ask your friend to cover a weekend shift. So, you know, it's not all uh, pleasantries being a Chief, cuz often you're, you're forced to, to make a tough decision.

BRYCE:

Definitely, I think the schedule is one of the most challenging thing that's a common theme that we see across, across the board here. Um, lot of moving pieces, lots of rotations, lots of residents. In our programs we have very big programs here in Chicago, and I'm sure that's not uncommon across the country.

Were there any big pros that you guys were excited about becoming Chief Residents?

KAITLYN:

I think one of the biggest pros are the, um, relationships that you foster during this experience. Not only are you in a unique position to really get to know all the residents in the program, but you are in direct communication with the administration, your Program Director, and people in the department that you wouldn't normally come across

on a daily basis. And I think that's definitely been one of the biggest positives about this entire experience.

MITCH:

I also think it gives you an opportunity to do more for your program and have a more positive influence because of where you stand as a Chief Resident. You kind of see more of the inner workings of the department and you can find new ways to improve, not only your own, but other residents lives along the way.

JOHN:

Alongside of that within our own apartment but also across the entire institution, um, as Chiefs, we're kind of given that, um, that role and responsibility to advocate for our program amongst all the other residency programs in the hospital, um, so we can positively affect changes for our residents and, um, for our department.

CHRIS:

Same with us at Northwestern, we have a monthly meeting with all the Chiefs and all the other specialties in the hospital, so you kind of get to know them, kind of get to know their specialties. So, it's kind of nice way to kind of branch out and, uh, because, I mean, as part, as anesthesiologists, obviously you're kind of working with a lot of different specialties at all times throughout the hospital. So kind of getting to know of some of the faculty and residents from other um, specialties, is very helpful as well.

BRYCE:

Absolutely, um, and now that we're in our Chief Residency year, we kind of have these pros and cons in our mind, do you feel like they were actually what you expected? Did you feel like the schedule was very difficult to make? Did you feel like you actually got to know the hospital well and the inner workings of the department? Um, were your expectations accurate?

LOUISE:

I think so. I think we were warned by Chief Residents before that making the schedule was typically the hardest part. Um, I, I don't think the actual act of making the schedule is the hardest part but the reactions to people seeing their call schedule, and seeing that they might not be able to make a certain party, or a certain social event and that,

quite honestly, I take it really personally because I want them to be able to go to everything that they want to go to. Um, but that's, I think that's the hard part of the job and I think we knew what we were signing up for when we took the position.

BRYCE:

But honestly, that probably is a trait that makes a good Chief Resident. Someone who does care about you know the, you know, we work to live not live to work, I think. People say it a lot, so it's one of my, um favorite sayings.

(Agreement)

(SOUNDBITE OF MUSIC)

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BRYCE:

So we've heard a, a little bit about the challenges that were facing as Chief Residents, and the pros and cons. You know, how are we approaching these challenges? How are we dealing with them and do feel like the pros are outweighing the cons?

CHRIS:

Think I, uh, leaning on each other for the cons. I think, um to just kind of go off, like based on the schedule, so obviously if we split the schedule up so that someone makes it for four months, someone else makes it for four months. But when that person makes it, it's not just on them when there's a problem that comes with this call schedule. Right? So, you can lean on your Co-Chiefs to kind of help smooth out some of the problems that pop up. Um, if someone's not happy with their call schedule, or something needs filled, um, it's not just on one person. Everyone else is there to help him as well.

BRYCE:

Yeah. We definitely take that on similarly, and will, you know, we do two chiefs each month to kind of back each other up and we all come together as a one front if there's an issue, it's not one person's fault or the other.

KAITLYN:

I think also, just being honest with your co-residents. One thing that we do is we have a town hall meeting and this is something that is frequently discussed, and by kind of laying out all of our cards on the table and being honest with them about the call schedule, changes that were making to every rotation, and the reasons things are the way they are, and um, also asking for feedback on how to make it a little bit better, it kind of levels the playing field, it gets everyone involved in the discussion and I think creates a better atmosphere for making the schedule and call requests and everything like that.

BRYCE:

Yes, Absolutely. We try to be as transparent as possible...

KAITLYN:

Yes, transparent is the perfect word.

DARYL:

In addition to that, I think that we try to be as organized as possible to make sure we keep track of everyone's calls. And the reason why we choose to do it in pairs, is that it allows two sets of eyes to look at the schedule, um, where we can both feel very comfortable, confident that we didn't, we made the schedule to the best of our um, abilities. And also if we are very organized and make the schedule early, we can hopefully, um, help people plan things around their schedule or in their lives so that it's less of a problem later on for them.

BRYCE:

Was there any, anything specific that you had hoped you would get out of being a Chief Resident and since we're nearing the end of our Chief Residency, you know, just a couple months left. Do you feel like you got that experience?

DARYL:

I think for the, the experience part, knowing what it was like being sort of part of the administration is an experience I kind of liked to have as a Chief. I don't intend on getting MBA, so as much as, administration experience as I can get from this was enough to kind of help me decide my future ambitions. You know, so I think some of us may consider being Program Directors or Assistant Program Directors, or um, Heads of departments, and having some degree of experience in this role, um, can help with that.

CHRIS:

I definitely agree with that. I think that, I mean, going through the first two years of your residency, obviously, you're in the OR and you get all these anesthesia skills, but kind of being a Chief, um, kind of gets you that administrative side as well, whether it's, you know, helping out with interview days and making the rank list, um, doing different things for different sort of resident education, things like that. And then obviously, just having different meetings with, like your Program Director, Assistant Program Directors, kind of gets you that experience for the administrative side that you might not normally see if you weren't.

JOHN:

I was excited about, uh, being more of a influence to younger and, uh, new residents. Uh, you know, as much as we all admired our Chief Residents, it is, it was neat to be, and is neat to be in a roll of, of leadership where, you know, you're looked upon almost as a role model to them. Obviously because we became Chief Residents, we must have been doing something right. So they, they do, uh, you know, look at everything we do inside and outside the ORs, um, and, and use that as a model for their development and I think that's just a, just an amazing opportunity.

BRYCE:

Yeah, they definitely kind of put you in more of a teacher kind of role at least they'll pair you up more in the OR, or give you lectures to lead and that kind of is a good experience especially if you're interested in academics or being a supervisor kind of role in your career down the line.

So some of our listeners out there maybe interns, or CA1s, or even medical students, and they're kind of thinking, you know, why this is something I would love to do. It, it would be amazing to be a Chief Resident one day. You know, if we could give advice to them, what would we say? You know, this is what you should do. This is what you should try to aim for. What are the goals that should have?

CHRIS:

I think the one thing I was always tell med students or younger residents who ask me this is the number one thing is working hard. Um, because as a med student or like as a CA1 or intern, I mean you're not going to know everything. Especially starting anesthesia since it's completely brand new and it's something totally different than med school or your intern year, um, there's going to be days where you feel really stupid, um, and that's okay. Like you're not expected to know everything, but I think working hard and trying your best at everything and really putting in the extra hours, kind of makes up for maybe some of that lack of knowledge early on because I mean, that's why residency is three, four years, is it takes a while to build that knowledge. But if you have a nice base of hard working at the beginning, um, I think that goes a long way towards how people look at you.

LOUISE:

I am going to echo what Chris said. I think being hard-working is really important, but I think above that, you also have to be hardworking and put a smile on your face at the same time. I think attitude is everything, um, you know, if you're the last person there at the end of the day, telling your attending that you're grateful that they took the extra time to be with you, um, just always asking if there's anything else you can do to help, um, and doing it hap, with a, with a smile on your face, and being the person that they can rely on to go that extra mile. I think it was a long way, um, whether you have the knowledge or not, whether the best resident or not. I think attitude is everything.

BRYCE:

Absolutely, just, and not even with your attendings. You know, it's with juniors, it's with mult, all across the board, multidisciplinary, the nurses, the surgical staff, you know, if you kind of are that way with everyone, you know, people are going to understand that you're, you're in it to win it and you're, you're a team player, like we were saying earlier.

(Agreement)

DARYL:

I think another, um, another way, that's some younger folks may be able to aspire to be Chiefs as if they either, um, focus on what you're really good at and try to teach someone else, and the other people around you, or even focusing on your weaknesses and making goes better and then sharing what you've learned through that with your

peers as well. That shows that you're, um, that's, that's a character of a leader, I think, in that you're not just trying to make yourself better, but you're also trying to make the people around you better, and that's, um, that's a good leadership quality to have and people will notice that when you do those things.

BRYCE:

I think also just showing that you're interested in the leadership-type, type rolls early on, is important as well. There's tons of opportunities in these, you know in large academic institutions to get involved with any kind of club or, you know, wellness is such a big thing these days and, you know, a lot of programs are getting wellness committees, and as a CA1 helped out with the wellness committee alongside other residents, and you know, just showing that you're interested in leading in any capacity is a, is a good thing to do. And also academics, and at what are you guys still about academically, kind of trying to set yourself apart?

DARYL:

I'm by no means the smartest person in our program...

BRYCE:

Yeah, I echo that, I don't think that any of us are definitely the smartest people, but...

LOUISE:

Speak for your, yourself. I'm totally kidding, totally kidding.

(Laughter)

DARYL:

But I think we work hard at being very, very strong and solid academically.

(Agreement)

BRYCE:

I think it's important to be well-rounded as what we're trying to say, you know, you don't have to be the best in the OR, or the best at test-taking, or just the nicest most popular person. It's nice to be well-rounded.

KAITLYN:

I think also, getting yourself set up with a good study routine, um, your first years of residency is very important, time management skills because one of the biggest things about being Chief Resident that you are adding on a lot of additional responsibilities that takes up a lot of your time. And so if you make a very solid, um, foundation for studying and your actual education during residency early on, you're setting yourself up to carry forward those habits when you're Chief Resident, and you will be a lot more effective.

BRYCE:

It really is a lot of additional time, and, and work. I mean just to give our listeners an idea, how many hours a week, on average, do you think you guys are kind of putting into being a Chief Resident? Like what is the additional burden?

MITCH:

I'd say it varies week to week. There are some weeks that I only put in an hour of additional stuff and there's other ones where I sit on the couch for 5 hours every Saturday trying to figure out the schedule, or cover calls, or just try to do extra activities to kind of better the program. So it'll definitely take up a bunch of time. But, it's time you may not notice.

DARYL:

I think it's hard to say, week per week.

(Agreement)

DARYL:

But I think, per task, like for example, I think the schedule probably is an additional 10 hours, overall, per time we make it. So, and if you are smart to divide that time up, or find the free time where you can take a big chunk out of it.

BRYCE:

And it really also depends on how many Chief Residents you have at your program. You know, here for example, we all have three or four, but your program may be smaller and you know email I have one or two. So, it, it would vary across the country, I'm sure.

LOUISE:

I think we split up time at Northwestern, so it varies based on the week, but I think the most surprising thing about time management is that really random things come up all the time. Like this past weekend, we had a couple situations that the three of us were texting at midnight on a Saturday to try and figure something out and, um, you know, those are hours that you're not expecting to be working, but you are.

KAITLYN:

In fact, I even just got a text message regarding that now...

BRYCE:

Yeah, I saw Kate checking her phone, as we were...

KAITLYN:

...so it really knows, it really knows no boundaries as far as the duties, and I think, um, a couple of things, um, kind of play into that. Having, really working together with your co-Chiefs and kind of delegating, um, tasks and everything like that, and working together. is going to be huge.

CHRIS:

And then I think also picking up extra call shifts. Um, I know, being charged the schedule, obviously you try to find people who can pick these shifts up, but if no one else can pick them up, it kind of falls on one of us, to sort of fall on that sword.

BRYCE:

Absolutely. Well, I think we've had a great, kind of, preliminary discussion about, you know, what our, our hopes and goals were and how we decided to become Chiefs and you know how that process unraveled. Um, so, please join us on the next, um, session of our podcast of Residents in a Room.

OUTRO/MUSIC

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