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Anesthesiologists™

Residents in a Room
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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.

There's a lot of options, as we all know, coming out of anesthesia, whether or not to pursue the multitude of fellowship options that we have.

For myself, I'm planning on going into private practice, at least for the first couple of years, and we'll see.

Coming out of residency, having a more predictable schedule, I think is huge for me, having more control over my schedule.

If you talk to enough people, you perceive that there is no straightforward path in the profession and that that's normal.

DR. RANDALL YALE:

Welcome to Residents in a Room. The podcast for residents, by residents. I'm your host, Dr. Randall Yale. I'm currently a CA3. And today we're going to kick off our two part series talking about their potential futures and careers in anesthesia. In this episode, the conversation will revolve around where we're trying to go and how we expect to get there. But first, let's introduce ourselves. And again, we are recording today at Froedert Hospital here in Milwaukee, and we're all residents of the Medical College of Wisconsin Department of Anesthesiology. And we are

DR. ALLIE TAYLOR:

Allie Taylor.

DR. ALEX DAO:

I'm Alex De.

DR. AAKASH SAXENA:

Aakash Saxena.

DR. YALE:

Perfect. And Ali is one of our CA3s graduating here, going into Pain Fellowship. Alex is a CA1 and as well as Aakash and they'll kind of talk about their interest. We're all at different stages of residency here. None of us will be in this role for too long as we're transitioning out of residency. What are you thinking about and what are you worrying about? Let's start with giving me your big picture concerns here and then we'll dig into details a little later.

DR. SAXENA:

Me I'm pretty early on, but I'm thinking about what kind of fellowship I want. With CA2 year around the corner, we have to start thinking about what kind of fellowships we're interested in and the applications start opening up. We start building our selves up and moving towards that career we want to have for ourselves. But it's still kind of like a guessing game because not all of us have had the opportunities to try all the fellowship options yet. But as we go forward and to the big picture, just what kind of career I want, whether it's academic or private, where I want to be, I want to be close to family, just kind of that lifestyle stuff that really plays a bigger role.

DR. DAO:

For myself, I'm planning on going into private practice, at least for the first couple of years, and we'll see where the future takes me. Maybe back to academics, I guess what I've been worried about, I've talked to a lot of attendings that came from private practice and then are now back here in academics. You know, the job market right now is incredibly robust. I think you guys probably know that just from getting recruited and whatnot. But there's also, I think, something that a lot of people don't talk about is there's a lot of predatory practices out there and you don't really know about that until you either start talking to partners very high up in the service, or you have a friend that happens to be there or just from experiencing it yourself. And then a couple of the attendings I talked to, they worked really hard and they were, you know, fresh out of residency. And then they found out later that maybe the practices that they were in were a little predatory. And that's why they're back here now.

I think for myself, you know, I've just been in medicine. I haven't really had too much real world experience. That's something I'm pretty worried about. Like, I'm happy to work hard and I want to work hard when I'm fresh out of residency, especially when I have the energy, but I just don't want to be taken advantage of. So that's something I'm kind of always just like looking for more advice about.

DR. YALE:

Yeah, I think those are important concerns that have any concerns, Ali?

DR. TAYLOR:

So I'm going to Pain Fellowship next year. So that's sort of a continuation of training. So in that sense, there will be some continuity. On the other hand, finishing a three year. I mean, I feel confident, you know, the training has been strong and I feel capable. On the other hand, I feel also the imminent loss of support, which I won't necessarily experience because I'm not going straight to work, but certainly is something that's on my mind.

DR. YALE:

Yeah, I know myself applying for jobs in the community this year, one of my big concerns obviously is, am I going to be prepared? Am I going to be pressured to go where we sit a lot of our own cases? So am I going to be pressured to go solo? Am I going to be asking my more senior colleagues questions every single day, even about, you know, pretty simple stuff that we may consider?

The other things like you kind of harped on, Alex, is is this a group that I could potentially stay at for my whole career, or is this going to be a good match, you know, or are they going to take advantage of me because I'm a junior faculty or junior staff, that type of things? And I think we'll kind of dig into that a little bit later when we're talking about looking for different jobs and interviewing. So I think that's a good start.

Ali already talked about going into pain fellowship and Aakash, I know you've considered and we've talked about fellowship options. Do you feel like the decision whether to pursue a subspecialty or fellowship training comes early? Do you think it comes too early? Do you wish you had more time in making this decision?

DR. SAXENA:

This is something that I kind of go back and forth about with other residents in my class and also some of my mentors and stuff. And I also talk about it with my wife. Just that there's a lot of options, as we all know, coming out of anesthesia, whether or not to pursue the multitude of fellowship options that we have. Not all of us get a chance to try them pretty early on in our career to make that distinction. But something that was brought up a lot by the mentors is that anesthesia is pretty forgiving in the sense that you could always go back and apply for a fellowship after you've been out in the career for a while. So I would say the door is always open for us. You're never too far behind in trying to apply for it. Our applications do open up to us in CA2 years. So a lot of us who applied for medical school coming out of college and doing this timeline where we just had these deadlines to apply for in the next step of our training, we kind of have a little bit more leeway in deciding or whether or not this is something for us and we need to apply immediately or we can kind of wait on it. One of our faculty members is been in a career of OB anesthesia for quite some time, and he just told us this last couple of weeks that he's going to be doing a pain fellowship. I don't think I am worried as much as I was before about having enough time and deciding whether or not I wanted to do a fellowship.

DR. YALE:

Ali, what are your thoughts about that having gone through the process? And I guess the second part of that question is what information would you have like to had before you made the choice?

DR. TAYLOR:

I mean, it is difficult to experience all the subspecialties early on enough to really feel like you're making the most educated decision about fellowship. I certainly felt that way. Although I've thought for a while about applying to pain medicine. So on the other hand, I was fairly confident but did feel drawn towards multiple different things and sort of played around in my mind about other fellowships. I think it is a challenge. A year and a half into residency is a short period of time really, and you learn differently at each stage. So I think what you're learning in the beginning of a subspecialty is sort of different than what you're learning towards the middle and the end. But I think like Aakash said, I don't really think you can make a wrong choice. You apply for fellowship and you get a little bit of extra training and maybe at the end you decide, Well, that's not really how I want to take my career, and that's okay. If you talk to enough people, you perceive that there is no straightforward path in the profession and that that's normal and that's okay and probably for the best. So, why it may not be ideal. I think it's okay.

DR. YALE:

I think that's a pretty good segue into the next question here. As far as what do you think are the pros and cons of fellowship training versus general anesthesia?

DR. SAXENA:

I've just actually talked about this with another senior resident in our class, and they framed it in a pretty interesting way in like the monetary view of it. So he was saying that if you look at it, fellowship, you would essentially be a trainee for another year. You'd get paid as another resident like trainee salary versus like an attending in general anesthesia, which we all know that the job market right now in private practice and such is pretty lucrative and hopefully stays that way for a period of time. But he was saying essentially that first-year salary versus the attending salaries, like basically you're paying the tuition of med school all over again to be a trainee. So that fellowship training to you should mean more than just the monetary investment that you would do. You'd have to really, really want to do it, be interested in it. So he was giving me that advice to really think about what it is that I want to do and not just jump into something just because you feel like, Oh, this is something you have to do to make yourself more competitive or in the job market, or this is just the prestige of it or something like that. Now it's something that there are definite risks and benefits of pursuing a fellowship.

DR. DAO:

I would agree with that. I think, you know, just entering this specialty, there's been a lot of talks here and there just about what the job market is going to look like in the future. At least for now. It's like it's incredibly robust and then only time will tell what the future looks like. And I think there's always an ongoing debate as to like, should you do a fellowship in order to make yourself more marketable or should you just stay on as a generalist?

For myself, it's like I'm just going to stay in general anesthesia. I find that at least right now, I like I like all the cases and all the stuff that I would consider as a subspecialty like regional or OB, there's certainly job markets out there where you don't have to do the fellowship in order to still get that job. Or I came from more in internal medicine. One of the anesthesiologists there that I was pretty close with, he finished residency, actually had a fellowship offer at UCI, and then he turned it down because he got the regionalist job at my hospital. So we ended up just doing that.

But I think like there is a lot of pros in doing the fellowship because you would really be the specialist specialist in that once obviously in that one field. The other side of that, it's like, I understand what you're saying. Or, you know, is it worth the monetary value? It's

hard to say. I think part of it is like if you do want to say academic, it certainly does help you.

DR. YALE:

Yeah, I think my approach I take and kind of when I talk to junior residencies, if you love a certain subspecialty, if you're passionate about it, definitely I would consider pursuing it. If you're kind of like, I have an interest in this, I have an interest in that. The nice thing is about residencies, you should gain enough skills and knowledge to continue that. If you are going to, whether it's stay academics go private practice, you should gain enough skills to continue to regional, continue to OB to in general healthier peds. And even in the community they have non cardiac trained anesthesiologists doing hearts, pretty healthy community hearts. So I think it's an individual feeling during residency and as you're advancing to kind of have that sense if you feel comfortable doing it without the subspecialty or fellowship year.

For me, when I was looking for jobs, I definitely I've done enough hearts and if pressed I could do a community heart, but I just don't feel comfortable doing sicker hearts. And so for me, looking for jobs, I was looking for jobs that didn't do hearts. And so that was something when I was searching that I would ask. And it wasn't that I was inferior, it was just an individual comfort level. And for me, my approach is if I'm going to take care of a cardiac patient, I want to be the best equipped I can be. And for me, I felt like that was a cardiac fellowship year, which I didn't wish to pursue. So I didn't wish to take care of hearts and most jobs were understanding of that and we're accepting of that. So obviously, if it's a heart institution, they may not be accepting of that approach. But so I decided to just be an anesthesiologist. It's a Jeopardy reference right there.

DR. DAO:

There's nothing wrong with the quote unquote general title. You know, we're still specialists at the end of the day, and that's something to be proud of.

DR. SAXENA:

There's something to be said about like having such a wide variety of stuff that you get to do as a general anesthesiologist. I mean, you get to dabble in OB and then neuro and thoracic and you get to see all the crazy airways in EMT do your own blocks. There's lots of variety and quote unquote, just being a generalist, which people would view back in the day and like, Oh, you're just a general anesthesiologist. And like, no, I get to see literally everything.

DR. DAO:

And you can call yourself a gas doctor if you're not a general anesthesiologist.

DR. SAXENA:

Exactly.

DR. YALE:

I think that was a good topic. And I think there was a lot of wealth of information there. So soon we'll be facing more life altering decisions, such as type of practice we'd like to work in. And there are many different versions out there. True private practice for the new term out there is employee based or employee of the health care system or the hospital. Academia. We have solo practice VA health care systems and now a hot job out there is locums, traveling and that's kind of a hot commodity anesthesiologists of all types are pursuing. What kind of practice do you see yourself in and why?

DR. SAXENA:

I think for me I'd want to do private just because short of the monetary thing, just to be able to work in an efficient setting and work in settings where you really are valued for your knowledge as a consultant and really get to hone your craft and become an efficient provider and physician for these patients. But all in all, I mean, it kind of comes down to where you see yourself long term, at least for me, I don't want to be the person working in academia doing research or, no offense to learners, but I don't want to be taking learners, especially early on in my career where I feel like I need to really hone myself. Maybe later on down the line when I'm like getting closer to retirement, maybe I'll think about joining academics or taking on medical students or residents or something like that. But in like a community based setting, but for sure, when I first start out private.

DR. DAO:

Yeah, I second that. That's something I've given a lot of thought to myself. I think with private practice it's like, you know, at least the attendings I've met that have come from private practice, you know, every attending strong. But I feel like they're particularly a little bit more efficient, mostly because like, you know, time is money and they have to wake patients up quicker on time with sometimes less resources. That's the fun part of it. But I think on the other hand, it could be kind of scary because some of the ones I've talked to you don't you don't really have any backup, you know, out there in the private

practice community setting. Yeah, you're it. There's like a drama going on at night. I was in a drama yesterday with so many resources like CRNAs, attendings, a bunch of anesthesia techs just all helping you like I only did the area where everybody did everything else until everything was settled, you know? But in the real world, it may not be like that. And I was thinking to myself, I don't really know how somebody could do this solo without at least some support at the beginning.

DR. SAXENA:

A lot of the mentors I've talked to have steered me with their words to do private in the sense that they've given me a lot of insight because there are a lot of staff here that we have that have been both in the private setting and academic setting, but they're all here now in an academic setting. So I don't know what that says.

DR. DAO:

Do as I say, not as I do.

DR. YALE:

So it seems like you guys have quite a bit of drivers that are kind of making helping you make those decisions. What influences and how would you prioritize those variables such as money, autonomy, flexibility, location, supervision versus own cases, are kind of driving the point to either private practice or academia or VA or employee or even locums? Do you have a top driver or influence?

DR. DAO:

I think while I'm young, probably money, just mostly because I feel like this pressure to have enough money to put down on house. And then by the time I'm finished with residency, I'll be 32, 33 with really not much in my bank account. And that's kind of scary to think about.

DR. SAXENA:

Negative dollars in that bank account I bet.

DR. DAO:

Some of us have negative dollars. But moving into the future, you know, I think you and I are both from California, so eventually we'll probably migrate on back there. And it's you know how it is there. It's so expensive.

DR. SAXENA:

Mad expensive.

DR. DAO:

Yeah. So I don't know. I don't know if it's even possible to go back there.

DR. SAXENA:

There's another golden nugget that one of our attendings told us. When it comes to hunting for jobs, there's no perfect job out there. And there's always three things that you can look for in a job. It's the type of job you want. You know how Randy was saying like, I don't want to do hearts, I want to do this, this and this private academic. So that would be the type of job. The second would be location where you would like to practice, how close you want to be to your family, or do you want to be like a locums person traveling all over the place and seeing the country? And then third is money. And then this golden nugget said, pick two. So because you're never going to get all three. And if you do find all three, hang on to that job for dear life, because that is a rarity for sure.

So for me, right now, as I'm young, I have to agree with Alex, probably money so I can pay off loans, get a house, really establish myself, and then kind of a toss up of the job I would want versus the location. I think as I've moved out here, I felt myself be a little bit more flexible where I want to go. But I mean, ideally I'd like to be closer to my family, my wife's family's, so location and I kind of have to just wing it with the type of job I'll get, Though that type of job is much more flexible these days with how in-demand we are. and I feel like from the senior residents I've talked to, it seems like you guys have had a lot more negotiating power than other people have had in the past or other residents have had in the past. Is that true?

DR. YALE:

I probably shouldn't say this, but my job had no negotiation and the reason being is it was the job I wanted. They kind of know that not only was the job that I wanted, but it's a job that good amount of people in town would like. So they kind of knowing that they have the power, they don't have to negotiate as much. Plus it's an employee based. So

most of those employee based practices, they just offer you a standardized contract. A lot of the only things that you can really negotiate or your start time. They have a standardized salary that everyone gets paid the same, no matter of seniority or anything like that same shifts. So it's a different world than, I would say, kind of a true private practice or even academia, where you can maybe negotiate your academic time and salary, that type of stuff.

But speaking of driving influences, my big ones were location seeing that we have two young kids and my wife's family is from Milwaukee. That's what mainly influences the stay here is family. Her family's all here, so it's a lot easier for family and emergency situations to come to your aid in Milwaukee than it is, say, Los Angeles, where my family's from. You know, they live ten miles away and it could take them a couple of hours to get there. So that wouldn't be feasible with a two physician household. But Ali know you're going away for a year, but do you have any sights on the year after that?

DR. TAYLOR:

So you want my take on these four things?

DR. YALE:

That be awesome.

DR. TAYLOR:

So money, autonomy, flexibility, location. And I got to say so yeah, I mean, I'm, I'm doing a fellowship. I'm leaving town for a year, plan to come back. But Randy and I have, what, nine weeks left of residency? And of these four things, I'm really seeing autonomy and I'm seeing flexibility. And I think that's probably a product of the constraints of residency talking there that seems like in a job, those are the things that feel like would be a real breath of fresh air after four years of residency.

DR. SAXENA:

Do you feel like your guys's priorities have changed from the beginning of residency towards the end when you thought about like looking for a job?

DR. YALE:

Yeah, I think coming in I thought I would have a bigger passion that would draw me towards academia. As far as mentorship and teaching. I still like it, but probably not to

the point of staying academic. And a lot of my interests have shifted during residency. I've discovered that my passion is advocacy and I felt like I could pursue that a lot more out in the community, considering, I mean, there is a significant percentage of anesthesiologists that are in the community versus academics. So I think having that kind of background, you'd be more approachable, trying to get others involved and try to get others interested. And I think what Ali was saying, coming out of residency, having a more predictable schedule, I think is huge for me, having more control over my schedule. Those were kind of the big things I was looking at when I was applying and when I was searching for locations and different jobs in the community. It was what I was asking was how many people have left in the last five years and why did they leave? And I think most bosses in places were honest about it. And when you find a place that says we've only had one leave, and it was because they moved to a hospital in town that was closer to their house, but in the same system, I think that was a huge factor and it showed me a lot about the culture of that place and the environment of that job.

So if you have a similar job, let's say employee based and multiple different options at different hospitals in town, what would make you decide or how would you choose between the different options if pay was similar? Schedule is similar. The big one for me is solo cases versus supervision and the percentage that you're doing for me. I wanted to focus kind of on furthering my skills and knowledge by focusing on solo cases before I would maybe perhaps come back academic and mainly be supervision. I'd like to work on myself a little bit. The first couple of years out of practice.

DR. TAYLOR:

I'm not going into private practice for general anesthesia, but as hospitals get acquired by groups and then groups are within the hospital and hospital based, I think there's a recent change in the culture within a hospital and either they've held on to the original community-based vibe or culture within that institution or it's really been forced to change. And I think that's a pretty palpable how that change has occurred over the past, I don't know, five or ten years as hospital systems and groups have evolved in the recent past. And I think that that could be something to consider when choosing a group that would otherwise seem the same, be the culture within the institution that you'd be working at. And then something else that's sort of, I guess a little bit of an aside is that these questions about going into private practice I find really challenging. The bulk of our training has been in academics. We have a little bit of experience in private practice, but the logistics of it the day to day, I think we don't know. We asked, is there enough information to make a choice on a fellowship? I would argue there's really not been a lot of exposure information to make the choice about going to private practice. For me

personally and again, I'm not doing it, but I don't feel that knowledgeable about it coming out of training.

DR. DAO:

I think that's fair. I think we're all we're really exposed to here is just what an academic setting would be like. You know, in every academic setting is different, transferred in here from a different academic institution in the way they did anesthesia while similar was also very different in a lot of different ways. Both are good, but the culture is different.

DR. YALE:

So the other point I was going to talk about is the types of cases they do. When you tend to have multiple hospitals in the same city, those hospitals tend to focus on specific surgical cases. They tend to recruit certain surgeons. So in town they'll be the neuro hospital. In town they'll be the heart hospital. In town there will be the women's health hospital. So I think for me that helped guide me to where I was going to go based upon the types of cases that specific hospital did. And so I think that was a big factor too, based upon what I enjoyed doing, what types of surgical colleagues I gravitated towards similar personalities.

The other thing I would ask too is when you're interviewing is there's an employee base is kind of new. Um, private equity management has been out there for a while. So if you are interviewing, I would ask in the last decade, how many times has your group changed ownership, I would say? And I think that tells you how well the people like who's running it that are currently working there, but it tells you how well it's being managed. Also, I have a little particular situation. I graduated med school a while ago, did military service. So I have friends from medical school that have been anesthesiologist for a while and I have one whose group has in the last five years has changed three different times. And so that's something you want to know going into. So that's something to ask about, also to have on your radar.

The grass always looks greener on the other side, but every place is going to have its flaws. It's what you're willing to accept I think is what's going to make you happy. And hopefully you can find that place where you can kind of establish the whole career. That would be the ideal situation.

So wherever we're going, projecting competency will play a role in getting there from interviewing well to leading a team with confidence, ensuring others know that we're

capable is key. And do any of you know how to do that? And any tips as far as kind of those leadership skills and showing that you're capable.

Kind of tough question. I'd say it's tough because in residency we're oftentimes the one being led and not doing especially as CA1s, CA2s. I think as you advance staff start to get more comfortable with you and allow you to do the leading. I know this last six months of my residency, a lot of it has been in the supervisor role. I like to say you learn from good and you learn from bad examples. You learn from good leadership, you learn from bad leadership, and you can kind of take it all in and mold how you're going to be as a supervisor and leader. So my recommendation would be as your advancing CA1 year, CA2 year, pick up these different tips from your seniors, from your staff on how I would like to be treated as a supervisor and then mold that into how you would be a supervisor.

DR. TAYLOR:

Yeah, I think that's really true. You pick up a lot of examples, good and bad. The other thing that I think about with this question is just how important it is to communicate effectively. That's how people can gain trust in you and get a feel for your competence, which I think the important part is taking good and safe care of patients, but gaining the trust of people around you because you really are working with the team. Being able to express yourself well is helpful and I think over residency you get more and more practice and more and more confident in how you communicate with the people around you. And then you find that the more you do that, the more autonomy you get and the more independence you get. And I think it kind of goes hand in hand.

DR. SAXENA:

Just from someone who's just a CA1, I've seen you guys, the seniors, the CA3 class and like the leadership roles in charge of like the whole pack. You are running the OB service or running the rap service essentially or being AIRC. So seeing from a CA1 perspective that is you guys have gone through residency, you guys do project that competence at least to me when I view you guys, because you guys have done and seen a lot of things and I know, not just me, the other CA1s really do look to you guys for advice in terms of like what it is to do. What's the next step? I remember early on when we are paired up with senior residents, they definitely had a wealth of knowledge and experience that they could pass on to us. And then guess what it shows me is that as I go through residency, it's something similar that I'll eventually end up getting. And it kind of shows this competency just comes with time and basically doing the reps to the point where by the time you are able to get out of practice, if you just trust the process of what you went through in residency and trust yourself to know what it is that you're

doing, it actually comes off as projecting that competence because you've done it and you've passed it on before. And mind you, it's a training setting. But still, for someone who you're consulting for, like as a consultant to a general surgeon, you know your stuff, you're the expert in the room, you've done it. So I feel like at least our residency really does a good job of having you come out very competent and the rest kind of falls upon you to just have confidence in yourself that you are a competent.

DR. TAYLOR:

Maybe a good opportunity to just also plug. Feeling confident to ask for help, I think is a healthy component of it too.

DR. DAO:

Yeah, attendings ask for help all the time. You know, no one should be expected to be the hero 100% of the time, especially like in a critical airway situation or something. And we've all been there or things just don't go as planned and you have to call for help. There's no shame in that.

DR. SAXENA:

And that kind of comes into like being competent and just knowing when to ask for help. Yeah, it's definitely been in situations here where the attendings will rush to hit that anesthesia emergency button because there's no shame in asking for help. You do deal with pretty critical situations on a day-to-day basis.

DR. YALE:

Here at MCW, we have mentors that are assigned to us, say one year we kind of carry them on, meet with them frequently to kind of discuss how we're progressing or our concerns. But we also tend to, as residents, gravitate towards other senior residents or staff that can act as our mentors, and many have kind of influence us in our choices and our future endeavors in this career and our pursuits. Have you had any that have kind of served you, whether it's a sign or not, a sign when you're lost? And where else do you turn for help thinking through all these options that we kind of been discussing and the different priorities and different competing priorities out there, such as the emails that we get with all these great opportunities in different amazing Mid-West metro cities. But how do you guys make sense of it?

DR. TAYLOR:

I would say something that really was meaningful to me throughout residency from faculty here was mostly listening to other people talk about their careers and the twists and turns that it took. I kind of alluded to this before. I think it allowed me to sort of relax and be okay with wanting to do a fellowship and be okay with the trajectory that that took me down and that that might not be a straight path. And that's okay. So that I found to be the most helpful thing about having faculty mentors who had have had all sorts of different career paths. And I guess other resources, I'm lucky to have a parent who was an anesthesiologist, although she's now retired and her career and the field itself is very different than currently then when she started, for example. So there's some help there, but also it's a different environment.

DR. YALE:

I feel like I gravitated towards similar personalities in some staff or even senior residents that I've kept in touch with. And I think they're excellent sources of knowledge because they've been there, they've seen it, they've seen how the career is morphing, and they can kind of help you project where it's going and how to help you make decisions. Like I said, you get emails every day recruiting you to different parts of the country with compensation and whatnot, vacations, that type of stuff, and you kind of just have to factor it all in. I think you should turn to the family and kind of get their opinion on stuff when you are weighing these big decisions that are going to not only impact you but impact your loved ones. I think it's important to give them a voice and a vote. I think you also have to this is a time to think about yourself and think where you want to go. So it's definitely conflicting and can kind of make the situation a little uncomfortable. I know speaking with some mentors, I almost felt guilty I was letting them down by not choosing academic. But it was, it's what's at this moment, best for me and best for my family. And that's what I had to remind myself. And like you said, the nice thing about anesthesia is you can always come back to fellowship, you can always come back to academic, you can go VA, you can do some locums if you're interested in that. And so it's a unique field and career that we have. I'm definitely happy that I chose it. And your thoughts about that?

DR. TAYLOR:

Yeah, I really agree with what you said about making the choice for what's best for you and your family and your priorities. It's easy to kind of lose sight of that during residency because you don't have a lot of choices or it's hard to exert some of that control sort of inherently. And that's, you know, has its place. So I think given the opportunity to make a choice for yourself, feels a little bit different and a little bit scary, but I think is ultimately your opportunity to prioritize the things that are important to you.

DR. YALE:

Scary, but also exciting. Exciting times. Yeah, it's time.

All right. So before we wrap up, we'll share some final advice with our listeners. We've talked about where we get advice such as mentors, family, people have been through it before. I know, Aakash, you've been sharing quite a bit of advice from mentors, but any other advice that you think the listeners would like to hear that you've been given? What would you say over this, whether it's short or long time you've been in residency, the one piece of advice that you've had about making a right career choice as you prep to leave residency.

DR. SAXENA:

I think the thing that's really rung the loudest and thing that's really stuck with me is probably that just because what your priorities are now to pick the career, what you think you want and if it's right for you right now, doesn't necessarily mean that's what your priorities will shift in like 20 years. And that's okay. You don't have to have the same job for 20 years. You don't have to pick the job that you think you'll want 20 years from now. Just pick something that you want for yourself. What works for you now and then you can always change later. We have a lot of room for flexibility. There's going to be a lot of need for us. You shouldn't be afraid of the fact that your priorities might change. And don't let that stop you. Do what you feel like is right for you right now.

DR. YALE:

Great advice. I think especially this senior year, looking at the different jobs out there. I think the one piece of advice that I got that was kind of helpful was selecting and making me more comfortable about my selection was, like I said before, every place is going to have its flaws. It's what flaws are you willing to accept. And I think that's huge to weigh in because I'm someone that doesn't really like change that much. So I'm hoping to luck out and strike gold and hopefully pick that one place that I stay for my entire career. But you never know. I think really, you can interview everyone at that place, but you'll never know until you're actually in it and know if it really fits you. But I think, do your homework, do your due diligence and. I think like you said Aakash, your priorities may change and you just have to be willing to either accept it or change.

DR. SAXENA:

Yeah, we're anesthesiologists. You know, we we have to be flexible all the time, get scheduled in one room to find out you're doing something completely different.

DR. YALE:

All right. Thank you for joining us. For Residents in the Room, it's the podcast for residents by Residents. I hope you join us next month for more of this conversation, part two. If you enjoyed the show, enjoyed what we had to talk about, we'd appreciate a follow and perhaps a nice review. And we look forward to next time. Thank you so much.

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