



American Society of
Anesthesiologists™

Residents in a Room
Episode Number: 40
Episode Title: Career Advancement
Recorded: April 2022

(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.

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DR. RANDALL YALE:

Welcome back to part two of our conversation on Careers. This is resonance in a room the podcast for residents by residents. Again I'm Dr. Randall Yell I'm a CA3 here at Medical College of Wisconsin in Milwaukee and your host again for this second part of this episode. I'm back with my fellow residents to continue our conversation about our future careers and how we plan to excel once we're settled in them. As a reminder, my guests are ...

DR. ALLIE TAYLOR:

Allie Taylor, CA3.

DR. ALEX DAO:

I'm Alex Dao, CA1.

DR. AAKASH SAXENA:

Aakash Saxena, CA1.

DR. YALE:

So in the last episode we talked about where we were going and as we shift out of residency, but where do you all see yourselves in the next five or ten years? Is the picture clear and what does it look like?

DR. SAXENA:

For myself, I feel like in five years, ten years down the road, pretty similar. I see myself moving back to California, finding a job, building my family home, and really focusing on building myself up as an attending anesthesiologist, really selling my career. And we get a nice house with a pool to ward off those hot summer days. You know, maybe if I have enough, I'll dabble in buying a toy for myself, you know, a nice sports car or something like that.

DR. DAO:

What about NFTs man?

DR. SAXENA?

Maybe I'll get Musk new Tesla truck or something like that. But yeah, that's definitely where I see myself.

DR. DAO:

I think I'm kind of in a similar boat. I think about five years out I'll probably still be in private practice, maybe dabbling in some locums and whatnot. But I think closer to the ten year mark, once I've established myself and you know, like my partner and our families and stuff like that, I can see myself shifting to academics and I like teaching, I like being with residents. And it's fun to be in a collaborative setting where you have a lot of resources and support. I think that would be nice, but you know, I'm open to everything. We'll see what life takes us. It's hard to say no.

DR. TAYLOR:

Yeah, I totally agree. I mean, I think that that's the thing is your career could take twists and turns, and I think that's a good thing for me personally. I see myself in private practice pain, and probably back here in Milwaukee or somewhere close by. But like you guys said, I think pursuing in the next five and ten years some things that are more difficult during residency, prioritizing family and hopefully] some other personal interests maybe have a garden.

DR. YALE:

I think I have a clear picture for the next five years and I think staying community solo type cases, a little less supervision than you would get in the academic setting, kind of really honing my craft and my knowledge of anesthesia. Like I said, I'm kind of my biggest critic. So for me to then kind of turn around and teach others when I don't feel like I'm at my optimal state yet, even though in this profession you'll always be learning and you'll always be further in your knowledge. I think that five years I could do a lot. And like Alex said, eventually I think I would want to come back academic. I kind of like being a veteran and former military. I do enjoy the culture of the VA and service of the veterans and I think I could potentially something becomes available do a lot of good at the VA system and the residents that rotate through there. So that ten years I don't have the pretty muddy I would say not as clear. But yeah, I think as far as that five year mark, I'm kind of intentional on my goals kind of as I'm shifting out of residency here in the next couple of months, kind of what Akash alluded to, guessing most of us are looking forward to eventually getting paid for what we're doing, or at least what we think we should get paid for what we're doing.

What do you think you're going to do once you can afford something kind of like Akash alluded to house, maybe that dream sports car or maybe something more responsible a course like paying off student loans but you know, teach your own. But that's okay.

DR. SAXENA:

I mean, that's definitely my priority. Unfortunately, I lived in California during med school, so I have a lot of loans to pay off. I definitely am excited to, once my loans are paid off, then me and my wife can start enjoying what this delayed gratification has put off for several several years. Maybe get an NFT like Alex said, hopefully one that doesn't like Tank. As soon as I buy it.

DR. DAO:

Then you can buy one bitcoin.

DR. SAXENA:

Bitcoin when you're finally one bitcoin, one whole.

DR. DAO:

I'm planning to kind of live exactly how I live now, which is at or slightly below my means. The only thing I'm really looking forward to is just getting a really nice apartment for the meantime. My parents always raised us kind of conservatively, so my parents would probably like warm up their back end if they saw my spending.

DR. YALE:

You know, your means are going to shift though, when you make more, right? Living at your means is a different definition.

DR. DAO:

Check me in five years.

DR. YALE:

I think a piece of advice that you'll hear from a lot of older staff is those first couple of years, definitely live like you're a resident still. Kind of set aside, not earning money for down payments on mortgages or whatnot, start chipping away those student loans with the high interest rates. Who knows how long the student loan repayment will be at zero. But I think it's a good mindset, at least for those first couple of years. So you can put away a little bit of savings. Obviously wanting to max out some of your retirement accounts to benefit you down the road.

DR. SAXENA:

There's a lot of catch up. I feel like just medical residents and people who go down this path through medical school and then having to do residency compared to other friends of ours who may have started their careers right out of college or little after college while we were still being students and learners, we definitely don't have as much saved up or definitely a lot of catch up that we have to do in terms of I definitely know people who didn't own homes through medical school and just started owning their first home in residency versus a lot of my friends have bought their first home just maybe five, six years ago.

DR. YALE:

You definitely do feel behind your friends that went into a different career field. Whether it's something like business, you feel like you're kind of behind the ball as far as saving up for moving on to that next stage of owning a house. The long game, though I think you can put away is that you'll catch up, but you just definitely have to be smart about it. But it's okay to have fun.

What are your intentions as far as plans on how you'll manage your money? Do you think you'll you'll pay for a financial advisor? You think you'll try to do it on your own?

DR. DAO:

I'm kind of in the process of it now, starting MBA school, a lot of it you can do online. And then there's programs that are geared specifically towards physicians or people that are in the medical field. I wanted to be really good at managing my own money because it's not something that's taught to you really at any stage of your life and especially us that are in the medical field, we're extremely deficit and knowing how to manage your money, that's why you see so many attendings that are broke. I don't want that to be me. I want to make good investments. I want to plan really well. And I figured that would be the next stage. And I want more bargaining power if I were to join any group.

DR. SAXENA:

I definitely taken it upon myself to really read a lot of financial planning books and blogs and stuff like that, to really know what it is that I'm doing instead of just blindly going off of people's advice who may or may have worked for them, but not necessarily work for me, especially when it comes to prioritizing what it is that I want, especially when it comes to like paying down loans and then eventually saving up for a house while maximizing my retirement investments and such. MBA that's pretty cool though.

DR. DAO:

Yeah, you could just take like one or two classes per semester and stuff and then you either, if you start now, you'll either finish by the time you graduate or like a little bit after. Yeah, there's some pretty cheap programs out there.

DR. SAXENA:

So that's an option. I didn't even know until just today.

DR. YALE:

I was definitely coming into the residency under the impression of paying someone else to do it. I had no desire to learn about that. I was just going to throw my money at them and let them manage it. And then anesthesia. You work with staff that are interested in finances, investments, and you kind of talk more and more to them. They point you in directions of different self-help books and guides and like you said, investment blogs. But I kind of use those and I just started reading it. It's very light reading and you get through it quickly and then you kind of learn that there's simple investment strategies out there that really don't take much thought. I mean, you have the richest people in the world, Warren Buffett, that talks about compound interest and just putting it aside, let it sit for 20, 30 years, the money that you put in there is tripled, quadrupled, and you have a nice nest egg to retire on and you still have money to spend for fun. So originally again, I was going to just let someone else do it. Maybe I still will, but.

DR. DAO:

You gave me your bank account and Social Security.

DR. YALE:

There you go. You get it, get that, get the MBA and then then we'll talk. I think you just have to like we kind of talked about earlier, be smart with it.

DR. TAYLOR:

I'm with you, Randi. I think that I've tried to educate myself and throughout residency, I've managed my money and I feel pretty good about it. I mean, I think my approach has been, pay down the debt as much as you can, within reason to still enjoy your life and live modestly at the same time and anything extra to invest heavily in the retirement. And I think you pretty quickly can learn what that really means and where actually to put your money to maximize it. So I would agree with you, Randy. For now, I think I'll continue managing it myself until I have too much I don't know what to do with. I guess I'm looking for help, but for now I'm not really there.

DR. YALE:

Yeah. I think the one thing a lot of anesthesiologists staff like to pride themselves on is their financial management. And so I tend to pick the brains of the older staff that are maybe towards paying towards retirement age and kind of asking them what they've

done, what they've considered. I think the best story I have is older staff I was asking them about he is very knowledgeable, has the ins and outs. I'm like, This guy's been doing it for a while. And then I ask him, Do you have a financial advisor? And he told me he has three of them. And I said, Why do you know so much already? And I think he's just hoping that one of them has the crystal ball on some random Tesla stock before it hits or something like that. But I thought that was kind of silly being so knowledgeable about it and yet still paying three people to manage different accounts. I feel like at that time you might just be throwing away money.

Kind of shift into a different topic. But one thing some of us might be worried about is kind of going from this shift as residents to being supervised in the ORs to then supervising others. I think it is a trend and a theme of our profession is that we will more and more shift to the supervisor role, this anesthesiologist led care team model. Just the fact of our growing and aging population that needs surgeries. How do you kind of always be in that supervised role? How do you expect to know what to do coming out of it on the other end?

DR. TAYLOR:

I think that it's quite clear to me now what kind of supervisor I prefer and what is helpful and what is less helpful. So I think, like Randy had said last time, you learn a lot from just watching the people around you. And I think that's true for transitioning to a supervisory role is taking the things that you liked and think worked well for you when you were on the other end and try to emulate some of those qualities of good supervisors.

DR. YALE:

Do you ever seek out staff on additional training or tips or techniques on leadership skills?

DR. TAYLOR:

I actually have, when faced with a few specific conflicts that I've had within the hospital, I have asked people what they thought, what advice they had for how to proceed or how to navigate difficult situations. And that has been helpful because people who are seasoned leaders, for example, have seen a lot of different types of conflict and have good strategies for resolution. And I think conflict is unavoidable in this field. And so coming up with a way through it in like a sustainable way is important. And asking for help again is probably just fine, especially if it's going to help you get through something that's challenging.

DR. SAXENA:

As far as what I would see for myself in the future, I have seen now in the last few months what I've really responded to in terms of a supervisor or an attending or even a senior resident who's watched me do something or kind of ran a service or something like that and definitely pick out things that I would emulate that really, really worked for me. I kind of started picking up on some of those things. And when we have like medical students or interns or something on our service or people who are, I'm responsible for teaching something or just kind of finding myself in that role of being an educator or a teacher. It kind of emulates like that, Oh, now I'm in the leadership position, I'm in medicine and in residency you kind of are on this hierarchy. And as you progress, I feel like you naturally start to find yourself in these roles more and more. So as I go forward, my plan is to really watch my seniors and my attendings and what works for me and how they taught me and how I responded and pass it on as I keep going. Hopefully by the time I start my job and if I find myself in a supervisory role, I can use that same kind of teaching thought process to really be a leader.

Though I haven't found myself in a position where I've needed to resolve a conflict in the O.R. that an attending wasn't there for. So I think. As I go through residency that's one thing that I'm definitely going to look out for is how my attendings or senior residents address conflict in the O.R. and really cement themselves as a leader of this situation that's happening, especially those critical situations.

DR. YALE:

Does this role of eventually being the supervisor, were you or keep you up at night?

DR. DAO.

No.

DR. TAYLOR:

He sleeps very well?

DR. DAO: No. I mean, most residency programs will train you well to be an independent provider. I mean, we're in a specialty where attention to detail is pretty key and we all have it. I think what's important as we move on to the next stage and we're all going to be in some sort of care team model that's you cannot escape that. What's important is to just keep your skills up if you're essentially only going to do like pre ops

and seeing patients and whatnot, but not really managing the OR aspect of it, like doing intubations and lines and things like that, then you're eventually not going to be very good at it. I think it's important to keep doing that. Whether you find a group that lets you do it 30, 50% of the time or whatever, and don't shy away from doing it. You know, some of the things you'll see by talking to people that have been in different private practices we've been online and threads is if you don't help somebody in the O.R. and eventually they learn to do things without you, then they're kind of right in saying they don't actually need you because you didn't do anything for them. But no, I'm not worried about that.

DR. TAYLOR:

I have to say, as a CA3 much more than before, I think I've been able to observe the challenges of supervising. And I think what we're getting at is of advanced practice providers and there's a really variable skill sets that they bring and past experiences. Some of the challenges I think, include tolerating various approaches to the same problem, being okay with that or not, depending on how safe it is for the patient, figuring out when to exert the fact that it's your license and that you are the supervisor versus the sense of autonomy. And I think that's a comfort level and a skill set that you probably just need to do over and over and over again to figure out how to anticipate problems before they happen and maintain effective communication throughout all of it. Because ultimately, I think that's what's going to be the most help to you in a tight situation when you're a supervisor versus providing your own care.

DR. YALE:

And I think to kind of dig into that a little bit more, if you haven't seen it already or probably have been in situations where you've got to make a decision whether it's life or death or maybe a little less severe, but at a moment's notice. We make those decisions all the time in the O.R. and anesthesia or outside the O.R. but there may be times where we have to delay a case for patient safety or make a difficult patient safety call. Do you feel like through residency training, our fast or limited that you feel prepared to make that decision? And if not, do you feel like you'll be comfortable by the time you're done with residency to make that decision? When that moment comes.

DR. DAO:

It depends on what the situation is. Like for me, I obviously don't own a good amount of traumas and building codes and whatnot, but I think in the OR something I'm still hesitant to use is the baby appy, because I feel like that's a, that's a big gun. And whenever you see that on a chart, you really question what was going on here was like,

was this patient about to code or was his patient actually coding or something? That always raises the question. I'm always hesitant to use that, but I think in a good amount of other cases, you should be prepared for something I do during cases as I think to myself, alright, what are some things that could go wrong during this case and how would I respond to that? Because every case is different. There's always a good amount of downtime somewhere in the case when it's on cruise control. I think about these things first before I start doing other things, you know, whether it's preparing for the next case or looking at my next patient, just so I'm somewhat mentally prepared. And as you guys all know, a good amount of time stuff actually does happen when patients just start braiding out of nowhere, they get really hypotensive and you have to plan a, b, c, D, E, F, but I think at this point, I'm of I certainly wouldn't say I'm prepared for all possibilities and I learn daily.

DR. SAXENA:

Yeah, it's definitely something that me, I have to keep working on. I haven't seen everything that I would expect and I don't even plan on seeing everything that anesthesia has to offer and all the scary things that could happen. Definitely been in situations where I've raised an eyebrow and say like, I don't think we should be doing this case. I brought it to my attending staff and they've gone and talked to the family or the surgeon directly and saying, this is my concern, basically echoing what I said. So I feel like, early on being able to get exposure to staff that will agree with me and my assessment and whether or not something should be done or not and something coming of that, whether it be cancelling a case or having a family discussion on goals of care or something like that, definitely boosted my confidence and being able to recognize certain situations where I feel confident in being confident in my ability to care for a patient that would be in a perilous situation.

And also, I've been in some pretty terrifying situations. I had one anesthesia emergency that I definitely am glad I prepared for, as I did. But even with all the preparation that we did, still ended up being a pretty scary case. And it was one of those cases where you wouldn't expect something terrible like this to happen. We ended up massive transfusion, massive transfusion protocol for what seemed to be a routine case. I mean, there's a whole chain of events that led up to this patient having a good outcome despite this scary moment, being able to recognize when you feel that fear come over you, knowing that if I feel this nervous, something in my head is telling me like, just call for help right now instead of wondering or letting your pride take control. So I've definitely erred on the side of reaching out and asking for help or a second opinion from colleagues or senior staff to help me guide my decision and basically either confirm or ease my worries. And I think when it comes to being confident in the moment, the key thing is to recognize when you don't feel confident and really reach out and grab that

extra set of hands when you need to because you're not alone. This is a tough job and we all need that extra set of hands sometimes.

DR. YALE:

Yeah. So I think that plays into as anesthesiologists, we need to know when things aren't going the way we expect it to, either know what to do or to reach out. And part of that's being a good communicator, whether it's with our colleagues reaching out or even our colleagues across the drapes, the surgeons kind of bring up an issue. There's probably times where you're sitting there watching while there's nothing going on, and then you hear a bunch of suctioning and you hear the suctioning just going crazy and you're like, Are they going to tell me something? And you're like just, nope. And you poke your head over the drape and you're like, How are you guys doing? And they're like, Well, we got into quite a bit of bleeding and you're like, So I'm the one up here that's keeping the patient alive. You should probably tell me that. So we work with all different types of personalities in the hours, some good, some bad. But I think part of being an anesthesiologist is knowing how to work with those personalities and knowing how to manage conflicts when they do come up. Do you think during residency you have enough exposure, enough education, training to manage those types of conflicts? Or do you kind of let your staff do it or rely on your staff to kind of mainly manage those for you?

DR. DAO:

I think a lot of conflict resolution is going to ultimately come down to what kind of person you are. I don't know if you guys know what I mean by that. I think having good communication is probably at the core of every conflict and conflict resolution. You have to be mindful and respectful of any other party's situation, what they're trying to come across and understand that we're all here for the patient and what may be said may not necessarily come off from a malicious point of view, but it's just in the heat of the moment. I think going out there to be very open with your communication and never assume anybody knows something is probably the best way of going about it.

DR. TAYLOR:

I personally feel like I've encountered various conflict in the O.R. and a perioperative setting otherwise. And I think something that really helps conflict or like a crisis situation is having robust relationships that preceded that event so that there already are good relationships that are trusting and productive. And that, I think helps a lot. It is challenging when you have conflict with someone that you have no relationship with or they don't really know who you are. I think it's difficult to gain quick trust, especially

when patient safety is at risk, for example. And that's challenging probably no matter how experienced you are.

DR. YALE:

Yeah, I think sometimes in those scenarios you're not only managing your stress in that situation, but you're also managing the stress of others in the OR. They're looking to you oftentimes to help them out, maybe bail them out. And so I think as the anesthesiologist, they kind of look at you and kind of see, okay, how much is this person freaking out? If your anesthesiologist is freaking out, the surgeon is not going to feel too comfortable. And so I think that's where the training and being put in those situations as residents and then seeing how your staff react to it again, whether they react good or bad to it, I think you can learn from each situation and how you would want to interact in that situation. So. I think just taking it all in and taking the whole experience can make yourself better once you are on the other end. I think having that open communication and closing the loop is definitely crucial. I think it helps build that relationship between yourself and the surgeon and they tend to trust you a little bit more and then they tend to speak up a little sooner when they think they're getting into maybe some trouble versus maybe holding it back, not sure how you would react. But I think, like Ali said, building those relationships early and often are key so that they know who you are and they know that they can trust you.

Have you learned of any good tips or techniques from whether your own personal interactions or other's interactions with patients that you would like to share? As far as first meeting them, interacting with family members, that type of thing.

DR. SAXENA:

I keep it light when I'm talking to my patients. I know this is a very terrifying time for them. A lot of the time we do some big surgeries here and people are coming in from other places, from really far, this is like the big thing of their month or their year. This is such a huge moment. While some of us take it for granted, this is just another day for us. I try and come in for my office, for my patient, letting them know that I'm going to be part of their team. Open up with a smile. Just be very friendly. Usually try and crack at least one joke or something. I have a little Disneyland spiel when I'm rolling them back to the or basically telling them please keep their hands and feet inside the ride at all times, you know, don't reach out and try and touch anything animatronics. They're going to bite. Ask where they're from. What would they be doing? Just really get to know them. It makes things more interesting for me as well. And there's lots of different settings where you can really make someone feel confident and comfortable with you and reduce their anxiety. OB is another great example. This is a big day for them.

They're coming in sometimes in a lot of pain and you're there to relieve that pain and help them have this really magical moment sometimes, and especially when things don't go the way that they expected. You're there to help the patient, not just from the medical sense, but also from an emotional sense, because that is a big component on how well they perceive the experience and how well they do afterwards. At least I feel that's the case.

DR. YALE:

I think we're all still learning how to master this, whether it's putting patients at ease or a distraction techniques to try to relieve some of their anxiety. What have you seen from maybe some of your staff or other doctors or nurses, surgeons that you have seen them excel at connecting with patients? Any tips from those experiences that you'd like to pass on?

DR. DAO:

I think piggyback on what Akash was saying. It's like just making them laugh and cracking a joke is a really, really good way of making them feel at ease. Something I do that a different staff member taught me was just ask them what they had for breakfast. So usually they'll let you know if they really did have something. They don't expect it. They just say, Well, no, because you guys told me not to. And you'll say, Aha, it's a trick question and you know, never feels too good to laugh. And then I feel like things are a lot more calm and they're less anxious after that. So I do that with every patient.

And then I think being confident when you're talking to patients goes a long way because it shows that it's like, Oh, this isn't his first time or first rodeo, that everything is under control. I think that's when people tend to freak out the most is when things are not under control. But as anesthesiologists, you always have to be calm because you're leading the room.

DR. TAYLOR:

I agree. Humour, I think, has an important role in our job. Personally, I think that everyone's life is so rich and unique and interesting, and so I also try to get people to just talk about themselves. I think that's helpful kind of bridge this time between being awake and being asleep and you learn something about them and kind of distracts them because they're just telling you about themselves, which they know a lot about, and you learn some interesting things about people. That's my personal approach, I guess. I admire people who do more listening, I think, then talking that seems to be effective.

DR. YALE:

I agree. And I think I think it is a unique challenge and skill set that numerous anesthesiologists have, that they're meeting this patient during this stressful time. And you're over the next 10, 15 minutes, you're trying to make them feel comfortable with you and make them feel like they have confidence in your knowledge, your skills, and that you're going to take care of them. And I think it's a very humbling and rewarding experience when you do get good at that. I think that's a unique aspect of our job and I enjoy it probably like many of you do too. It sounds like so.

Kind of transition here. What other skills you have or do you think you should gain that will make you successful in this career or in life? I know, Alex, you said you're pursuing the MBA. That's pretty cool. Do you feel like social media will play a role in your career? Or feel like you need supports surrounding professionalism? I guess beyond medical school, what other skills do you have, whether knowledge or unique stuff do you have?

DR. DAO:

There are skills we're supposed to have beyond medical school.

DR. YALE:

That was a trick question.

DR. DAO:

Not oh, no. I don't feel like I have any skills outside of medical school. I'm getting good at cooking, if that's what you mean.

DR. SAXENA:

Same. Pandemic definitely kickstarted that for sure. Just trying a bunch of new things because all my favorite fast food places and restaurants are closed, so maybe a lot of copycat recipes.

DR. DAO:

You got to be your own fast food.

DR. SAXENA:

You know, I joke about this sometimes, but like, I feel like anesthesia is very similar to like cooking a lot of a lot of ingredients that you can use to make it very yeah. You make like very tasty anesthesia with a lot of different things. So, I mean, there's like this idea that we're lifelong learners, right? So why not learn all the ingredients that you have to make a safe anesthetic and try different things, you know, in a safe way? Don't do an all ketamine anesthetic with induction maintenance and pain control and post-op, you know, just don't put them in a keyhole or something.

DR. YALE:

What do you think about skills you've learned throughout residency or or anesthesia that would serve you maybe outside the OR.?

DR. DAO:

I guess I've talked a lot about communication, but I think just working here as as medical professionals has really allowed me to start easier relationships with people because we are exposed to so many people like the techs, the nurses, and then like surgeons and even technically non surgical people that do procedures in the O.R., you know, we're exposed to everybody. And it's our job to communicate well with them, you know, for better or for worse what's going on with the patients. And I find that if you build relationships with people that are more willing to work with you, if something goes wrong, they'll more likely be rely on you, and they're more likely to have an open communication with you and more likely to be trusting of what you're saying and what you're doing, rather than if you just stay silent and just hide behind the drapes the entire time and it says everyone else at ease because you can have an open dialogue about what's happening. I found that's been very helpful. And then people are more more likely to help you do something if they know you. But I think just working has really helped me to develop my communication skills.

DR. SAXENA:

I've definitely learned to become more efficient in my daily life, and especially when it comes to prioritizing things like just menial tasks throughout the day or just like errands and stuff. Learning what I feel like can happen or needs to happen right now versus what I can put off. But maybe that's also part of my procrastination rationalizing itself. So I don't know.

DR. TAYLOR:

I agree with all that. I think, like Alex said, I think communication continuing to become a better and more effective communicator that ties into building robust relationships, trusting relationships with the people around you because you never know when you're going to need help. And same as Akash, like become better time management, effective triaging with my personal life so that I can do all of those things and do work and take care of my family. And I guess within that topic of my family, I think something a skill that I've been trying to work on and I think I'll continue to need to work on moving forward is keeping work at work and not bleeding that into my home life really started working on it about a year ago and it made a huge difference in my personal well-being. I know if I say wellness, it's going to get some boos, but.

DR. YALE:

Now that you bring that up..

DR. TAYLOR:

But I have to say that that's been helpful for me.

DR. YALE:

Yeah. We'll actually talk about fatigue and burnout here in a second. But I think kind of what this question is hinting at indicating is these skill sets you learn in anesthesiology, in the ORs, good communication, leadership, management of personalities, often difficult, sometimes pleasant time management efficiency. A lot of these skills translate to being an effective leader, especially in the hospital, on hospital administrative boards, committees, things that really keep the hospital running, patient safety, quality improvement. And so I think those are avenues that not a lot of us think about in residency, but a lot of skill sets that leaders are looking for in people. And so it's something to think about as you're advancing in your career once you get out of residency and you may not even notice it. I mean, but you all talked about it. You all talked about these qualities that you have and you gained being an anesthesia resident. And a lot of these qualities are highly sought after for leadership positions. So it's it's a different avenue outside of just the clinical practice, but something that you can be very impactful to patients and to hospitals. And so I think that's something to always consider and to maybe recognize.

So we'll move on. Ali kind of brought up, I think, wellness is a very important word. We sometimes don't necessarily like to address it or talk about it, especially in residency when you're, you know, whether it's the work hours or just the day in and day out of taking care of very sick and critically ill patients, physician fatigue and and resident, I

think it starts at the residency level, fatigue and burnout and trying to combat it are very important. How would you guys say that? You try to guard against that. Do you have any tips or techniques that you like to do? Any resources that you like to use?

DR. DAO:

Never study. I'm just kidding.

DR. YALE:

Don't read.

DR. DAO: No, I think for me, what's important is to have something that you look forward to like every month. So my partner is not here. She's at Mayo, so she's pretty close by. We see each other like twice a month or so, and that's something I look forward to that kind of gives me motivation, like a goal in mind that is like, okay, if I get through these next two weeks, like I get to see [her or having plans to see my parents or just doing something fun. So it's not just like, all right, just months and months and months of work until like either my next day off or my next vacation, but just having a little something like that, it goes really a long way. And for me that's really impactful.

DR. TAYLOR:

I guess I had touched on this before, but I think what I have learned, having definitely been burned out during residency, like I said about a year ago, was sort of training myself not to complain too much about the work environment or about something that happened during the day or whatever it is, because there's only a limited you can only change some of these things to a certain degree. And then the other thing was, like I said, just trying not to bleed, work, talk into my home life and that's really, really helpful. Like I'll hope to not revert back because I think it just allows your other aspects of your life to just become bigger and bigger and bigger and your work to just be at work.

DR. SAXENA:

Yeah, I'll definitely echo that. I definitely try not to bring home, work with me home. My partner not being in medicine really helps. We can just talk about her day and just I can finally turn off medicine. Maybe I'll tell her a little something about my day, but then I can listen to what she has to say. And then I'll talk to my family and hear how they're doing. Or my friends who aren't in medicine really just spending time on my days off to try and go do something that I enjoy or even give myself the grace to just lays out on the couch and play video games. That's fine by me too.

DR. YALE:

Yeah, I think fatigue and burnout is huge in medicine, and it's probably something that may not necessarily keep me up at night, but that I worry about and thinking about the previous session we had picking a job or a location or kind of factoring those things to help combat that. I think medical schools are getting a little better teaching about wellness, mindfulness, that type of stuff. Coming from the military. We'd have to complete annual computer-based training PowerPoints on wellness and sit through wellness days. And you kind of felt more fatigued after sitting through that entire day than than you did good. But I think it sounds selfish as you advance. Maybe I should start a family as you have kids, but you definitely need to set aside a small portion of your day for yourself and to focus on yourself, whether it's a couple of times a week or whatnot. But I think the hardest part is being a physician, it's ingrained in you from day one that you're here to care for your patients. That's your number one priority. And I think that mindset has maybe contributed to fatigue and burnout because you're not necessarily taught or instructed to focus on yourself a little bit, to kind of take time for yourself, whether it's something you enjoy doing, eating healthy, working out meditation so that you can then come back and take excellent care of your patients. But if you're not taking care of yourself, then that's going to wear down and then you're going to impact your ability to come to work and have a productive day. Or I think med schools are kind of realizing that, especially as more and more studies are coming out about young career residents physicians burning out the suicide rate. I mean, it hits me a little closer to home. In that last year, we had a colleague who committed suicide from our med school that I went to med school with. And, you know, she was great personality, outgoing, friendliest person. And she had a family, had kids, you know, someone that you wouldn't expect that. But the profession does wear on you and I think we sacrificed so much of our time and ourselves to others that we sometimes forget about ourselves. So I think it's important to come back to ourselves every once in a while and to maybe be selfish in that aspect. But I think in the long run it'll help us have more productive and fruitful careers and also have that balance of work life balance and be able to enjoy stuff outside of work.

So last question before we wrap up. What role do you imagine that the ASA will play in your career as you move through from residency to staff? Do you see it playing a role? Do you know some of the resources that the ASA has geared towards residents and early career staff, as well as mid-career and later phases or all phases of your career? And how important, whether you believe it or not, do you think your specialty society is towards your career or towards your patients, towards your life, whatever you think?

DR. SAXENA:

I definitely see the ASA playing a huge role in advocating for my career. I've seen the work that they do on the advocacy side and I definitely am appreciative of them spearheading that movement. I also really appreciate it as being a member. I can stay up to date on a lot of the science coming out with their monthly journal with anesthesiology. It's a reputable journal in our specialty, and it really does help me stay on my toes with advances that are coming out, definitely has helped me from medical school. When I decided to do anesthesia, to go to ASA and mingle and see some of the talks and presentations. How much it's already helped me at this point in my career, I can definitely say it's going to be a staple moving forward.

DR. YALE:

If you haven't already, I think the more you dig into what the ASA has to offer you as an anesthesiologist, you just see the vast amount of information and resources that they do have available for you. No matter what stage you are at in your career. I think I will definitely use it as a young staff to kind of guide me and directions that I may consider, whether it's through leadership opportunities within my own hospital and or, Alex, in your case, MBA and how that can steer my career because that opens up a bunch of avenues as far as committees in hospital, administrative positions and roles that you could possibly pursue if you have interest in that. But yeah, I think the resources are vast and I think there's a wealth of knowledge as far as running your own pain clinic, running surgery centers, if that's what interests you, the standards and guidelines that you can have if you want to do outpatient sedation procedures on your own, something like that, it's I was looking into that for possible dental sedation as an outpatient. And you could see you can go to the guidelines and see how you could safely set up such a situation that would be optimal for patient safety. And so there's so much, I think that you can find on that website. And like Akash said, how much they advocate for our profession, our patients. I enjoy that stuff and I enjoy advocacy and and trying to promote the safest possible care that we can provide our patients.

That wraps up our two part discussion on the topic of careers. We hope you enjoyed the conversation again. If you did, please give us a follow on a review and we hope that you join us for the next episode of Residents in a Room, the podcast for Residents by Residents. Thank you very much.

(SOUNDBITE OF MUSIC)

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