



American Society of  
**Anesthesiologists™**

Residents in a Room  
Episode Number: 44  
Episode Title: Journals A to Z  
Recorded: October 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.

*Journal clubs are really great for learning how to critically analyze articles that are out there.*

*So if you're not someone who's a physician scientist who's constantly looking at journal articles or understanding how to critique them, it helps to have journal club*

*People will get interested in it once you start because it fosters other good conversations about why we do what we do.*

*There's a broad spectrum for how you do journal club and it can be formal or informal.*

*One of the biggest pros in research is the potential to change your clinical practice.*

DR. ADAM MILAM:

Welcome to Residents in the Room, the podcast for Residents by Residents. I'm your host for this episode on journals and journaling. Dr. Adam Milam, associate professor of anesthesiology at Mayo Clinic. We're recording this episode at ASA's annual meeting in New Orleans, where I'm joined by a few fellow residents who share my interest in the topic. Let's meet our guests.

DR. AARON BRUSSELS:

My name is Aaronn Brussels. I'm a CA2 from the Mayo Clinic, Arizona.

DR. EMILY GRIFFIN:

I'm Emily Griffin. I'm also a CA2 from Mayo Clinic, Arizona.

DR. ANDREA RIVERO:

I'm Andrea Rivero. I'm also a CA2 from Mayo Clinic, Florida.

DR. JENNIFER LEE:

And I'm Jennifer Lee. I'm a CA2 from Mayo Clinic, Florida as well.

DR. JOHN PATTON:

Hi, my name is Dr. John Payton and I'm a UCLA assistant clinical professor in the Department of Anesthesiology and Perioperative Medicine. And I am a specialist in regional anesthesia and acute pain medicine.

DR. MILAM:

Perfect. Thank you all for joining us for this session. So let's start with the big picture. Which journals do you all read? How do you consume them? And given all your priorities as a resident, do you feel like spending time reading journals is important?

DR. GRIFFIN:

The journals that we typically look at, things like Anesthesiology, if you're looking for more specific to different subspecialties, you can look at different cardiac or pediatric journals. But I do think that while we're learning our clinical practice, it's really important to look through these journals for the new advancements in the field and any new important literature that's coming out.

DR. RIVERO:

I also think it's important because it, actually, reading and critiquing journal articles also teaches you how to be a better researcher because it gives you a good idea of what it takes to publish a good study. And so how to conduct a research study and how to make it a quality research study. You can get a lot of that information from reading journals.

DR. PATTON:

I try to read journal articles fairly regularly. I get the Anesthesiology journal mailed to me on a monthly basis, and so I'm always looking in Anesthesiology to see what's what's

been published recently. So download, print, mail. I do I consume articles in many different ways.

DR. MILAM:

All right. Now, you guys provided a few examples, but how do you use journal articles for your training and how should they be used for residency programs if it's not actually happening?

DR. PATTON:

Dr. Milo, myself, and Dr. Steven Bradley actually created the Virtual Anesthesia Journal Club. So we typically download journal articles. We work with residents, medical students, trainees to basically come together as a group and discuss what's the latest and greatest in anesthesia. And we also have journal clubs in our Department of Anesthesiology as well for the acute pain division or the regional Anesthesia Division. And we also do some discussions of journal articles when I'm rounding with my my trainees as well. We'll just talk about various different things that have come up.

DR. RIVERO:

At least talking for myself and people and also in my program, I think we use a journal articles a fair amount not only for things like journal club, but I think when we have we come with these questions with attendants about different topics, we end up talking about papers and new data and new research, and I think that's very enriching. It makes you think about what the standard of care is and if that should change and evolve too, as time goes by. But I do think it's actually happening, I think is very important, and I think that it really helps to foster conversation and debate in your daily life, as you do cases, is more than just doing the motions. It's also thinking about, like a consultant, right, whether you should do this or the other and how that changes depending on the patient and the situation. It helps you grow as a as a resident to go from more than just doing to actually thinking about the reasoning behind what you do.

DR. BRUSSELS:

To echo that sentiment, I feel like a lot of times there's not necessarily like one definitive paper that changes practice entirely. But a lot of times when you're coming up with an anesthetic plan or something, finding like more recent or seminal publications related to like one point of your anesthetic management and discussing it with an attending, like really helps give you a unique snapshot of all the different perspectives that could be out there for that one choice.

DR. MILAM:

Perfect. How to use journals and compare it to textbooks. Do you use both? Do you prefer one over the other?

DR. LEE:

I think they have different roles. Textbooks are I guess things that are more established, more kind of established dogmas that we feel very comfortable accepting, whereas with journal articles, because they tend to be more at the cusp, at the advancement of medicine, trying to answer questions that are gray, that are nuanced. And so I think there's very different kind of places for both of them. If you're trying to answer a question that there's not a lot of maybe literature on just yet, then you might go to a journal for kind of more novel approaches or more novel solutions, versus textbooks are much more kind of established information that's been proven over and over again.

DR. MILAM:

So Dr. Brussels and Dr. Griffin know that I print out articles for Journal Club and I use a highlighter and a pen and do the old school way. How do you all consume journals? Do you print them out? Do you read the actual magazine that comes? Do you read it online?

DR. BRUSSELS:

So I do actually read the print copy of ASA's Journal every month, or at least I try to read a couple articles from it. And then any time I'm reading like a special interest article that I have printed, I do it the old school way, like you said, highlighter pen, fold the corners and it sits on my desk for a while.

DR. RIVERO:

I print them too. It kills trees, but I don't know. I feel more connected. Yeah. And then you can write notes, especially for a journal club, because you read them like a few days before. You don't remember the details or the questions that you had or things that you didn't understand. It helps to print them, but everyone has their own way. But yes, I do the same thing you do.

DR. MILAM:

So thinking about your career, when you're consultants, how do you think you'll use journals and journal articles? Do you think you would use them differently compared to how you use them now as a resident?

DR. LEE:

I think I still plan on using journal articles kind of the same way I use it now. For example, if we have kind of a research topic that we'd like to explore, then the first thing that we'll do is go to the literature and go to journals and try to find everything that we can that's already published in the literature and use that information to build our research project. And I can definitely see myself doing that as an attending.

DR. RIVERO:

I think it's a great resource to teach trainees. If you are in academic medicine, I would like I would like to be that kind of attending who reads a really interesting paper that will foster conversation about basic concepts and just, just kind of like print it out and talk about it with your trainees on a on a regular day. I think it really helps. It really helps me. So that's another way you could use journals as an attending or consultant.

DR. MILAM:

So all of us are involved in journal clubs. For listeners who aren't part of journal clubs, how would you describe journal club and what's the value of having a journal club? We're also busy, so why is being involved in journal club worth our time?

DR. GRIFFIN:

Journal clubs are really great for learning how to critically analyze articles that are out there or publications that are out there and really learn how to take away the important points, while also looking at journals that are published and looking for the strengths and the weaknesses therein to really strengthen your own practice as you move forward and use them as a reference tool.

DR. MILAM:

How do you determine if a journal article is worth changing your clinical practice?

DR. LEE:

I think that's one of the main skills, like you said, to critically analyze a study. And if it's a good study, then, and there are several studies that have come have come to the same conclusions, then it's definitely worthwhile to discuss whether or not that will affect clinical practice. I know that happens at our institution. But it's going to be more than one article. It's definitely going to be an amalgamation of several.

DR. PATTON:

There's a concept of being a physician scientist. I don't have an MBH, I don't have a PhD like Dr. Milam, but I'm someone who is very much so understanding the importance of continued medical education. And the things that we learn during medical school and residency and fellowship, these things are constantly being challenged. These concepts, the ideas, these theories are constantly being challenged because, you know, we find out new information or there's new discoveries. And so I think it's really important for us to stay on top of what's currently being discussed, what the current literature is saying, because we want to make sure that our practices are tailored towards scientific evidence. It's very important for us to practice evidence-based medicine. And so really the only way to do that is by staying on top of the literature. And so if you're not someone who's a physician scientist who's constantly looking at journal articles or understanding how to critique them, it helps to have journal clubs where you can be with a group of individuals who can help you dissect through, you know, the articles and whatnot to determine what's a good journal article, and what may not be so that we can determine, as Dr. Milam is saying, if it's something that is important for us to know so that we can then tailor our our practice to make sure that we're delivering evidence based care.

DR. MILAM:

I think most residency programs have journal clubs, but for the residents that don't have journal clubs at their programs, what tips would you provide to them for starting a journal club?

DR. LEE:

First and foremost, definitely getting together with an attending, someone who has more experience critiquing and analyzing these studies, and also someone who creates research studies from the ground up to teach you and to kind of mentor you on how to analyze and pick apart what makes a good what makes a good article, what makes a good study.

DR. RIVERA:

And with that said, I think sometimes it's also, it can be educational to look at bad studies because then you can see how things were done wrong and how the data can be kind of like, sounds good, but really isn't, and how you really need to look at the methods, which to me is the hardest part to look into of a paper. But to start, just have to pick an article and get a bunch of people together. I think that people will get interested in it once you start because it fosters other good conversations about why we do what we do, and then it can be as formal as inform us you want. I know people who journal clubs at other people's houses or restaurants. It can be anywhere. The concept is the same.

DR. MILAM:

I agree. I think there's a broad spectrum for how you do journal club and it can be formal or informal, as you mentioned. But some residents do find that presenting a journal club is intimidating. Hopefully not my residence since I'm leading journal club at my institution. How do you prepare when you're presenting an article to the journal club, and what are the most salient bits of info to include for journal club presentations?

DR. BRUSSELS:

I typically prepare my presentation by first just going over the article, kind of getting a big picture, and then I usually kind of revisit a couple, I guess, salient points, namely like the study design, specifically how they're going to be statistically analyzing their data, or any like randomization if that's relevant. To me, that's oftentimes like the crux of determining not the worth, but maybe the weight of the authors conclusions that they reach. And then going from there, kind of rehashing a number of the elements of the study with the fine-tooth comb, speaking with your consultant that you're with and just seeing, you know, getting their experience, would you have changed anything, that sort of thing. Eventually, I feel like you're able to kind of draw some sort of conclusion.

DR. LEE:

This might be a little bit controversial, but I also kind of see who, if it's a big study, who funded the study, because that might reveal some conflicts of interest and some biases that may be present.

DR. MILAM:

One of the comments that came up was about the methods and understanding the methods within the journal article, and that can be difficult. At our institution, we started

a stats primer where the residents present on a statistical method or concept at the journal club. Has that been helpful for the my residents that are here?

DR. BRUSSELS:

I can speak to that, having just done the stats primer last month. When you joined on our faculty, you kind of came in and saw the journal club curriculum as it was. You're like, I'm new here. We're going to kind of revamp this. And adding a stats primer help kind of parse out the importance of statistical analysis in the overall interpretation of published literature helped demystify that. That's one of the most daunting things because I don't have an extensive background in statistics. You know, I, I know the basics of clinical trial design that we all got tested on or board exams with, but really getting into the the nuts and bolts of that helped make analyzing study design and data less daunting.

DR. MILAM:

Did anybody have any statistics classes during medical school or research electives that can help you prepare for interpreting journal articles or critically appraising journal articles?

DR. RIVERO:

No, I think they're in medical school. We kind of like went over what you need to know for the boards, how you answer the question. Right. And then that was about it. But it's actually a very good idea. I, I think that to me, that's the hardest part because it's not something that we extensively look into. What are these different ways to analyze data and whether events are and why we do it, how we do it. If you knew the concept, I feel like it would be a lot easier to understand why they're doing it that way, not just talk about how they did it, period. Yeah, that's a great idea. I love that.

DR. MILAM:

One of the comments was saying about reviewing articles helps you become a better researcher. Do any of you have experience submitting articles to journals?

DR. LEE:

Yes, it's very difficult. It involves a lot of back and forth, a lot of editing between, well, the editors, well you'll send off a copy your first draft, and then they'll send back edits and you'll you'll edit it according to their comments and then send it back. And that just is a

very it's a back-and-forth process, especially when you're first starting out and you're not quite sure how to how to do that process and how to write to a way that the editors would like it to be. That can be a long process.

DR. PATTON:

I do think that reviewing journal articles definitely helps. Again, I'm not someone who has a big research background myself, but from working with Dr. Milam on various different projects, I definitely have a better understanding of how the the process works in terms of, you know, forming an idea to getting a draft together. If you're conducting a primary study, obviously having to do the study itself and collecting data and then analyzing the data and just being a really critical thinker, it's sort of like similar to when you're studying for your MCAT. And folks will tell you, read the Wall Street Journal or something to prepare for the essay section because you're trying to really improve your vocabulary and and your your thinking. And by reading journal articles, you're only going to get better at being able to identify good ones versus bad ones. But also you're going to be able to talk the talk. You know, that's the that's the big thing. And a lot of the editors, as we've discovered, they have their perks about how they like things to be written. But honestly, if you're like writing something to the likings of someone who's an editor of a journal article, you're probably in good shape because that person has submitted a lot of journal articles. So they're very good writers. So it only improve your writing.

DR. MILAM:

In addition to reviewing journal articles for Journal Club and submitting your own articles, sometimes the Journal will request that you serve as a reviewer for a paper that was submitted. Have any of you served as a reviewer for any journal articles?

DR. GRIFFIN:

No. I think you you had really introduced it to our program. The process of it, which I, I hadn't been walked through the the steps to become a reviewer and really what's involved in it. And I think that's an important thing to to have as as an element of journal club is is how is your role as a reviewer. What's that going to look like in the future?

DR. MILAM:

What are the benefits of engaging in research and publishing? How does it benefit you, your career, and more importantly, your patients?

DR. PATTON:

I can speak to this as a faculty member. When you join an academic department, there are certain things that are necessary for advancement or promotion. And if you're on a research track, obviously how productive your lab is is going to really be highly dependent upon your promotion through the through the ranks. You start off as a clinical instructor to an assistant professor or associate professor and then to a professor. I'm not a research faculty myself, but I am on a clinical track that does actually value being productive. So if I were, which I have, published some articles and they're accepted, that helps with career advancement. For me also, it really helps for me to come up with scholarly questions for areas of interest that I have. Particularly as a regional anesthesiologist, I'm very much so interested in health disparities. So to look at health disparities in the area of regional anesthesia, in acute pain medicine, if we can either conduct a study or do a review, that that allows me to sort of have a better understanding how I can best treat my patients, that only is going to end up helping my patients, not just my patients in my hospital, but could potentially help my patients, my patients across various different hospitals. Right. Because when you publish into a journal, that journal, if they're open source or if they're easily accessible, that that information or that data, that research is now going to be available to to the broader audience. And so now other people can sort of read your your research and determine if it's if it's something worth implementing change in their own respective spaces as well. So there are benefits to you professionally and there are also benefits to to your patients as well.

DR. LEE:

For me. I really see one of the biggest pros in research is the potential to change your clinical practice in a in a setting where a question where there's a significant gap in the literature. So, for example, we do quite a bit of liver transplants at our institution, and we have been using prothrombin complex concentrate for a lot of our patients who have pretty significant bleeding in the in the OR that we can't control. But there is not a lot of data to prove whether or not that is safe because everybody's worried about thrombotic complications. That's our research study is looking at the efficacy and the safety profile of that medication in in this patient population. And so because there's a big gap in the literature, if we're able to if we're to kind of answer that question, then that's going to significantly change clinical practice for not just our institution, but I think for a lot of other institutions.

DR. MILAM:

I spoke to all our resident guests about fellowship, and I think you all, all four of you are applying to fellowship. Would have people told you about the importance of research publishing presentations for your applications for fellowship.

DR. RIVERO:

So very important. Period. I think that I think all of us are probably along the same lines here. I think that people who are interested in fellowship are also in some way interested in that kind of academic medicine. And part of that involves doing research and just being interested in improving our field and making it better because that's what medicine is all about and that's partially what being a physician is all about too. I think it's a lot more than just doing our job and going home is to find a way to improve patient care and just make our job better. I mean, if you look at how anesthesiology the practice of anesthesiology was 50 years ago, it was nowhere, nowhere close to where it is now. And that's thanks to physicians who have done their part to not only do their job and go home, but also look at ways to improve how we do things.

DR. LEE:

Also, it's important because it demonstrates several characteristics about you as a physician, as a physician scientist. It demonstrates that you're a critical thinker, that you're inquisitive and that you're eager to advance medicine. And so those are all characteristics that any program would want. And so I think that's why research is so favorably looked upon.

DR. MILAM:

So at ASA, a lot of the residents and fellows present on medically challenging cases. Have any of you turned that into case reports where you submitted it, submitted them to journals.

DR. GRIFFIN:

I have a couple that are that I'm in the process of of converting from presentation to journal format. Kind of a good good way to introduce that concept and then really work, work it over, work it over until it's ready to be submitted for journal publication.

DR. MILAM:

What do you think the benefit of of submitting case reports, how do you think that benefits the field or your patients?

DR. GRIFFIN:

So especially with medically challenging cases, they're typically cases that you don't see on a daily basis or, you know, these exceptional cases where you've had to work through the management of unique situations. And it really shows or shows that in the field. And so other people who might experience it later on down the road can see that this is something that's been experienced and how it was handled and really just kind of broadens the scope of practice for everyone reading

DR. MILAM:

So during the pandemic, a lot of things moved to social media. Thinking about the intersection between social media and research, what was your impression of that during the pandemic?

DR. PATTON:

I think the COVID 19 pandemic has definitely been, it's been it's been a very interesting experience for all of us. It's a once in a lifetime pandemic. The whole world completely shut down. And with this pandemic, especially in the early stages, there was just a lot of unknowns. And, you know, there were a lot of interesting scholarly discussions being had on Twitter, for example. MedTwitter is a very, very interesting space. It can be very intimidating for some. But I do think that there's a lot of good that comes from engaging with individuals on social media platforms such as Twitter, because in in COVID 19, there was so much information that was coming very rapidly as we were ramping up production for vaccines, as we were introducing new technologies, as we were trying to find out how this virus was sort of permeating through various different areas of the globe and what that meant in terms of of our exposure and concerns with infection rates and whatnot. There was actually research that was being published in real time. And social media allowed for us to share and disseminate that information even before it was actually even published in journal articles, scientists were already starting to critique data and really starting to analyze things to figure out, okay, what can we gather from this and how can we do the best we can to save as many lives as we possibly can save? So I think over the last couple of years, I mean, social media over the last decade has definitely grown substantially. But over the last couple of years we've definitely seen how big of a of a resource social media is and how important of a resource it is, because in terms of having scholarly discussions, we now understand from being locked down and being unable to sort of shoulder next to each other and really have discussions with each other face to face. Social media has allowed us to have discussions in very robust ways and frankly, very fast ways and globally, internationally,

so that we can continue to advance medicine. And we've done some serious advancements over the last couple of years from therapeutics to vaccines, as we mentioned. So I don't see that changing any time soon. I think that social media is going to continue to be leveraged in many interesting ways and it's only going to hopefully help research as we work to try and and continue to bring advancements in this technologically fast-moving environment.

DR. RIVERO:

I just have to say, I didn't have a Twitter until a few months ago. One of my consultants convinced me to get one because he wanted to give me all these accounts that I should read about, and it's pretty awesome. That's all I can say. I, I don't love social media for many other reasons, but Twitter is really good if you follow the right people, you can learn so much and and so fast too. You can only read it for 10 minutes before you go to bed while you're brushing your teeth. And it's a it's a very, very educational. I don't I don't think there is I really can think of a better way to learn very concrete, fast things and read about other people's opinions. And I feel like the people who are committed to physicians and scientists are committed to posting content. It's they're really they're really into making it evidence based. And that's very important.

DR. PATTON:

Actually, a lot of people are challenging the review process and actually the whole research process and really questioning why it needs to take so long. Of course, we don't want to bypass safety steps and whatnot, but part of the problem that we've had over the last couple of years is the fact that we need to have solutions faster. And so we're now trying to figure out how we can go about doing that. There are a lot of people who have very much so concerns about how long it takes and how much red tape there is. When you're having people talk about things that are happening in their area, COVID related, other people are like, that's happening here too. We need to look at this, i.e. African Americans and pulse oximetry readings, right? So like that data is not necessarily something that can be overlooked, especially if multiple people are starting to have this question. And that can turn into obviously, primary research.

DR. MILAM:

So we definitely talked about the importance of research for improving care for our patients. And so if it takes a year to get published, it's not been benefiting our patients right away. But as far as the peer review process, it is a long process. So once you prepare an article and you submit it to a journal, there's an editorial team that takes a look at the Journal article to see if it fits the criteria for the Journal and see if it is of

interest to the Journal and Journal readers. If the editors think it's a worthy article, they'll send it out for peer review. So someone in the field that has expertise for that topic area, those couple individuals, some journals have two reviewers, some have up to four, will review the article and give feedback, and then the editor can make a decision as to accept the article. They can accept it with revisions, reject the article, or reject and recommend revisions. That goes back to the authors and they can choose to make the revisions, submit it back to the journal. It can then go out for peer review process again. And so you can understand how this process can take anywhere from weeks to up to a year. Just for the editorial decision to send it out for peer review can take up to a week and then some reviewers get up to a month to review the article. So it can take a long time. And that's just the review process. So even after it's accepted, there's time to edit the article for grammatical errors and then for it to go either on the website or into print. And so by the time you submit an article, it's probably a year, a year and a half before it's actually published somewhere, which could hinder using that important research to improve care for our patients.

At the core of journal articles is the peer review process. For social media, there is no peer review process. How do you determine what's valid and what to take is as truth?

DR. BRUSSELS:

Speaking as a resident and someone who's, I guess part of a generation of digital natives, I think that we were raised to approach a lot of discussion that happens online with a healthy amount of skepticism. But that being said, you know, historically people have shared anecdotal evidence like that face to face. And so I interpret a lot of what I read as a passive consumer on MedTwitter, I do not contribute often, kind of with the same face value as I would hearing anecdotes. That being said, it's at a much higher, faster volume. And so do with that, as you will. But I do think that it would serve kind of almost as a space to identify emerging concerns and areas of research or gaps in the knowledge like you had mentioned before.

DR. PATTON:

So so I want to say I think a movie critic is an expert in reviewing movies. But a movie critic's expert opinion is not going to keep you from watching the movie. At least it should. Shouldn't, right? You should watch the movie to develop your own opinion because you may find that person has bias or that person maybe like certain movies and you like others. It's the same way that I kind of think about someone's opinion or what what what interpretation they may have from reading, reading, journal articles. One of the biggest issues we have with social media is just verifying that anyone who says anything is actually capable of giving an opinion about what they're talking about.

And we've had discussions with with some of the social media platforms about this very thing because we're very concerned with the pandemic, the spread of misinformation or disinformation. It's a virus in and of itself. It's, you know, it spreads like wildfire. And so when you see something, if you see an article as published, you can consume the information that's being presented to you. But you also, as Dr. Milam would want us to do, you should go to the actual article itself and read it for yourself. And if you don't know how to read your journal articles, find someone who does, who can teach you how to critically analyze and critique the article. But you should read it for yourself to gather your own opinion about that article. Just like with anything. So again, I agree with you. I don't take what anyone says for anything more than just a quick okay, you know, at least they're having the discussion. And I know that this discussion is being had about something. So it must be important if a lot of different people are talking about it. And on MedTwitter, you know, you have people who obviously have verifications and they have their credentials up. They tell you what, you know, for universities or groups they're part of, they tell you what their backgrounds are. So I find it to be a little bit more trustworthy than, let's say, clubhouse, which I was on. And that was a storm. I say that. And Tik Tok, for example, which I'm on. And again, it could be tough because you have a lot of people who are opinions and experts in areas that they're really not. But you should you should take whatever you see at face value and then go and read it for yourself to develop your own opinion or take it back to your group and say, Hey, this is being discussed right now. It's trending. What's going on here?

DR. MILAM:

I think that gets back to the point that we always say trust but verify. And my residents challenged me and I challenged my residents. So when they come up with an anesthetic plan, you know, sometimes I say, why did you pick this drug or why did you pick this dose? And I want our decisions to be evidence based. So I think it's important with MedTwitter, with journal articles, with you know, knowledge is being passed on from your attendings and your colleagues to trust them but verify it. And we have, you know, easy access to literature to verify some of the things that are said.

DR. BRUSSELS:

Can I ask both of you guys a question? You two have both participated in some virtual journal club. So is there anything like that that's accessible to people who are out there in clinical practice not affiliated with an academic institution or people who are just looking to kind of get a more robust understanding of how to rigorously appraise literature?

DR. PATTON:

No, actually, as far as we know, no. And the reason why we did it, it was a little bit more than just trying to help people understand how to critically analyze journal articles. We actually, frankly, did it because minority trainees, minority faculty members, we're definitely underrepresented African American in medicine, 5%, African Americans in anesthesiology, 3%. And so we wanted to have a space, a safe space where we can get various different minorities together. And it doesn't have to just be minorities. We have people who obviously are of various different backgrounds and that support our efforts, who come in and actually either engage and or just passive consumers. We come together so that we can create a safe space, so that we can have these scholarly discussions. And the reason why we did it is because we're in a pandemic and we know that it's going to be important for us to be able to critically analyze things and for us to understand the importance of evidence-based medicine. So we wanted to create an avenue that would allow people to have something outside of their organizations. Some have them already, like we have Journal Club at UCLA, but now my residents or anyone that that I interact with online can join our journal club and have another resource where they can also critique articles. And there actually have been times where we have gone and reviewed the same article that we reviewed at UCLA with with our group, and we have different views and different opinions on it, which is cool because you get to actually have diversity, diversity in thought as well. So that was the reason why we came together. And Dr. Milam and Dr. Bradley were the ones that really kind of came up with the idea. And we kind of all came together and said, How can we make this work? We think it'll be good. And now it's grown to the point where, like various different other groups are starting to do the same thing.

DR. MILAM:

I appreciate you all taking the time to be with be with us today. Join us again next month for Residents of the Room, the podcast for residents by residents and remember to give us a review and follow residents in a room wherever you get your podcasts. Thank you all.

(SOUNDBITE OF MUSIC)

VOICE OVER:

Don't miss the latest issue of the journal Anesthesiology, filled with the latest discovery, knowledge, and insights. Available now at [anesthesiology.org](http://anesthesiology.org)

American Society of **Anesthesiologists**<sup>®</sup>

Join us for residents in a room where we'll share timely info, advice and resources designed to help residents succeed in residency and beyond. Find us wherever you get your podcasts or visit [asahq.org/podcasts](https://www.asahq.org/podcasts) for more.