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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.

Sometimes I think I'm more of a robot and I kind of forget that I am a human being.

I think that wellness is very much a cultural thing.

I'm able to get a day off to go celebrate my religious or my cultural holiday with my family.

DR. AKSHAY SHANKAR:

Welcome to Residents in a Room, The Podcast for Residents by Residents. I'm Akshay Shankar. I'm one of the CA1 anesthesia residents at Cornell, your host for this episode. Today we're going to flip the script. My fellow residents and I are going to pepper doctors Duggan and Wald, co-chairs of Society for Education in Anesthesia's Wellness Committee, with questions. We want to learn more about wellness and burnout. So we've invited some experts to speak with us. And let's meet our guests.

DR. ELIZABETH DUGGAN:

My name is Elizabeth Dugan. I'm an associate professor of anesthesiology at the University of Alabama, Birmingham. I have a master's degree in organizational industrial psychology. I am the director for faculty Engagement and Professional Development within my department. And then I'm also an executive coach, so have spent a good portion of my career working in development, but also obviously transitioning into kind of this wellness and engagement domain.

DR. CORIDALIA WALD:

I am Dr. Coridalia Wald from University of Massachusetts. I am transplant anesthesiologist and critical care anesthesiologist.

DR. SHANKAR:

All right. Thank you so much for both those introductions. And now we can meet my fellow residents.

DR. AMAL JAVAID:

I'm Amal David. I'm a CA1 at Cornell with Akshay. We are actually residents, so it's great to be doing this with him.

DR. VANESSA HERNANDEZ:

Hello, everybody. And I'm the other resident. My name is Vanessa Hernandez, and I'm actually a PGY1 anesthesia resident at Baylor College of Medicine.

DR. SHANKAR:

I'm so excited. It seems like it's going to be a great group and a great conversation. So let's get started. The first question is a more general one. What is wellness? I know it can be an amorphous topic. What do anesthesiologists in particular mean when they talk about wellness? What all does that encompass and what doesn't wellness include?

DR. DUGGAN:

Wellness is an amorphous issue, and it really presents the challenge and key issue for many of us working in this domain because of its lack of clarity. There is an article published by Dr. Sinsky Margolis and Vinson in 2022 where they identify wellness and wellbeing as a wicked problem. So this is a term that was coined in the 1970s and was used to describe a social or a cultural problem that by nature was ill defined, resulting in a situation that's inherently unsolvable. So if you look at the term wellness across the medical literature, it fits this term well because it's broadly used to outline a multitude of workplace challenges. It connotes an obligation for physicians to care for themselves. It's been incorrectly interchanged with a wide variety of workplace attitudes, and its meaning has transformed over time. As we move forward, we need to be more scientific in our approach. Wellness is defined as the active process of becoming aware and making choices towards a healthy and fulfilling life. It's more than being free from illness. It's a dynamic process of change and growth. But you can imagine that such a broad concept that not all of those pieces may apply to the workplace. When you

specifically look at organizational literature, the concept of workplace well-being emerges, and this may allow us to more clearly understand the concept we seek, outlining the specific set of factors that contribute to workplace well-being and fulfillment with the goal to support initiatives that foster career meaning.

Specific to this literature, workplace well-being has three components, and I think these offer tremendous opportunity for us to really start digging in and finding solutions. The first is an overall subjective sense of well-being. This is often measured as job satisfaction on the surveys you take. It's your general sense of commitment or positive feelings about work. The second component is effective well-being. This is kind of our emotional experience of our work, and it's basically the summative experience of positive emotional states in the relative absence of negative affect states. So if you can think of this, it's a bit like engagement in the absence of burnout. And finally, the third component that's pretty well defined in the literature is called eudemonic well-being. And this is our sense of autonomy, mastery, personal growth, positive relationships, that sense of accomplishment we take home with us after work. When you look at those components, you can assess that workplace well-being is this complex integration of experiences that we both cognitively process and emotionally process. I think very important to this audience, however, is these experiences of mastery, competency, autonomy, this sense of eudemonic well-being less frequently occurs in residency, right? These moments are more volatile, they're more sensitive to people and events outside of the control of the trainee, meaning it may be more difficult for our learners to experience a state of positive well-being, which I think really kicks off as a nice starting point for our discussion.

DR. SHANKAR:

Thank you for kind of going through some of those definitions. I think you're right that it can be a very amorphous topic and I appreciate you kind of walking through some of the literature.

DR. JAVAID:

Okay. I will ask the next question. So it's another general question. But if we're in a situation where we feel overwhelmed, how do you recommend we advocate for ourselves without coming across, say, as high maintenance, for example? And then do you know or recommend any wellness resources that are out there to help us with this particular issue?

DR. WALD:

Thank you, Amal. This is a great question. This have been achieved in the work organization approach of goals and priorities. In the last decade, mental health of the team is becoming higher in the priorities of the leadership. Establish a human network between your peers, mentor or faculty, which you can feel comfortable to approach and express your situation. Most of the academic centers through the GME office, they have champions for resident wellness as well as mental health support off the record for free. The ASA and the AAMC web page have the link to professional health assistance if you need it. In 2017, the ACGME revised its common program requirements for all residency programs to address the training well-being resources to support the well-being of trainees includes counseling services, fitness videos, nutritional education, social events, sleep hygiene and breathing exercise, to name a few. In this structure of the Department of Anesthesiologists, awareness of trainees well-being and facilitating access to wellness resources need to continue to limit the impact of burnout in trainees and improve patient safety. The most important thing is not to disregard the symptoms and do an approach if escalate approach if you need to.

Another thing, when you have a situation, how do you know which is the best resource or person that you should approach to? The most important thing is identify a psychological safe environment which you can offer to you the opportunity to be vulnerable. It's important that you understand that doesn't have to be only one resource. It could be actually multiple resources at the same time that can approach the problem from different perspectives. If you're feeling your symptoms are not improving, you need to escalate to someone else. It's a team work. It doesn't have to be only one place or one resource.

DR. JAVAID:

Thank you so much, Dr. Wald. It makes me think of the Residency Support Council that we have here at Cornell, and we do try to embody a lot of those principles that you mentioned and our peer support group for each other. So thank you so much for that.

DR. HERNANDEZ:

Hello, Dr. Wald Thank you so much for including some of those wonderful resources that are available. I didn't even have a clue about some of these things that are offered. But I guess my question in general is that career development is such a huge issue at this stage. I feel like it always is. Residency can be very stressful. I've realized, especially becoming just being an intern now and experiencing it. Do you have any advice at all besides the things that you've already mentioned on how to get through it and be able to see the end of the tunnel?

DR. DUGGAN:

That is a really helpful question because I think it starts to help us transition between thinking about what are our resources available when we start to experience problems, but also how do we proactively think about our careers in ways that keep us motivated and keep us interested? Career development is undoubtedly linked with your sense of well-being. And so in an ideal state, we'd probably spend a great amount of time working to build our trainees and frankly, our faculties as well, understanding of the components that create engaging careers. So I think the first thing to remember is that every career is a trajectory. I frequently forget this in my own career, which is somewhat ironic given that I spend so much time in career development. But it's always important to understand that as you move through this career, through your life, your interests change, your priorities adjust, and your passions transform. This is important because you'll continue to adjust more frequently than you may imagine as your career develops. And Dr. Wald likes to point out, and I think this is a really good point, that this is not right, a quick race. This is a bit of a race of endurance. And this is a needed reminder for faculty and residents alike, because we place significant pressure on you to choose the next perfect step. So as a CA2 facing fellowship decisions or a CA3 interviewing for jobs, that stress of that single decision can sometimes feel monumental. And I think when you're at those kind of career cruxes or you're looking for the next thing to do, be your own best advocate and seek the information you need.

So one of the things I like to remind people is try to consider the following factors. Each of these have been shown to contribute to more meaningful, engaging work, and additionally, they drive internal motivation. These are the things that bring you back to work every day. They also happen to be the same components of job design theory. So there's actually really good literature supporting that. The more these elements are within your jobs and your careers, the more engaged you remain. So one of the first things to think about is autonomy.

One of the most important factors in your work is looking at how you are able to participate and when the work is done, how the work is done. Do you have decision making power over the aspects of the job that are most important to you? You also want to look for a job that exercises your skill variety, and it provides opportunity to really not only use your aptitude and anesthesiology, but perhaps also considers your other skills. Are you interested in business modeling, operational frameworks, perhaps teaching, curriculum design, leadership training, investigative work, quality improvement? There are so many options within the field of medicine and specifically within our subspecialty that you want to grow your capability and then outline when and how those skills can be used on the job. One of the other things is that we're all motivated so differently. So really think about your own reward system. Where do you find meaning in your work? I

think all of us enjoy a patient thanks and gratitude. But does mentorship also drive you? Do you enjoy helping a resident learn? Perhaps it's discovering a key clinical research work. Being able to see and feel the impact of what you do motivates us and gives us an internal reward that really again brings forth that sense of fulfillment. And finally, we're going to say this over and over again. Dr. Wald has already alluded to this, but don't overlook the support you need. How we connect to our peers varies greatly across individuals, but for all of us, some degree of relatedness is critical. Ensure that the people you need are available in a new job, a mentor, a sponsor, your social and peer support network, and perhaps even a coach. The more time you spend learning about your own needs and desires, your own skills, and then align them with a future job, the greater chance that you will continue to build an engaging career.

DR. HERNANDEZ:

I love that. I love everything you kind of mentioned. I feel like there were things that definitely you pointed out that in my head it popped up immediately where I was like, Oh, I really find joy in that. I think it's just sitting down and kind of getting to know myself enough to kind of be like, Hey, you can get through it. This is how we do it. So thank you for that.

DR. DUGGAN:

Yeah, of course. And I appreciate that. It's so hard because as a resident, you're very limited as far as time. We don't spend a lot of time talking about you. We spend a lot of time talking about all the things outside of you. So where you can when you can in those moments that you feel that element of joy, you know, just put a little kind of checkbox next to it and try to remember it for these moments that come later.

DR. HERNANDEZ:

Yeah, I feel like a lot of the things you guys are bringing up makes me think, Oh, like we're we're humans. We're not just robots. And I think that sometimes I get caught up in that personally where I think I'm more of a robot and I kind of forget my feelings portion that I am a human being and there's going to be things that I go through.

DR. DUGGAN:

That is such a key point. And one of the things that we know based both particularly in team studies but also in the ways that we engage in group work, is that our feelings are actually the most important component of how we engage in a collective. So every time

that the system negates our feelings or we neglect to appreciate how we feel, we limit our ability to engage, to become a part of that greater collective. So it's important that you say that, and I'm so glad to hear you guys really kind of moving the ball forward, I think, from the old mentality of medicine where it's just keep going and not spending some time reflecting and thinking about how do we feel about the work we do.

DR. SHANKAR:

I think that's such a great point, especially because I feel like sometimes anesthesiology, especially when you're learning as a resident, it can actually be pretty individualized field because you're in the operating room by yourself for periods of time. And so I think at least in my experience, when we've had those opportunities to either speak with colleagues or co-workers and kind of have that shared experience, you sort of realize, Oh, everyone else is also thinking similar questions. And I think that brings me to one of the next questions I have and sort of you've alluded to it as we're going through residency or in our careers, are there objective signs of burnout in either ourselves or things that you can notice in your fellow physicians that maybe we should look out for or spot?

DR. WALD:

Absolutely. Unfortunately, they are high levels of burnout and depression and suicidal ideation have been reported among anesthesiologist trainees and anesthesiologist providers. Burnout have three components which are going to start mainly by a sensation of fatigue, of being tired, or not able to be on time or disinterested when you come to work. The second phase is going to be the personalization, which are going to be less interested in your patient. You are not interested in the outcome of the patient. You see the patient as a burden or deplore them for the burden they are. They are causing us coming to seek for help. The third one is going to be reduced sense of personal accomplishment. If that means that you my work is meaningless, I don't make a difference no matter what I do, the outcome is not going to change. So when you see this in yourself or you start identifying those feelings or you see someone in the team that is having these symptoms, it would be nice to approach them. And it's like, Are you okay? Because we have to take care of each other. Meanwhile, we are in this environment that is such a high incidence for depression, burnout and suicidal ideation.

DR. DUGGAN:

And I think it's important to point out that burnout and depression and suicidal ideation are separate entities. But there's no doubt that as burnout transitions in different ways, if you already have a predisposition to depression, if there are other mental health issues

that may impact you, this can really exacerbate the problem. And so I think one of the nicest things that we're seeing emerging in the literature and in many, many of the resources mentioned by Dr. Wald is there are so many new resources available to each of us for our mental health. And this is just a great time for us to again destigmatize that. Mental health issues occur in the vast majority of adults at some point in their life due to a transition, a change, a loss and and training is no different. Right? These are very hard feelings to manage on your own. And so, again, I just think it's really important to ask questions. And if you're concerned, it's hard to approach those conversations with our peers. But certainly it's the right thing to do just to check in with anybody that you worry about. And then more so for yourself. If you're noticing these symptoms, reach out and try to find a peer, a faculty mentor, a friend, a colleague, a therapist, a counselor, whoever you feel comfortable with to really try to engage in conversations around this.

DR. JAVAID:

That's a great point. Dr. Duggan, what do you think is really contributing to this degree of burnout? I know COVID kind of started exacerbating and drawing attention to this fact, not just in residence, but I want to say burnout in health care professionals as a whole. And what should we start doing to start combating this burnout epidemic, I would say?

DR. DUGGAN:

It's a fabulous question. And in fact, you're right. Burnout did not start with the pandemic. In fact, rising burnout symptoms were heightened prior to the pandemic, so much so that a joint statement was issued by the Massachusetts Medical Society, the Massachusetts Health and Hospital Administration, together with the Harvard Chan School of Public Health and Harvard Global Institute, declaring physician burnout a public health care crisis. As you and I and everyone who is in health care knows, this was only further exacerbated by the demands of the pandemic. So to overcome this crisis, we do need to understand and identify the political, economic and organizational forces that set the stage for burnout. And I think a lot of this very truthfully comes back to the culture of medicine.

There's a nice framework put together by two researchers at the University of Michigan, Doctors Quinn and Forberg called the Competing Values Framework, and they use this to really explain how organizations develop culture over time. If you look at their model, there are two notable dynamic forces predicting workplace culture. The first is the management's organizational focus. So are they focused internally on the company or externally on the market, on the forces outside of the company? The second part is how

they manage change or challenges. Does management prioritize stability and structure or innovation and flexibility?

The reason we ask these questions is because if you look at medicine over the last 40 years and the somewhat seismic shift, its culture is undertaken, this model really helps us to better understand where we are today. So hospitals and health care systems increasingly partner and unite to become conglomerates as a means to manage these external forces. Government regulation and oversight. Private and public insurers. Patient satisfaction systems. Pay for performance models. Growing investment costs. The attention in medicine was drawn externally to manage this barrage of new pressures, but increasingly, as a result, we began to shift our priorities. Also at the same time to maximize efficiency, optimize safety, produce consistent patient care at minimal cost, we designed a set of internal structures to increase stability. We attempted generally to streamline our work via control systems. The cost of those two forces is that we shifted away from the aspects that build internally focused and flexible cultures. And the result of those forces -- individual development, innovative research, peer support, team collaboration, perhaps even the physician patient relationship -- for many physicians, our work moved away from the factors that brought us to the job and that exacerbates the factors of burnout, the ones mentioned by Dr. Wald: fatigue, depersonalization, this reduced sense of personal achievement. We began to not believe or see or feel that our work mattered.

This same conflict, I just want to point out, has also been noted to cause something called moral injury. That's the experience of being asked or forced to engage in workplace mandates that conflict with our values or beliefs. So when you look at all of these factors, at one point in time, they've actually evolved very likely over 35 to 40 years. And this has really led physicians to feel a strain that disconnects them with their patients, their colleagues, their health care systems, their jobs. And today, many are even disconnecting and leaving medicine altogether, leaving a career that they thought would bring them great joy. And I think to your point, like, what are the solutions to this? Because this is the dilemma we now face.

DR. SHANKAR:

I think that's such a great example of like how the hospital system and efficiency can kind of affect the individual provider and cause burnout as well. And I've felt those experiences as I've gone through residency. But you really like nailed them in terms of delineating them. And I think one question I had sort of following up with that is, do you feel like these factors are different from what stage of training you are? Like let's say if you're a resident versus an early, early career physician or late career physician, do you

think that there's different factors that lead to burnout, or do you think that they're kind of the similar concepts?

DR. DUGGAN:

I think a little of both. So culture undoubtedly impacts all of us. And I think to your point, you're feeling the same stressors, the same pressures that most of the faculty feel that independent private practice physicians feel is this efficiency, productivity, you know, streamlined costs, which is, you know, to some degree not the reason that any of us went into medicine. This isn't to say it's wrong, but I think most of us were driven by different reasons to join health care. But you're right. The different factors influence different stages of our career. That's absolutely true. And in fact, very likely our learners are probably at highest kind of vulnerable state for experiencing factors that lead to burnout. We talked about this a little bit at the beginning, but your experiences of mastery are frequently less perceived in residency. You're forced to adapt every few months to a changing workload. It's difficult to feel competent when the demands change and the resources are unfamiliar. It decreases your perception of well-being and personal fulfillment. Additionally, and Dr. Walt touched on this, you experience less psychological safety in the environment than independent physicians often do. As a learner, you may not be routinely provided a listener or placed in surroundings that are open to your ideas and concerns. That can be a frequent stressor when you are committed to patient safety, to the well being of your peers, and importantly, to your own mental and physical health.

We have brought you into a culture which values heroism instead of humanism. We praise you for not complaining, for picking up extra shifts, for working long hours. But inadvertently, as a result, we're rewarding you in some ways for ignoring your own needs. And because of the hierarchical power dynamic. You may not feel that you can come forward and ask for support and help even when you're distressed. And I do think that changes and evolves some as you grow in your career. Um, early career physicians also face new demands and unfamiliar resources. They're working to prove their capability and competence. They face the fear of imposter syndrome. And then again, as you're growing further into your career, transitioning into independent practice, you're burdened with the challenging issues of payment, uncertainty, job insecurity, leadership demands, administrative roles, unpredictable schedules, unrestricted work hours. So you're right. We see these things transition across our career. Some of them impacting us early, some a little bit later in time.

I think concerning at all levels, again, are many of these cultural factors. but one that specifically was pointed out in the AAMC recently is a report released that indicated that more than 50% of women anesthesiologists have experienced sexual harassment in

their careers. And I point this out because the fallout of harassment is substantial, and many women do not feel supported in reporting this behavior to their boss or institution. And while that report was isolated to some of the issues facing women, we know that physicians from underrepresented groups face microaggressions, stereotyping overt bias, all factors that negatively impact their sense of acceptance, relatedness, expression of authentic self, and all factors that undoubtedly contribute to burnout. So it's clear to me that you're exactly right. We face some of the same issues, and many of us face different issues based on who we are as humans and where we are in our careers. But I think the overarching message is we have a lot of work to do so that all of us feel more supported in our careers and we have a greater chance to build well-being into our workplace.

DR. JAVAID:

I just wanted to say that I think that's a really great point and I'm really glad that we are starting to have these conversations at all levels. So thank you for bringing up that point.

DR. HERNANDEZ:

All righty. So we've discussed a lot of the kind of the problems that we have going on, and it seems like there's a lot. But I kind of wanted to ask both of you in general, how can we as physicians, residents make this better? Is there any solutions that you have in mind or things that seem to be working right now and things that are not?

DR. WALD:

That's a very good question. Um, one of the things is, is normalizing, expressing the discomfort and emotions in the work environment is a significant change. And the organizational initiative prioritizing in mental and emotional health, targeting duty hours and workflows, as well as individual focused strategies. Big changes start with small steps. The solution doesn't happen at the individual level. The long-term solution is going to be at the organizational level.

DR. DUGGAN:

I think along those lines, because we're having these conversations, means we have interest. And the greater the interest, the more power we have as physicians to impact our workplace. So get involved. Get involved in your wellness groups. Get involved in your development groups. Seek out your local structures that are supporting positive culture, positive workplace action. But also try to get involved at your regional level through your state societies or perhaps obviously through the ASA. They have a

tremendous wellness effort. They have several subspecialty groups that are all tackling this from different standpoints for diversity and inclusion, for women in anesthesiology, for professional development. And I also think applauding the ASA for tackling this as a business problem. Because I think we all started as this as a cultural problem. And it is indeed. But each of us knows that if the business motives and vision, the strategy is not aligned with the overarching culture it is that we desire we'll fight this battle forever. So I think really look at this from a system standpoint. Be an advocate where you can and don't be afraid to speak up. I think there is room now for each of you to have a voice at the table, and I applaud very heartily, I think, these younger generations of physicians coming into the workforce that are really pushing this effort forward in ways that my generation did not and I'm not sure the generations before me recognized. So this is a great time, and I think this platform is ready for you and your actions.

DR. JAVAID:

I think just going off that. And as a follow up, I was wondering if just adding to the organizational level and solutions coming from the organizational level, what can we do from a personal standpoint and strategies for work life balance to make sure that we have longevity in our careers and to fight burnout?

DR. DUGGAN:

Those are great questions. So I'm going to start with the first one, which is a little bit more on a personal level, which is work life balance, because each of us has to choose what that looks like for us. Again, the first is be your own advocate. It is okay to say, Hey, this is what I can give to this system and this is what I am not able to give to the system. We all want to be team players. That is highly valued. But if there is an ask at your job that is going to put tremendous strain on your health, your family relationships, your social relationships, your ability to take care of those in your life. I think we've come to a place where you need to be comfortable saying that's just not the job for me. It's not the role for me, it's not the time for me. Like we said, careers transition. So there will be another opportunity later down the road. Think there's a false myth? If you say no once, you'll never get asked again. If you say no once, it's okay to come back later and say, Hey, yes, now or yes to this. So I think that's really how you keep that aligned as much as possible.

And then the other part is, so how do you make system change? That is a hard issue to tackle. One of the things that I think is most successful is one, partnerships, right? Again, the more people that are working with you, the greater your influence and impact. But two is really learning the language. So I think some of the greatest players in the wellness domain are those who have done independent study in organizational

development, in business strategy, in economics of health care, in counseling and mental health. Because all of these things coming together allow us to introduce innovative and not novel solutions where previously we may not have seen this work. And additionally, we're starting to talk the language of the C-suite and really appeal to their needs as well as our own. And that partnership is critical to moving forward. So spend some time learning something. And again, this is very hard outside of residency, but when the time comes, you know, picking up something that's very interesting to you and carrying it forward.

DR. JAVAID:

That's great advice. Thank you, Dr. Duggan.

DR. SHANKAR:

Really appreciate that Both of you are bringing so much resources and so much information from us and hopefully we can take some of it forward. But I guess as you've started to do this work and do some of the research, is there something that you wish you knew about wellness earlier while you were in residency that you could if you could go back, if you could apply it just for us residents, if there's anything that you think could be helpful tips for us as we're going through the process.

DR. WALD:

Sure. As individuals, we have different values and different priorities towards stress. Take some time to contemplate what will help you to get you on the right path. It's not much as what other person thinks you should do in a certain amount of time. Professional development as a physician is a matter, as we said before, endurance, not intensity. Set up yourself in a pace that you can continue for a prolonged period of time more than try to get as fast as possible. Prioritizing your own health values. Take it as a choose and execute in me time that will help you to clear the mind from the mental fog. It will come through your actions with your loved ones, colleagues and patients as a mental, physical and emotional, healthier version of yourself. There are people and systems that are here to support you. Wellness is being prioritized and is an increasing open minded street. There are someone out there that is open to hear you and understand you, so just come by.

DR. DUGGAN:

Yeah. I think all of those are great suggestions. Don't have much to add. But think the most important thing is really being your own advocate. Not being afraid to speak up like

Dr. Wald mentioned, finding your network, and feeling comfortable giving yourself permission to choose you. Because if you don't, unfortunately, the system won't choose you. And so it will be a long haul if you're not making sure that you're taking good care of yourself.

DR. WALD:

Okay, Dr. Dugan, let's turn our tables on our residents. What are your experience with wellness during residency? Is there something you are trained on? Do you have enough education in the subject and have you had any chance to tap resources when you need it?

DR. JAVAID:

So I think at our program we're very, very passionate about wellness, which is a great positive and it has really made my residency experience very positive. But we have the Residency Support Council, which I am a part of, and as is Akshay, and we kind of help each other out, but we also organize a lot of social events for all the residents to come together. And it causes a lot of camaraderie. And I feel like we feel like we're all in this together because anesthesia, especially when you're a trainee, sometimes it can feel a little isolating because you're in the operating room for long hours alone. So I feel like that has really, really contributed to my wellness as a trainee.

DR. SHANKAR:

Yeah, I totally agree with Amal. I think we're really lucky to kind of have a program where we have this residency support council and we have sort of a pretty lucky culture of wellness. And I think that wellness is very much a it's very much a cultural thing and something where you feel like you're part of something bigger. And I think that's what contributes to wellness more than at any given, you know, \$100 towards buying food or having a day off. I mean, obviously those things are great and those are helpful. But when you feel like something bad is happening and you have someone or a group that you can go to, that's what really makes me feel like I'm comfortable and like, well, in a program. So I think just speaking a little bit more about that general culture is something that's really hard to build. But once you have it, trying to keep it as so important.

DR. JAVAID:

And then just to add on to that, like I think our program also really helps us because there's a lot of minorities that are in the program. So, for example, when I have my religious holiday, my program is very happy to give me a day off. So then I don't feel like

I'm missing out on my personal life because I'm able to get a day off to go celebrate my religious or my cultural holiday with my family, which is a situation that has happened very recently. So things like that really contribute to my personal wellness because I feel like I'm not missing out on life events just because I'm a trainee.

DR. HERNANDEZ:

That's awesome that your program does that for you guys. For me, kind of similar to you guys. We have a wellness committee here that wanted to be involved in as quickly as possible when I got to residency, and that's because I think it is important to have this life outside of resident because I mentioned earlier, I do not want to feel like I am a robot and I do want to have that aspect of comradery within the program. So we have things that we organize. But another thing that was really important to me that I think contributes to my wellness and I think was mentioned earlier, is like kind of what makes you avoid burnout in a way. And for me, a lot of that is mentorship. I love that. So we have kind of a start up to a type of DEI program here at Baylor that I love being organized and being part of because I think personally as a like Latino woman coming into medicine, I'm first generation, immigrated from Colombia, there was a lot of things that I didn't know. And having that support from attendings and being that support to other students like pre-meds and medical students in general, I think that contributes a lot to my wellness because I'm like, I'm helping them out the way that I would have wanted to be helped out if I was in their position. So yeah, I think it's different forms of wellness. It's very individualized to the person. And I think whatever program you're in, they can kind of accommodate to that.

DR. DUGGAN:

I think that hits really the nail on the head, which again, this is the a little bit the amorphous part of wellness, which it is individualized and it should be because we are all so different. We are all authentic humans and need to be able to express that in our workplace. And it sounds like your programs are all really doing a wonderful job of helping you to find that. I would encourage anyone who listens to this podcast who's looking to potentially get involved in some of the larger work as the Society for Education and Anesthesia. So I would say if you have suggestions, what can these larger initiatives do for you? What resources do you need that aren't being provided? What type of activities would help continue your connection with your peers, your mentors and your specialty at large is Please reach out to any of us working in this domain because we're always thrilled to get an impassioned resident to work with. Because to your point, Vanessa, I love mentoring and teaching. It is the greatest joy, I think, for most of us participating in academics. So we would love to be able to support any of your work.

DR. SHANKAR:

And thank you all for such a great conversation. I'm lucky to have been part in it and think that it's great that we have some opportunities for people to get involved moving forward if they find this topic interesting or want to just learn more. Thank you for our listeners for joining us on this episode of Residents in a Room, the podcast for residents by residents. And we hope that you'll like and follow and subscribe. And most importantly, if you found it interesting to tell a friend and join us again next month for a new episode, we look forward to having another conversation with you all soon.

(SOUNDBITE OF MUSIC)

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