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.

You don’t need a mic for advocacy. You can be an advocate at your own home.

The best advocacy comes from people who are really passionate about a topic or who really care about a topic.

That was so much fun. I just spoke with people about medicine and about issues that I'm passionate about, and it was easy and they weren’t scary.

Not everyone wants to do the legwork, but supporting the people that do is something that everyone can do.

NICK DAVIES:

Welcome to Residents in a Room, the podcast by residents for residents and sometimes hosted by med students. I'm your host, Nick Davies, a medical student at the University of Florida and currently the president of the medical student component of the ASA. We're going to talk today about the many ways we can advocate for the specialty, our society, our patients, our communities, even ourselves. And we're coming today from the March ASA board of directors meeting in Chicago, Illinois. That's a lot to get to. So let's get to it. First, let's meet our guests.

DR. MOHAMMED HAKIM:

Hi, everyone. I'm Mohammed Hakim. Friends call me Mo. I'm one of the cats at Ohio State University and the current ASA president elect for the resident component. Nice to be here.

DR. OLIVIA SONDERMAN:
Hello, everyone. Olivia Sondermann here from Stanford, a CA one and I am the alternate delegate to the AMA from the ASA for the resident component.

DR. LEILANI SAMPANG:

And I'm Leilani Sampang. I'm a current CA1 at Loyola.

NICK DAVIES:

Welcome. So today we're going to talk about professional advocacy and then next month's episode we'll dig into more about allyship. But today we're going to talk about advocating for the specialty for other physicians and for our patients. You know, allyship and advocacy are a little bit different, but they both fall under working to advance change--change in the workplace, change for the specialty, change for our patients and taking care of them. And also making the world we want to live in.

So let's kick off by just asking a broad question and if you would share your thoughts about why do you think advocacy matters and how do you think it might differ from or perhaps embrace the concept of allyship?

DR. SONDERMAN:

In our political and social systems. There's a lot of inequity, and that really is seen as well in our health care systems. And so for me, advocacy is a way for us as physicians to speak for our patients who don't have the time or the resources really to do that for themselves.

DR. HAKIM:

For physicians, I think the first thing we're taught is advocating not just for ourselves but our patients. And the bigger picture of advocacy is knowing what's best for your patients and knowing what best you could do for them, and at the same time, being the voice of theirs.

DR. SAMPANG:

Yeah, I think advocacy is definitely really important, both for physicians and patients. It's a way to help spread the word about issues that not necessarily everybody is really comfortable with doing, or finding resources that not everybody knows you can use or spread the word about things like that. Because we're all really busy. Patients are also
even really busy. So if we're even the few people that can find the time and resources to help people go forward with their careers or have more comfortable care, then it's always really important for everybody.

NICK DAVIES:

It seems like these days people just in general tend to have sort of a more advocacy mindset just in their regular, everyday life. You know, they tend to try to find things in society that that they're passionate about and they want to fight for. Obviously in medicine, it's presented to you on a daily basis. You know, you have your patients that are in a vulnerable position within anesthesiology, obviously having surgery. But the specialty itself needs advocacy. And that probably led to a lot of you being here and doing the various things that you do in the specialty. So how about you go ahead and talk a little bit about your stories as far as how did you how did you find yourself here? Did you did you find a mentor? Did you get pulled in by someone? Did you have any sort of particular experience that led you to reach out and try to do more as residents?

DR. SONDERMAN:

I was definitely roped in by mentors and medical school, and I think part of what I mentioned earlier with regards to advocacy of during medical school, when you're entering the clinics in the hospital, you start to see patients who aren't necessarily getting the care they deserve. And I think I turned to the American Medical Association to be involved and to feel like there was something that I could do above and beyond just being at that time a medical student and now a physician to make their care better or more accessible. And so for me, it was AMA and then also local delegation groups and medical school. And then of course, coming into anesthesia, wanting to focus on the specialty side of things.

DR. HAKIM:

Where it actually started for me, believe it or not, was when I was on a mission trip where I had to take care of underprivileged people who did not have the basic medical necessities of being treated as human individuals. And I thought to myself, I said, what could I do best? And what our specialty is going through, and the paradigm shift pre pandemic, during pandemic and post pandemic made me realize that we as physicians need to really take up these roles of paving the pathway for the future of our specialty.

DR. SAMPANG:
I'm not necessarily in any formal groups. I'm still in more of an exploratory phase, but I'm starting to really get into what am I really passionate about. And so it's really interesting to be in a group like this where you guys have already been involved in other things, and I'm still learning about how even my attendings and mentors have been getting into their positions. I tend to be one though, that likes to soak in my information a lot before I make a final decision on what I want to do. So I think I'm just going to slowly take my time to figure out exactly how I'm going to get involved.

NICK DAVIES:

I think anesthesiology is really a unique field in that for many people and specialties in the House of Medicine advocacy is going to speak to your senator or your representative, and that's obviously an important part of it. But really, anesthesiology is so unique in the way that every patient you take care of is voiceless in a way. They're unconscious and unable to speak for themselves. And so just through the very act of working in the job, you're advocating for them when they can't do it for themselves, really on a daily basis.

DR. SONDERMAN:

I completely agree as a fresh CA1, I think it's been almost shocking to me how much of a difference we can make in a patient's care, especially in the perioperative period and the voice we have to do things like prevent pressure injuries, things I didn't really consider as a medical student, or to make sure that there is an interpreter available if our patient is not English speaking. And so creating an experience that reduces their anxiety is, is really a special thing that we get to provide.

DR. HAKIM:

I think the biggest factor in this is when you see loved ones say goodbye to their loved ones, especially when you roll that bed to the OR and they say, My loved one's life is in your hand and they look up to you. And the last words, Doc, make sure you wake me up so that I can go back to my daughter. Or, you know, Doc, my life is in your hands. That's the difference you can make in an individual's life, and they're entrusting you with the most precious thing. I think that's the best part of our speciality.

NICK DAVIES:

I think it's easy to kind of forget that. And case can be just another insert simple case, another lab coli, another whatever. But to that patient, this might be the most scariest moment of their life. So it's important to remember that.
Switching gears a little bit, let's talk a little bit about professional aspect, professional advocacy and fighting for the specialty, whether it's medicine at large or specifically anesthesiology. Do you all have any opinions about what some of the primary threats are facing the specialty and issues that really should be uniting people within this field together?

DR. SONDERMAN:

One that has become apparent for me is the fact that a lot of people don't know what anesthesiologists do. And I think the the ASA has been very active in that regard. And obviously, the COVID pandemic did bring us to the forefront with our action in critical care especially. But I do think that before we really can advocate for anesthesiology, a lot of what we need to do is public education so that our patients are aware of the role that we play in their care.

DR. HAKIM:

I echo what Olivia said. I really experienced this, especially when I was fortunate enough to go for the legislative conference at DC. The pandemic where everyone was indoor, I think our specialty was one of the few which were at the forefront. I think that paradigm shift of what we do as not just anesthesia providers, it's our perioperative medicine, which took a very different shape where we had anesthesiologists even running ICUs. And I think it's important for us to give a picture of what we do on a daily basis. It's life on the other side of the drape, and it is very critical for the public to understand what we do as anesthesiologists, not necessarily just in the ER, but outside it.

DR. SAMPANG:

One thing that always tends to come up with our specialty is always roles in anesthesiologists and also working with CRNAs and people bring up, are you worried that CRNAs are going to be taking over your job? And especially like around my family, I have a lot of nurses in my family and I'm just like, Well, that's not really the focus is worried about them taking over our job. It's more how can we work with them, right? So it's like, how can we both share from our different knowledges because we both have different educational backgrounds. And so how can we actually share in this and then appropriately take care of our patients given our experiences? So I think just as anesthesiologists, instead of trying to necessarily fight, it's more of like, how can we educate each other and work with each other so that we can both actually provide good care for our patients as a whole, as anesthesiologists and providers?
NICK DAVIES:

So did any of you have any sort of these bigger challenges on your mind as medical students looking at the specialty, or is this something that you didn't really understand some of the nuances until you got into your residency?

DR. HAKIM:

I would say that the transition from medical school to being a resident physician definitely gives you a really different outlook because now you're at the forefront of things in clinical decision making where you realize how important it is for us to govern our own decisions of how we practice medicine versus a third party who gets to make the call. I think it's very key and crucial for us to know that everything that we do as physicians is really looked at as steps towards success of our specialty. So I would say definitely when I started residency, I had a better outlook.

DR. SONDERMAN:

I think for myself, I was late to the anesthesia game. I didn't know that I wanted to do anesthesia until midway through my gap year between third and fourth year. So I was focused more broadly, as I mentioned, in the American Medical Association, on broader issues in medicine, but not necessarily on the specific issues faced by anesthesiologists.

DR. SAMPANG:

I was actually the same exact way. I came into anesthesia pretty late into medical school. I was actually told early that I might go into anesthesia, and I was like, no, that's I don't know why I would even consider that. I was like thinking about like medicine and surgery and all of these things. So I'm in the same route where it's like I'm learning about all these things in anesthesiology as I'm becoming more and more involved as a resident.

NICK DAVIES:

So besides sort of the obvious, which is what are the nurse anesthetists going to do, what effect are they going to have on the future of the specialty? You know, there's a lot of other things, things like economics, payment, reimbursement issues, insurance issues. The No Surprises Act is talked about by a lot of people. Do the programs talk about any of these challenges at all or in any way sort of give an exposure to things you
might have to face in your careers after training? Or do you have to kind of find out about it on your own?

DR. HAKIM:

I would say it's very subjective based on the faculty that you have in the program. So at Ohio State, I'm definitely fortunate to have a lot of mentors who are actually actively taking part in and on the national societies in general. You're learning how to do anesthesia and at the same time you have a bunch of time to learn about other aspects of our field. But I think as important it is as it is to be good, trained anesthesiologists, it's important to know how important it is for us to advocate and what our specialty is facing. I would say yes, we definitely do have a very good platform. We are glad that we have a national society like ASA, which has resources just at the click of a button, which you just go on and you could see different websites actually dedicated for how you even advocate or what are the current pressing issues that we're discussing. And as we talked about yesterday with our executive board members, that they we have an early Monday morning outreach, which I think is a phenomenal resource where they're actually telling us and giving us an idea of what is the forefront and what changes have been made and what are they currently working on. So I think our specialty and our society is really doing phenomenal for us and I'm really thankful.

DR. SAMPANG:

From my perspective, I think most of where I hear more of it from is when I'm in like the break room or in between cases. And a lot of people are talking about any issues that they might have with a specialty in general or what things are being working on. And then if you wanted to look more into it, it's not like we have formal lectures about it or formally taught about exactly what things we can do. There might be one maybe like once a year. I know they're starting to do it. Like in my medical school we had a few. But currently in residency there aren't any specific resources that are being given to us as much as I would probably have to overhear it being talked about. But I think if I were to look it up on the internet, I'd easily find resources for it. So it's easily attainable, but it's not necessarily formally presented to me.

DR. SONDERMAN:

Yeah, I can second what Leilani is saying for my program. I don't think we necessarily have curriculum focused on these issues, but I would say I am fortunate at Stanford to have a fair amount of professors who are active in the advocacy space. And so just by their presence and by their activity that's, you know, spoken about at the university that you hear about it. But it's not like a standardized lecture that you're receiving.
NICK DAVIES:

So piggyback off something was talking about some Mo was talking about, and that's the role of ASA in driving advocacy. It seems like certain people just get it. They understand why organized medicine exists and how it facilitates us accomplishing shared goals. But it seems like a lot of times there are people that just don't or don't want to. So do you have any experiences of colleagues that—we're here at the March ASA board of directors meeting, and we see all the work that people are doing downstairs all day for the entire weekend trying to fight for the specialty—but for people who have like no exposure to it, maybe aren't even ASA members, how do you sort of reach them, identify them first and then reach them to help them appreciate why being involved is important.

DR. SONDERMAN:

As far as for me for trying to draw people into advocacy. Now that I've drank the Kool-Aid, as they say, I usually like to start with a question, What do you care about? And typically, any anyone in medicine from medical student, resident, full attending physician, will have something in their mind that they would change about the health care system, about their job, about the patients and the care they get. And so if you can figure out what it is that drives them, you can almost always say, well, hey, with the ASA or with your local state society, there's these resources to learn more about that or to learn how to change that and make it or make something better. And so I think that's a good place to start with the people around you. And then the kind of next thing is legislative advocacy days, bringing people along to meet their policymakers. I think it breaks down a lot of barriers for people who think that policy and advocacy is something that's far away and in the ivory tower of this Capitol building. But if you can bring them into that space and have them see that it's it's just people that you talk to and that you can have conversations with and it makes it much more accessible.

DR. SAMPANG:

Yeah, I actually also agree with that approach. So my thought is you could probably look at this as two different ways. You can go from a more personal level, you can go from a more formal level, but I think the best advocacy comes from people who are really passionate about a topic or who really care about a topic. So my approach would be more like, Hey, if I'm talking about something and it's something I care about, are you getting really riled up about it too? Once I realize you're getting really fired up? Hey, do you realize we can do this? And is this something that would be feasible for you? So that would be like a personal level to kind of get their interest in. But if there's already
like a medical group or like a medical school group or other professional society within a residency, you could just have a meeting or a presentation saying like, Hey, we already know you're interested in this kind of topic. Here are these resources that can get you a little bit more involved further in the process to help further your goals. So there could be like two good different ways. And you already it's something that comes from deeper in rather than feeling like you have to force somebody to push something forward within the specialty.

DR. HAKIM:

Advocacy is not everyone's cup of tea, which is okay. But as physicians, advocacy is something that you have to stand up for. I think for those who are not involved in advocacy, let me say this it is important for us to reach out to them. They're a key part of our society. That being said, the changes that we're having, like as you said, the CMS pay cuts. Now people are like, okay, this is affecting my paycheck. Guess what? We got to speak about it. Changes in sedation levels or moderate to deep sedation. Changes in your same day surgery centers that are affecting physicians or let's say safe VA care for those physicians at VA, We got to speak up. You don't need a mic for advocacy. You can be an advocate at your own home. You can be the best leader at your own home. It is something that should be integral to every physician's work life. And as physicians, the least we can do for our specialty is to let it foster for our future. And I think the way to go for that is advocating for our specialty.

NICK DAVIES:

I agree that not everyone is interested in flying across the country and going to meetings, things like this. But I've always seen just at the very basic level, professional society membership as like the cheapest insurance policy on what is a very long and expensive investment. And I think a lot of people don't really view it that way. But if they went and bought a multi hundred thousand dollar home or an expensive car or something like that, they would probably insure it. Yeah, but we don't really think about that, about a $300,000 medical education and eight years of time that was spent. So I certainly recognize that not everyone wants to do the legwork, but supporting the people that do is something that everyone can do.

And Olivia, to your point, I've always also found it very interesting how easy it is for the people who are interested to just get to know your like local state senator, your state representative. I remember in Florida, I've been able to go with Florida Society of Anesthesiologists a few times. And these are people who work part time. You know, they have jobs in the community and they care a lot about people that live in their district and they want to get to know them. And so you go to their office and usually can
meet them. And these are people at the state level who have immediate impact over the practice of medicine in your state. I mean, most things happen at the state level, and it's quite easy for them to get to know you personally and you to get their phone number and to have a really big impact just by knowing your local representatives. And it's not even that hard.

DR. SONDERMAN:

I completely agree. I had a friend of mine in medical school who was deciding if he wanted to go to like a legislative advocacy day, and I encouraged him and he was so nervous about it and like, Oh, I don't know if I really want to meet these people. It's kind of scary. And then after the day I wasn't able to go, but he called me and he was so jazzed and he was like, Wow, that was so much fun. I just spoke with people about medicine and about issues that I'm passionate about, and it was easy and they weren't scary. And so I do really think that is such a great avenue for for people to see that it's it's possible it's easy.

NICK DAVIES:

Can have a really outsized effect to one person I was able to foster a relationship with became a friend where I used to live in Florida there committee the hell he was on the health committee and they were considering a bill that would have allowed for a nurse anesthetist, independent practice, and I wasn't able to go to the state capitol, but I just sent him a text during the committee meeting. And I sort of, you know, not long, but a little blurb about why I thought that was a bad idea. And I made some tried to make some salient points. And then I'm watching the video online, the live stream, and he ends up making the point that I made. And I'm like, wow, just like that, you know. And it's all about just it's just about relationships and caring enough to see who controls, in a sense, who has oversight in the government and regulatory process over your career and your practice. And then just kind of getting to know it because most of them aren't physicians.

DR. SAMPANG:

Wow. Sounds pretty chill, so I could probably try it.

DR. SONDERMAN:

Yeah, do it.

NICK DAVIES:
So is there anything, any room for opportunity, do you think, for ASA or other state societies to either communicate or to draw people in that maybe are disinterested or unaware?

DR. HAKIM:

I think we should give credit to ASA. I think what they're doing is phenomenal. I can't thank them enough. The fact that we as residents are part of this podcast and we have a specific room where it's stated as residents in a room. You can Google it online. There are very few societies that even have a portfolio for residents in general. So it's always good to be grateful for what we have.

The newbies who are entering this society are looking for outreach and this is been a really favorite topic for me and I think ASA is really working on it, as to how to get a voice such that we can tailor our information to everyone at a click of a button. They're really trying to outreach to residents, which I would highly, highly encourage those who are on the path to graduation and now going to be making the attending pay scale is I think the least we can do is being members of that wonderful resource which is going to help you not just for the first year, but all throughout. We're really on the right track and we have phenomenal leadership and great things to do together.

DR. SONDERMAN:

One of the important things about the national ASA as well as state societies is they offer abundant resources to residents and medical students as well as their attending physician members. And so any way to really sell those points or show what the ASA is doing, especially for residents and medical students in terms of networking, in terms of education, I think that's a really important way for for these societies to attract membership. On top of that, I do think one of the really the best resource that we have are our people. And so just showing the type of organization that we have, the type of community that we have is a way to to draw people in and for a good reason for those connections.

NICK DAVIES:

So I think we've identified a lot of ways that people can get involved, a lot of reasons why people should get involved. I want to ask just one kind of final question, and it's a little bit metaphysical, but I think it's important because it sort of ties back to why do we do this? So the question for you to wrap up is, what do you think makes being a physician special compared to other potential things that you could have done? And
how do you use that special training and special position and special relationship to be able to fight for the profession and for the patients?

DR. HAKIM:

I think all of us as physicians, when you see your high school buddies who are in different fields already making financial planning and you look you sit in your chair one day on your couch and you're like, Oh gosh, I have a decade of studies still. And guess what? I'm done with medical school. And now I have a four-year residency program where my buddies are already in companies, and they're already really living their the best life. All those who have really opted for this route know sacrifice. They've sacrificed time to be away from their loved ones. They have sacrificed time not being able to be there by your, you know, your significant other or family events that sometimes you really can't make it for those. And those are really things that take a toll on you. So hats off to those who are in this pathway. And the reason why we do this is, for all of us as physicians, is we care. Not that others don't, but there is a very, very special space for us as individuals where we want to make a difference. And I think the best thing we could do is making a difference in someone's loved one's life. The fact that you're able to be the front line care for them and being the sole source of them in your hands, I think there is nothing better than that as a physician where they give you their most precious thing and that's one's own life to take care of. I'm grateful for this opportunity that we're blessed with. If I ever had another chance, I wouldn't think a heartbeat to do what I'm doing again and I wouldn't hesitate in repeating what I'm doing.

DR. SONDERMAN:

I would agree completely. As far as what makes being a physician special, really, at the end of the day, it is the the relationships that we have with our patients where they are so vulnerable and and really their lives are truly in our hands. It's a rewarding experience that, you know, most people don't get to to experience in their lifetime. And I think on the more, I would say, objective side of things, what makes being a physician special is our training. As far as, you know, two years of pre-clinical textbook education that's very rigorous with a huge focus on physiology and anatomy leading into two more years of clinical training leading into three to, in some cases, 8 to 10 years of residency. We have this this knowledge that supports us to be really the best caretakers and decision makers as physicians for our patients. So it's really that that role we play in both being experts as well as caring for our patients and having a relationship with them, that's really special.

DR. SAMPANG:
I actually really love being a physician. It took me a while, same thing like with anesthesiology, I thought I was going to do engineering, so it took me a while to decide on medicine. But I love the logic and the base knowledge that you need to have to be a really good physician. One of my favorite parts is actually learning a lot about patients’ stories and families is really fun. On top of like the puzzles you have to figure out every single day. I love that patients will just trust you with some of the most intimate and personal times of their life, and then you just have to make sure that you take as best care of them as you can.

NICK DAVIES:

Moe and Leilani and Olivia. I think those are great thought to end on. Thanks for the great conversation. This has been residents in a room. The podcast for residents by residents. Join us again next month for the second half of our conversation when we get to talk more personally and dig into the topic of allyship.

(SOUNDBITE OF MUSIC)

VOICE OVER:

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