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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.

DR. JESSICA IBANEZ, HOST:

Hi everybody, welcome back. This is Dr. Jessica Ibanez again, a Chief Resident at Johns Hopkins. And today we are still with Dr. Jed Wolpaw, turning the tables on the original and veteran podcaster. Let's jump into things. So question, the ACCRAC podcast has been very successful. I'm wondering how that success has affected your career? We'd love to hear about how the podcast experience has changed your day-to-day duties, and/or helped you in the world that you are now?

DR. WOLPAW:

So, it's an interesting question, Jess, and I, I think in many ways, I don't know. It's hard to know what my life and career would be like without it, since it's been such a central part of what I've done for the past three years. I will say that one of the ongoing and I think very long overdue, changes in academic medicine that we're kind of in the midst of right now, so I can't tell you how much or how far this is going to go, but is, universities are starting to take into account non-traditional forms of scholarship. So, for example podcasts, but also people who have the things you, you probably know more about than I do, but YouTube channels or, uh, who have a particularly large number Twitter followers, and you know, tweet out tweetorials and things like this. But these kind of things are starting to be taken into account by promotion boards, for example, in ways that they never were before. Whether that will make a difference in, in my own career, I don't know.

Uh, I certainly hope that, that the Johns Hopkins uh, promotional committee will take this stuff into account. We'll see. I would highly recommend that nobody out there start a podcast with the hope that it will help them get promoted or help them advance in academic medicine. It might, but it's not worth betting on it because I just don't know. It's too early in this whole conversation to know if that is going to be true or not. But I will

say that you have, it's, it's the same as, as what I tell people if they, if they're thinking, oh, I, I think I want to start a podcast so I can make money. Uh, I would not recommend that. So you just, you can't do it because you think you're going to make money off it or because you think you're going to get promoted from it. I think you have to do it because you enjoy it. And that, without doubt, I do. And, and so they way it's affected my life and my career the most, is the joy I get out of doing it, and the learning I get from it. So every time I interview an expert on something I learn from them. It informs the teaching I then do of residents, the conversations I have in the operating room and in the ICU with residents and with other colleagues. It's because of some of the stuff that I learned doing the podcast, not to mention just connections with really amazing people, learning what they're doing, learning a little bit about them.

And then, part of the uh, interesting thing that's come of this, as there have been more and more listeners, some of those listeners are involved with deciding on grand rounds speakers for different universities, and so I've had the pleasure and great honor of getting to go around the country giving talks at grand rounds and in various conferences. And it's really been fun because then you really get to meet people, you know, you go out to dinner with a group of faculty and residents. Often you'll give them the grand rounds talk and then later that day sit down, maybe to lunch, with a group of residents, and I can't tell you how much I enjoy those conversations I get to have with different faculty and residents from different institutions around the country. It's really a way of learning what's going on. I often will hear really fascinating approaches that other places are taking, and think to myself, oh that's something I'd love to incorporate into our own program. Or you know, that's really something that I never thought about, I want to think more about. So I have, a couple of years ago, for example, I gave a talk at University of Pittsburgh and one of the residents I met giving that talk, is now a fellow at Johns Hopkins. So, you know really fun to kind of have those connections.

So it's been just wonderful. I, I, I could, would not change a thing about it. It takes an enormous amount of my time and maybe it won't help me get promoted, and certainly I don't make any money off it, but I wouldn't change it for the world because it's been such a, a wonderful learning and interpersonal experience for me.

DR. IBANEZ:

Given the large following you have and the volume of podcasts that you've made, you must have some pretty funny stories about listeners or even guests. Anything that you could share?

DR. WOLPAW:

Well, funny stories, I don't know. Uh, I, I think, um, that what I found more than that is, is inspiring stories, and I'll tell you, for example, you may have heard that episode I did with Jonathon Curley. He was a resident at the time, he may have graduated since, he had spent time in the military before residency and he talked about, it was really one of the most impactful interviews I've done he talked about his experiences fighting in the military, fighting for our country, and some of the lessons that he learned including the lessons that he learned from some of his colleagues who died in the service, who died overseas, fighting, uh, for our country. And it was such a, a touching and powerful and meaningful, uh, interview and some of the lessons that he talked about I thought were just so, so important and inspiring. And then in, in a real kind of just amazing coda to this, we posted the episode and a week or two later, I got an email from a gentleman whose brother had fought with Jonathon and died. He was actually one of the people who John talked about, and the lessons he had learned from him. And his brother wrote me and said, I have been wanting to get in touch with Jonathon for years to talk about my brother and didn't know how to get a hold of him. Can you put us in touch? So, of course, I asked Jonathon, can, can I put you in touch? And he said, of course and then, then, was able to put the two of them in touch. And that was just such, such a powerful experience, uh, to be able to make that connection.

So, it is amazing, the world we live in with the kind of technology that we have, and, and the fact that people can be bridged across space and time in these ways, um, and to get to play a small part in that was really, a, an honor for me.

DR. IBANEZ:

I have chills from that story, that was simply amazing. Which of your topics tend to be the most successful? Do you find that episodes that earn the highest online engagement are also the ones that you personally find the most compelling?

DR. WOLPAW:

So, it's interesting, I think, in general most of, of the episodes get about the same number of downloads and the same number of listeners over time. The exception is, really actually the ones that, uh, appeal to the lay public, because of course my usual audience is almost all healthcare providers. Right? They're anesthesiologists, residents, medical students, CRNAs, student CRNAs, uh, nurses. But, and episode on, uh, you know, ARDS management is not going to be something that a whole lot of the lay public is going to download.

However, uh, I've done some off-the-beaten-track episodes, so the one that I think that has the most downloads of all time is, uh, the kind of, uh of book review I did of The Obesity Code, which is this just fascinating book about intermittent fasting, and I think

that's a very hot topic in general, uh, right now. And so people, I'm sure, downloaded it. You know, they might have Googled intermittent fasting and come to the, come to that episode, and decided to download it listen to it. And so that is kind of interesting that the ones that are really downloaded the most are the ones that appeal more broadly.

DR. IBANEZ:

Can you talk a bit about how the show has evolved over time, how the audience has changed, and thinking of those two things, how your process for deciding on topics and guests. How has that changed over time?

DR. WOLPAW:

So when I started, it really was just me and so it was hey, you know, the very first few were things I already had given talks on. I already had the talks ready. And so I just recorded them. And after that, it was looking through the American Board of Anesthesiology kind of keywords lists and thinking oh, okay, that's probably high-yield, let's do one on that. And I still do that to some extent. But, uh, of course, I've transitioned to very much more interviews than just me alone, though I still do some episodes alone sometimes. And it has transitioned a lot into being responsive to, uh, some of the many, many emails that I get requesting a certain topic. Now of course, I can't address everything that's asked, but what I tried to do is keep an eye out and when, you know, dozens and dozens of people are asking for an episode on COPD, uh, or, whatever that may be, then, okay, we'll think about how can we do that?

So there's been a lot of audience input that's evolved over time, and, uh, also as the audience has evolved from being what I think started off as mostly just anesthesia residents, to now being a much broader swath of healthcare providers, trying to balance both anesthesia and critical care, trying to balance some topics, like we did one introduction to basic ventilator modes that was really probably geared a little bit more toward the medical student or, or intro learner, and then others that are very much more advanced. So, interviews with you know, people who have done cutting edge research about sepsis, or about infection and antibiotic treatment, and which are going to be a little probably above the heads of a medical student, but are going to be very appropriate for a, a fellow, or attending, or you know, a, a, an advanced level resident. Um, so trying to kind of have that balance, I think, is good.

It, when I talk to people who are thinking about starting their own podcast, you know, I tell them you can either pick a very narrow audience, and so for example, there's podcasts on, that all, that all the episodes are about ECMO in the ED. Right? You know ED EMCO. And so that's a very narrow subset of people who are thinking about doing ED ECMO, but it also means that every episode you do is going to appeal to that

audience. Or, you can have a huge, wide-open audience where you know, any given episode may appeal to a smaller subset. Um, and I'm somewhere in between. I obviously don't appeal, and most of the episodes are not appealing to the wide, to the wide public, to the lay public, but within the world of anesthesia and critical care, we have quite a wide variety of listeners, so different episodes probably appeal slightly more to different groups.

DR. IBANEZ:

I'm sure there are people out there who are using your podcast and their form of continuing education. Thinking about your own personal continuing education, what resources do you rely on? And then, those resources, do they help you come up with fresh content for the podcast?

DR. WOLPAW:

Yeah, I tried to keep up as best I can, and I love podcasts myself. So, I, and as I said, I run quite a lot, and podcasts are just great to listen to while running. Um, I think I said on maybe my very first episode, or certainly early on, that I encourage listeners to think about listening to these episodes while working out, whether that's running or biking, or whatever it may be, because I think it, and again, I can't prove this, though I do have a grant to try to prove it, so stay tuned. We'll see if we can do the work and, and actually prove this to be true, or maybe disprove it. But my theory is that when you are working out and I don't mean kind of sprinting around the track in the, in a way that your body is so exhausted that you can't think. You know, out for a jog, or your just jogging or briskly walking on a treadmill, or you're biking at a reasonable pace, and not needing to figure out where you're going, which is distracting, right? But if you're running a road you've run a million times, or if you're on a treadmill, which you obviously don't need to think about where you're going, I think your brain is more activated, because, you're you know. Look, for me, if I sit down at a desk and try to read a textbook chapter, it's a struggle to stay awake. But if I'm on a treadmill, I'm not falling asleep, right? That would be a bad idea. So, it's, your, when you're working out your brain is very awake. And I think as long as you're not having to use your brain power to figure out where you have to go, as long as you're able to focus on what you're hearing, it, I think personally I retain that stuff better and learn it better, so I love podcasts. And I listen to Scott Weingart's podcast, EMCrit, I listen to uh, uh, one of the new podcasts out of MGH by one of the fantastic residents there called Depth of Anesthesia. Uh, those are both great. I am always looking for other uh, good podcasts to listen to. There are some great blogs, and I like to check out from time to time, Life in the Fast Lane, and The Bottom Line, as well as PULMCrit, which is um, Josh Farkas' blog, which is kind of attached to EMCrit. There's a, I've talked on my show about Critical Care Reviews, it's a

newsletter that's sent out once a week that is fantastic and just kind of lists some of the top studies that have come out that week in critical care.

And, of course, I try to keep up with the uh, the journals, both kind of general journals, like JAMA and the New England Journal, and then more uh, critical care specific journals. And then, an amazing source of learning for me, or course, is, is the people I work with, so both my residents and fellows, who are, just because I'm the attending and they are the learner does not mean they don't have a lot of knowledge that I don't have and I always am learning things from my trainees, something they read about, an article that they, they read and I didn't, that they can tell me about, we can talk about. Of course when I'm in the ICU, I have both some anesthesia trained fellows, but also surgical trained fellows, and I love having those surgical trained fellows who've done an entire surgical residency. They have a different perspective. They're aware of different types of uh, literature. And so I learn a ton from the things that they have to say, not to mention even just things like the way they read a CT scan, which of course they're, they're trained in that a lot more specifically than we are in anesthesia.

So I learn a ton from my own learners, and that's really a pleasure. And then of course from my colleague so, you know, uh, I just feel blessed to be surrounded by the amazing, amazing intensivists and anesthesiologists that I get to work with here at, at Johns Hopkins, and I, I'll tell you, the one piece of advice I give all the time, and that I was given, that I would, that I can't advocate enough, is to keep a beginner's mind. Just because I'm an attending, doesn't mean I should be embarrassed to ask advice, to ask for help. Get your ego out of the way, and you'll find such rich learning opportunities. So, you know, if I'm going to do an awake intubation, sure, have I done it before? Yes. Do I think I know how to do it? Yes. But I still am going to ask Scott Mittman, who's done 40, 50 times more than I have over the course of his 20, 30, 40 year career. Why not? Maybe he's got a tip that I haven't thought of. Maybe he will, you know, and this has happened, I asked him once, cuz why wouldn't you? And he said, well I'm actually in between cases. My case got delayed. Do you want me to come in, and be there, and help?

Absolutely! Why would you ever say no to that? Right? I mean the idea that anyone would be kind of threatened by that, or think, oh, this is my case, my room. I don't want it. No! Absolutely, please, come in, do it, guide my residents! Let me watch you, right? I mean, that, those kind of learning opportunities are just priceless. And so, um, yeah, I, I, I just I can't say how lucky I feel to be surrounded by this learning all the time.

DR. IBANEZ:

That was great advice. For those listening that are interested in academic medicine and leadership, is there any advice that you received when you were a mentee, um, that helped you get to where you are now?

DR. WOLPAW:

Yes, I'm a bit, uh, that I really was told, have, that's shaped me, that I try to keep in mind that I try to pass along, um, are things that we mentioned. But I'll say again, you know, keep that beginner's mind, so that this is actually this great Japanese concept called Shoshin, and I may not be pronouncing that well, but it's the idea of, that everybody's got a beginner's mind when you're truly a beginner, right? No first-year medical student walks in thinking they're the expert, you know, when they have their like one day in the clinic. They're totally open, not threatened by any advice. They, anything you want to teach them, they love, they're open to. Yet you take that same person and now you make them a resident, or you make them in a new attending, and now they feel like they're supposed to know. They're supposed to know everything and so if they don't, they're not necessarily going to go asking for advice, or asking for help, or admitting that they don't know because, this gets to that imposter syndrome we talk about a lot. They're afraid that if they admit they don't know, that you will figure out, right, you, the everybody, will figure out they don't actually belong. They don't actually have what it takes to be an attending.

And so they don't want to admit it. But if instead, you can remember what it was like to be that beginner and still live your life as if you are a beginner, still ask those questions, still ask for advice, still be curious about everything that's a really powerful tool. And I try to keep that in mind not only at work, but in relationships, too. Right? If you think about what did you do, how did you feel on your first couple dates with your spouse? Right? And now, I've been married to my wife for 10 years, right? It's different now, we're 10 years in, but I still try to remember what it was like when I was trying to impress her. Right? When I was trying to get her to, to like me and I still try when I can, to, to act as if I'm still just trying to win her over because it's that kind of stuff that really can enrich your life, your relationships and definitely your work. So that's a huge piece of advice that I was given early on and that I try to pass along a lot.

I mentioned at the top, the idea of living the questions. And this is this great quote from Rainer Maria Rilke, and I won't quote the whole thing, but part of what he says is, you have to live the questions and not worry about the answer. It's, the answers will come, but you have to learn to love the questions. And that is so true and it's about how we are so committed to wanting to know the answers, and once we think we have them, we don't want to question them, and that's problematic because we've been so wrong about so much throughout the history of medicine and I guarantee you that half of what we think we know now we're going to figure out was wrong. So instead of being committed

to the answers, we have to start asking the questions and learning to appreciate the questions and being okay with the questions, instead of having to know the answers.

And that's not just about things like what's the right treatment for this disease, but it's also about, for example, residents who are really stressed because they don't know what fellowship to apply in. Or they can't decide between this fellowship, or that fellowship, or you know, they can't decide whether to go into academics or private practice. And I try to help them think it through. I also tell them it's okay not to know. It's even okay not to know when it's time to have to apply to fellowship, because you know, what? If you don't apply this year, and you end up applying as a CA3 instead of a CA2, so you have a gap year between residency and fellowship? That's okay. In fact, you might end up being so appreciative of that time where you work as an attending or you do locums work where you travel to spend more time with your family, make some money, you know, you just, you can't possibly know, whether, how rich is that time might be, and so I think that can be really powerful. So, this, we as a society and certainly in medicine, we're really bad at this, we kind of make, we have to know. You're a fourth year med student, or even a third year med student? You have to know what you're going to go into. Once you pick something, you have to stick with that.

Well, you don't. I mean, I switched from emergency medicine to anesthesia, so it's okay not to know. It's okay to have doubts, it's okay to change your mind. And I think once you realize that, it takes a lot of that stress off, and you can really enjoy the journey rather than being so focused only on the destination. So those are some of the things that I was told that I've really tried to incorporate into my life and that I tried to pass on.

DR. IBANEZ:

All I kept thinking when you were saying that, is that I can certainly hear residents sigh in relief and the level of stress has dropped for them. You're in the business of educating residents. You seem to have a passion for it. But what have residents taught you?

DR. WOLPAW:

So much. And, and I talked a little before, uh, on just a level of kind of basic knowledge, right? I mean, the, we really, and when we talk about adult education, this is one of the things that's so important, is that unlike a kid, and that's not that kids can't ever teach us anything, but you know, most of the time, when a five year old walks into kindergarten, there's not a whole lot that they're teaching their kindergarten teacher. Right? It's mostly a one-way street. But, when we have adults in, in residency, right? I mean, look a Johnathon Curley, who I talked about, who I interviewed, I mean, Jonathon had, had a whole career in the military. I've had none of that. And the lessons he has to teach me

are immense, and powerful and important. Just because my title is attending at his title is resident doesn't mean it's not a two-way street of learning. It absolutely is. And so many of my residents may have things to teach me about anesthesia. Just, just because I happen to be the anesthesia attending doesn't mean that they may not have read some article, or learned from someone else, something that I didn't know.

And so, there's a lot of, of that kind of basic medical knowledge, but I would say, on, on a, I don't want to say more important level, maybe in some ways a more important level, my residents have taught me and continue to teach me so much about dedication and teamwork and courage. I mean, just in this current COVID, uh, pandemic, for example, the way that the residents have, have stepped forward to, to take on the burden, to support each other, to be willing and flexible to go where they're needed. Even when it means a last-minute schedule change, or finding out the day before that you actually are working the next day when you didn't think you were, or you know, you're going to a unit, you don't even know where it is. Right? And, and just the, the willingness to say, you know, put me in coach. I will go where you need. I will do what's needed, is so inspirational and teaches me about how we should all be stepping up and, and inspires me to do the same.

So, it's those lessons that I just feel so blessed to get to work with the residents that, that I have, uh, in my program because they teach me about humanity. They teach me about courage, they teach me about dedication, and, uh, I'm grateful for it.

DR. IBANEZ:

Has the success of the show opened you up to different realities and experiences you wouldn't know about if you weren't in this roll? I'm wondering specifically if and how the show has impacted your personal growth?

DR. WOLPAW:

Yeah, I think that some of what I talked about before, the show has been a, an, avenue for me to get to travel, for example, to other places and meet, get to speak, and meet faculty and residents in other places, and so, you know, I learned from, from those amazing folks at all different places and that has certainly impacted me, the way I run my program here, the way I practice. So that's been a lot of fun and a neat, kind of, unanticipated consequence that's come from having ACCRAC as something that I do.

Uh, and then, on, on a more straightforward scale, I, of course meet and learn from, experts in the field. So, uh, you know things I didn't know about critical care and anesthesiology that I incorporate into my own practice. Or I think about, you know, how I might incorporate it, or I teach to residents when I when, I work with them. And then of

course, on a, just on a personal level, I, for example talked about on the show intermittent fasting. Never had heard of it. A listener recommended the book, uh, The Obesity Code. I read it. Totally changed my, the way I eat right, completely. Right? So, I mean that's something that came from the show that, that very much impacted my personal life. I mean, I now practice intermittent fasting. I, I really think it's a, a, healthy and great way to live. I have thought about the idea of kind of high-fat low-carb diet as a good backbone, which is something I, I never knew anything about.

I mean, I very much thought for a long time, or most of my life, I thought that a calorie, is, is a calorie, is a calorie. Right? That all you have to do is take calories in minus calories out and that's going to determine you know, whether you gain weight or lose weight or, you know, that couldn't be more wrong as it turns out. Um, I mean, I certainly grew up being told that don't eat too many eggs cuz of the cholesterol and you know cut out the butter, and low fat is good, and you know probably all that was wrong too, so you know it's yet one of those things where you have to question what you think you know, but it's been a lot of fun to explore that a little more and uh, to change the way I, um, I eat.

DR. IBANEZ:

You've been doing this for a while now, can you tell us something surprising that's happened along the way?

DR. WOLPAW:

I, I think I'd say the most surprising thing is how successful and popular the show has become. I mean, I never imagined it, as I said, I thought that when I started it, it would be something that maybe some anesthesia residents at Johns Hopkins would listen to. I would have been perfectly happy, if you know, 30 residents at Johns Hopkins listened to it and maybe a couple who heard about it at some other places. Right? I mean, that would have been fine, would have been been happy to do it. And, uh, the idea that there's now more than 50,000 listeners every month is mind-boggling, in more than a hundred countries, around the world. The idea that I get emails from Denmark and Pakistan and Australia and all kinds of places from people who are listening. I did my first international interview recently where I interviewed, uh, a woman from Denmark and we talked about some of her incredible work with, uh, Truncal blocks. Uh, you know, this stuff is, if you had sent me three years ago, you're going to be doing international interviews and you're going to be getting, you know, hundreds of emails from around the world and have tens of thousands of listeners, I would have thought you were out of your mind. So it's been incredibly surprising and incredibly gratifying and humbling at the same time.

DR. IBANEZ:

You mention these tens of thousands of listeners, and that's a perfect segue to my final question, which is what's it like to have this cult-like following?

DR. WOLPAW:

You know, I, it's funny, I never think of it that way. Uh, you know, yes, there are these listeners and yes, I, I get contacted by them. I feel you know, really blessed to have those kind of connections, and to get to, I think, help people learn across the world, but you know, it is, it is just not something that that feels, uh, like it's, sometimes it doesn't feel real, and it certainly doesn't feel like I'm at the center of it, um, um, I don't know if that's true, but I, I, you know, I think it's more that I feel like I'm the lucky one who gets that have these interactions with people, um, at conferences and all kinds of stuff. You know I think, um, fun stuff comes from it. So for example, I'll be at ASA or, or another conference, and people who I've, I've never met and don't know, will recognize my voice and come up to me and say oh you must be Jed Wolpaw, I recognize your voice from ACCRAC, which you know, okay, that's kind of fun and maybe funny. But, but what's great about it for me, is then I get to have this conversation with them. I get to, to find out who they are and where they are a resident or a med student or where they work, or if they're faculty, you know, um, and get to hear, hear from them about their lives, and what's interesting means that anywhere I go I might meet some of them and that's what I really love, is that I get to do that.

And then, you know, other little fun things come from it so we know one fun story is that I got an email from a, a man whose son, after years of being an ICU nurse had decided to take what was a pretty big risk because he was leaving his, his job, he worked for a long time to be, to try and become a CRNA and he had moved to a new city and moved into an apartment and, you know, what kind of feeling a little lonely and a little questioning his decision about whether this has been the right call for him, and his dad said that he loves ACCRAC, and he listens, listens to every episode, and he absolutely loves it. And he asked me, if he sent me a, uh, original or copy of kind of an original Galen drawing of the human heart, and he asked if I would write a little message and sign it for his son. And, uh, of course, I was happy to do it and the idea and that, even if it seemed crazy to me, that I could help this, you know, person taking this risk with his career and life to, to wanna serve, to want to become, you know to gain extra knowledge to be able to provide care to patients, you know, it's such an honor to feel like I can make a difference in his life. And I don't know if it did. I mean maybe he got this thing and was like, Dad, why did you give this to me? But, you know if it did help at all, if it made him feel a little less lonely, uh, in his new apartment, in a new city where he didn't know anybody, then great. I mean, what a, what a blessing to get to provide that help. So, it's that kind of fun stuff that comes from this that I really feel lucky about.

DR. IBANEZ:

This platform and the followings, do you think they give you a clout to make a difference and, if so, how are you using those powers for good?

DR. WOLPAW:

Ha. I don't think of them as powers but, uh, you know, I, I do think that went when you have a lot of people listening to something, whatever it may be, it's an opportunity to spark conversation. And so I hope that conversations come from this and that's partly just conversations around, what's the best treatment for COVID-19, right? Uh, or, when you have a patient in the ICU who has had source control and has four, is now in their fourth day of antibiotics, and they still have a white gown and fevers, should you stop the antibiotics? Well, you probably should, that's what the STOP-IT trial would suggest, so that's not, I know it's not happening everywhere, um, but maybe people hear the episode, maybe some resident or fellow hears the episode, and then asks their attending. Well, you know, didn't the STOP-IT trial say we should stop? And then that sparks conversation and maybe that leads to some change in practice that we should be seeing.

One of my personal, of course, missions is to get people to stop using too much oxygen and to stop, another one is to get people to stop using bicarb to treat lactic acidosis. And so again, I, I know, because I get emails from people who said, you know, I listen to your episode on bicarb and lactic acidosis and you know, I, I've always wondered that, so now, you know when we were in, we had a patient who was, had a lactate of 20 and you know, that we wanted to push the bicarb, and you know, I brought up some of this stuff and, and so we agreed not to do it. So that is really powerful stuff. And, uh, you know, I think it's able to, uh, in a, you know, to spark these conversations to change people's thoughts at least to get people to talk about things in a different way.

And then finally some of the other episodes that aren't clinical but the episodes thinking about wellbeing, for example, thinking about how difficult it can be to have, uh, children while being a resident. Right? Maybe that, maybe that gets people talking and thinking, you know, hmm, this isn't structured in a way to be supportive of new mothers. How can we do this differently? Maybe those conversation start getting had, uh, at different places, maybe people listen to the thoughts that others share, maybe they share an idea of their own. So, I think that's the power of having so many people listening to one thing, is that then those people can talk to each other, and to their colleagues, and maybe change comes faster than it would have otherwise.

DR. IBANEZ:

So, you're a busy man, safe to say. You're a Program Director, a clinician, you have a successful podcast and of course, you're balancing life and family outside of work. Can you tell us a little bit about some of the things you prioritize and work towards?

DR. WOLPAW:

Yeah, so, you know, you're right. It is a real challenge to try to balance all those things. I think most significantly, is trying, and uh, by no means am I the only one, right? I think a lot of us in medicine and I'm sure in other, in other careers, try to balance work and family. I think that's really, um, can be challenging. And I find it to be challenging, and I find it to be really important to constantly be thinking about that. One thing that I try to do, because I certainly don't have lots of just free days, where I can spend them with my children, although one of the things I think has come, that's come from the COVID crisis, is that instead of meetings happening at work in person, they of course, now happened over video conference, which means that a lot of kind of non-clinical days are spent at home and in between meetings, and there are a lot of meetings, but in between meetings, uh, you know, I can go roll around on the floor with my daughters for a few minutes.

So that's really nice. But in general, since that, I'm sure we will eventually go back to, to being in person, and there will be less than that time, I try, when I can, to really prioritize getting home and having some time with them. And one of the things I found, is that one-on-one time is so powerful and so important and so for a long time, for many years now, I have tried to whenever I can, take one of my daughters alone to, uh, have what we call special time. So I, we go and they get to pick, which almost inevitably is, they want to go to Starbucks and get hot chocolate and a cake pop. Fine. We don't usually let them eat like that, but every once in a while, as a treat, that's fine. And we go, we do that, and we sit and we talk, and it's just the two of us there. And we talk about whatever. My middle daughter often wants to play 20 Questions, so we play 20 Questions. My older daughter, you know, maybe she wants to ask some questions about you know, why this is that, or why the Earth is round, but it doesn't look round. And you know, we just talk. I ask them about their friends, and about school, and it's a very different dynamic than when, it's all, the whole family together.

And I would compare it, for example to how important it is to have date nights, right? So my wife and I try, whenever we can make it work, to get a babysitter and go out, just the two of us. Of course, but we're not doing this now, and COVID, but uh, but we tried to do it before COVID, and we'll, of course go back to doing it after COVID, where, where restaurants are open and we can go out. And that time, of course for just the two of us, is drastically different than when we have our three daughters around us. Not that we don't love them, of course we do, but you need to have that one-on-one time with your spouse and I would say you also need to have the one on one time with your children. It

makes a huge difference. So though I don't have a huge amount of time with my family, I try to make the time I do have really impactful, and really, really meaningful, and I, I think that while by no means am I perfect, and by no means do I do it well all the time, I think it does, uh, pay off. And I hope it's time they will remember.

So that's the biggest balancing act, and I think the most important one. Things like how do I balance my ICU time and my OR time and my residency, director time, and my research and my podcasting time? You know, part of it is being efficient, and I have a whole podcast on how to be efficient and successful in life. There's lots of little, for lack of a better word, maybe life hacks that I've gotten, picked up over the years, and I, I think I'm a very efficient person. That allows me to kind of get a lot done. So I'd refer folks to that episode if, if they want, and of course ask questions if anything's not clear, but you know, I think being efficient allows you to get a lot more done in a set amount of time. Um, and so some of those are really, really helpful there. And some of it, of course, is sometimes you just can't. Right? So, maybe I was going to record a podcast episode on a given day and I just don't get to it. Or maybe I was going to do some work on my grant, and I just don't get to it. And you know, that's okay. It's okay. So sometimes, you have to just say, the plan is not going to be completed as it was scheduled, and that's okay. So I make it sound like it's easy. It's not. It's stressful when that happens. But you know, I think that, that's, that's flexibility has to be there. And, of course, we're our own harshest critics. So if we're able to say to ourselves, it's okay that I didn't do this. I guarantee you that you know, our, our grant collaborators are going to be just fine with it too.

DR. IBANEZ:

Thank you so much for talking with us today Dr. Wolpaw. Your insights have been invaluable. This is Dr. Jessica Ibanez, and that's another episode of Residents in a Room, the podcast for residents by residents. Please join us again soon.

DR. WOLPAW:

Thanks so much. It's been a pleasure to be here.

(OUTRO/MUSIC)

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 for more.

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