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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.

Those relationships are just so undervalued and important.

To be the, the best advocates for your patients that you can be.

Just seeing the impact of your voice, those, those are extremely, extremely, extremely valuable experiences.

HOST, DR. RICHA TANEJA:

Hi everyone. Welcome to Residents in a Room. I'm today's host Richa Raneja. I'm a CA3 resident at the University of Miami and Jackson Memorial Hospital and I just did my Resident Scholar month in March 2020 in Washington, DC.

Today we're talking to residents who successfully applied for, and completed, the Anesthesiology Policy Research Rotation and Political Affairs Rotation with the ASA, which is just a wordy way of saying, we've all been Resident Scholars with ASA's advocacy's team.

And I am joined today by my fellow Resident Scholars at ASA, Dr. Sexton and Dr. McFarland. We all had amazing experiences in Washington, DC where we each spent a month working on different issues that we were passionate about, and we're so excited to have you join us today and kind of, hear about our experiences and how they really helped us develop into advocates in our future careers.

DR. PATRICK MCFARLAND:

Hi there. Yes, uh, my name is Patrick McFarland. Um, I hail from Knoxville, Tennessee and I just finished residency in, uh, 2018, um, here in Knoxville. I did the, um, Policy

Research Rotation with the ASA Advocacy Division in March of 2018. I had a blast doing it, learned a lot, and um, helped me, uh, move forward with a, um, perioperative medicine fellowship, actually, that I completed after residency. I just finished that in December and I'm now on staff here at the Medical Center in Knoxville.

DR. MATTHEW SEXTON:

My name is, uh, Matthew Sexton. Uh, I'm currently a, uh, anesthesia ICU attending at Mayo Clinic in Rochester, Minnesota. I actually performed, and actually completed, um, my Resident Scholar month, actually in June 2019. It was actually my last month of uh, critical care fellowship. Um, and since then I'm employed at Mayo Clinic kind of a general thing for the entire interview, I would just say that the, uh, my opinions on this is my personal opinions and do not reflect my employer's, uh, outlook on the matter.

DR. TANEJA:

That's awesome. Um, we've all been Resident Scholars, so we've been up close and personal with advocacy issues and practices. How did you all first get involved? Was there a specific moment or event that made you want to engage in this way? Let us know what set you on this path.

DR. MCFARLAND:

I mean, what first got me involved, was, uh, my intern year, actually. I, uh, had interest in attending the, the ASA Legislative Conference. Uh, to me, that sort of highlighted the big picture of advocacy for our specialty. Uh, you know, being able, uh, to discuss, uh, what we do, uh, patient safety, you know, sensible health care reform with lawmakers and, and legislators is, um, was exciting, inspiring. It was something I wanted to participate in, and so that's what got me first started with advocacy and, um, you know I was one of the few interns, I think, around. Most were little bit more advanced, um, in residency, um, but that, coming back from that, you know, I took, I took a lot out of that and, uh, used that moving forward through residency. I looked at getting involved locally in advocacy in organized medicine and branched out from there. And always staying in touch with the ASA to, to see how we can affect, uh, patient care, um, day-to-day, all the way up to the, uh, policy regulations and, and suggestions we make at the national level.

DR. SEXTON:

I'm probably is, like a lot of the other Resident Scholars in the sense is that I was really kind of, interested in government, and you know, got involved at the local level all the way really back, um, when I was in high school. I did the whole student government thing, and then when I went to college, I did the, uh, senator thing and the student government with that and that extended into medical school. Um, and so, I've been, I've just enjoyed that type of thing. And then obviously when I came into anesthesia residency here at Mayo Clinic, uh, one of the things that we actually had, uh, during our program was to, an actual MSA or Minnesota Society of Anesthesiologists, an ASA Individual Representative and I was actually fortunate enough to get elected to that. And that just kind of, you know, uh, you know, started the snowball effect of all the other stuff that I had to do. So for me personally, um, like I said, I'm sure the other Resident Scholars are, we, we've always kind of started probably at a very young age, and it was the same for me.

DR. TANEJA:

That's really cool. I think I had always wished that I had gotten involved a little earlier just because I had always loved listening to the news and just being really informed about what was going on politically as well as within my specialty but I wasn't sure how to get involved just like I'm sure many of the resident listeners. And so by my CA2 year at the beginning I kind of reached out to an attending that I knew was pretty involved on the state FSA level in Florida, and he encouraged me to apply for House of Delegates at the ASA conference in the fall and after attending House of Delegates I went back to him and was like, wow, I really enjoyed it. It's great to see resident involvement and I asked if he could help me get involved further. And so then I started joining, um, the FSA the Florida Society of Anesthesiologists at our Advocacy Day in Tallahassee. And from there, I went to the ASA Legislative Conference like Dr. McFarland, and was able to take it from there and ask for help along the way. And I think that was the best thing for me was the ability to find someone else who was already involved. So it became a little less intimidating because they could guide me through it.

So, I think our listeners would enjoy getting to know you all a little bit better. So can each of you talk briefly about scientific or political issue facing the practice that you've been passionate about, and something that you are or would like to be advocating for?

DR. MCFARLAND:

Uh, yes absolutely. Um, um, being from East Tennessee and, and really all over now, we've been dealing with this for, for a few years, is the opioid epidemic. We were one of the epicenters, our community, our state, uh, was, was hit pretty hard like that, like, like most, most involved in the opioid epidemic. So, that's really what, um, I was passionate

about and, and wanted to be involved with in advocacy, um, and then with the, uh, the Policy Research Rotation with ASA Advocacy Division.

You know, specifically for our state, uh, how we were hit, you know, we were in 2016, I believe, is the information I had at the time, we were having four deaths a day from opioid overdose, and you know, there's all the numbers out there that, that can wow you. But what got me on a personal level, uh, was, uh, in my clinical work, uh, for surgeries, we were seeing a lot of young patients with IV drug use, uh, that we're getting infections of their heart valves, needing heart valve replacement surgery, um, a major cardiothoracic surgery, of course. So, very involved care and, you know, very resource-heavy utilization and, and we were not getting good results. We had a community study that showed five years out from those surgeries for IV drug use, um, heart valve replacement, five years out, only 7% of patients were both alive and sober. Uh, so, um, you know, that's terrible numbers there. That's a 93% failure rate, essentially, what, with, um, that resource, the resources we're using there. And, and so that, that's really what struck me and, and what I became passionate about cuz I knew that was one facet of the opioid epidemic that maybe isn't always looked at. We know about the opioid overdoses and, and the numbers that go along with that, but the, specifically the IV drug use and of course the mental health issue with that needing to be addressed was, uh, was what kind of drove my motivation.

And so looking at that, how can anesthesiologists impact that, um, problem, was, was what we looked at, uh, specifically in, in our care of patients perioperatively. Um, making sure we do appropriate management to minimize the risk of chronic pain after surgery, minimize persistent use of opioids after surgery, you know, only using the right amount of opioid for, for preventing, you know, unused opioid use after surgery that could be misused or abused by patients or even, you know, family members, cuz that's very common, is friends and family members getting their hands on, uh, opioid medicines. So, yeah, that's really what drove me and I was excited to, to work on that when I was on the, uh, rotation.

DR. SEXTON:

Yeah, so I'm actually, uh, I'm actually from a very small town in Pikeville Kentucky. I think our city limits is about 6,000. So I grew up in a very rural area. And so actually part of that too is, you know, starting, you know, what I did as, as one of the class reps is actually applied to the Rural Access to Anesthesia, um, Committee, um, actually as a resident, and was actually fortunate to be put on that committee. So, uh, I have a very, you know, strong passion for rural health care and actually bringing anesthesia, and talking about the anesthesia issues in rural health care

And so, you know the Medicare Access to Rural Anesthesiology Act, or you know, we call it the Rural Pass Through Act HR 266, that's one of the bigger things that I'm passionate about, that I continue to try to work on, you know, even as I go through now the attending life. Um, you know, when I was a resident, we actually have a unique opportunity here at Mayo, to do, to do a rotation in Crosby Minnesota, which is a critical access hospital. And so it was really good insight for me to, you know, go to that hospital, see what a 25 bed hospital looks like in comparison to you know, a large (sic), you know, academic center. And so, um, that was a good experience, and that's something I hold, um, hold uh, dear to my heart.

The other thing I would say is, um, you know, the REDI Act. Um, it's one of those things that, you know, we're trying to defer interest to student loans, I think, uh, we all know the, all the things in the, the current environment of how much debt and how much interest, and the you know, how indebted some of these medical students are. And so that's another thing that's bad, that I'm passionate about, that I've also got to talk to some, to some representatives and during my committee meetings while I was in my, in my Resident Scholar month.

DR. TANEJA:

I think for me, I was struck by the independent practice versus team care model very early on. Its, in Florida, we have a heavy participation by CRNAs as well as by AAs and they're an important part of our practices. We definitely work collaboratively with them even as residents. And so I realized the importance of having both residents, physicians CRNAs, and AAs all part of our practice, but in a safe manner. And you realize as you go through residency from CA1 to CA3 year, how much you're learning and how much really every second or minute matters when making decisions. And we just learn in a different way, I think, than some of our partners that we work with in the perioperative setting. And the way we learn about the pharmacology and physiology and how every single decision whether or not you've used in real practice, or you've just studied it, can make a difference in a patient's life.

And so I think that I realized it was important to have a physician leader at the top but also value our CRNA and AA counterparts, and on a state level that's a big issue that we're always dealing with is how much autonomy to give CRNAs versus how much we need our physician leaders to take up a leadership role and continue to manage the team care model. So I think that was definitely an issue I was passionate about and I think it's going to continue being a struggle to determine that balance in the coming years on a state and national level.

So were you able to pursue these passion projects as a Resident Scholar? And if not, do you think your experience will help you be more effective as you move forward with efforts to advocate for these causes?

DR. MCFARLAND:

Uh, yes, I'd say so for, for both of those points. Um, yeah, absolutely we're we, the advocacy, the vision was um, very helpful and (sic) me pursue that passion for the opioid epidemic while I was there. Um, there was plenty of work to go around for it. So there was a lot to do and whether it was literature I've used to pull out some of those numbers to help showcase the problem, you know, just going around telling stories of personal experience as well in our community. Um, so they were very helpful in, um helping me pursue that project, um, back, um, March 2018, and it really helped me with, uh, moving forward as well as continuing, uh, to be a good advocate, uh, once I completed the rotation, uh, to continue with projects, opioid sparing projects, protocols for our hospital as well. So I was able to use things I learned to, um, uh, impact my practice moving forward.

DR. SEXTON:

Yeah, see I think one of the biggest things, as you guys know, at least in June 2019, surprise billing was a huge thing and I was there. We were super busy during that time. I think one of the biggest things, um, that was an eye-opening experience for me was, you know, how much actually physically realizing after having conversations with these elected officials, how much your voice, and how much your opinion matters to them. I mean, for example, Alexander-Murray, um, I'm sure we've all heard of this bill, but the Alexander-Murray Bill that was proposed, you know, going through the Health Committee, you know, talking about surprise billing. Um Senator Alexander is from Tennessee, and so one of the research articles that, you know, was kind of dear to my heart, was you know, from Becker Hospital.

And you know, just bringing up, you know, his bill and what it could potentially have for, you know, impact for rural health care was something that, uh, didn't seem like he or his, you know, staff was that aware, just cuz it was so new at the time. But just being able to, you know, be there, you know have that information of saying, you know, hey, Tennessee's the sec, you know, has the second most rural hospitals closed since 2010 and actually bringing up some of those information and just telling him that, hey, only from a local level, you know, that, your, you know, your home state of Tennessee, and you know, this legislation could potentially impact not only your state citizens, but also that, you know, negatively impact a lot of the rural hospitals across the country, and just seeing them interact with that.

And then one of the experiences that was, that I think the coolest thing has been going to the Health, you know, Write Up Committee, when they're actually writing up this bill. And then seeing Senators, like, you know, Senator Cassidy from Louisiana who is also a physician, talk about the rural argument in seeing how that rural argument how it's impacting rural hospitals can actually go mainstream and now it's been one of those things that, you know, is, uh, it is always a thought of that when you talking about surprise billing and some of the things that we're having to do with surprise billing. So, I, I think seeing that from kind of start to finish and researching that are, and being able to talk to him about that personally as soon as that legislation came forward, discussing that and then, kind of, seeing that how it translated to the committee meeting, and now, you know, where it is now, surprise billing. I thought that was a really cool experience.

DR. TANEJA:

That's great. Um, as a Resident Scholar just most recently, we definitely had some issues come up, especially with the VA regarding the team care model. So I was able to directly be involved with writing letters to administrators at the VA, as well as discussing how we could make sure that the team turn model continued on that level.

In terms of on a state level, I worked with those state advocacy affairs at, during my research rotation to see how they were working with the different states, particularly in my own state in Florida, to make sure that the team care model was, uh, the foremost, uh, and was maintained. At the FSA legislative conference every year, it's always a major issue and I think my Resident Scholar month has really given me the tools to present the issue in an intelligent way and also just given me a better public speaking practice over the month that now I'm able to convey my thoughts a little bit better when I go back to meet with my lawmakers on a state level in Florida.

So let's talk about some of the things we got to work on in our roles as Resident Scholars. I know many of us have met with representatives or attended committee meetings. Some of us had the chance to do research or present articles and papers. Tell us about your most meaningful and eye-opening experiences.

DR. MCFARLAND:

I hate to keep bringing up the same subject, but it was so, um, so involved with the opioids when I was up there. It was, um, heavily involved in the day-to-day work and, you know, some of the work, uh, a lot of work I did revolves around that. You know, I had days where I was doing a lot of research, literature reviews to pull out statistics and, and formulate some numbers be able to uh, take to the other days where we're doing more direct advocacy and, and um, discussing with the lawmakers to, uh, showcase the

problem, really show what the problem was and what anesthesiologists are doing to, to address the problem and bring solutions to the table, how it's evidence-based and how we can possibly impact the problem with our uh, management strategies perioperatively would be something else I do on a different day.

Additionally, as well, once we got further into my month, we were able to get to a point where we could start working on actual, um, you know, drafting some language that could be considered for a, for a bill, for legislation. So that was very exciting to be able to see that process, be involved in that process, uh, see what it takes to, you know, put language on paper, put words on paper to bring before your lawmakers to see if they would be on board with that, to sponsor that, and take it to, to Congress. So, that's very exciting, uh, to be involved with and to see happen in real time.

You know, when we, when I was up there we were able to get the ball rolling on that. I think we called it at the time, it was the Perioperative Reductions of Opioids Act, you know, the PRO Act and it was able to get incorporated into, um, some health care legislation during that month and, um, ultimately it also led to, I think around the similar time, coming out after that, the, uh, HHS Pain Management Task Force who really supported our recommendations of uh, uh, the perioperative surgical home model, multimodal analgesia and, and the different strategies and tactics that we as anesthesiologists can utilize to, uh, to possibly impact the opioid epidemic. So there was a lot going on with just that one subject.

DR. TANEJA:

That's amazing. Um, most recently, I was the Resident Scholar in March and the main issue that we were really working on from the beginning was surprise medical billing. As I'm sure a lot of you have at least heard of, or are familiar with, I knew the basic issue was to do with our patients getting a bill that they weren't expecting, and it being a discrepancy between what the provider was charging and what the insurance was willing to pay.

But I was able to kind of really getting the weeds of it in the first couple of days and really learn more about the different bills that were being proposed in Congress, the different solutions, and which ones were friendly to providers, ver, versus which ones really did us a disservice. And so that was really fascinating to me and it definitely was cool to see how some of our Representatives who were very intimately involved in drafting these bills knew a lot about the issue and they really understood the details of why we were supporting certain aspects of certain bills for surprise medical billing. But then there were other congressmen who aren't as involved in the health care policy issues, that it really took for the resident or the physician or the ASA lobbyists to explain

to them what was involved in surprise medical billing and why it was so dangerous for our patients as well as our providers. And it was very cool to see how much they respected a resident or physician's perspective on that.

I, it was eye opening to see how much of an impact I could have talking to these Congressmen. Although I might have been intimidated in the beginning, I think towards the end of a week or two, I was able to see that they really took my opinion into consideration.

And then, I think for me, later on throughout March, we started seeing everything turn into Coronavirus conversations and it was during my meeting with Nancy Pelosi where she was asking my opinion on PPE and how to keep physicians and residents safe, and I just thought it was very exciting that she was really taking my opinion as a female position into account on how to keep us safe and kept emphasizing how valued our opinion was and how important it was to stay involved in order to make sure that the nation understood what was going on and how to keep physicians at the forefront of the crisis that we were dealing with.

So, what have you learned about how political, legislative and regulatory factors affect the delivery of patient care? Has anything really surprised you?

DR. MCFARLAND:

Uh, yes, there's been uh, I've learned a lot about everything that can affect, uh, you know, patient care and the delivery of patient care. I mean, there's so many factors that, that go in and as you described it, it's hard to wrap your head around sometimes everything that can be involved to what you think are minor issues at times but what impacts it, what it takes to overcome obstacles and challenges with it. But what surprised me on the rotation was how adept the, uh, the ASA was it, in the advocacy division, at, at handling these challenges. Um, once you see those moving parts and you, you really are in that work day-to-day, you know what you need to do, and uh, to address these things whether it's going back to the drawing board to get your information, you know, that you need to bring to those legislators, uh, to bring your different areas of expertise together to, to formulate a appropriate response to things and then I found that to be pretty eye-opening as well, all the different departments within the advocacy division. The advocacy division itself is, is, is large in there are several departments in there and based on what issue needs to be addressed for what problem, um, most of them are across departments and so there's experts in each field, um, like you said, to address the different regulatory, political, legislative factors that are, um, that encompass all these, these challenges we face.

DR. TANEJA:

Yeah, I think I really agree with you on that. The ASA has so many people that are working really hard for us to make sure that our issues are heard and that we're always protected on a legislative level, but I think what surprised me was how important those relationships really were. We would come across a congressman just walking in DC and they would recognize the lobbyist or the ASA representative I was with, give them a hug, give them a handshake. And those relationships are just so undervalued and important, more than anything else I think because they are able to get access to those Congressmen and those offices and really are trusted by them for giving them accurate information and really being knowledgeable on the issues.

And those Congressmen don't have time necessarily to be knowledgeable on every single issue. And so they rely on us as the ASA and as experts in health care to give them positive information on the issues we're really fighting for. And they do such a good job for us on a state and a national level, but they really do need our help as well. The more physicians that they have involved in fighting and advocating for issues is truly important for the Congressmen. The Congressmen are trying their best to put legislative priorities through that matter, but without that information from physicians, they're not really able to make informed legislation. So it's super important for us as physicians to be as involved as possible. Even if it's just helping out the ASA when they need us to write a letter to our Congressmen or need an opinion from us on how something is affecting our practice.

So let's talk about challenges. What's been the most difficult about residency advocacy for you?

DR. MCFARLAND:

I would say, and this probably comes as, as no surprise, it's just the time, time management, you know. We have such little time and so much to do, uh, staying on top of, of how to manage your time, is, is what I would say the biggest challenge, and to make sure you don't burn yourself out. You know, physician burnout is an issue we're all aware of right now. And, and that's the reason why, is we have so much to do, uh, to help our patients. So that, I would say it was a challenge for me and what helped with that, I think, was staying organized and developing some good habits early. You know, one thing that helps with that is really just briefly reading to stay abreast of advocacy issues. Uh, just that you're aware of the different ongoing, with the different issues that are being addressed. That alone can take you very far. Just little things like that so that you're not out of the loop and that you're, you're staying communicated and touch with your network to be the, the best advocate for your patients that you can be.

DR. TANEJA:

I think that's a great point. I think for me the most difficult thing about resident advocacy was probably the intimidation factor of speaking with Representatives at a resident level. When I started going to the Florida Legislative Conference and the ASA Legislative Conference in DC, I was able to kind of dabble a little bit in talking to Representatives during our meetings, but I still think there was some intimidation factor and especially when they ask you to meet with your Representatives on a local level and give them tours of the hospital, I think that's a little bit harder as a resident to organize that. And I think the best thing for me was really teaming up with an attending at my institution who is already involved because it became a lot more doable to invite a Representative to coffee or invite them to our hospital for a tour if I had an attending doing it with me.

And so I think just really reaching out to someone, whether it be an older resident or an attending who's done it before, they can kind of guide you in the steps that are, will get you involved as a resident in something in a level appropriate way that you would feel comfortable with. And I think the Resident Scholar rotation was an amazing opportunity because you are talking with Congressman every single day. And so it really helps you break out of your shell and makes you more comfortable on a public speaking level, and realize they really value your opinion, so there's no, not so much to be afraid about. You really are the expert and they want to hear what you have to say.

DR. SEXTON:

Yeah. I think I'm gonna step back and maybe talk about broad spectrum, and you know, maybe as I am now, it's, you know, I, I think the biggest, you know, the most difficult thing for me is when you're talking to people that there is just such a varying levels of enthusiasm for advocacy, I think across the specialty. And, and, I don't think anesthesia's unique in that sense. I think a lot of specialties, you know, you'll talk to some people that are like oh yeah, I've donated to, to ASA PAC, and you, I, I know about this bill, this bill and this bill, and what do you think about this? You know, I just wrote a letter to my local Congressman and it is what it is, and I'm hoping it's gonna get some traction. And then you talk to somebody else who, you know, has never heard of the ASA being passionate about that certain issue. And so I think part of me and I think a difficult thing for me as a resident in advocacy, is especially when you're talking to, you know, young residents coming into the program, they're asking questions, is adjusting your level of passion for the individual and trying your best to, you know, talk to that individual based on, you know, what they know and just trying to direct them to other resources and to be able to really just explain where you're coming from and why it's important. And I think that's, that's been the most difficult thing to do.

DR. TANEJA:

So let's flip it around and talk about rewards. What are the primary benefits of being involved in advocacy as a resident?

DR. MCFARLAND:

Yeah, I'd say there is, there's obviously many rewards from, from being involved as a resident. I'd say the, as you mentioned, um, is the, the just growth professionally that you get from, from being involved. Uh, leadership development, public speaking, communication, uh, certain in, intangibles, things like that are, are certainly benefits from, from getting involved and, and going to those type of events, the legislative conferences, to, to advocate for patients, uh, uh, number one.

Number two, would, a main benefit for me particularly, was just feeling like I was doing the most I could to help my patients. That's why most of us getting into medicine is to, to help others in a really, really, um, through advocacy, you can feel like I'm impacting a lot more lives than, than I am just day-to-day seeing uh, patient after patient, not that there's um, no benefit to seeing patient after patient. That's, that's just, uh, to me that's advocacy on, on an individual level. You're taking care of a patient's health, managing them through the perioperative period, and, and that's advocacy face-to-face, uh, with the patient.

Uh, to me, getting involved in advocacy helps branch that out to expand, expand your influence, uh, going beyond that face-to-face advocacy level and taking it to an organ, organizational level, getting involved in your community, your hospital, uh, your local organizations to, um, impact more patients. Um, and then ultimately, obviously with the ASA at the national level uh, with, with policy, health care policy and law and legislation to really impact as many lives as you can. And that, that me as, as sort of our duty given our, our skillset, our education that we've been provided with is to do the best we can with it to have the, have the most positive influence we can, and have on others lives, and, and advocacy for me was the way to accomplish that, to, to reach as many people as I could.

DR. TANEJA:

For me as well, I think public speaking and communication skills was something that comes very naturally after you're able to talk to a lot of Representatives, attend committee hearings, work with your ASA lobbyist in the office. I think they've really helped me build that strength, and I think that's important on a local and community level. Uh, I think the benefits you see from advocacy really come from the ground up.

It's hard on a federal level to see benefits day to day. That comes more slowly as bills and legislation are passed. But on a local hospital and community level, I think it's a lot easier to see the benefits of the advocacy efforts you put forth.

And making relationships with individual Congressmen, kind of showing them what's important for our patients and then even on a hospital level reaching out to your administrators, your Program Directors, your attendings, for issues that you really care about, I think becomes more commonplace and more natural to you if you just make the effort to do it in the first place. I think the first step is the hardest and once you're able to do it and you feel strongly about advocating for your co-residents or for your patients, it's something that is very satisfying. You see that it makes a difference for safety of your practice, for safety of your co-workers, and of course for safety of your patients. It allows a different dimension to helping your patients and your co-workers that just being a clinician doesn't necessarily allow and I think that it really fulfills you in a way that enhances your patient safety practice.

DR. SEXTON:

I think, I think it's extremely important and I think one of those big things as I, you know, when you, when I was CA1 or a PGY2, you know, and I was voted in our class as ASA MSA representative, as you go through each class, you become a junior representative, a senior representative, and just I, I think the, the most rewarding thing is then, like when you're at the tail end of your residency and you've been putting all this work in, and you're, you're, trying to, you know, answer all these questions to those who are enthusiastic about it and then seeing those younger residents actually go on and get more involved, take your advice, you know, apply for committees, get on the committees, and do a lot of things within their group. I, I think that's, I don't know, it's almost like you, you feel like, you know, there's a lot of ownership there and it just almost feels like it's a pretty rewarding experience seeing some of those people go on to do big things and thinking if you even had a very small percentage of that, of that, that's the most benefit there.

DR. TANEJA:

So how do you think your experiences as this Resident Scholar will shape your future practice? Will you stay involved in advocacy, maybe even advocate for others to get involved? I'm wondering how you gauge the stakes, or to put it another way, how important do you think advocacy is and will be as your career unfolds?

DR. MCFARLAND:

Yeah, so obviously, I think advocacy is very important, uh and continue to stay involved and encourage others to get involved, um. And during residency, I assumed the task of making sure we reached 100% resident participation in advocacy, um, and so that's, uh, uh, something I continue to do, and make sure that everyone I'm working with knows sort of, what our mission is, what it, what our purpose is, and how he can stay involved to be effective advocates and uh, be involved in advocacy and, and help our patients.

You know, as far as shaping my future practice, I'd say I've taken what I've learned being a Resident Advocate into my professional career, um, helped me launch my career and in, into perioperative medicine, uh, being a leader in medicine, and in championing, uh, change um, in a healthcare environment is, is not easy and it takes some of those benefits that we talked about to do those things. The public speaking, the addressing others with different opinions than you, uh, having those difficult conversations to, you know, what we think is evidence-based patient safety care to challenge issues that not only are on a national level that you know, that are patient safety issues or, and you know, maybe just within your hospital different viewpoints on things that, uh, you rely on those skills to come to effective solutions, a, as far as, uh, you know, in my instance, in the perioperative period here at, and in our Knoxville hospital bringing in and instituting uh, appropriate protocols and clinical care pathways, uh, to have safe and effective patient care that is always improving. And so it's, uh, I've taken things I've learned being an advocate in my professional practice and I'll continue to do so.

DR. SEXTON:

Uh, I, I think it's extremely important and I will continue to, to try to be an advocate for our specialty for as long as I can practice, and as long as the Lord allows me to live. Um, you, you know, after being there for an entire month, just seeing, um, the impact of your voice, um, that you're the medical expert, you're the physician, you're the, you know, you're the voice actually talking to this elected official who's, um, doing this and doing that as far as trying to like dictate health care policy for the country. I mean, those, those are extremely, extremely, extremely valuable experiences.

I think a lot of times, you know, residents feel, like when you go to a legislative conference, which is great, is that you're really in, you know, in a room full of your peers. Everybody's a physician there, so you're like, ah, you know, my opinion, you know, doesn't matter as much, but actually it does. I mean, every, every letter you send, every time you have any correspondence to your, um, local officials, even local, state and, you know, federal level, um, you know they have staffers reading those letters and you so, um, you know, seeing that, I, you know, and actually seeing all the hands on, you know, things that the ASA does, especially the DC office, um, definitely, like I

mentioned before, continue to, you know, involvement at the local, state and federal level. I think just last week I wrote a couple of, um, letters to both my, you know, local Congressman in two of my, uh, US Senators and then hopefully trying to keep those relationship up. And if I'm uh, deemed a key contact by anybody in the DC ASA office or anything like that, I'm, I'm happy to help in any way I can. But um, you know, I think this experience solidified my involvement for the rest of my career.

DR. TANEJA:

So I'm currently graduating in June. I am excited to move on to the next step. I plan to do a pediatric anesthesia Fellowship in Washington, DC, and thus far I've used my advocacy on a Florida State level as well as the national level at the Residence Scholar Rotation to discuss issues that are important for anesthesia and for our practice, but I'm excited to kind of branch that out into pediatric anesthesia as well. I think that kids are the one population that really can't advocate for themselves. And so I think it'll be a super important role of mine during my fellowship next year to be able to stay involved and it's in Washington, DC. So I think that will be a great avenue and that's one of the reasons I chose to do my fellowship in Washington, DC actually.

And, in addition, I really just hope to stay involved with the ASA. I think that the Resident Scholar Rotation as well as they ASA Legislative Conference gave me great opportunities to meet a lot of people in the Advocacy Office in Washington, DC and they've been so helpful and encouraging about coming back and staying involved. And really, as an attending, making sure that I continue those steps. I think the best thing you can do is get other people involved as well. There's strength in numbers and whenever I do decide what kind of practice I want to join it'll be really important for me to make sure that my colleagues are just aware of what's going on and what the issues are and at least doing a little bit of their part as well so that we can get more people involved on a community and local level.

I am excited to see where that can take me and I hope that I can continue to have leadership roles as an attending in the American Society of Anesthesiologists on a national level, as well as whatever state I ended up settling down in. Um, but plans are open and we'll see where I end up after fellowship.

Do you have any advice for residents who might be listening to us now regarding first steps? If they want to become a Resident Scholar, how can they get started? Give us your best tips.

DR. SEXTON:

Yeah, no, I can, I can tell you from my experience, I think the first thing is, um, you know, go to the ASA's website. You know, read about the rotation. Um, look how it's set up, um, and if you, you know, are, are fortunate enough to, to know somebody who's on your program or program locally or somebody you've heard, talk to them. I think that's the best thing to, the way to start. And then the, the next thing I would say is read, you know, weekly, you know, news articles, you know, not only posted by the ASA, but also Vital Signs and things like that to, to stay on top of the, the local issues.

Um, the other thing is, you know, the ASA has a great website. Um, it's a, it's a website that you can go on and actually click on advocacy tools and you can click on there and you can see all of those subsets segments. It's very easily nav, you know you can easily navigate that website. You can click on that and see of all the information there and why there's a certain, you know, perspective on certain issues, and then there's the ways you can get involved there.

Um, but, uh, when I'm talking about the, the Residency Scholar Program, you know, from a local, I just go talk to my Program Director about it. And then after, you know, researching it some, and getting that background information go talk to your Program Director and see if this is something that they would support, and would support you in doing. And then at the end the day, apply. Certainly given how few spots there are, I wouldn't be offended at all if you didn't get it. It certainly can't hurt to apply, um, and I think this is like at one in a lifetime, you know, opportunity. And so if you even have a remote chance of, at your program to try to apply and do it, I would say take that extra time apply for it. And then, um, hope that you can get it.

DR. MCFARLAND:

Uh, yes, I'd say, um, the starting small, uh, starting local as I mentioned earlier, um, those seem to come easy, easier for me to get, to get involved, you know. Look at your current institution, current hospital. How can you get involved in, in your current community? That, that's what propelled me forward. Uh, specifically in Knoxville, the Knoxville Academy of Medicine was somewhere I got first involved with in organized medicine and advocacy in the community. Uh, I got started there early, uh, intern year and as well maybe PGY2. Um, and then shortly after that, after a year involving that I was able to get involved at the state level. That was, you know, that was something I didn't see myself doing, uh, a year before and certainly getting involved local and in the community got me comfortable to, uh, you know, to expand to that. So I got involved in the state level and then from there and it, it, was, uh, you know, the ASA, uh, Policy Research Rotation and so I had my target set on that and was able to, uh, you know, get myself to be in a position to have the opportunity for that. And so, uh, in taking it step by step like that really helped, uh, helped me go through with that starting small

starting local and, and expanding out to um, only get to where I wanted to be which was, um, with the ASA Advocacy Division in DC. And so that was a, a good sequence to help me get through with that.

DR. TANEJA:

Yeah, I agree. I think the most important thing is to just stay informed about what's going on. And sometimes that's the hardest thing as well because the news is changing on a daily basis and the issues are changing constantly. But just trying to use the ASA website as a tool, as well as just following maybe one newspaper that you trust to understand what's going on at a state and national level is important, I believe, and the first step to getting involved. And then after that, I think it's important to just be involved on a local and state level first and find someone in your program who can help you do that. I think for me, the most important thing was finding an attending who was very involved on a state level and asking him to help me get involved.

That could also be another resident. You probably have a resident who's been a House of Delegate in the past two years at the ASA Conference and they can kind of guide you on how they became a House of Delegate and how you can also become a House of Delegate. Once I started attending the Florida State Anesthesiology Conference and became a House of Delegate, opportunities just started coming to me.

The leaders at the state and national level get excited when residents want to get involved and you start seeing that opportunities really are there for you and people are excited to have you join more conferences, join more meetings, attend more hearings, and so I think that after a couple conferences, the ASA Legislative Conference, the FSA Legislative Conference, I also sought out the ASA Resident Scholar Month and I reached out to my state FSA Representatives and ask them they knew anybody who'd attended before, if they had any tips for me as I was applying, and found out who the last resident was in my community and in my program who had successfully attended a program and honestly texted him and gave him a call and was like, hey, can you tell me about the month that you spent in DC and how you approached that month, and what suggestions you have if I'm applying. And I think all of that really made it a lot more familiar to me.

I think the other thing that's really easy for residents to do, is to join the ASA Grassroots Network and Team 535 on the website. There's about four or five modules that you can go through that kind of guide you through being a advocate on a local and state level and how to become a key contact for your Representative. And it just gives you very easy to understand videos and asks you a couple questions about how, how to get

involved. And that's a very easy basic first step that you can do that also looks positively when you look to apply for the rotation, that you've already taken those first steps.

So is there something you would do differently if you could go back in time and start your path on resident advocacy all over again? Anything you wish you'd known?

DR. MCFARLAND:

Yeah, I would say, um, I would say be practicing, uh, my storytelling when it become, comes to being an effective advocate. You know, we're so ingrained, just in our medical education to find all that objective data, be evidence based, find the numbers that suggest, you know, some, something works and do this treatment over that, that we forget about the subjective a little bit. And, and I found in advocacy, you got to have both. Uh, you need to make sure you tie your story into your issue to help it be heard. I mean, the, hearing numbers is one thing, but being able to connect emotionally can help something stick. And, uh, that really, uh, really got to see that firsthand and, and practice that during my month there and, it's something, that uh, looking back, if I would have practiced that a little bit more ahead of time, it could have helped me been a little bit more effective as being an advocate.

DR. SEXTON:

One of the things that I did when I was there, is, you know, try to talk to my colleagues and, you know, say hey, if you're considering this, that's great. If not, let me know why maybe we can discuss it but, um, I, I think now actually, actually being in DC, and seeing how those dollars are used, I can tell you that I would have been much more, um, um, I wouldn't want to say proactive, because I think we're all proactive when we're trying to, you know, do these things. But, but I would definitely have more of uh, it's almost like when you experience something, you know, how important is is, it's a lot easier to, you know, tell another person about it. And I think that, you know, I would gone, you know and just really talk to my, my colleagues a lot more intently and, you know, with more personal experience to really somehow them how to use those dollars.

Because I mean, there are some days when you're there, uh, at ASA as a Resident Scholar, that you, you know, start at eight o'clock, which is really, eight, eight o'clock in the morning, which is really late for an anesthesia resident. We're usually there way before then. Uh, but then you, you don't get home till like 10 or 11 at night. And you, I remember, there were some times when I was in DC where I'd get home at 10 or 11 at night, and I'd be like, man, I'm, I'm kind of tired. And I didn't take care of any patients today. And so, they do that every day for 365 days of the year, and um, I, I didn't really think I realized that, you know, when I, uh, was first starting.

DR. TANEJA:

I think for me, just realizing that it's not so scary to get involved and now is the time to start. If you wait until you're an attending I think things only get busier with your family, your practices and really starting over as an attending and you are so supported in training if that's something that you're interested in becoming involved with. The, the opportunities are really endless. The monitors of the (sic) is generally they're from your program at a state level, at a community level. And then when I went to the national Resident Scholar Rotation level and so that's not usually a concern and usually you're given educational days to attend these conferences, which is something that as an attending might be harder to come by if you're in a private practice where they're not able to grant you some days to go to a conference.

And so I think starting early and really showing your interest is important because then you'll be appreciated on an advocacy level as well, and it will be just more natural and easier for you to go and continue those advocacy efforts as an attending. And I think it's really satisfying and humbling to see how much our lawmakers and Congressmen appreciate resident input. They really truly respect residents and uh, physicians in training. So it was a great experience to be able to meet Congressmen and see how appreciative they were and how respectful they were to us. I think once you start getting involved, the opportunities just start presenting themselves. Because I got involved my CA2 year, by CA3 year I had my Program Director and my Vice-Chair approaching me and asking me if I would attend certain conferences or meetings for them to represent our program. And I think the more you do, the more comfortable you become, and it just becomes a lot easier and more enjoyable for you.

So I think one final question. If residents out there are listening, and let's say they don't have the bandwidth or opportunity to do the Resident Scholar Program or dedicate much time and attention to advocacy, what is one thing they could do to get involved or advocate for an issue that they care about? Give us your top-to-do.

DR. SEXTON:

Oh, yeah, absolutely. So ASA does a great job about just giving, you know, not only residents but act, the other active members once you finish residency so many resources to get involved. You know, from you, they give you the resources that you can get as involved as you want to do. I would first say to that resident, go to the ASA website click advocacy, and you can look a lot of the issues and why they are important.

The other thing that you see on their website is there are a lot of other ways to get involved. And, you know the Team 535, there's education modules and I, I know when

you hear modules as a resident, you're like, aw, man, I don't want to have something else to, education-wise that I have to do, but these are very short, uh, modules, they're very helpful, they, they get to the point and, um, you know, it shows you how to, you know, get more involved and actually be able to write letters to both state and local officials. And you can find those, uh, you know, those things that are passionate, that you're passionate about, and you know, this website allows you to be able to go through there and actually send those letters to the state, local and federal, um, you know, officials for those issues. And so there's a million different ways you can get involved if you're not a Resident Scholar.

DR. MCFARLAND:

Yeah, I think I would echo, uh, some of the points you just brought up is just do, do something to get involved now cuz there's no time, you know, like the present to get involved. Don't, don't wait for things, get involved early. And it doesn't have to be something big. It's just something small, find something you're passionate about like for me was the opioids. You know it, if it's just something, uh, that you know, look inside yourself, do some introspection to find what your passion about, what got you into medicine, and what, what, what do you want to advocate in our specialty for. Um, that really helps it become a lot easier when you try to address these issues and, and devote time, uh, to advocacy. So find something you're passionate about and then just stay abreast of that issue, um, and, and that'll help you be a champion of that cause, and, and when you're called upon, you'll be in a place to, to have a positive impact. You can jump in a moment's notice. Things, things come easier like you're saying that, that those opportunities will be there. So that it doesn't have to be something big you don't have to do something every day. But, you know once a week stay on top of your issue that you're passionate about and, and the opportunities will come.

DR. TANEJA:

I agree with that and I think my top to-do is probably make sure you read the news and stay informed on the issues you're passionate about. Things change on a daily or weekly basis, and if you are informed about those issues it becomes much easier to make your opinion or voice heard when the opportunity arises. And you don't have to be involved at a state or a national level to make a difference. There's always someone in your hospital, your community, who might be involved in advocacy that you can reach out to at the very least.

If you have an issue that you're passionate about or something you really believe in as a resident, even reaching out to other residents or your Program Director to say, hey, I want to see this change on a hospital level, or I want to see this change on a community

level, can make the world of a difference. And when you start seeing that it makes a difference, you might find the time or feel the passion to get involved on a larger level as well. So I think the important thing is start small. Start with that one thing you care about, and make sure that when those issues arise you bring them up with somebody that can help make a change with you.

Well, this was a great conversation. Thank you guys for joining us for Residents in a Room, ASA's podcast for residents by residents.

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