



RESIDENTS IN A ROOM PODCAST SERIES  
Episode 3 - Transcript  
Resources  
Recorded in October 2019

(SOUNDBITE OF MUSIC)

VOICE OVER:

This is Residents in a Room, an official podcast of the American Society of Anesthesiologists, where we go behind the scenes to explore the world from the point of view of anesthesiology residents. This episode is sponsored by ASMG, a physician-only, privately operated practice group serving the San Diego area. The ASA thanks ASMG for their support.

PREVIEW:

Um, it makes you feel like you're just constantly learning, constantly changing, constantly doing something new.

Wow, this is actually a real big decision you gotta make. In most instances, it shapes you more than you shape it.

SHARA, HOST:

Welcome back to Residents in a Room, the ASA's podcast by residents for residents. I'm Dr. Azad and I'm talking to my fellow residents: Wei, Ricky, and Joe today.

So, in this episode I think that we should get real about how we know the things that we think we know. I mean, I know where I'm getting information about practices and employment options, but I'd like to hear what resources you all rely on. Where are you getting this information about your options?

JOE:

So, I think there's a couple of options: uh, I think we can all agree that networking with prior alumni is very important, um, because, obviously, they're the ones out there in practice. Um, and I think they can give you important information about, not only their jobs but what they've heard from fellow alumni, in terms of the job market or what they've learned being on their own.

I think there's also important online resources uh, like Gaswork is an important one. It can show you information about jobs.

SHARA:

Um, are any of you aware of the ASA'S Career Center?

RICKY:

I am not.

JOE:

Nope.

SHARA:

Yeah, me neither but... (laughter)

(sound of scratching record)

Wait, stop the podcast! Okay, we glossed right past that resource, but it turns out this is something you might want to know about! I looked into it for you. I jumped onto [helpecareers.com/asa](http://helpecareers.com/asa) to poke around and, you guys, it's handy! You can search jobs by location or profession, create job alerts, pursue articles about careers in anesthesiology, and set up a profile. There's even information on local career fairs for ASA members. It's pretty awesome – definitely worth checking out! So, give it a peek at: [help](http://helpecareers.com/asa) – then the letter "E" like elephant, [careers.com slash ASA](http://careers.com/asa). Okay, back to our regular programming.

JOE:

Umm, then I think another resource is your attendants 'cause, you know, they've worked in private practice and also they've been doing it much longer than we have so they, they can tell us pros and cons of certain places or just generalized uh settings they've worked in. And if you feel like you've got a good relationship with one of them, or multiple of them, I think that's a very important, um, resource you can utilize.

SHARA:

So, these are big decisions and I'd love to hear about how you're making them. Are there any decision-making resources or personal gurus who you'd want to share with the group?

I can share one of mine to start with. Um, so I think anesthesiology like doesn't have necessarily as large of a presence on social media as say maybe other specialties in medicine um but the people that are out there actually like very interesting and, um, like I feel like some of them are sort of role models and I want to be like them. Uh, so, um at least, like, three of the people that I follow on the social media are, um, one is this physician who now works at Mayo Clinic. Um, her name is Alice Anderson. She has a twitter handle

and, um, and so she does a lot of, like, um, women in medicine but also, like, um, various types of like med twitter I think is what the hashtag is called. Um, so it's just like all different doctors, um, and also all different, um, like, other professionals in healthcare. Um, so, she, I believe is a liver transplant fellow, but I am, I've actually been sort of following her career since the end of her residency. She worked in private practice first um, she essentially joined, like, where she did fellowship which had, like, a private practice and then she went back to her residency program as a faculty member and now she's moved to the Midwest which is, like, where her parents live, and she now has children, um, and has taken on like a larger like faculty and research position, um, at this major institution in the Midwest, so it's sort of been interesting to follow her through that. Um, there's also someone else on Instagram called, uh, Dr. Rishi Kumar who did, like, dual cardiac and ICU, um, so he does a lot, um, so he does a lot of like postings about, like, drugs and stuff like that. Like stuff that would be on your boards but it's like limited to, like, however long an Instagram post should be and it's just, like, a picture. Um, and I think he's, like, trying to branch out to YouTube and stuff now that he's an attending, uh, but he's pretty interesting to follow.

Um, and then there's also Dr. Michelle Ow who I think is maybe not as active now but when she was a resident and, and in her early days as an attending, uh, she maintained this like pretty prolific blog online and she's one of, like, the first medical bloggers from the start of the internet when she was a resident, um, and it's been sort of interesting to follow her career. And so she, um, like, did all of her training in New York but then, um, because her, um, because of like the matching process for her husband they ended up moving to the south and it's about like kind of her um life there since she's not like really from there. Um, and it was like sort of interesting to see like her like job process and like her job search process, ah, since she like didn't really think she'd be moving out there but then like all of a sudden due to life circumstances she had to find like a private practice job which is like not necessarily what she thought she'd be doing.

RICKY:

At my program we have, our program director has put together a very nice alumni database where folks who graduated from our program that are all throughout the country submitted their information. I'm, you know, XY or Z; I graduated in this year; I practice in this setting; here's my contact information, please feel free to reach out to me if you have any questions about private practice in the Midwest, or academic practice in Florida, or life as a pediatric, as an academic pediatric anesthesiologist. So, I haven't personally used it yet, but I think that that would be a nice resource going forward.

SHARA:

So, what's a great piece of advice that you've received from another anesthesiologist?

JOE:

Yeah, so I've, from a couple of, um, people I really look up to in the field, um, I think they've all said more or less the same thing which is basically find what makes you happy and makes you feel fulfilled in the future and want to keep doing what you're doing, um, because some people will, you know, and

everybody's different but you see some people that get into a field, their specialty, and they think they liked it at first but you can kinda see that over the years, they, it not's really what they thought it was and they're not really as happy as they thought they would be in the position they're in.

Um, and it was kind of how I was trying to figure out if I want to do a fellowship still or not, or I was thinking maybe private practice for a little while because I wasn't sure and I was really nervous to make a decision and I, and I think really after I talked to a couple of my mentors they just said "make sure just that whatever you do that you're happy with it and you don't want to regret what you chose and that you're fulfilled." And I think that as simple as that is for me it was kind of like ok, it makes sense then that I should go down this route versus that because if I go down you know I was thinking maybe private practice or going on, or just getting a job.

For me, I felt like I would have always thought "What if..., I could have done a fellowship?" Maybe I would have done something different down the road so, you know, that's kind of my impression. And I really took that to heart, and I think that helps.

RICKY:

Something that comes to mind for me was one of our associate program directors, I remember, she was giving a presentation early on during my training and she said that "You think that you have the ability to say I'm going to do XYZ, ABC to shape my career" but you find as along the way you take detour 1, detour 2, detour 3... and you look back and it's ...you wouldn't change anything...but you think you have the ability to shape it and in many cases you do, but in in some instances, or in most instances, it shapes you more than you shape it. So, I think that lends itself to being flexible and understanding that it may look different. You know, I never thought I would be coming to Boston to do residency. I am very happy here, I love my program, but if you had asked me five years ago or even as a third year medical student before I was applying to residency where I thought I would end up geographically, or what type of program, I wouldn't have thought it would have been it was where I was, so I think that's a valuable piece of information.

SHARA:

In terms of the advice that I perceived personally, um, and this may not be applicable to everyone, but one of my attendings told me that it is pretty valuable to do something outside of the OR. Um, so that doesn't necessarily have to be clinical, but at least in terms of avoiding burnout, cause it's something that I think about a lot. He was saying that uh, like when you're in the OR for like 60 hours a week for 40 years that just kind of starts to weigh down on you and so this person in particular also did an informatic scholarship so he does a lot of that stuff for our department um but he was saying that you know that people in the ICU and um like Pain for example, when they come back to the O.R. it's kind of like a vacation for them or it's like a new appreciation for that type of work because that's not necessarily what they do all the time. Um, so it gets, it adds a like level of variety to your practice.

And I think when it comes down to it, sometimes things can get a little repetitive like you're always

pushing propofol, like lidocaine, fentanyl, and um when you like span a career, like obviously there are always those moments where you're really doing a lot um like the patient is in like a life or death situation but like hopefully those moments are few and far between, even though I am sure you can all handle them perfectly. Um, but, like sometimes after a while it's good to like kind of do something else part time he was saying, and he said he thinks the practice of anesthesiology especially allows you to that maybe more so than other specialties.

WEI:

I remember one of the attending anesthesiologists, when I asked him how many years he worked in Tufts, one thing I remember he told me is you know in future like it really doesn't matter where you come from like what kind of training you did in future so he said the attitude of learning is like kind of like the motivation like something what can shape you, um, what type of anesthesiologist you're gonna be in future. So I think that's kind of like true because if you have the, um, the attitude of learning, probably you you're gonna be able to create more opportunities because we we don't know if our interest is gonna shift to other things in future maybe something we want to do now is not what want to do in future. But if you you have the attitude of learning you gonna have a happy life and have a very good career.

SHARA:

Yea, I would agree with that. I think in medical school, they talked a lot about lifelong learning and how this is a profession where it's really important to keep doing that and um, there are always so many advancements in every field of medicine that sort of keeping on top of that literature always like kind of trying new things or like trying to keep up to date with the new things I think also adds a lot to um like your fulfillment with your job choices and your career, um, because you feel like you're just constantly learning, constantly changing, constantly doing something, you know new, so it avoids like that feeling of stagnancy, or maybe even burn out where like um you just feel like you're kind of being oppressed um by like the amount of tasks you do. It's sort of a different way of looking at what you have to do or what you GET to do, rather.

(agreement, laughter)

SHARA:

Alright, so, at what point in your education or residency did you feel prepared to choose or begin pursuing a specific practice option? Or have you yet? And if so, what helped you make your decision? And I will say that I, it seems like we're all in the sort of fledgling stage as residents where we haven't really committed to a practice option. Um, but is there anything that made you think like this option is more for me, more so than this other option?

RICKY:

I think I'm, at least in the immediate post-fellowship period, I'm committed to academia. I think the

opportunities to participate in education were a big factor for that. I look forward to the opportunity to supervise and teach residents. I also like the thought of working at a larger academic institution with higher amounts of volume therefore at least theoretically larger variety in caseloads, in numbers, in types of things that you get to do. So, that that's what has kind of shaped my desire. Again, in the, in the immediate post-fellowship residency period – I don't know what 10 years from now is going to look like - but that's, that's where I see myself and that's what's shaped me.

SHARA:

I feel like I'll never feel prepared to choose. I think life sort of just happens. And then you make, um, maybe some small choices that uh, retrospectively ended up being major choices but you're in a position where you have to choose. Ah, and in our day to day lives, in the operating room, sometimes we just have to make decisions very quickly and I think even if we don't feel like we're a very decisive group of people, we actually have a way of coming out better than average... um, and so maybe just every day of life is preparing us for making major decisions.

RICKY:

And I will say, and I don't want to speak for you guys, but even for me as someone who's gonna graduate in nine months, it still seems far away. But again, I guess it's a year and nine months because of the fellow, because I am doing the fellowship option. But I do have classmates who have decided not to pursue fellowship who are already interviewing and applying, so I think it, well I think it's too early, but that's also because I have an extra year. Um, so, if I were to be seeking a job right now it would be, it would be, it would be that time.

JOE:

I think it's scary, honestly. You know, I think the whole idea is terrifying because it really is, um, in a way it's like a life, like you said it, it seems small at the time but when you really think about it, you're like this could be the rest of my life at this job. You know, people do move. They change jobs, sure, but you never know, um, and to me that's really scary when I think about it. It's like wow, this is actually a real big decision you gotta make. This could make a huge change for the different, you know I feel like up until this point choosing, you know, which residency program to go to, what medical school, it it definitely without a doubt had and impact obviously you have to move sometimes to go to residency or medical school, but it always felt temporary to me. Like it's got a time set to it. It's like four years for each and then, you know if, thankfully for me it worked out for both. But if, if you went to a place where you didn't like it as much, well it's four years, you know, you may not like the location or maybe you didn't like the program as much, but what have you, but you can always think to the future like I have a chance to go somewhere else. I feel like with a job it's more solidifying, I guess, um to an extent, and that's why it's, you know, I'm just trying to, trying not to think about it too much right now, um, because also I am thinking about applying for a fellowship obviously, so it's it gives me more time, but eventually I am gonna have to face that and that's what I am thinking about, so.

RICKY:

What is your exit strategy?

JOE:

Exactly. (laughter) So it's, but you know, if I think about it the other way too is, if you don't like the choice you make, you do have options. It's not like it's set in stone. Um like I said, it will make it a little tougher, um, you may have to deal with it for a while, but you always have options. So...

SHARA:

I think we have circled around this topic a bit, ah, but just to clarify for any listeners, what is the timeline exactly for applying for a fellowship or applying for a job when you are a resident?

JOE:

Yea, um so basically, um, for anesthesia residents, usually depend on if you're gonna go right out of residency to fellowship training, if you decide on that it's usually your CA2 year um that you start figuring out what you wanna do. Um, and depend on if the specialty you're going to is accredited, or in the match or not, um as depend on the timetable when you might start applying for the interviews, um and they all kind of vary a little in terms of the months when you can, um, match or interview process opens. Um, and depend on that you go on interviews, um, usually the spring for most, but once again, it depends, um. And you usually find out the following year, um, when you um match. Um, now if you don't go into residence, or sorry, excuse me, if you don't go into fellowship right away you can always take time off and then apply in a different cycle. Um, obviously that would change the time of when you would start fellowship. Um, but if you don't, if you don't really plan on applying for fellowship, or you're, you're looking at getting a job out of right out of residency, um, it's kind of up in the air is what I understand it is. And, it's really, you know, usually you look a little closer mostly in your CA3 year, but that doesn't mean you can't look sooner, um, it's just one of those situations if you do have like a dream job somewhere and you really like a place, you just have to understand that the timing, you have to know when they're looking for a, someone to start and if it fits with your timetable, like if you're applying as a CA2 somewhere, you could technically do it but they might want someone more immediately than two years from now, so it might not work out that way. Um, but I would say most people – late fall, mostly spring of CA3 year is when they look for jobs, but um, everybody's a little different but you guys can...

RICKY:

Yeah. I can share my personal timeline, specifically for pediatrics, so I don't know how well this translates to other fellowships, but I would imagine it's similar. So, yes, you're right. It's, it was September or so of my CA2 year that I started to.

Pediatrics go through the ERAS, so just like applying to residency, it's a very similar process, love it or hate

it. Um, and basically about September of my CA2 year, I started to think about programs that I wanted to apply to, start talking to my program director and I, I definitely talked to my program director. Once I knew, once I was 100% committed that I was doing pediatrics, I felt, I felt that it was important that he knew that, um so started talking to my program director, the folks that wrote my letters, started working on my personal statement around September, October of my CA2 year, and then if I'm not mistaken, the ERAS opens right after the new year, so we'll say January then of your of your CA2 year. And then I believe I submitted around that time, maybe mid-January or so.

Interviews kind of slowly rolled in over the next few weeks to month or so, so let's say mid-February of my CA2 year, and then I interviewed from April, excuse me, yeah no, from April of my CA2 year through June of my CA2 year. My last interview was in early June. Um, then at that time I, you know, transitioned to CA3 year and then now the match is in four days. Who's counting? How many hours or minutes that is, but? I am ready to know, as I know a lot of my colleagues are. I think a lot of what you could say about the pediatrics match is similar for pain because they both go through ERAS, so the timelines are very similar. Um, cardiac ICU, I believe they're a little earlier. I know my colleagues that have, that are doing those specialties have known for a while. I have one co-resident who's doing regional, he's known for a little while too. And then, to kind of add to, or you know piggyback on what you said about jobs, two er, two of my classmates have already committed to jobs. And, I guess just another anecdote too, it's very variable about when you can commit or how you can commit. I know someone, she was two years ahead of me, so she's graduated, she's finished fellowship now. I think a year. She had actually signed on to a pain practice close to where she was hoping to do her fellowship, before she even matched to the fellowship. They said, "We'll offer you a job contingent on you matching to this specific fellowship" and, you know, fortunate for her, she did. And I haven't spoken with her since but I'm assuming that that's where she eventually went on to practice. So, I guess the answer then is that it's probably never too early. It just always seems like it's too early.

SHARA:

All right, so thank you everyone for, all of your thoughts on this episode. I know I may be insulted other people's opinions, but I appreciate yours.

KENISHA MUSE:

Applications for the ASA Anesthesiology Policy Research Rotation in Public Affairs known as the Resident Scholar Program are now open through February 14. This is a unique opportunity for 2020 through 2021 CA3 Residents and Fellows to spend 4 weeks in Washington D.C. advocating for the specialty and experiencing firsthand the political, legislative, and regulatory factors that affect the delivery of patient care. For more information and to apply please visit [asahq.org/residentscholar](http://asahq.org/residentscholar).

Take it from me, I'm Dr. Kenisha Muse, a previous ASA Resident Scholar. During this experience, which was my favorite of residency, I worked on projects such as surprise medical bills, the perioperative surgical home, and the opioid epidemic just to name a few. But most importantly, I met with numerous legislators conveying the importance of anesthesiologists. Apply today and become an ASA Resident Scholar.

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