



American Society of
Anesthesiologists™

Residents In a Room
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(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.

Overall, just a positive effect on this program.

Introduce yourself as Dr. Neumann and own it.

We're all just really good team players, I think.

BRYCE, HOST:

Hello. I'm Bryce Austell, one of the Chief Residents at the Department of Anesthesiology at Rush University Medical Center. We're back for our third and final episode for Residents in a Room, the podcast for residents by residents with Chief Residents. For the last time, let's go around the table and just say your name and where you're from.

LOUISE:

I'm Louise Hillen, I am one of the Chief Residents at Northwestern.

KAITLYN:

Hi. I'm Kaitlyn Neumann. I'm one of the Chief Residents at Northwestern as well.

CHRIS:

I'm Chris Hull and I'm also from Northwestern.

DARRYL:

Hi, I'm Darryl Kerr. I am one of the Chief Residents at Rush.

JOHN:

John Boguski, Chief at Rush.

MITCH:

And Mitch Bosman, one of the Chiefs at Rush.

BRYCE:

All right, so now that we are all just a couple months away from graduation and finishing our Chief Residency year, tell us a little bit about what you'll take away from your experience being a Chief Resident. And where do you go from here?

MITCH:

I don't go very far. I'm staying on here as a fellow in pain, um, but I think I'm just going to take away kind of all the qualities and the positive nature of being a Chief and just kind of how you have to deal with everything and find creative solutions.

BRYCE:

Definitely. I think in a way being a Chief Resident gives you a little bit of, you know, it helps with your confidence a little bit, and it's kind of a cool experience in that you feel more comfortable in your shoes as a, not only as a, a leader, but as an anesthesiologist, and I think it, that's something I'll take forward going into my job. I'll just try to be a little bit more confident working with surgeons and, and uh, co-anesthesia attendings.

DARRYL:

I'll be going a bit further away than Mitch will, but, um, I think that as a fellow, um, that you kind of sometimes feel a little bit like a Chief Resident if there isn't one around because you're the leader of that group and you likely will be the only fellow around a group of residents who they will also look up to, as an example. So having that responsibility, I think that the Chief Resident kind of prepares you a little bit for that role.

BRYCE:

For the other ladies and gentleman at the table, are you guys doing a fellowship? Are you getting job? And you feel like being a Chief Resident helped to you attain either those things?

LOUISE:

I'll be staying at Northwestern for a regional fellowship. I don't know if being a Chief necessarily helped me to get into that position, but I think that will help me once I'm there. Uh, just like you said, at Northwestern the fellows typically act like educators and, um, are in charge of organizing Journal Club and educational opportunities for the Residents, so I think that will help carry through to that role.

BRYCE:

Absolutely, how about you Kait?

KAITLYN:

Well, I am also staying at Northwestern, um, for my fellowship year. I am going to be doing an OB/anesthesia fellowship. Um, I think that a lot of the same duties or skill traits that are used during Chief year are definitely going to kind of be important to fellowship year. Um, as an OB fellow, you often act as a supervisor and an educator, as um, Louise said, but you're also there to provide feedback and the kind of um, be, um, an example to, or a role model to the Residents as well, so I echo kind of what everyone said it's definitely similar.

CHRIS:

So, I'll be going to Pittsburgh for regional next year. Um, and I, the, the one where I think it will help is just being able to multitask with different things. Um, I know we've previously mentioned that, and you know, you're doing something whether you're working out, or something else, and you get an email on your phone and you kind of have to go with that. So I think it, it gives you a good opportunity to learn how to multitask, how to kind of handle things that you think need to be handled now, or you can kind of put it off on the back burner. So I think that's something that can help with fellowship as well.

JOHN:

Uh, so I will not be doing Fellowship. I will actually be going into private practice. I'll be heading back home to South Carolina for a job. Um, you know, the folks back at home

are really thrilled that I was a Chief Resident and they're already lining me up to be, uh, involved with some committees and leadership at the hospital. So, it has definitely kind of paved the way for me already. Um, so yeah, we'll see how that goes.

BRYCE:

Very cool, and, um, I'll be going not too far. I'm joining you guys next year at Northwestern as well for a pain fellowship. Um, so let's continue on to our next question. Um, you know as we are approaching the Spring and we're approaching, you know, us being fellows or us going on to our jobs, there's gotta be someone that takes over our, our job, and there's got to be a next set of Chief Residents. Are you part of that decision? Are you, have you discussed with your Program Directors or any of the, the young, younger classes about who it might be? Or, you know, how does that process work?

MITCH:

So at Rush, it is a voting system, but I, I think the four of us have made it somewhat clear, like who we think would do well in the role, or kind of given our thoughts as to who would succeed well, carry on what we, we have kind of started in this position.

CHRIS:

Yeah, same for Northwestern. Ours is a voting process as well. Um, I think we all kind of have an idea of people who we think would succeed. Um, but again, yeah, it's kind of a faculty and residents, kind of vote for your peers.

BRYCE:

Yeah, I know at Rush, um, we usually have our, like we started our tenure in April of last year and then, you know, obviously we, we will be here at this institution through June but we kind of hand off the baton, um, per se to the next um, Chief Residents in April. And I think we select them usually in March, and it does all happen kind of quick, at least for, for us, um, you know early or mid-way through your CA2 year, you're already in that role and it's, it's a big step.

How, how's your guys' experience? Is the timeline similar? Or...?

LOUISE:

We, we just announced that we would be voting for Chiefs, um, in the middle of February, so we'll probably know the first week in March. I remember, for us, last year, we all three got paged on the same day. We had no idea that we were in the running to be a Chief, we didn't have a discussion with anyone before. I think we, we've reflected on this before, that there would be some senior residents who would say, you're going to be a Chief, or we think, um, we think you, you have a shot at being Chief and that is, that was almost more stressful for me, at least. I don't know if you guys (chatter) the pressure was on and I didn't even have that pressure for myself. Um, so, um I think this year I've been trying to be, I, I think, in my mind, I have an idea of who will be the next Chiefs, but I haven't said it to them.

BRYCE:

I think it's important is not to overthink it, too, you know? Being a, the Chief Resident or not is not the end of the world. There's so many fantastic residents and co-residents that we have that are probably just as capable of doing our job.

LOUISE:

Oh totally, yeah.

BRYCE:

You know, so it's, it's not for everyone, it's not for everyone.

LOUISE:

Yeah and just because you didn't become the Chief Resident, um, doesn't mean anything.

BRYCE:

Doesn't mean you should have, or you shouldn't have.

LOUISE:

Yeah, it's sometimes, there might be some luck involved. There might be some politics that we don't know about.

BRYCE:

Exactly.

CHRIS:

It doesn't mean people don't look down on you.

LOUISE:

Yeah, I, there are some of my colleagues in my class that I would love for them to do my anesthesia one day, um, you know, and they definitely could have done a better job at Chief than I am doing currently.

BRYCE:

And I think, you know, as the selection process does go on, you know, it does have to be chosen but there's sometimes can be a little weird dynamic, I think that, you know, prior Chiefs have expressed to us and hope, thankfully, we didn't have too much of that there can be a little maybe almost animosity, you know, people who didn't get that or did, you know, were wanting to, and you know, how did you guys deal with that, if there was any of those kinds of feelings?

JOHN:

I think you just have to make everyone aware that even if you're, that Chief is just a title and a roll, and gives you more work, but you can still do the same kind of positive influences on your program whether you're a Chief or not. And I think everyone, and you know with our, our program, every that kind of had wanted to be a Chief, and unfortunately didn't get it because, you know, it's a limited number of positions, kind of realized that and still have been such a great guiding influence to the Juniors. They've come up with great projects, for you know us, with maybe a little bit more resources to lead forward. But its been a great environment when everyone kind of works together. And luckily, we've had a great group at Rush that have kind of realized that.

DARRYL:

And I think one way that we've kind of dealt with it is probably just in our inherit personalities, in that we're not, as Chiefs, we're not typically the type of people who are going to rub it in our Co-Residents' faces. We respect them a lot. And, so that we always are willing to work with people and, um, we kind of want everyone to feel respected whether they're a Chief or not. Um, some days, you don't want, even want

people to know that you're a Chief, that you just want to be yourself and considered part of the team because we're all just really good team players, I think.

BRYCE:

And one way of making our job easier is to kind of divide-and-conquer. You know giving responsibility to everyone in your class is really important. And I think that one way we kind of approached things as well and that helped a lot.

Um, so I just wanted to talk to uh, Dr. Hillen and Dr. Neumann a little bit, um, as they're the only two female Chief Residents, um, here, um, to bring up the topic of, of gender. And you know, there are fewer women in, in leadership roles in, not only in anesthesia, but other medical specialties as well. How do you think being a female Chief Resident has been beneficial or, or important to your career and to, to others?

LOUISE:

I think, um, one piece of feedback that I got from, um, one of my female attendings who I respect greatly and she's actually holds a leadership role at Northwestern, was that, um, during my CA2 year, early on, she said I needed to be more confident in the OR and speak up. I think, as I, I'm going to speak for myself, but I feel like I have a hard time speaking up and being confident in the OR and I don't know if my gender plays a role in that, but that's kind of how I feel.

BRYCE:

I think that those are definitely feelings that everyone has at, at certain times, especially with crazy surgeons out there.

LOUISE:

Right, exactly, um for me, it felt like it was a confidence issue. Um, and I think she kind of brought that out in me that I needed to be more confident, um, and I think being a Chief Resident kind of has instilled some more confidence in myself so that, um, I can, uh, carry that through and potentially be a better attending one day and help other females, uh, get to positions that their voice can be heard. Uh, I think at Northwestern we are so lucky because we're surrounded by a lot of women who are in positions of power and have showed us how to get there and how to, how to, um, assert themselves without being overly, um, emotional or, um, things that I think a lot of female, uh, people in power can kind of struggle with. Um, so our Program Director is kind of a huge role model for us, Dr. (CHATTER) Dr. Carabini. She's a mom. She, um, talks about her

children all the time. She's a powerhouse. She's an advocate for, for female residents, um, and she's everything I hope I can be one day. Um, so I think that's really helped as well.

KAITLYN:

And I think, um, as far as our role models, like not only to be a Program Director, I'm staying at Northwestern in, um, our, the, um, the attendings in the OB Department um, for anesthesia as well as the Program Director for the OB anesthesia fellowship is also another powerhouse woman. I think that by continuing to have these role models, um, in medicine is absolutely huge and one of the things that I think that we're very fortunate, um, to have.

BRYCE:

Yeah absolutely, I mean, I think we all hope one day we wouldn't even have to have, you know, this kind of discussion where there's a disparity between, you know, ethnicities or gender or whatever kind of minority you are. But, um, but I think the strides that we're making are, are very powerful.

Thank you for being Chief Residents this year, and being strong role models for your, for the younger generation.

LOUISE:

Yeah, it's been, it's been fun, you know, and this year we have, um, you know a female President at ASA, so that's awesome. So maybe one day, we'll see one of us up there.

DARRYL:

It's also, uh, National Female Physicians Day. So happy National, National Female Physicians Day!

(CHATTER) (LAUGHTER)

KAITLYN:

I didn't even know that!

(CHATTER)

BRYCE:

It's February 3rd.

(CHATTER)

BRYCE:

Happy Female Physician's Day.

(LAUGHTER)

KAITLYN:

And I think also, just moving forward, I know, um, as one of the good things about being a female Chief Resident is also being that role model for our younger junior, junior female residents, and um, hoping to instill that, um, confidence and everything in them as well. Kind of paying forward everything our leaders have shown us and, um, paying that forward to them.

LOUISE:

Oh yeah, one thing, I think that I wish I would have worked better on as a female, um, Chief Resident, is not apologizing all the time. I don't know if you guys feel this way, but I feel like I'm always saying I'm sorry for doing something that's my job. Like, I'm sorry that this is my plan for today, but that's what I want to do. And so I think I don't know if that's is, comes from my gender, just from my role, but I think one thing, some advice that I have is, stop apologizing for doing the right thing.

DARRYL:

I apologize a lot too, but I'm Canadian, so...

(LAUGHTER)

LOUISE:

And I'm Minnesotan, so maybe that's where it comes from...

DARRYL:

I'm sorry. I'm sorry, I made that up.

BRYCE:

OK, no I do, one of my best girlfriends, um, in residency, she even has brought up that you know, it's even tough with patients, sometimes. You know, as anesthesiologists, first of all we're wearing scrubs, you know, we're not in white coats, but they'll mistake you for a nurse, you know, from time to time.

LOUISE:

All the time.

BRYCE:

And, you know hopefully we can change, you know, societal, societies' beliefs and kind of misconceptions over the next, you know, 10, 20 years, but I think it's something that we'll all work on together.

KAITLYN:

One of my attendings, during my first months if residency, um, I went up and introduced myself as Kait, and she looks at me, um, you know, pulls me aside and as part of my feedback, of my um preoperative evaluation, she was like, Kait, you are Dr. Neumann. You deserve this. You have put in all the work and you are a physician. Introduce yourself as Dr. Neumann and own it. And to this day, like, that is how I introduce myself.

BRYCE:

And, it's, it's kind of crazy cuz I introduce myself as Bryce and you know, I don't, I probably don't get that as much as, as you all do.

LOUISE:

Yeah, maybe that's feedback for you, for the men in the room. Don't introduce yourself by the first name because then it make us look bad when we come in and we say I'm Dr. Hillen or I'm so-and-so. It puts us in a weird position, but we have to do that.

(CHATTER)

LOUISE:

Yeah. Yeah, we have to do that. Otherwise, it's, it's unclear what our role is in the room.

BRYCE:

So let's broaden this a little bit, and, you know, as Chief Residents, you know, what can we do to make more space for diversity in our programs, whether that be, you know, different ethnic backgrounds or, um, you know, genders, races, all that kind of stuff. How can we be accepting to the new trainees that are, are looking to join the anesthesia family?

DARRYL:

I think just by, um, being being inclusive of everyone um, male, female, um, trans gender, lesbian, you know, we're like the entire like LGBTQ community, um, you know, and respecting that, you know, everyone is human and the people that we take care of our also human so having diversity in anesthesia also helps us, um, better take care of our patients because our patients are also, um, coming from all walks of life and have all different um, personalities and have a grand amount of diversity. Um, so I think just by being inclusive of everyone that's the way that we kind of just tackle it.

BRYCE:

Very well said. Um, and I think we're fortunate, you know, being from Chicago, you know, there's a lot of diversity here and, and, and we see a lot of different walks of life, but, you know in other places in the country, not so much. So it's just important to, you know, put yourself out there and, and try to be as accepting as possible and really get to know, you know, everyone from all walks of life.

So the next question, is there something you think of as your legacy, something specific you want to do for your program that you hope will last beyond your tenure?

JOHN:

Uh, there's nothing specific, uh personally, I, I just, I just would like to maintain like a good working attitude and have that, you know, what kind of influence the, again the, the newer residents, and just for someone to look up to, you know, because, uh, uh, a positive attitude and a good, a hard work ethic will, will take you that far and being prideful in your job, um, is, is so important because then everything else will just follow in so, you know, uh, you know, aside from a, a specific thing, it's more just a mindset, and, and a sense of pride.

CHRIS:

I think just to echo that, just kind of being a role model for the younger, uh, residents because I remember when I was a CA1, you know, you look up to the Chief Residents, who there were then and the Senior Residents and kind of that's who I want to portray myself after so, I think as far as legacy goes, it's sort of how the younger residents see you and how that's going to kind of shape their careers.

MITCH:

For me, I don't think it's a specific like legacy for me, but I'd rather have it be a group thing where when they look back on the four of us as Chiefs, that we just made the program better. Everyone was happier with their lives at work, once we left, and we had overall just a positive effect on this program.

BRYCE:

Now as we're all kind of almost done with our Chief Resident year, what's one piece of advice that you'd give younger you, now that you can look back on your whole training?

CHRIS:

Probably don't worry about the little things. I think, I don't know, I think as you go through life you worry about, you know, a little bit of this little bit of that. That probably is not going affect, um, anything in the long run, but it causes you like daily stresses. Um, so I think just kind of reminding myself, like, just keep doing what you're doing, stay focused because it all works out in the end. Um, and really, I guess don't sweat the small stuff.

MITCH:

Keep your head up and walk proud. I mean, we, we've accomplished so much. So it is important just to take a step back and just appreciate all, all that we've come through and you know again, we, we, we, we work so hard we often forget that but it's just good to, to again, have a good appreciation for everything that you and your colleagues have done.

KAITLYN:

The biggest thing for me is to, um, is to tell, to like to remind myself, and to tell myself to take every opportunity that you get and to make note of the people that you meet along the way because they're there for a reason, and...

LOUISE:

I would say, don't be so hard on yourself all the time. When you make a mistake, learn from it, are happy it happened so that you don't make it again, and, um, just have fun. Residency go, goes by so quickly. I can't believe that it's almost over, so soak up all the opportunities.

BRYCE:

It really does. It's been in the blink of an eye and you'll all be done as well. So, now that we're all kind of moving ahead to the next step of our, our careers, we've talked a little bit about fellowship, um, but after that, what are, what is everyone's plans?

MITCH:

Having family and working part time would be ideal.

(LAUGHTER)

MITCH:

Part time sounds heavenly right now.

CHRIS:

Yeah, if I could just be a trophy husband.

BRYCE:

I've heard that one a lot.

MITCH:

In all honesty, though, uh, I'd like to have a chronic pain practice at some point. Um, and then travel. That would be a nice thing, because residency being tough and you only get four weeks of vacation, uh, getting away from the hospital from time to time would be a very nice thing.

KAITLYN:

I think that this is something that we've all kind of been working towards, our fellowship year being kind of the, uh, last step in a journey that most of us have kind of set off on, since, uh, I don't know, middle school, high school. Um, and so I think we've, up until this point, this has been a very big priority in our life and so I think kind of switching gears and then being, as an attending, being able to be like, I have me time now. I can explore other things. This is, I am kind of where I'm at and this is still very important but to be able to say, hey, I made it and I can take time for myself.

BRYCE:

Sure, and just to get an idea, who's interested in academics and who's interested in private practice?

LOUISE:

I think I'm open to both, but, um, I'm really drawn to the environment of academics. I like the hierarchy of, of medical students, residency, residents and attendings and everybody working together in a team format, teaching each other, um, it just makes it really fun and exciting to come to work every day, so I think I see myself in academics, but who knows?

KAITLYN:

So, I had a little bit of a unique journey, um, to medicine. I had a previous career, I was a, taught high school chemistry for a little while and so I have always been passionate about education, so I think that academics is going to kind of be my path career, at least I, I hope it to be. Really passionate about it, um, resident education, I hope, that whether it be curriculum design or just, um educating different residents, or future fellows, um, that would be my end goal.

BRYCE:

I also enjoy academics a lot, and could definitely see myself in either place, but I think eventually, I would potentially go to a private practice and maybe start a small business.

DARRYL:

I think for myself, it's a little bit more complicated because I would like to go back to Canada, um, where we don't have privatized medicine. So, um, a lot of my goals kind of

center around being involved in academics and, um, you know, I would like to be in, heavily involved in a residency program, um, in some capacity. I'm not sure, but, yeah, that's kind of where I see myself going after.

CHRIS:

Um, yeah, for me, kind of what Louise said. I haven't really ruled either one out. Um, I can see myself doing both. I really do like tutoring and teaching younger, uh, people, but like I said, also kind of being in the private practice thing we're doing your own cases is kind of, is also appealing to me as well.

JOHN:

Yeah, I'll be going into private practice and I have no shame of not saying academics.

(LAUGHTER)

JOHN:

You know, there's opportunities for learning and education, um, outside of the academic realm and, and I, you know, I hope to, to learn from the, the hospital I'm going at and, and again teaching some folks there how to do some things, but um, you know, maybe one day I'll retire into academics, but um, as of now, I, I'm headed for private practice.

MITCH:

And, and, I am quite the opposite of John is I don't think I'd be very happy in private practice. I really thoroughly enjoyed teaching my junior residents over this past year, so I can easily see myself trying to become a fellowship director or something along those lines in the future.

BRYCE:

Ok, so let's go on to our final question. Let's say we're 10, 20 years down the road now and you're, you know, in a managing roll or you're, you know, or you're a trophy husband, and, and you want to look back on your Chief Residency. What is, what are those things that you remember? What are those take home messages? What do you tell your friends at dinner? You know, oh, I was a Chief Resident and we did da da da. What are you, what are you going to say?

LOUISE:

The laughter. Between the three of us. One hundred percent. I think through all the tribulations, I think a lot of the things we talked about were the different, um the different tasks, kind of the duties of being a Chief Resident. But ultimately, I think it was fantastic.

JOHN:

Yeah, 20 years down the road. You know, hopefully I will have paid off my student loans but, uh...

(LAUGHTER)

JOHN:

But, uh...

(CHATTER)

JOHN:

So looking back, yeah, it's definitely the relationships that, that have been forged over the year and, and, beyond Chief-dom, you know, just with everyone in the residency program, and, and having just great colleagues, and, and faculty to lean on. And, you know, this is, is something that we will truly never forget. Um, again, it's just the pinnacle of our education and it, it's really everything we could have asked for.

DARRYL:

I think, uh, echoing both those sentiments, I think one of the things that we probably, hopefully, will remember 10, 20 years down the line, um, is that great holiday party speech that I gave.

(LAUGHTER)

DARRYL:

Which, you know, even people in, not in the anesthesia department have heard about, um, and it's provided lots of laughter. And, uh, I agree with you guys. And now it's documented that we had a great speech on this podcast.

(LAUGHTER)

JOHN:

We'll never be forgotten.

BRYCE:

Holiday parties are special in their own way. I think everyone can relate to that at one point or another.

MITCH:

The chairman is always called doctor.

DARRYL:

That's not the point, Mitch.

MITCH:

Of like Darryl says, big daddy.

(CHATTER)

BRYCE:

So, we're kind of nearing the end of our, our final podcast here. I just want to ask you guys, is there anything else you'd like to add about, you know, add to the discussion or questions you'd like to ask the rest of the group?

LOUISE:

No, I just want to thank you, Bryce, you've been awesome at moderating this whole thing. You're a natural. If uh, pain doesn't work out, podcasting should definitely work out.

(CHATTER)

CHRIS:

It's gonna be a big task.

BRYCE:

It's been really fun getting everyone together and we kind of all know each other a little bit from here and there but I'm sure we'll be working with each other much more in the future. We'd like to thank the American Society of Anesthesiology for hosting this, and it really has been a special opportunity for us to, not only get out of the operating room, but also just to do something more outside of our normal tool box, and you know, and again, I'm Bryce Austell, from Rush University Medical Center, and...

LOUISE:

I am Louise Hillen, I'm one of the Chief Residents at Northwestern.

KAITLYN:

I'm Kaitlyn Neumann. I'm one of the Chiefs at Northwestern.

CHRIS:

I'm Chris Hull. I'm one of the Northwestern Chief Residents, as well.

DARRYL:

I'm Darryl Kerr. I am one of the Chief Residents at Rush.

JOHN:

John Boguski, I am one of the Chief Residents at Rush.

MITCH:

And Mitch Bosman, one of the Chief Residents at Rush.

BRYCE:

Thank you for listening.

(MUSIC)

(VOICEOVER)

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