



American Society of
Anesthesiologists™

Residents In a Room
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Episode Title – During Chief Residency

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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.

Just always asking if there's anything else you can do to help.

We're in this together at the end of the day, and we want everyone to succeed.

You got to stay positive and be that good guiding force.

BRYCE, HOST:

Hello. Again, this is Bryce Austell, one of the Chief Residents at Rush University Medical Center and we're back with another episode of Residents in a Room, ASA's podcast for residents by residents. I'm here with some fellow Chief Residents, we're all Chief Residents here, just put that out there so we don't have to keep saying it, but we're talking about expectations, experiences and takeaways. Um, let's just go around the room one more time, introduce yourselves, say your name and where you're from.

LOUISE:

All right. I'm Louise Hillen, I am one of the Chiefs from Northwestern.

KAITLYN:

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

CHRIS:

And I'm Chris Hull and I'm also one of the Chiefs at Northwestern.

DARRYL:

I'm Darryl Kerr. I am one of the Chiefs at Rush University Medical Center.

JOHN:

Hi, I'm John Boguski, a Chief at Rush.

MITCH:

And I'm Mitch, one of the Chiefs at Rush.

BRYCE:

All right, so let's talk a little bit about what it means to be Chief Resident at your program. Uh, roles vary often from program to program, but now that we are Chief Residents and we've finally got to this step, what are your duties? What are your requirements as a Chief Resident?

MITCH:

Well, one of the big duties is the schedule making and kind of dealing with conflict that surround that. Uh, everyone gets the pleasure of taking call, so our, at Rush we make the call schedule for everyone for every day of the week. Um, so that's one of the big ones, and obviously dealing with the conflicts of people not want to take weekend call or when they already have a plan there, that's one of the big duties.

BRYCE:

There's call from all different kinds of rotations. We have general anesthesia call, we have ICU call, we have OB call, we have call at Lurie Children's, we have call at private hospitals in the community. It is multiple moving steps. And so that's a lot to deal with. And I know the schedule does occupy a lot of our time, but there are other, other requirements and duties into that we have. Any, any other you guys want to mention?

LOUISE:

Sure. I think the second biggest role that we have is recruitment. Um, recruitment, for us and Northwestern, involves a lot of interview dinners. We have over 20 dinners each season. So the three of us divide those, and we each, um, go to some of them, or if you're Chris, you go to all of them, because of the free food, the free food (laughter, banter)

CHRIS:

Free drinks. Can't turn that down.

(Banter)

BRYCE:

He probably gets leftovers, too.

LOUISE:

Or he gets leftovers delivered to the hospital. That's happened.

(Banter)

CHRIS:

Or, or you an ugly Christmas sweater at all the interviews.

LOUISE:

Yes. Chris, Chris has been known to wear his ugly Christmas sweater to all of the dinners, but, um, that is a huge part of being a Chief Resident and, um, it can be fun and rewarding, but it can also be exhausting. It's, you know, Tuesday, Wednesday, sometimes weekend nights, um, that we have to show up for these dinners, and talk to 10 plus applicants for each, um, dinner, and then usually involves doing a tour the next day and kind of helping get them acclimated with your program in the short period of time that they have in the, in Chicago. So that has been, that was very time-consuming and energy-consuming, but also very rewarding.

BRYCE:

Now, I know, our experience at Rush is relatively similar. We, I don't know, have twenty, roughly twenty interview days. Um, but we, this year for the first year, we actually, uh, got to participate in the interviews for, for medical students. Did you guys have that similar experience?

LOUISE:

We didn't do any actual interviews, but I think, I don't, I don't know if your program tells you what to tell applicants or not, as far as your role, but because, you know, the dinner is traditionally, you go to as an applicant and you think that it's a judge freeze zone, you can be yourself.

BRYCE:

Yeah, Oh there is some kind of... (banter) representation and motive there a little bit.

LOUISE:

I think, I think, we're not part of the interview process, but I think that we get to know the applicants on a different level and more like a, you know, behind the scenes.

BRYCE:

To see if they'd fit into the, the residency program, and you know, if it's someone you'd want to work with, day in and day out.

LOUISE:

Exactly.

(Agreement)

CHRIS:

Yeah, because you know how people show up at interviews, and sometimes, I don't know, maybe they were little dry during interview, but at the dinner the night before we had really liked them and they were really forthcoming, and you're like, oh I would love to be a co-resident with this person. We're there to kind of speak up and be like, oh, I think this person maybe didn't interview as well today, but I think he would be a great addition. Or obviously vice versa, right? Like, maybe somebody was rude at dinner, didn't really give you the time of day, and then all of a sudden they, in 15 minutes, they really turn it on, and the attendings loved them and stuff like that, but you can kind of speak up and be like, um, maybe this person, I mean, sure they were probably great in the interview, but like last night for a couple hours, they didn't really want to give anyone the time of day or seem really interested.

BRYCE:

Yeah, I think, where, where we're getting at this, is this is a very stressful time for both applicants, and, you know and the people who are representing their programs, and people taking time out of their busy day to kind of, to get to know each other, and there's so many moving parts and people to get to know, and then we're just trying to see who we can work with 60 to 80 hours a week. And, and, and we can all be team players together. Um, is there any other duties that you guys, um, wanna add?

KAITLYN:

Sure, you kind of, um get to be a creative problem-solver. So one of the things that you get to do, is you get to hear different problems or concerns that residents bring to you. Um, we've had a couple of instances this year of things that we've been able to discuss with the Program Director and other people in the administration to make effective changes in our program, for the betterment of the education, or call schedules, or the wellness of residents in general. And I think seeing beside, behind the scenes actions and working towards figuring out all those different changes for your program and really being an advocate is, a, a significant portion of the program.

BRYCE:

Yeah. Absolutely. And, it's kind of a perfect segue into where I wanted to go next. As a Chief, you know, what is our relationship with our residents and how does that translate to our relationship with our Program Director, our Assistant Program Directors, our attendings, our, even the Chairman of the Department? You know, we work with a lot of people and we're sandwiched in between a lot of different motives. How do we navigate that, navigate that relationship?

MITCH:

I think it's a, a tough one. It's almost like a good cop, bad cop kind of idea, is you wanna do what's best for your friends, your co-residents, and get along with them, but you also have to get along with the attendings and see their side of the, the point as well. So it puts you in a, a tricky situation, right in the middle of, you know, the faculty side of you, the resident side of you, and what you think is best for both parties.

BRYCE:

Right. I mean when it comes down to it, we should be, you know, we, we all think that we're advocates for residents and, you know, we're just trying to progress our goals and objectives as, as trainees within the greater scheme of the anesthesia department.

Mitch, you kind of alluded already, um, that there are tough situations out there that we deal with. Has there any, ever been a time, um, or John or Darryl, I'm sure you can pitch in as well, has there ever been a time that you've disagreed with the, with the leadership in the department here?

JOHN:

Well, there's no shortage of opinions in working with a, a big group of young physicians. You know, they're very, um, you know, we all come from a pretty, um, solid educational background, um, and we each have a different way of doing things. So, you know, you just have to kind of weigh, uh, everyone's opinion, you know, separately, and then see how it would affect the group at large. Um, you know, obviously with any kind of change with your academics, or, or any kind of clinical obligation, there's going to be, um, um, you know, ramifications for that change, and there will be, you know, surely people that aren't happy with the change. But you're just going to have to, to go with the punches, and, and try to please everyone as much as possible.

DARRYL:

I think that when dealing with the, um, administrative staff and, and with residents, you do your best to remain neutral in the situation, and neutral, but a bit more on the advocating for the residents' side, um, whether it's advocating for their well-being or just out of straight fairness to that resident. You know, there has been an instance, maybe where a, um, resident can't be on call for particular time, um, because they need to go to a conference...

BRYCE:

There could be any number of reasons.

DARRYL:

...and number for any number of reasons

BRYCE:

Health-related or academic, exactly.

DARRYL:

Exactly.

BRYCE:

Lots of moving parts, you know, everyone has been complicated lives.

DARRYL:

Right, and then I think that as a Chief, where the responsibility or the role that kind of is unspoken, is that we perhaps step up for that role and insert ourselves to kind of alleviate any of the, any of the problems that go along with that, just to kind of make both parties content in that situation.

BRYCE:

I think with our job, there's a lot of give-and-take and we can see where there's room for flexibility and where there's not room for flexibility, and we kind of jigsaw the solutions into making everything work the best that we can.

So here's a good question for you all. Now that we are Chief Residents and, you know, we're kind of halfway, a little over halfway into our, our tenure would you do it all over again?

CHRIS:

I think I would. I think uh, definitely the pros outweigh the cons. I mean there are obviously are cons to everything, but I don't know, I think you get a lot of respect from the faculty and your fellow residents. Um, obviously, it looks good on a resume. Um, so I mean, and then, obviously like I said, you get to get really close with your other Chiefs cuz I mean, your kind of got each others backs the whole time and kind of solving problems together, which is really fun. Um, so I think, I think I would definitely do it over again.

BRYCE:

It definitely is a hard choice. I mean I had talked to attendings, multiple attendings who you know, had been offered the opportunity to be Chief Residents at their institutions when they were training and they said, you know, I would never, I would never do it, you know, it's such a nightmare. There's no payoff. You know, yeah, maybe it does go on your resume and that is a good thing. But does it get you anything down the road? I mean it's hard for us to say but what, what what are you guys's thoughts on that?

MITCH:

I think it's been great. I would easily do it again. Luckily, we've had a great group of Chief Residents that work really well together. But even at that, like the headache may be there but in the end of the day, it's rewarding to solve these problems, help your co-residents, help your co-Chiefs, and just kind of, overall make everyone's life at work a little bit better.

BRYCE:

Yeah, I think it should come naturally, you know, if you're having a really, really hard time deciding, you know, if the opportunity arises and, you know, you're trying to make the decision in your really on the fence, maybe it isn't for you know, you know, maybe you really should be excited about it and wants to do it cuz it's a lot of work and you shouldn't be dreading it everyday.

JOHN:

Well, I think, I think most of us would do it again and I, I absolutely love it. I mean that we've reached the pinnacle of our education and at this point, you know, what better, um, you know, what better chance to, to really have proof of that by becoming a Chief Resident and really coming into form, and, and giving you more confidence to, to progress in your career? So, you know, I think, I think just beyond the resume, it, it is a confidence-builder and it, it really, you know, we're stuck in this academic vortex we have to keep pushing forward and you know, it's good to get, to get a slap on the back every not and then to just to confirm that what you're doing is, is right, and you know, so it just helps, it helps you get some sleep, sleep at night.

DARRYL:

This might be a little sappy but I probably would, probably would only be Chief again if it was only the four of us again.

GROUP:

Aw..

DARRYL:

No, I'm kidding. Um, but I do think it really matters who you work with. I think that the Chief year is very challenging one and I haven't been dissuaded from possibly doing this again if that was, you know, in hindsight. Um, but I think that, you know, it comes a lot down, it comes down a lot to people you work with and who you're working and doing the work for, which is our co-residents and our juniors.

JOHN:

Yeah, we, we've made such great relationships as Chiefs together. Yeah, I know, I'm going to be friends with Mitch and Darryl and Bryce uh, for the rest of my life, even

though we might live all the way across the country from each other, but we're definitely in a still stay in touch. I mean this, this year has been...

BRYCE:

The trenches of residency we've lived through.

JOHN:

Exactly, we can, we can face it all now.

BRYCE:

All right, um, so moving forward a little bit, um, as we've already started our Chief Residency, and we've probably come in with specific goals and priorities and hoped to accomplish certain things, um is there anything specific that you have achieved or are about to achieve? You know, what were your aspirations?

MITCH:

I finally mounted lead hangers on the wall. That was a great one.

BRYCE:

Mitch was a die-hard lead um, enthusiast, advocate, enthusiast, for our department and it is good. So I mean we've had radiation, we've had badges, we've had radiation hooks put in every OR and new leads and I mean, is it important thing, um, but everyone kind of, might have their own little project that they're working on. Or, um, for me, I, I really helped work on the wellness program as a C1 and C2 and kind of have passed that on to younger, younger people and, um, that was really important to me and that it was important for our program at the time, um, with lots of things that were going on. Um, and then I know John has, uh, really worked on a lot, of a global health. (sic)

JOHN:

Yeah, I, I was really proud of, of pushing forward that global health initiative, you know, with our program. Rush has a really strong global health office and our, our anesthesia group really has kind of fallen out of it. So, you know, I took it upon myself to, to kind of get us back involved with the help of some of uh, younger residents, and now this year we've got four senior residents going on two trips, uh, to the Dominican Republic. We're extremely excited about that. It also plays a huge role in recruitment. Um, you know, there's a lot of uh, medical students are really involved with global health and, you

know, it's just it's just so it's really nice to see healthcare in, in another setting, um, you know, that's that you're unfamiliar with.

BRYCE:

Yeah, and John will be going on a trip this year, as well as myself, and I think we're super excited about that.

JOHN:

Yeah, just a few weeks away.

(sic)

BRYCE:

Are there any other, um, any other passions that you guys have that you were looking to accomplish?

LOUISE:

I think at Northwestern one of the things that we're constantly striving for in our residency program is education over service. So what that means is we want to make sure that your rotation as a resident is an educational experience and you're not just there to fill a space, to fill a OR slot. Um, and so some of the projects that we've had this year have really focused on decreasing the amount of hours that you might be working in trade for being more educational experiences.

BRYCE:

What kind of educational experiences, for example, were you guys...

KAITLYN:

So, one of the biggest things we wanted to do this year, um, to piggyback on Louise, I'm particularly excited about it, is we really wanted to, um, kind of revamp, um, our pediatric rotation. (sic) Um, and so we really, um, we spent a lot of time meeting with, um, the program, um, as well as different attendings and coordinators, and I think we came up with a really good solution to ensure this whole idea of education over service. I personally just finished a rotation there, getting to see kind of fruits of the labor...

BRYCE:

The fruits of your labor, yeah, great.

KAITLYN:

...amazing. And it just, it was inspiring to know that this was something that just at the very beginning of our Chief year we kind of put into motion, and then to go there, and to have such an excellent experience, it got me excited for the future, and I think that that's such a good thing to be able to experience this year.

BRYCE:

That is rewarding. What, what kind of stuff were you guys working on?

LOUISE:

Yes, so I think, kind of going off of what Kait said, I think, um, after these changes were in place, um, well, let me, let me give you some history on the, on the situation. Last year, we did not have any of our residents apply, uh, for the pediatric match, which is kind of a shocker giving the, given that we have a lot of fellowship spots at Northwestern for peds. So we kind of knew that there was a situation and, uh, kind of an issue that we needed to address so that we could get more interest in, in the subspecialty. But I think the, the issues that were rising from the rotation where it was a pretty brutal call schedule. I know you guys rotated at Lurie too, so you might have experienced that. Um, and then, just kind of sometimes some of your rotations in the, uh, or your assignments in the OR, you'd kind of be on repeat, you do the same thing over and over and over again. So we wanted to make sure that there was some, uh, variety in that, um, and and that the call hours were not terrible.

BRYCE:

And I recall they have a pretty rigorous lectures schedule now and they're really good at teaching residents from an attending perspective.

LOUISE:

Right, exactly, yeah, and more inter-op teaching. We discussed with the residents and attendings there. Um, but the month after these changes made, we had our first resident apply to pediatric fellowship. So he's applying right now. He's getting interviews. But that was really exciting to see. (sic) Yeah. I know it's really exciting. It was literally the month after all of these huge changes were made. He said he was going to peds. I was kind of bummed, he switch from regional and that's what I'm going into, so.

KAITLYN:

I thought he was doing OB, which I'm personally biased to.

(Laughter)

LOUISE:

He's doing Lurie, or peds, peds, sorry. (sic) We're excited he doing peds. We're excited.

BRYCE:

Yeah. From every program that we come from, you know, no program is perfect. And I think that's a good thing to point out. All of them have weaknesses and I, um, think it's part of that, part of our roles as Chiefs is trying to strengthen, strengthen those weaknesses and trying to work with the administration to, to fill those holes. For example, like at Rush we don't really have a huge trauma rotation and we've worked with the administration to at least get our interns over to Cook County and do a trauma rotation there, which is one of the, you know, top programs in the whole country for that, and just small things like that. Just trying to make your program more well-balanced and, and reputable for incoming trainees and for future trainees.

MITCH:

I think it's big just taking anything that one person could possibly have interest in, and trying to make it better for the whole. One person wants to do trauma, you to try to see, you know, someone, someone else is bound to have that same interest level in trauma.

BRYCE:

Absolutely.

MITCH:

So doing, or having a rotation available for it is a great thing. So even one person's interest can go a long way.

BRYCE:

Alright. What is the hardest part about being Chief Resident for you guys?

JOHN:

Well, I think dealing with burnout is, it is still a big issue especially in, in an all medical education residency, and, and seeing your colleagues, um, you know, show the signs of fatigue is tough because, you know, we're all in this together at the end of the day and we want everyone to succeed, but, um, you know, the hours can be rigorous and, and you know the clinical tasks can be tough. So, you know, you have a really bad day and you just really have to keep your head up. So, you know just having a positive attitude day in and day out, you know, while is is important, it is difficult, um, because you know, you wanna, you wanna stand as a, a good representation of your program, but at the same time you wanna, you understand the difficulties everyone's going through. Um, it's such a critical time in your life and in your training. So, I, I, I would say dealing with burnout is, is difficult and will always be difficult for a Chief Resident.

DARRYL:

And I, I agree with you John. I think, um, that we're always looked to be the higher standard amongst the residents and so it's sometimes very hard to have a bad day. Um, so you're always kind of looking to see, well if you did something, if you did something wrong or if you had a bad day, what can you do to make that day better, um, rather than kind of just taking a backseat, which I think is okay because it does, it does, it does push you to be a little bit better every day, but sometimes it can become very burdensome.

MITCH:

I'm going to echo what they say and just say the people you'll see burned-out the most are your, are your own co-residents, cuz the light at the end of the tunnel is very bright by the time you hit CA3 year.

BRYCE:

Get a little senioritis, there?

MITCH:

A lot of senioritis. Uh, but you coming in with a positive energy every day, being the most excited person to come into work, really goes a long way as a Chief Resident because people do see you as that leader, and they do kind of feed off of your energy. So if you come in all mopey and not wanting to be at work, which on a Friday at, you know, 4:00 is very easy to do, but you got to stay positive and be that good guiding force.

BRYCE:

That is very challenging, especially with all the extra responsibilities and burdens we're taking on, you know, it's important to be there for each other so that we can push through the burnout. And something people are dealing with all over the country, so I think you are becoming more aware of it, and really trying to, you know, again with the wellness initiatives, really trying to tackle these issues head-on, and at least make people more aware.

DARRYL:

What is one of the ways you guys deal with your wellness as a Chief?

CHRIS:

Like our own personal wellness, or, like resident wellness as a whole?

MITCH:

I think, you know, we've had a lot of experience with dealing with stress and, and you know, additional work, so what, what works for you guys?

CHRIS:

I don't know, for me, I think I think it's taking time out to do just things yourself or I mean, you're always at work, you're always around your fellow residents, around your fellow Chiefs, putting in work. So, I think just taking time out to do things you like, um, so for me, like, I like to play a lot of different sports. So I play on a, different like volleyball, basketball, flag football teams. Um, things like that. I know Louise and Kait have their own interests, but, it's, I think just taking time out yourself to uh, kind of really reflect on how you're doing, and also like kind of step back and get away from this role. Right? So you're not constantly doing it. I mean, I know Louise loves Netflix on her couch, so.

LOUISE:

Come one.

BRYCE:

I know, I was going to say there's nothing wrong with TV...

LOUISE:

I made Chris come to a workout class with me on Saturday morning, which, it was kind of fun for us.

BRYCE:

What kind of workout class was it?

LOUISE:

It was called Sweat.

(Banter)

CHRIS:

She, she also said to you want, do you want to come at 11:30, and I'm like, yeah. And she said class was at, at 11:45, it's a mile from your place, so I had to run to the class and then do a workout class.

LOUISE:

He was sweaty when he showed up.

(Banter/Laughter)

BRYCE:

Yeah, we like to do a lot, actually, a lot of work out classes at, um, at Rush as well. We do some cycle classes and we do, um, Shred 415 and various classes, so.

LOUISE:

As a whole residency program we've had a couple of fun detaching events. So we've done axe throwing, we've done...

BRYCE:

Oh, we've done that, too.

LOUISE:

We've done um, yeah, a spinning class, and then most recently, we've done a dodgeball tournament in which (sic) attendings even participated and imagine, (banter) you know, throwing dodgeballs at your attendings, yeah, I know. It was a really, it was a really good event. Um, and so...

BRYCE:

Was it attendings vs. residents?

LOUISE:

Yes, vs. fellows, vs...

CHRIS:

We split em up into the CA1s had a team, the CA2s had a team, CA3s had a team and then the attendings/fellows had a team.

LOUISE:

And the attendings showed up wearing shirts that said "board certified".

(laughter)

CHRIS:

Yeah.

BRYCE:

Oh, man.

CHRIS:

It was, it was great getting to blast them with some dodgeballs.

LOUISE:

Yes. Everybody was limping for a week after.

BRYCE:

Well, it sounds like a perfect stress reliever to me. Anything else that you guys can think of that, um, I know it's important just to have a home, you know, support system, whether that be friends and family, or, you know, a pet or something. You know, it's just important to have people you can kind of vent to at home.

KAITLYN:

I think, just in general, the friendships you make during residency across-the-board, um, especially when you're, I think you said before in the trenches together and you're going through all this, it's impossible not to make um, lifelong friendships, and I think one of the things we're looking the most forward to is coming up, we're having a CA3, or a senior weekend trip where (sic) we're getting everyone away for the weekend, and I think that's the ultimate, um, kind of finale to residency, that um, we've been really blessed with such a great class. We couldn't ask for anything better. And I think ultimately it's your support system really makes everything worth it.

BRYCE:

Alright, so what's the best or worst moment that you've experienced as a Chief Resident? Um, pick one for us, tell us your best up, or your best down.

LOUISE:

I think the best moment of Chief Residency so far was the first, like, official day of our Chief Residency and Kait, Chris and I went to Cindy's rooftop, and were laughing so hard because we had no idea what we are getting ourselves into that Kait spit her espresso martini across of Cindy's, and we have a picture of it. (laughter)

BRYCE:

A nice action shot.

LOUISE:

Nice action shot. That, that was, I think that, that was he best part. I mean, maybe not really, but it was a, it was a memory that sticking out right now.

BRYCE:

Right, it just kind of set the scene for the year.

LOUISE:

For the year. We were a bunch of (sic) goofballs. (sic) We were unprepared. (sic) Yeah. Yeah.

(Banter)

KAITLYN:

I think we knew that no matter what we would face, we would be facing it together, and so, and laughing the entire way.

LOUISE:

Yeah, we've been laughing a lot this year. It's been good.

BRYCE:

As we were getting ready for the podcast, we were kind of talking about, you know, this imposter syndrome, you know. You're a CA2 one day ago and then all of a sudden you're this Chief Resident, and people are like, oh, like, ok, you're good on your own. Or, you know, looking to you for answers, you know, how did you guys deal with that? How did you, you know, tackle that imposter syndrome?

CHRIS:

Well, I think telling people like, when you don't know, you don't know. Cuz, like you said, people forget that technically you're still a resident, right? So, I mean, you don't know everything just because you're a Chief Resident, so when people come to you, whether it's an academic question, clinical question, or I guess, just like, kind of a question about the program, and you don't know, it's okay to tell them you don't know, and that maybe someone else will know, or if you can look it up and get back to them, things like that.

BRYCE:

Right I think it's that mentality, of, you know, you're still a (sic) but you're going to do your best to take care of the issue.

So kind of moving forward here as Chiefs, um, you know, we have lots of co-residents, at multiple different institutions, and hospitals, and rotations, and on vacation, and multiple different years. It's really hard to communicate with everyone and stay connected. Um, how do you guys try to do that? How do you stay in tune with everyone and, and make sure everyone's on the same page?

CHRIS:

I don't know, I think for us, just, uh, I mean being able to have everybody's number mean, our institution as a whole, all we have like a big group chat for all the residents, and each class obviously has their own group chat, but kind of having everybody in that group chat makes it really easy when something comes up or you need to ask someone to take a call, um, or vice versa just kind of posting in that group chat where everybody sees it, everybody can respond. And it's not, you know, just for that. Like people are inviting each other out to happy hours, people are making jokes and making fun of people in there...

JOHN:

Yeah, as far as that, we have two separate group chats. We like to distinguish. We have a more professional one, where our Program Director is involved, and then we have another one where we can kind of cut up and I guess, the, the real trick is just distinguishing the two because you'd hate to crack a joke about your (sic) one of your attendings, and, and to turn up in the wrong group in the wee hours of the night. It has happened, but, uh, we'll leave it at that.

MITCH:

We also used to do monthly Chief emails, where we'd kind of update any big changes that we found, or things that we've done over the course of the last month. And, luckily, there haven't been many changes or big updates as of late, so it's been like 3 months since we've sent one of those out.

BRYCE:

Yeah, it's important to just stay in constant contact with everyone just so everyone knows, you know, what are the updates, and things like that.

MITCH:

And gifs are very important.

DARRYL:

And we have our like, quarterly meetings as well, where we can air out any issues that people have been having. (Sic) Yeah. Yeah. With dinner. Food makes things better.

BRYCE:

Louise, did you have something to add as well?

LOUISE:

I was just going to say, we need to adapt the monthly. Kait's been doing a weekly (sic) entire year, (sic) and it's a lotta work. (sic) Yeah, maybe yearly?

(Banter)

KAITLYN:

There's been quite a few weeks that I have missed.

LOUISE:

But we've just let Kait do it the entire year, she's so good at it.

CHRIS:

Hey, I just did the last one. (sic) ... and there was a mistake in it.

(Laughter)

BRYCE:

Only one mistake?

LOUISE:

And there was no subject.

(Laughter)

CHRIS:

There were two mistakes in it.

(sic)

BRYCE:

More on subject more on this topic of staying connected with your co-residents, and um, for, even further more, how do you stay connected with Co-Chief Residents across the country? I know where we're sitting here cuz we're all in Chicago, and we're close to the ASA, so no one has to fly anywhere, um, but how do you stay connected with other people who are dealing with the same issues? And you know, it's a small world out there, it's a small anesthesia world. You know, how have you met people? How do you stay in contact?

LOUISE:

(sic) I think that's a good question, because we don't really have the resources right now to reach out to each other and it sounds like just from sitting here in the last couple hours that we experience a lot of the same issues, or the same things come up, and it would be nice to have, you know, some sort of messaging system, or you know, each other's contact info or what not.

KAITLYN:

I would say one of, um, the things that is available, are national conferences. There are several, um, different activities and things where Chief Residents can meet up, and that's a huge thing. Um, Mitch and I went to the same, um, medical school, um, and so I know there's a lot of people that went into anesthesia, and so I've reached out to them at another programs as well. But I think that this is something that could be really beneficial.

BRYCE:

Yeah, we've all gone through a lot of training. You know, we have undergrad, medical school, residency and now fellowship, and you know, I did a rotation with Louise, in, in medical school and, you know, I think a lot of us have crossed paths in many different ways. So it becomes a small world really quick and it's just important, you know, to look out for each other and you know form strong relationships cuz we're going to be working with each other for the rest of our lives.

So we're going to wrap up the second part of Chief Residents, Residents in a Room, by the ASA. Uh, we want to thank you for joining us and we hope that you can join us for our third and final portion of the Chief Resident podcast, um, where we discuss what's next and where do we go after our Chief Resident year.

OUTRO/MUSIC

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(Banter)