



American Society of
Anesthesiologists™

Residents In a Room
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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.

Just having that little bit of insight can bring us one step closer to understanding the business side.

I just wish we had more.

Like, business of medicine, like what does that even mean, right?

RAJEEV, HOST:

Hi, I'm Rajeev Saxena a CA2 at the University of Washington and I'll be your host for today's episode of Residents in a Room, the ASA's podcast by residents for residents. Let's meet our fellow residents.

DANIEL:

My name's Daniel Bingham. I'm a CA2.

TRISTAN:

I'm Tristan Steinberger. I'm a CA2.

NELLAB:

Hi, I'm Nellab Yakuby. I'm a CA2.

KANDICE:

I'm Kandice Olsen. I'm also a CA2.

JORDAN:

I'm Jordan Hill. I'm a CA3.

RAJEEV:

Fantastic. So today we're going to talk about business preparation and how we are getting ready for the business side of medicine. So, I want to start with talking about how you've been prepared, you know, for this area and, um, to what extent you felt like medical school or residency, or something outside of that, helped prepare you for the business side of medicine.

DANIEL:

So I think the, the business aspect in the business education in medicine is severely lacking. It, it's almost considered like a taboo subject sometimes, you know, like we went into medicine, you know, to help people, you, not to make money so we're not going to talk about it. You know, I, I think it's severely lacking and something that we've kind of fallen behind other Industries in.

RAJEEV:

And so, Tristan, I know you have some formal experience in this area. You received an MBA prior to residency. So, can you tell us a little bit about what motivated you to get an MBA and how that experience has been for you?

TRISTAN:

Mmm. That's a great question. So when I was in college, um, I was biochemistry major. So I had no experience to it with business with any of, of the other, I guess, I want to call it softer skills, inter-personal, networking, presenting skills or the finances. I had always been studying science and focusing on getting in med school and I recognized that fact, so I actually, uh, asked my med school, uh, after I got in if I could defer a year if I got accepted into the business school and I said that was fine. And so a motivating factor for me, and the biggest motivating factor, was basically to inform myself, educate myself on all aspects that weren't the science part.

RAJEEV:

Do you think you can learn these skills? Or do you have to have them through experience? And it's, it's the reason I ask this question is, I feel similarly like Tristan, you know, did an MD/MBA program in and, and developed, you know, these experiences but I found over time when I look into what it would look like to run an ambulatory surgery center or to be a program director, I suddenly find that maybe the MBA isn't all that I thought it was. And so, I, I'm kind of curious to know to what extent do you think you have, you can learn the business skills, versus experience.

DANIEL:

I think for me, the way I look at it is that it's just like our medical training in residency. I mean, if you look at it going in you can learn all the medicine that you need to, you can learn all the science behind it. But until you really get out there and do it, day to day, I, I don't feel like you really have a full understanding of what, what's going on.

KANDICE:

This doesn't discount having an MBA at all, I, I haven't had any formal training, but I feel like that's definitely a tool set that it's useful in what we do and I commend you for having that as well. But I agree with what you've said that, you know, what I've learned about business is largely by, um, being engaged and watching other people do what they do, by observation and then attempting to practice it myself, and how it fits with what I want to do.

RAJEEV:

And I think to your point Candace, we're at an interesting crossroads, because most of the people in leadership including people at this conference, or broadly, any sort of management conference around the country in healthcare, kind of got there through either being volun-told, or somebody left and they just stepped up, and just by virtue of us talking about practice management and business as residents, we're a little bit different. And so I think your point about experience and observing and really detailed observation and learning is, is very apt because many of the leaders in those positions, that's how they got there.

NELLAB:

Um, I feel like having experience is almost required. Um, it's something that eventually you will need to actually be able to run a practice, and where as learning it, um, I don't think you necessarily need to have it, but it can only help you.

RAJEEV:

Do you think that there should be more of an emphasis on business preparation in residency?

JORDAN:

I, I think "more" is a bit of a trick question, there. Um, I'm not sure how much there is to begin with. I, I will say at Iowa, I, I was thinking about your question earlier about experience with learning about the business side of medicine. And the only thing I could come up with was the series of lectures that we had at 6:30 a.m. that talked about business, the business side of medicine, and they were really helpful but, all told, that accounts for maybe two, three hours worth of education on the business side of medicine. And that includes med school and residency, and I think if we're talking about, uh, becoming more involved with practice management, it's got to start earlier than it does now.

NELLAB:

I would agree. I mean I think that not only should we incorporate it into residency, but start earlier in and, and start making a part of medical school curriculum.

RAJEEV:

So now I'm going to challenge you, so now you are in charge of your residency program. Tomorrow, you're suddenly the program director, and you want to increase the education and business preparation and prepare your residents for a different world in medicine. What is one change you would make tomorrow?

DANIEL:

The basics. How to build you know, how an operating room efficiency works, things like that.

NELLAB:

I would agree with starting with the basics and I think little things such as asking residents to coordinate the schedule for the next day, alongside with an attending, to kind of get a, um, an insider view of that because right now we kind of just get the schedule, at least of my program, um, and just do what we're told. But if we're invited, the opportunity to actually help with that, I think having a little bit of insight can bring us one step closer to understanding the business side more.

RAJEEV:

I think for me, I would I would try to basically put a face to this. So, you know, I think most of us in residency have had some sort of introduction to research talk and their been, hey, maybe I'm not an expert in basic science, but these are some people you can talk to who are experts in basic science. Or, here are your medical device people or your data analytics people, um, and I feel like in the business world, there are so many people there who are skilled in this area. They're just not necessarily in the typical places in academic medicine and so my personal interest is in, um, operational efficiency, but also the kind of human interface with that. So, how do you drive behavioral change through data and I think that, you know finding a computer scientist or a, um, behavioral operations expert from your broader institution and having them come speak, kind of outsource some of that talent so that there's a face there, if they want to dive deeper. That, that would probably be kind of my approach.

JORDAN:

Sounds great. I come to that. Um, I guess the only other thing I'd add, uh, like I said, at Iowa we have the lecture set up that's sort of a joint lecture with other residencies in the area and we do it kind of over a, it's kind of like a tele-lecture, and it's really great. I just wish we had more. Sometimes I think we all have time carved out of our schedules for lectures and we use it to focus on the medical side of things and the clinical side of things and preparing for tests, which is all very important. But that's all information we can get other places. Sometimes I think, I wish we would just spend more of that lecture time focused on the business side, because that stuff that's harder to find in a book somewhere.

RAJEEV:

Yeah, I mean, to that point, does anyone here have any resources or recommendations? You know, let's just say a say a CA1 approaches you, day after tomorrow, and says, "Hey I heard you are interested in management and business of

anesthesia. I'm interested, too." What would you tell them? Where would you direct them?

NELLAB:

Um, well, I know that a lot of those slides and presentations from the practice management conference are available on the ASA website. Um, so I could, I would direct them towards that, as well, as um, the AAMC also has resources and tools for career development and interviewing, um, in more of the business side of medicine as well.

RAJEEV:

I personally really like Dr. Wolpaw's ACCRAC podcast, too, and they have an excellent one on what to look for in a job. And I wish I had listened to that before going to job talks, but it is phenomenal. Um, that is just one sort of example, um, but I, I feel like it's similar to you guys. I, I'm always looking for resources. So I'm asking this a little biased away because I, I want to know how you guys learn, too.

DANIEL:

I'll second ACCRAC, great resource.

JORDAN:

I would probably just refer them to the people that I know in our department that have a passion for it and tell him next time they track them down, or in the OR, or whenever just, start up a conversation. Ask them how they feel about anesthesia management companies, or how they feel about, uh, the different healthcare bills coming across and how it'll affect anesthesia. Usually all it takes is a little, little spark of a conversation with someone who's passionate about the topic, and that can set you in the right direction.

RAJEEV:

That, that's a really good point. I mean, I'm thinking back to kind of my own story when I was a surgical resident and I was interested in operational data and efficiency and I simply asked the question "Who makes decisions based on OR data?", and that person is now my mentor. Right? And it's, so I think your, your aspect of being, um, proactive and asking questions and finding that spark is, is a big thing. And, and the other reason I think that's important is that this is such a nebulous term potentially, right? Like

business of medicine, like what does that even mean? Right? So I think it's partly like our responsibility also as, as young physician leaders to actually decrease the barriers, so, to share what we've learned on this topic with our fellow residents and make it more accessible. So you mention resource, some of the resources that are already existing, and you know, Jordan you were mentioning you kind of wish there was more. Do you have any ideas on how we could maybe increase the number of resources or increase the amount of communication on this topic?

JORDAN:

I mean I think, uh, I think this is a place to start. Just residents getting together talking about it, talking about what our future of anesthesia is going to look like, and then, um, spreading that around and I think in conjunction with that, so many times we have things that we share with each other just in our own residencies. I don't know about you, but there's probably some PDF of what to look for in a contract, or somebody knows somebody who has some advice about interviews or whatever. Uh, sometimes I just wish there were more avenues for us to share that with each other, um, across our residencies and maybe that's something that we can look forward to in the future. But if we, uh, if we just shared with each other everything that we have I think they're pieces to the puzzle all around the country and I think getting together as residents is a big part of getting those resources together.

RAJEEV:

I'm curious to know from your own stories, do you have a go-to person when you're thinking about a business problem? Whether it be the rising cost of Sugammadex and whether this is the problem, or like, the rise of the anesthesia management company. Is this something to be excited about her scared about? Um, I'm curious amongst us. Is there somebody that you have, that you turn to and ask them for advice on these topics?

DANIEL:

I think that goes back a little bit to our training, you know, a lot of us are trained in academic medical centers, and in academic medical centers for the most part, you're trying to go into academic medicine. You know, the, the cost of the drugs, the cost of the equipment you're using is less important than the educational benefit you're getting from it. So again, that's, is just something that's kind of put on the back burner during your training.

NELLAB:

As for me specifically, when I think of, uh, my mentor, I think I'm fortunate in that I have Dr. Kraig De Lanzac, who is one of the ASA board members, um, he's the ASA Secretary, and so he's very involved with our residents, and actually one of the few attendings who uses his lecture time to teach us kind of more of the practice management side of medicine. So, um, I've been fortunate to have that experience.

RAJEEV:

Yeah, for me, I think I kind of alluded to it earlier, but you know, who drives decisions based on the operating room, that was an area I was motivated by. And, so Dr. John Lang, is the director of our operative services in University of Washington in Seattle, and just those one-on-one conversations have probably been worth more than almost anything I've had. Um, but I would say in the process, nobody can do things alone. And so how do you make decisions based on data? You need data scientists. You need people who can actually, uh, help, uh help you get access to that data, extract it from our very fragmented medical systems, and so another one of my mentors is actually not a physician at all. He's a, a bio-engineer who's out of the industry. And so I think that when we look at mentors, or people who may be able to give us advice, they may not always look like us. They may be people out there either, like Nellab, like you were saying, who have a role in the larger ASA, or policy, or they may be people in the industry, um, but they can potentially share experiences. Um, I do think we do have to look a little bit for it though in academia. It, it's harder to find, is my, is my bias.

KANDICE:

Right? And it starts by just asking those questions. You know, you may ask someone, ask someone that does not know the answer, but could ask someone else to try and find someone who can help you, and end up being my mentor that you are seeking.

RAJEEV:

So we talked a lot about how to prepare for kind of business roles. And also, you know how we've learned about it. I'm curious to know if anybody here has a plan right now for how they envision their career model looking? What I mean specifically is to what

extent do you see yourself doing clinical medicine and/or this kind of catch-all term of practice management?

What I think of is most of our colleagues, and probably a lot of people, right, who go through medical training you're trained to be a really good doctor in a narrow definition. Meaning you can provide safe and competent care. Right? So, us that might mean going to whatever practice you are and providing the best anesthesia care for your patients. Um, I would argue that there's another layer there which may include running the group, it may be starting a new group, it might be an expansion, it might be medical device or consulting work. It may not even be direct patient care, right? You know, so but I would, uh, for lack of a better term, I would kind of lump all of those as the sort of the non-traditional or non-clinical rolls. Um, so, you know, we're preparing for rolls in business and anesthesia. So, I'm curious to know that, you know, do any of you have a model or something that comes to your mind for what it looks like for yourself?

JORDAN:

Yeah, I think in terms of a model of what it might look like. It's one of the things I really like about anesthesia, to start with this that you can kind of build your own model, unlike some other physician practices. You can set up a situation where you work in the OR a couple days a week or more full-time and you can, uh, make those kind of changes to allow more time. Ideally for me, I see that kind of shifting over the course of my career. Maybe right at the beginning of my career doing almost 100% clinical, and then over the course of my career phasing out clinical and moving more towards the practice management side of things.

NELLAB:

I think for me personally, I've always known I wanted to, uh, have an academic career. I've loved teaching and it's been something I've, I've always been interested in, but what I've come to learn, um, getting more involved with practice management is that I don't have to just choose one for my career indefinitely. Um, and also just being around some of the speakers at the Facts Management Conference, I realize that there are people who were in private practice for a significant period of time and then went into academics, or maybe vice versa.

JORDAN:

One of the things I love about practice management, and gets me excited about it, is this idea of having something else to work on, work towards, over the course of my career.

RAJEEV:

Yeah, I think that, uh, your point about career and how it may change over time, is, is really apt. It took me a while to convince myself that medicine was the right path. Because all along, kind of, as I mentioned, I mean there is a lot of discontent, right? There's a lot of frustration from the provider side, from the patient side, and so for me it has built, built-in from the very beginning that entrepreneurship and systems management is what I can bring to the table, along with being a doctor, and for me that is the best use of my abilities.

JORDAN:

I think a lot of the people listen to this podcast may be in similar shoes where they say, you know, I wasn't convinced that I would necessarily want to be 100% clinical, or even that I wasn't convinced that medicine was the right choice or even now, I'm not convinced that anesthesia in the OR everyday is the right choice for me. And I think that's what's exciting about practice management is seeing that there are other ways to spend your time, and other ways to contribute to an anesthesia group, other than just being in the room.

RAJEEV:

I think for me, when I evaluate how I'm going to make this decision, something that's humbling is that you can have all of the different criteria listed out in some detailed spreadsheet, but it really comes down to the people. Right? I feel like for me the culture of the institution probably has more to do with my ability to achieve than almost anything else. And so, maybe the question is not academia vs. private practice, but how do I find a culture that may allow me to grow into a role where I can make an impact at the population level while also becoming a skilled, independent anesthesiologist.

So, I'm Rajeev Saxeena, it's been a pleasure to be your host on this episode of Residents in a Room, the ASA's podcast by residents for residents. We covered a lot of interesting ground today on how to prepare for a career in business and anesthesia, and we hope it's been a very wonderful experience for you. Join us again for our next episode.

MUSIC/OUTRO:

From hiring and compensation, to technology and leadership, the one-day resident program at the Practice Management Conference covers all your questions about the business side of anesthesia. See more at asahq.org/practicemanagement.

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