



RESIDENTS IN A ROOM PODCAST SERIES

Episode 2 - Transcript

Major Considerations

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 owned practice group serving the San Diego area. The ASA thanks ASMG for their support.

RICKY:

Anesthesia's not a very good spectator sport.

WEI:

Everything happens so fast, but we still work as a team.

SHARA:

Then you, like, actually do it in real life but you've done it in 20 seconds.

SHARRA:

Welcome to Residents in a Room the ASA's podcast by residents for residents. I'm Dr. Azad and today I am talking to Wei and Joe and Ricky, um, here in Boston and we'll be talking about the pros and cons of different paths that are out there for careers. So, although we are all situated a bit differently, each of us is going to have to make some big decisions about our career path soon. Let's get honest about what matters to us as we think through our options and what we're going to do about it. What considerations are on your mind as you weigh options on your path forward after residency?

RICKY:

Geography is important. I'm from Pennsylvania, my wife is from Pennsylvania, our families are in Pennsylvania, I think you see where this is going, or where we're, where we're probably going. You know, happily, of course. That's the, that's the hopes and plans. And then obviously practice settings are, are very important too and very varied.

WEI:

Yeah, almost the same thing, yeah. I'm just, um, I'm engaged, like, uh, you know, in July, just, uh, two months. And I think, like, a family is one of the most important things for me. And if I want to get a job, I definitely want to get to a place, like to a location, uh, where my fiancé and I can have like a, uh, the ideal job. It doesn't have to be like my dream job, it has to be a, you know, a balance, like between my fiancé's and me. So, maybe big cities, I don't care east coast or west coast, but maybe big city is one thing and...

RICKY:

And my wife's not in medicine, too.

WEI:

Yeah.

RICKY:

So, I think going to a place where we can both find our ideal jobs and practice is important.

JOE:

Umm, and kind of what you want out of your job, you want, what in your heart or what honestly makes you happy, um, in the future is kind of how I've lived it always, um, about what I want in the future. And, just, you know, I also just recently got engaged, too, so that's a big decision for me, um, family: where my parents are, where I'm located. Now I'm not originally from Boston, so that's definitely plays a role too, fellowship. Um, so all those things kind of, for me, is making it tough. Um, at the same point, um, because, you know you want to find a good dream job but sometimes it's not in the location you want, or it's like, we were talking about earlier, maybe it's not the pay or the call schedule's just not really what you like so I think you kind of have to weigh the pros and cons of everything you're looking at and say what at the end of the day is going to make me the most happiest, um, and fulfill me not only academically, but make my, you know, like, family life easier and also make them happy, um.

SHARA:

Um, for me, uh if I were to have children which seems likely. Uh, I...even if I work part time as an anesthesiologist, I recognize that I'll probably be working more than 60 hours a week, I don't think part-time is truly part-time. Uh, so I'll also need to consider my childcare options and my parents are based in the northeast so I'm almost definitely staying in the northeast, like, 5 to 10 years out. Um, although, I don't know maybe I'll take up athletics or something and move to the west coast.

(laughter)

RICKY:

To piggyback on that, my fixation on Pennsylvania and something you just said: my wife and I have 2 on the way in December so, we want to be closer to our families after the twins are born.

SHARA:

You'll need twice the help. (laughter)

RICKY:

That's right. And we'll have it.

SHARA:

What are your needs and wants as you analyze your next steps in your career?

JOE:

I don't know, I don't want to keep saying the same thing, but I think it's true, um, I think it's just, you know, what makes you happy, um, for me. Um, I want to feel fulfilled by what I do. Um, and I'm constantly seeking knowledge, constantly trying to do better, improve how I, uh, help patients get through surgery and whatever else I might be doing in the future. Um, but I think it's also like we said, you know, family is very important. You want to have, you know, happy family with you; you want to, um, feel supported and support them too also in their endeavors. Um, so, but I think it's, it's everything. It's not just the anesthesia part of it, there's a lot more factors usually that people have to consider and think about, um.

RICKY:

I think it would be fun, too, to be involved in a training program of some sort: residency, fellowship, on the other side of it to be able to teach residents, teach fellows, teach medical students, in the OR, out of the OR. That's something that I hope to do.

JOE:

And I will say quickly too, I, I know we haven't spoken much about it, um, but I think it's also important for me is, I want to, not that I don't like anesthesia but I want to do something beyond it too. Um, I want to do other hobbies and things that can really make me happy too, outside of work. Um, so I think that's also an important thing that we haven't talked about. You gotta, you can't just focus completely on work. Maybe, once again maybe that's just me but I would go insane if it was just non-stop anesthesia as much as I love the field and what I do, but, um, I think that's important for me too: a place where I'm going to feel happy have some sort of life outside of, um, anesthesia, so...

SHARA:

At least for me in terms of needs I think I will be scanning the call requirement very carefully in any contract that I may sign in the future. And I do think that the call burden will really affect, like, what type of job I end up taking. Um, so I know, with like, some practice models, like to be a partner or something, or to buy into a partnership, um, maybe your call burden is, like, two weekend calls a month or, um, a Q4 call. Or if you do ICU, um, you're actually on call 24/7 that week that you're on ICU, and there actually might not be someone available in-house for that. Um, or there are other options where, um, there are, like, other types of providers like PA is available, um, to kind of share call with you or like other intensivists, um, or, for example, other anesthesiologists if you're in the operating room, um, who will share the call burden with you. Uh so I think that very much will, sort of, effect what I end up choosing because I think I am, I NEED a practice with, like, less of a call burden.

WEI:

Um, for me, what I want if I focus on anesthesia or if I focus on my career I really want my skills and my technique to be um, good enough to take care of my patients so everything can come out, like, by nature like even under some emergency situations I can be very confident and like have all of those differentiations, diagnosis listed in my mind. I can do step one and step two, step three and make sure the patient is safe and, you know, coming back out of emergency. Because, at least now, I feel sometimes if there is anything happen, maybe like laryngal spasm...I had one case in the OR, like, a couple of days ago. Everything happens like in two minutes and my attending was so great. She told me you should do this, like turn on the CPAP, give propofyl like 15 milligrams, um, you're going to give some, uh, sepcinolon. You know, something like that. Everything happens so fast but at that moment, I clearly remember. My mind was just, like, totally blank. So, I don't know how long does it take. I hope that at the end of my training I'll be very comfortable but if it's not, I wish I can do more practice and everything that I can to make sure I'll be good enough. That's what I want.

RICKY:

If I could answer one of your questions, and piggyback on something you just said, I had that exact same scenario happen to me yesterday in the operating room and I remember when I was in your situation having just started my training, thinking exactly what you're thinking because that exact same thing happened to me when I was in your shoes. In my situation yesterday, as this was happening I called my attending, he was rushing to get to me and I did all of those things, and it broke, and the patient did great so, to answer your question on how does it happen, it just happens, man. You just, you, you learn, you, you get in those scenarios and it just becomes, I don't want to say it comes natural because there's nothing ever natural about that but, just the more you do it, the more you see it. And, and you don't realize it when it's happening, but you'll get there. I promise.

WEI:

Thank you. (laughter)

SHARA:

So, yes, sort of building on this discussion, if you could go back to the version of yourself at the beginning of anesthesia training what would you tell young Wei, or young Joe, or young Ricky, or the young people out there?

(laughter)

JOE:

Yeah I would say, when I was in your shoes, a year ago (laughs), it's been that long um, I did feel like, I think at the start, and it's, many people told me this it's so true is you start out, you don't know what you don't know. Um, and, and you, you get to a point sometimes where after a couple months, you might feel like this in a little while, you're gonna be, like, ok I've kind of got the hang of things like I can, I can kind of do this now and then you run into something like that, a laryngeal spasm or run into something you've never seen before and then you realize, you're like, wait, I really don't know anything still. And, and I think it's kind of humbling but it's also terrifying at the same time. Um, I still don't know a lot but I think once you can accept that you don't know what you don't know and then just appreciate what others are there for and they can help you learn, I think that makes a world of difference. And I think that makes you a better anesthesiologist for it, um, because that's kind of how I've operated going forward is that I've, I've always been willing to learn, um, and take little snippets here and there and try to work on my, like, quick thinking or being quick on my toes if I need to. Um, and I think it pays off where as if you just go in and you say, you know, not or not as open to learn, or you say "No, I don't have to learn this" or "I'm ok, I can figure it out on my own" or your kind of stubborn about things I think it makes you worse off and maybe that's just me. But I think you, you need to just be very humble about it all and it's kind of sounds like you are, and I think that's very important, at least it was for me. That's what I would say to myself, just, you know, just continue to be like that, continue to be open to learning, um, appreciate everything.

RICKY:

I would say to myself "It's going faster than you think it is." You know, looking at where I am now; nine months, again I'm going to do an additional year of fellowship training, but nine months-ish from the potential for solo practice. These are very valuable times where you get to learn from some really amazing people. Not that I ever think that I didn't appreciate it or work hard in it but the end of the road, that light at the end of the tunnel is getting bigger and bigger every day and it's a scary...it can be a scary light. Because you're going to be that, we're going to be that person who your trainee calls when they can't get the airway, or they can't, or they can't get the line, or they can't get X, Y or Z. And do I feel prepared to be in that supervisory role? Not yet, but I think I'll get there so I think I'd tell myself just keep doing what you're doing, keep appreciating the folks that you're working with and learning from them.

WEI:

Um, for me, like, one year ago I was doing my, um, surgical internship. Um, it's like different from anesthesia but I think if I go back to tell something to myself, um, I would say just "Keep it up," because I think I took good time doing my study and everything I was trying my best so just keep it up. That's basically the attitude I'm gonna do, um, during the whole residency as well.

RICKY:

And you're in a different world now, right? Isn't it amazing how different it is once you transition to anesthesia residency from internship?

WEI:

Oh yeah, it's so different.

RICKY:

Anesthesia's so different, yeah. It's night and day.

WEI:

So, um, yeah so last year I thought "Oh doing surgery, like, surgery side is so cool, like, you focus on, you know, you can, can just do the anesthesiology, you know everything is just like fixed. But now I'm on the anesthesia side and everything happens so fast. So, for emergency, maybe from, like, the surgery, maybe it's just a hemorrhage, you still have a period of time, like, to take care of that but anesthesia, everything, um, happens so fast you need to respond to it as efficiently as possible.

RICKY:

And I think it's hard to appreciate that until you do it. It's not a, anesthesia's not a very good spectator sport

JOE:

Naw, I was going to say, a lot of people think what we do is, you know, some people would say it's easy because they really don't understand the depth of what we do. And I, you know, and I, we have trainees, or anybody that comes through, like students, um, that work with me I always tell them, like, I'm like, "I'm thinking of 20 different things, um, maybe I'm exaggerating a little, but 20 different things in my head at once of what could go wrong and if this goes wrong I'm going to do X, Y and Z and if this goes wrong what am I going to do next, how am I going to do this? I, I think that's something that, like you said, it's not really a spectator sport. You, you don't see what we're thinking but we're always thinking, um, and we're always planning, you know, so I think that's one of the cool things about our field too is it's, we're

not, not to say we're not appreciated but we're, people just don't really understand what we do but we're so valuable. You know they can't do what they do without us, and I think that's really cool, too.

RICKY:

And having that, having that internship I have found is very necessary, to get that year of training in general internal medicine, general surgery, general pediatrics, whatever route you decide to go because it trains you to think how a physician thinks. It trains you to be a physician. And that's...it's hard to explain, un, un, until you do it. And you learn the nuts and bolts of medicine whether it's a surgical internship, or I did a medicine internship, but it's, it's necessary, it's a necessary background to allow you to start working in the operating room, in my opinion.

SHARA:

If I were to go back and speak to young Shara, ah, I think, in anesthesiology you're alone a lot of the time especially when you're a trainee, you're attending comes for induction and then they leave and, it like, it seems that things are going pretty smoothly, um, and then they just kind of come back at the end, uh, but if something adverse is to happen like laryngeal spasm or I recently had like a code in the OR, uh, you're attending is like a second away, they're kind of like very prepared and they know everything and it's not like you need to necessary — eventually you will need to know how to manage these situations but you don't need to know everything right then and as time passes, like, you'll feel more comfortable with dealing with these adverse outcomes. Um, and, um, kind of turning them around so they're not adverse outcomes. Uh, but also sort of, um, building onto, um, what we were saying about, like, anesthesiology and sort of being respected in the OR. Um, I think very experienced surgeons have almost always have been in a situation where the anesthesiologist has bailed them out of, um, some sort of dire situation. Um, like our code in the OR was because of something that happened with, during surgery, um, and it was very much like the anesthesiology attending that essentially brought that patient back to life. Um, so they are very communicative and I think very reliant and, like, a lot of the time nothing happens in anesthesia, like, you kind of put the patient to sleep, then they wake up and they're like kind of the same as they were before so you can't really appreciate that you've done very much but it's when you have these moments where like you're definitely, um, like, a major player and, um, like, essentially really preventing their death, that you realize what we do is, uh, very cool, uh, very much appreciated, and, like, very much needed. So, is first responding a part of our training?

RICKY:

Yes.

JOE:

Yep. (laughter)

SHARA:

Yes, but, like, the practice of anesthesia has gotten so safe, that these, um, I think moments maybe don't happen as much, but you are trained to essentially know what to do in that scenario.

RICKY:

And when they happen, they happen quickly. And it, it's almost to a point where you don't have time to think. You, you react. And you react.

SHARA:

And like our exam questions like for laryngeal spasm, are like first turn on the CPAP, and then deepen the anesthetic, then, like give secsimocoline, and then you like actually do it in real life but you've, like, done it in 20 seconds so you don't even appreciate that this is, like, what you've been tested on every single month for the entire year of residency. Because in real time it's just...

RICKY:

Yeah, and there's a, there's a difference between, you know, circling, circling a box on a test exam versus a patient whose saturation is 79 and...

JOE:

Dropping quickly...

RICKY:

...yeah, and your blood press, your blood pressure's going up while their oxygen levels are going down.

SHARA:

Yeah and in some ways because sometimes I do cardiac anesthesia and sometimes I do ICU this year, like, I'm really focusing on both, um, in the ICU, like, the stuff happens a lot more slowly but in the OR you do it by yourself and it happens in like five minutes. Like you, um, have to do the ECCO, you have to push all the epinephrine and, like, the surgeon is doing CPR right in front of you and then you're like putting them on higher vent settings and you're, like, starting all of these pressers and there's like trash all over the floor but you're just doing it very quickly. And, like, you don't want that to happen every day, but you actually are very trained to handle those situations when they happen.

RICKY:

Yeah, I got very good advice early on when we had an adverse event in the operating room from a, a very, a senior anesthesiologist that I work with who said "You obviously, I think it goes without saying that you don't want these things to happen,

A) they're going to happen, it's just the nature of the, the dangerous-ness of what we do; but B) you want them to happen while you're a trainee. You can learn from them a lot more." And, again, of course you don't want them to happen, I, I know that that goes without saying but one of the things that he said to me "These are the types of things, if it went perfectly smoothly every time you'd never learn anything." And we're, ultimately, we're here to learn.

JOE:

You do have those unfortunate outcomes, no matter how great you are, how efficient you are, how quick you act, there are those unfortunate cases where people don't make it or you have a really bad outcome. Um, and I think, you know, that's something else, I don't want to say you have to learn that but you have to understand that you can't, like you just, you can't avoid that happening even during training. There's going to be that time where even if it's, you, something that, due to the anesthetic, the surgeon, or you're called to a code wherever it be in the hospital um, there is going to be a bad outcome sometimes and I think if you don't accept that or don't realize that that's going to happen that could also be bad in the future, um, because it could probably, you probably take it to heart more. But I think that's an important, um, skill to learn too, um, during residency is how to deal with bad outcome and not let it, like you know, completely ruin everything you, or to the point where you're like 'I don't want to do this anymore' or, you know 'I can't take this'. Um, I think it's important. Um, I really do.

SHARA:

So then maybe the advice for our younger selves is not to be so scared.

RICKY:

An appropriate, a small amount of scared is good though.

SHARA:

Yeah.

JOE:

Yeah, if you're not then that's... that's concerning too. That's scary.

WEI:

Yeah, all of these adverse events like happen in the OR and everything happens so fast, but we still work as a team, so I feel like, um, cooperation, collaboration, like communication are so important. It's, um, one of the most important things during the residency training from my viewpoint, so.

JOE:

Not to be funny, but like don't be like a maverick or don't be, try to be a lone, a lone person. You know it is a team sport, um, it really is, and you need everybody, especially when things, um, get really hectic or crazy you want everybody's help that you can. You should never turn anybody away that's willing to help you because that's not a good thing.

RICKY:

Definitely.

JOE:

That's not gonna turn out well...

SHARA:

Um, so now that we've weighed our options in different sorts of practice styles out there and decided on a desired path to move forward, how will all of you pursue your employment opportunities? And are there recommended resources or best options for different tracks or paths?

RICKY:

Networking is very important. I think as a start because I think people that have been there or people that trained in your program know what training in your program is like and they know the types of graduates that come out of your specific program. Again I can only speak to my program but I know we have alumni in all different sorts of different practice settings all over the country and in a sense they know what they're getting out of someone who's graduated from my program and I think the network is, is far and wide and it's something that you should utilize from your specific program.

JOE:

And I think on the flip side of that, is that, when you, you can speak to alumni, and they, you know most programs try to get residents when they, ah, have interviews and applicants, they try to find people that will, I'd say, mesh well. They try to find similar people that they want to train, and they'd like to, to work with. So, when they become alumni and they go to these places you should assume that they're also looking for kind of similar things. You know obviously there's variability depending on what field you're going into, like, you know, fellowship, if you are or not, or the job you're looking, or location, what have you, but you know what you're coming out as. And you're going to ask them you know "Hey oh you went to this place how is it?" or "Have you heard from these other alumni? Like, what was their experience like at this location? Did you like it, did you not? What would you change?" You know, so you know you kind of, like he said, you get networking, not only do they get it from the alumni that are there, that are there for you if you wanna go there, but also you can ask them, so it's kind of goes both ways I feel like.

SHARA:

Yeah, I would agree with alumni as well. Um, even though we're based in the northeast, um, our training has come from all over. Um, and at least my impression of people from California is that they always want to go back to California. So, uh, kind of, uh, network extends far beyond, sort of, the radius of Tufts. Um, and then also many of our attendings came from, um, various private practices or they came from other parts of the country, maybe relocated here um, because of like a spouse or something like that. Uh, so they are often very helpful as well in saying like "Oh, I used to work for, like, this private practice in Tucson, um, so I can, like, get you in touch with a recruiter" or something like that.

RICKY:

We just had, not to interrupt you, we just had a circling around the department pamphlets. I don't know, I'm assuming they came through someone in the, in the program but they were these beautiful pamphlets with Alaska across the front. Private practice in Alaska was in need of X number of anesthesiologists and they frame it like beautifully, with this beautiful mountain. And, so there's I guess, in paper as well as in other, and Gaswork is one, is one of the websites.

JOE:

Yeah, that's another big one.

RICKY:

Yeah. That I peruse from time to time although it's probably premature.

JOE:

Yeah, no I looked at it once actually a couple weeks ago too cause I heard about it and thought oh I'll just look and see, you know, what's around the northeast just to get an idea and that was, that was helpful too. I think that, um, because it lays out what people are looking for in these practices, you know, and who you can get in contact with, what the job is kind of like. It's an overview, a very, very generalized overview, that's also another place to look.

SHARA:

I think that I've looked at Gaswork as well and it gives you a good sense of what, like, a competitive salary might be for the area so if you don't want to work, um, necessarily at the job that's listed but, like, you've heard of another private practice in that area you can say, like, oh, this is, like, what this other place is offering and, like, you actually have some, like, kind of data to offer up.

WEI:

Can I ask a question because I really have no information about how to find a job, but can I like get a job like for both academic center and like a private practice? Can I do, like, things like a combination of those?

JOE:

So, um, not to promote PI care but that's just what I know from residency, but you know they have a lot of, uh, smaller community hospitals that some attendants go to. So, um, you know, some will be at the main, we have two main campuses, they can spend their time there and then they'll go to community hospital on the side. Some prefer to do that, some don't. Um, so I think there's always the option at some academic places, but I think it varies like, you know, on the setting. Um...

SHARA:

Or... I don't think we talked about locom.

RICKY:

That's what I was gonna say,

JOE:

Yeah. (Chatter)

RICKY:

And locoms can mean a lot of different things from PRN days here and there to six months of, excuse me, six month assignments that turn in to twelve month assignments or a twelve month assignment from the beginning that then turns into a full time job, like you were saying.

SHARA:

So, that was a really great discussion, um, about, like sort of questions we'd have for employers and what we think.

Thank you for tuning in today. This is Dr. Shara Azad from Tufts Medical Center in Boston.

KENISHA MUSE:

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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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