Transition to Practice:
Five Money Tips for the Resident in Training: a Checklist for Your Financial Health
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As a resident, you spend most of your time taking care of patients, all while trying to squeeze in study time, some leisure, and time for family and friends. Despite the busy days and long nights, residency is the time to think about how to make the transition from training to practice; in particular, how to make the most of your salary, plan for future professional endeavors, and figure out the basics of loan repayment and life/disability insurance. Here are five things to keep on your checklist:

Save money: Congratulations – you make money and no longer rely on student loans for rent and monthly expenses. Now is the time to start saving it. Open a savings account with a good interest rate (online banks like Ally, Marcus, and Capital One 360 have good rates) and put money in with each paycheck. Build an emergency fund that will cover 4-6 months of expenses. Start thinking of your money in terms of net worth (i.e., wealth): your assets minus your debts. The only way to increase your net worth is to spend less than you earn. Put that savings into assets that have potential to grow – or pay down your debts. Remember: a high income does not mean wealth. It’s how much you can save and put towards increasing assets and decreasing debt that will determine your financial future. Thinking this way now will help you frame how you want to conduct your financial life now and after residency.

Protect your assets: For most of you, your biggest asset is your...
earning potential. Protect this asset by getting disability insurance. While it’s not a bad idea to buy disability insurance as a resident, insurance companies won’t insure you for more than about half of your current income. Thus, think about purchasing disability insurance towards the end of your residency, and definitely buy more once you’re out of training and making a bigger salary. Also, avoid doing risky things during residency that might lead to injury that will put an exclusion clause on your disability insurance. Insurance companies won’t cover health issues you had prior to your getting the insurance. For more information on disability insurance, you can check out: http://www.mereresidency.com/2014/11/12/disability-insurance-what-to-look-for/

And for those of you with family who depend on your income, consider getting term life insurance.

Understand your student loans: They’re not going away by themselves, so you should understand your loans and refinance if you can find better terms. Do you know how many loans you have and what you owe in total? Who is your loan servicer? What’s your interest rate? Learn about refinancing – something that’s become much more feasible in recent years with the advent of companies like SoFi, Earnest, and Laurel Road, among others. If you have government loans, learn about the income-based repayment plans and loan forgiveness options available to residents. Check out a site like studentloanhero.com for more information on loan forgiveness and refinancing.

Invest your money: While your friends graduated from college and started earning money right away, you were paying tuition and learning about the brachial plexus. You now have valuable professional skills and job security, but you must catch up in the investment department. Compound interest works most in your favor if you start investing when you’re young. Learn about the benefits of Roth IRAs – then open one and contribute as much as you can (max $5,500 per year). Figure out if your program offers a 401k matching program for residents; if they do, take advantage of the free money and contribute up to the match percentage (typically 3-5%).

Learn a little bit about personal finance: Unfortunately, medical schools offer very little in the way of financial education, leaving residents and young attendings to navigate the murky waters of investments, savings, the stock market, real estate, etc. There is no one source that will give you all of the answers, but start educating yourself about personal finance.
1. Where do you see the future of pain medicine heading over the next 5 to 10 years?
Our reliance on opioids as a mainstay of pain management has been waning over the last decade. Pain management will continue to evolve as a more interventional specialty, however, a thorough understanding of medication options (both opioid and non-opioid), as well as other modalities such as physical therapy will remain important. It's impossible to predict reimbursement (which often drives popularity of procedures), however given that major payers would like to decrease opioid prescription, it is likely that reimbursement for alternative analgesic modalities (procedures) should stabilize.

2. What type of residents do you recruit or expect to be successful at your program?
Residents who are leaders and can take initiative do well in this program. This program prepares residents to enter the workforce as fully functioning pain physicians and in order to achieve this milestone, it is essential for trainees to actively participate in the process.

3. What is most important to you in an application?
There isn't one area that is most important, however the initial screen takes into account USMLE scores, strength of residency program, and involvement in the "pain world" (i.e. research, presentations at meetings, book chapters, etc.)

4. Any advice on letters of recommendation?
Letters should be from pain physicians. Unless there is something exceptional to disclose, letters should be brief and simply state that the applicant is recommended without any reservations.

5. What do you think are the biggest Do's and Don'ts during interviews?
It is important to balance presenting yourself in a professional manner while allowing the program to assess your interpersonal skills.

6. What do you think applicants should look for in a fellowship program?
Well-rounded training. It's not about the number of stims, etc. It's about your ability to understand which patients can really benefit from procedures. Having said that, it is important to have a high procedural volume in order to understand fluoroscopic and ultrasound anatomy. A strong didactic curriculum is also a must - which requires engagement of the entire faculty. In addition to a robust didactic curriculum, our program is developing a procedural simulation curriculum, the first of its kind anywhere in the US. The program's track record in placing fellows into jobs they desire should also be considered. Finally, an understanding of the business and administrative aspects of practice are a must.
7. What career paths have former fellows at your program taken?
Our fellows have gone on to both private practice and academic jobs. Academics will likely allow you (or require) to do both anesthesiology (if that is your primary specialty) and pain for an extended period of time, while private practice tends to be more conducive to developing a focused pain practice. Teaching residents and fellows is another obvious distinction. It is not difficult to switch from one type of practice to another, but there is a multitude of factors including compensation, lifestyle and teaching responsibility, among others, that one would have to consider.

8. How has your career path or overall career opportunities changed since finishing your fellowship?
I have grown tremendously as a pain physician and have come to appreciate the ongoing nature of this development. As I progress through my career I have narrowed my focus on providing exceptional personalized care for my patients (with a focus on interventional neck pain and headache) and a superb, well rounded training program for the fellows.

TRIVIA QUESTION #1
Answers on Page 9
What anesthetic induction agent was supplanted by propofol on the WHO’s list of essential medicines and is no longer manufactured in the US while banned as an export from the EU due to concern for its use during lethal injection?

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If you are interested in writing for an upcoming newsletter or would like to communicate with the Resident Component Governing Council, please contact asa.residentsecretary@gmail.com
1. Why did you choose to do a pain fellowship?
My interest in pain medicine started as a 3rd year med student, which is unusual. The pathophysiology, available treatment modalities, and extraordinary need have kept me interested over the years. Also, as anesthesiologists our skill set - pharmacology, procedures, and ability to quickly establish rapport - lends itself well to the practice.

2. How has your pain fellowship met or not met your expectations currently vs when you initially applied as a resident?
My residency provided substantial chronic and acute pain management opportunities, so thus far, chronic pain clinic is as advertised. My current program has phenomenal work-life balance, so in that aspect my expectations have been pleasantly exceeded.

3. Are you considering private vs academic career path?
While academics may suit my sub-specialized niche of pediatric pain better than private practice, I am drawn by the potential of less bureaucracy, a more flexible schedule, and (frankly) a higher salary. Ultimately my decision will largely because based on location, practice mix (clinic & OR days), and opportunities for growth.

4. Where do you see the future of the fellowship heading?
Pain has opened up to a number of other specialties, which will continue to make it more competitive. The U.S. issue with opioids isn't going away, so fellows versed in multi-modal and multi-disciplinary treatment programs will be highly desirable. As anesthesiologists, our dominance of pain may decrease, but our value is indisputable.

5. If you could give advice to residents considering pursuing a career in pain medicine, what would you share?
Think about all the aspects of your life when making your decision. A lot of my colleagues said no way to pain because patients can be challenging. Sleeping in a twin bed on call in the hospital at age 60 and getting paged for emergencies is also a challenge. "Lifestyle" is not a dirty word.

6. What advice would you share concerning the application process?
Start early! The amount of copy/pasting was surprising. Having a copy of my ERAS from residency applications made life easier. Interviews are more laid back, so you may have to work more diligently to show your interest and commitment to a program. The competitiveness caught me off guard.
Dear Anesthesiologists-In-Training:

Congratulations on your accomplishments in anesthesiology training thus far. As you plan for your future, we desire to make you aware of an evolving subspecialty – head and neck anesthesia and advanced airway management. As surgical treatments for head and neck pathologies continue to rapidly progress, this unique subspecialty is developing quickly.

This field is devoted to the perioperative care for patients with complex head and neck pathologies undergoing surgery. Providers work in settings with otorhinolaryngology, oral maxillofacial surgery, thoracic surgery, interventional pulmonology, and other head and neck surgical services. For specialists, this expertise allows for collaboration between anesthesiology, surgical, and procedural teams which is essential for safe and effective patient care. The subspecialty is dedicated to advancing clinical practices and training future leaders.

The Society for Head and Neck Anesthesia (SHANA), is an international society of physicians and health care practitioners dedicated to improving the perioperative care of patients undergoing head and neck surgery. Membership is free for all trainees in ACGME approved programs. For further information please visit:

SHANA Website: [http://www.shanahq.com/](http://www.shanahq.com/)

SHANA Membership Application: [www.shanahq.com/main/content/membership-request](http://www.shanahq.com/main/content/membership-request)


Three fellowship programs currently exist. These are at Michigan Medicine, Stanford Medicine, and Montefiore Medical Center. All programs offer a one year fellowship providing advanced training in anesthesiology for cases involving complex head and neck pathologies and advanced airway management. Fellows develop clinical expertise, and are involved in research and teaching endeavors. Didactic learning sessions are a regular part of educational development. The goal of the fellowship is to develop an understanding of the diagnosis, evaluation, treatment, and complications of various head and neck pathologies encountered in the operating room.

Michigan Medicine: [https://medicine.umich.edu/dept/anesthesiology/head-neck-anesthesiology-fellowship](https://medicine.umich.edu/dept/anesthesiology/head-neck-anesthesiology-fellowship)


Montefiore Medical Center: [https://www.montefiore.org/advanced-airwayotorhinolaryngology-fellowship](https://www.montefiore.org/advanced-airwayotorhinolaryngology-fellowship)

Please feel free to contact the SHANA Executive Board with any questions or inquiries.

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The history of anesthesiology is rich and fascinating; however, it is seldom addressed in our medical education. Significant advances in the science and delivery of anesthesia have allowed patients to safely undergo complex life-saving treatment. Our continued pursuit for improved understanding has supported surgical advancement and patient safety in the operating rooms. As important as these modern advances have been, the history of anesthesiology reaches far beyond our modern conceptualization of analgesia and procedural unconsciousness. Attempts at altering human perception and mitigating pain have been recorded in all parts of the world and for thousands of years.

My interest in history began when I traveled with my residency class to Boston, Massachusetts. We started with a tour of Mount Auburn Cemetery listening to the tales of adventurous figures who introduced ether to medicine. Our day ended by sitting in the ether dome and learning about the first public demonstration of ether. Through this experience, I was introduced to the Wood Library Museum (WLM), the preeminent history resource for anesthesiology residents and consultants. I became a resident liaison in order to delve deeper into our field’s narrative.

Located in the American Society of Anesthesiology (ASA) headquarters in Schaumburg, Illinois, the WLM houses a stunning exhibit space with artifacts, rare books, and archives available to further research the history of anesthesiology. The knowledgeable WLM staff is available to assist ASA members with their historical questions and research. Online, the Wood Library-Museum offers an interactive timeline of Anesthesia history, the most popular resource of its type (https://www.woodlibrarymuseum.org). The depth of its online resources extends to digitized copies of rare books, manuscripts, and letters. The WLM website also hosts videos and visual aids featuring its collection.

The WLM research fellowship is an opportunity for visiting and researching at the facility in Schaumburg, Illinois. Access to the library, archives, and artifacts at the WLM are included in the fully funded research fellowship. Applications, found on the website (https://www.woodlibrarymuseum.org/fellowship) are due on January 31, 2019 and fellowships are awarded annually.

The WLM offers opportunities like mentoring for research projects and resident positions on the Board of Trustees (please send inquiries to Dr. Melissa Coleman, mcoleman@pennstatehealth.psu.edu). Most notable is what the library represents and constantly strives to achieve: advancing the profession of anesthesiology by preserving and sharing its heritage and knowledge.
Managing a patient during awake craniotomy in IMRI; TXA for bleeding during a craniotomy; managing cerebral hyperperfusion after carotid artery stenosis; adenosine cardiac arrest during aneurysm surgery; Neuromonitoring and interventional neuroradiology; the list goes on which is a testament to the exponential growth occurring in the field of neurosciences. Anesthesiologists with specialty training in neuroanesthesiology are in high demand for managing these complex cases and providing the best of patient outcomes. However, the number of residents applying for fellowships will be inadequate to meet the needs of this increasingly complex and expanding specialty.

Some perceptions among trainees that might account for a lower interest in neuroanesthesia include a feeling that neuroanesthesia fellowship training does not provide a specific skill set and a concern among residents that neuroanesthesia is not an accredited fellowship. Finally, many trainees feel that their residency training is adequate for understanding the complexities of the dynamic area of neuro-anesthesia.

The Trainee Engagement Committee of the SNACC (Society of neurosciences in anesthesiology and critical care) is a dynamic group of committed educators focused on increasing resident interest in Neuroanesthesia. Thus far, some of the activities that were undertaken by this group have included conducting a survey that was sent out to our trainees which confirmed an opportunity for fostering more interest in neuroanesthesia and some exciting additions to the Education section of the SNACC website.

The Trainee Engagement Subcommittee co-chaired by Drs. Shobana Rajan and Angele Theard invite everyone to check out the new tab for subcommittees under the education tab on the SNACC website. Trainees can now access the following under the 'Trainee Engagement Subcommittee' section of the Education tab on the SNACC website:

1. A link allowing trainees in the USA and abroad to enquire about the scope of neuroanesthesia fellowship training.
2. The Fellows’ and Residents’ Audio Corner where fellows, residents, and students can listen to conversations regarding the management of interesting neuroanesthesia cases.
3. Sharing insights - Neuroanesthesia Case Discussion Forum where SNACC members have an opportunity to share their insights regarding different neurosurgical cases with trainees.

The TEC committee also organized a Neuroanesthesia review luncheon last year which we will be conducting again this year during the SNACC annual meeting. This is a wonderful opportunity for residents/fellows to test their neuroanesthesia acumen in a fun way culminating in some books as prizes for the winning team brought to us by some esteemed neuroanesthesia authors. This year we also look forward to welcoming our trainees to socialize with us over cocktails before dinner during our annual meeting. This will be wonderful opportunity for SNACC members to meet residents/fellows who may be interested in careers in Neuroanesthesia.
Future plans for the TEC include increasing blog activities (sharing insights), continuing the lunch session for trainees at the SNACC meeting, and collaborating with ASA and SEA, in the development of a neuroanesthesia curriculum. We look forward to continuing to support a wonderful new framework for expanding our expertise in the Neurosciences, which involves the three pillars of neuroanesthesia: 1. The care of neurosurgical patients; 2. Foundational neuroscience of anesthesiology; 3. Neurological diseases and perioperative outcomes.

References:

TRIVIA ANSWERS
1) Thiopental
2) Ketamine - NMDA antagonist

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Dear Resident Component Members,

It has been a pleasure and an honor to serve on the Resident Component Governing Council this year. I have had the opportunity to meet and work with exceptional anesthesiologists and leaders in our specialty. This experience has not only made an important impact on my life but also taken me on a journey of growth and understanding. Ultimately, my goal for this year was to connect each of us by facilitating a constant flow of knowledge and exchange within our shared wealth of experience. It is my hope that each of you have gained some insight, shared new ideas with a colleague, or simply made a new friend along the way. As my term concludes, I can say that I am hopeful for the future of our specialty. We have truly chosen the best specialty in medicine.

Remember that as you continue to save lives and advocate for your patients, it is also important to prioritize and advocate for your personal well-being.

Yours truly,

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