

## **Part I: Choosing a Practice Setting and Resources for Help**

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The completion of residency training is typically a very exciting time for trainees who have just completed their long medical school and residency journey. It can also be a time that has many unknowns and can be difficult to navigate without help from others who have been through similar situations. Deciding on what type and location of practice to join can be both exciting and frightening at the same time.

There are many things to consider when deciding what type of practice to join. Do you enjoy the rigor of academics and research and desire to remain in an academic practice? Do you enjoy the fast-paced atmosphere of a private outpatient practice? Do you enjoy any certain specialties within the field of anesthesiology and wish to spend additional time honing your skills in a certain specialty? These are all topics to consider when deciding on where to proceed once you have finished residency training.

Family dynamics are often highly considered when deciding where to practice following the completion of residency. Many times, trainees have moved away from their families during residency, but wish to return to family and friends upon completion of training. Residents or their spouses may have children during training or shortly thereafter and wish to be closer to family following the completion of their training, so everyone can spend more time together and create bonding. Others may opt to accept a position in a certain location due to their spouse's job constraints or options, as well.

Lifestyle factors are yet another consideration in some individual's decisions on where to establish their practice upon completion of residency. Proximity to certain amenities such as large cities, beaches, or other recreational activities may drive trainees to accept jobs in certain locations of the country. Cost of living and various state income tax structures may also influence individuals to desire to practice in certain states or areas as compared to others. There are also other reasons for individuals to accept jobs in certain practices or areas upon completion of residency training. Some trainees have committed to serve the United States of America as members of various branches of the armed forces and are deployed to assignments both stateside as well as abroad. Others may be in line to take over legacy positions in practices where family members currently practice.

The need for more resources to decrease the knowledge gap regarding the transitioning to an independent practice supervisor role has not gone unnoticed. The ASA continues to work in this area through the ongoing efforts of the Committee on Young Physicians: <https://www.asahq.org/education-and-career/career-resources/young-physicians>. Specialty societies are doing their bit as well. One such initiative in the critical care arena is with the Society of Critical Care Medicine (SCCM). The SCCM offers courses and educational materials directed at intensive care unit (ICU) management, from billing and coding to ICU design to help transition to practice and also develop leaders of tomorrow.

SCCM's In-Training Section recently played a vital role in identifying the difficult transition from residency to fellowship to staff. For the past several years, at SCCM's annual Congress, the In-Training Section's two-hour didactic educational session successfully identified issues and encouraged discussion with a panel of experts. Readers are referred to the SCCM website for more details. <http://www.sccm.org/Member-Center/Sections/In-Training-Section>. Mock simulation scenarios using real time ICU clinical scenarios are played out to the audience and an active discussion of the problems faced by a new intensivist are discussed. The section has also published data highlighting areas of concern as fellows' transition to supervisor roles. Also available are other medical education programs that focus on teaching skills and the science of learning.