

CHAPTER 3

Choosing a Career in Anesthesiology

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You're interested in becoming an anesthesiologist. If you are seriously considering this field then you probably have a number of questions. What is anesthesia? What traits do anesthesiologists share? What do anesthesiologists do after training? What kinds of skills should I have to become a good anesthesiologist? What are the challenges of the specialty? How should I plan my fourth year with an eye towards residency?

Anesthesia was an early, important American contribution to medicine. In 1846, surgery and medicine were primitive at best. Patients preparing for surgery were expected to drink alcohol to reduce insensitivity to pain, bite a bullet to keep from screaming or be tied down to keep from moving. When dentist William Thomas Green Morton performed a public demonstration of the use of ether to render a patient insensible to pain for an operation at Massachusetts General Hospital, surgeons instantly realized that they had a new, important tool with which to care for their patients. Within two years surgery was being regularly performed under anesthesia. Anesthesiology and surgery have been inextricably intertwined ever since. As surgeons have brought increasingly unwell patients to the operating rooms, anesthesiologists have met the challenge with drugs, monitoring and the firm conviction that patient safety is paramount. As a



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result, we have been the pioneers in perioperative medicine, intensive care, pain management, resuscitation and patient safety.

What traits do anesthesiologists share? Typically these individuals enjoy crisis management as well as watching physiology and pharmacology in action. They also like instant gratification and don't mind short-term contact with patients. Since the operating rooms are the centers of activity, liking surgery and surgeons are critical. Anesthesiologists also handle stress well. What skills are required to make a great anesthesiologist? There are no personality profiles in literature describing the "ideal" anesthesiologist. However, based on the daily work required, the best anesthesiologists are smart, willing to work hard and have "good hands." Outsiders often see anesthesia as a specialty of procedures, and certainly there are plenty of those, but anesthesia is far more than that. Multitasking is a critical part of the specialty. There are multiple alarms and monitors that need to be supervised regularly and simultaneously. The needs of the surgical staff and the needs of the patient must be regularly assessed, balanced and addressed. People who can only focus on one thing at a time tend to have difficulty handling the multiple tasks of anesthesia. The operating room is often stressful due to multiple personalities and the life-or-death situation of the patient. Prior to surgery, patients are oftentimes frightened, sometimes in pain and fearful of the unknown physician who is asking them to trust their lives to him or her. An anesthesiologist must be able to communicate well to establish trust quickly and effectively with these patients. They also must be able to communicate well with other physicians and health care professionals in the operating rooms and hospital to best care for patients.

What do anesthesiologists do after training? Most end up working in private practice, administering anesthesia to patients in operating rooms. "Operating rooms" these days include the traditional operating room but also include endoscopy suites, invasive cardiology and radiology suites, doctors' offices, virtually wherever a procedure can be performed. Others who train in our field work in intensive care units or pain clinics. Doctors who choose an academic career perform bench or clinical research and participate in the training of residents and medical students. During training and in practice, anesthesiologists interact with physicians from all specialties and deal with patient safety issues, critical incidents and rapidly-changing situations on a regular basis. This is perfect training for hospital administration, and anesthesiologists often find themselves running clinics, preoperative areas, hospitals and becoming deans of medical schools.

What are the challenges of anesthesia? Anesthesiologists do not tend to be independent practitioners today. Call responsibilities preclude that so we work in groups. If you want to be independent, this is a problem. Call can be burdensome and tiring, offset only by the fact that patients need our services.



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We are a service specialty, so we don't admit patients to hospitals. The patients "belong" to other practitioners, although we maintain an important responsibility to them while in our care.

Anesthesiology is an extremely rewarding career path. As with all careers in medicine, there are stresses to deal with, some of which are beyond our control. But the rewards of caring for patients and making them pain- and stress-free as they undergo operative procedures far outweigh the stresses. Medicine as a whole is changing, and anesthesiologists are at the forefront of these changes. We are leading the way in patient safety, operating room efficiency, surgical homes and cost management. We are also heavily involved in the science of medicine, researching how drugs work, the pathophysiology of diseases and outcome studies. If you want to become involved in these exciting areas, anesthesia is the field for you.

How should you prepare for training in anesthesia? Do your best to excel throughout your years of medical school. Though AOA is not a prerequisite to getting into a good residency program, doing well keeps your options open. Students usually feel they need to learn how to intubate in order to go into anesthesia. In truth, you'll learn how to do that during residency. It's best to concentrate on taking elective courses that interest you, such as cardiology, pulmonary, renal and critical care. Fourth year is an opportunity to take all the courses you'll never get to take again, and you should take advantage of it. If you are still unsure about anesthesia, the time to take an elective to confirm your choice is early in fourth year.

CHAPTER 4

Practicing in the Anesthesia Care Team (ACT)

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Anesthesiologists can deliver anesthesia care primarily in two modes of practice. The first mode is **Personal Performance**, in which the anesthesiologist personally administers all facets of a patient's perioperative care. This chapter will address the other primary mode – the **Anesthesia Care Team (ACT)**.

When providing perioperative anesthetic management in the ACT mode, the anesthesiologist may interact with three different types of providers:

- **Anesthesiology residents**
- **Nurse anesthetists**
- **Anesthesiologist assistants**

The interaction between the anesthesiologist and the other provider in the ACT is known as **Medical Direction**. Medical direction requires performance and corresponding documentation of participation by the directing anesthesiologist at specific points throughout the perioperative anesthetic management of the patient. Those points include:

1. Preanesthetic evaluation of the patient.
2. Prescription of the anesthesia plan.
3. Personal participation in the most demanding procedures in this plan, especially those of induction and emergence, if applicable.
4. Following the course of anesthesia administration at frequent intervals.
5. Remaining physically available for the immediate diagnosis and treatment of emergencies.
6. Providing indicated postanesthesia care (www.asahq.org/publicationsAndServices/standards/16.html).

Thus, the anesthesiologist in the ACT must remain closely involved in the preoperative, intraoperative and postoperative management of each patient for who medical direction is provided.

An anesthesiologist may medically direct up to two residents at one time, according to current guidelines for anesthesiology resident supervision from the Residency Review Committee for Anesthesiology (RRC) (www.acgme.org). When the anesthesiologist medically directs nurse anesthetists or anesthesiologist assistants, up to four cases may be medically directed at one time. Obviously, the number of concurrent sites