CHAPTER 1

Laid Back Until It Isn't: The Myth and Reality of Anesthesia Training

There is a steep learning curve in the first year of anesthesia training, which means you learn a tremendous amount of medical and situational information in a short amount of time. You will find the tasks intellectually, emotionally, and physically draining.

As soon as you walk into the OR, you'll feel pressure from all angles: patient needs, surgeon requests, and attending expectations. For even the most level-headed among us, the urgency is hard to ignore. Complicating this scenario is a bizarre set of social norms that are pervasive in the OR. Despite performing the most critical tasks, airway and IV access, you will feel like you are always in someone's way. You will be attempting procedures for the first time under the watchful eye of an audience who (erroneously) thinks they can do it faster and better than you.

The most stressful times of my training were when my attending left me alone after intubation to attempt additional IV access. Monitor alarms blared, surgeons were breathing down my neck, and my hand sweat made changing my gloves a near impossibility. I believe that few other clinicians are faced with so many competing tasks, all of equal urgency, under such a time crunch. This is the practice of anesthesiology in a nutshell, and it can take years for

the tension to melt away. The first thing to understand is that you are not alone. Every trainee faces the same set of challenges, and all of us have to persevere through this stressful transition phase. Over time, the chaos will turn into an orchestra, and confidence will replace panic. It's well worth the wait!

Anesthesia, by definition, does not exist in a vacuum, but instead it plays out in nonideal scenarios and in nonperfectly optimized patients. An additional challenge to your training is learning to adapt and bend the rules. Your plan for a patient with aortic stenosis in the cardiac operating room may be modified entirely if that same patient is presenting for an endoscopic retrograde cholangiopancreatography (ERCP) in a remote endoscopy clinic with limited support staff.

While you're working to safely master essential procedures, the operating room can sometimes feel hostile to learners. In our specialty, there are no "small" mistakes. Many of our procedures become exponentially more difficult once you miss the first-pass attempt, which makes them particularly stressful to learn.

Many students pick anesthesiology in part because of the laid-back attitude seen in many of its experienced practitioners. But in reality, that attitude belies a respectful fear of the horrors that lie just around every corner. It's best not to lean too much into this mentality in your first training years, unless you have the experience and skills to back it up. If you feel stressed as a trainee, this is a good sign. It means you appreciate the gravity of what you are doing!