

#54 - Hardship in Anesthesia School
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Anesthesia Guidebook

Hey yall this is Jon Lowrance with Anesthesia Guidebook. I'm so glad you found this podcast. This is episode 54 and it's called *Hardship in Anesthesia School*.

In April of 2016, I published a show with the same title on the old podcast I used to produce, which was called *From the Head of the Bed*. What you're listening to today is not a re-release. It's completely new. I wanted to completely re-write this one because in the last 5 years I've learned so much and heard so much from listeners of the show and SRNAs, CRNAs, residents and physician anesthesiologists I work with.

There's so much to say, so much we could talk about. But I've tried to distill this down to the core info I want you to hear so you have something to stand on. Something to fall back to. Something to take with you in your back pocket for when you have to face that preceptor again who doesn't think you deserve to be there or that little voice inside of you who tells you don't have what it takes or just when the world seems to be crumbling around you. This show is for the people who want to find a way to move forward and pull through to the other side when it seems like every thing is falling apart and there's no hope. This show is also for the friends and preceptors and professors of those people. Maybe you're not the one struggling and somehow you've strolled through anesthesia school unscathed. Well, this show is still for you, so you can be helpful to those who are dealing with difficulties in anesthesia school.

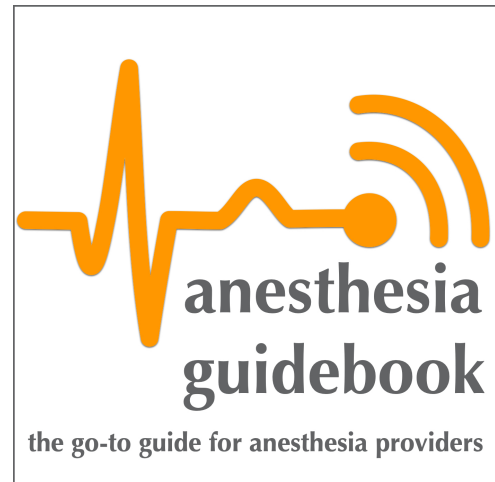
For a long time *Hardship in Anesthesia School* was the number 1 downloaded episode of *From the Head of the Bed* and then the pharmacology content finally took the top spots... it turns out that y'all really are a bunch of nerds after all. But for years, this show has been assigned as required listening in anesthesia programs across the country and to those professors, I thank you. Anesthesia residents & SRNAs need to hear this. And now that it's on Anesthesia Guidebook, y'all need to update your syllabi with the new link, which is anesthesiaguidebook.com/episode54.

All right I want you to hear from a couple of people who wrote me after listening to the original episode.

Marissa writes: Thanks so much for posting this. I have not been able to find any resources that speak about those who struggle in CRNA school. It is very stressful, and I needed to hear this.

Marissa, thank you! Thanks for writing that.

And Monica wrote: I needed to hear this because I am struggling with feeling like I'm a failure. I know I'm not a failure but the feelings I have of poor performance on exams just crushes me. I started the program weighing a healthy 145 lb and currently with almost 7 months under my



belt, 125lbs. It's like I'm watching me melt away because I am too busy studying to eat. Self care...they don't tell you that you may go for 4 days without showering because you prioritize studying over bathing. Because you are trying to get ahead. That you have to learn how to live again by yourself as in my case and want to cook. Vicious cycle of seeing eating & bathing as chores rather than self care. I was almost lost but thank God my fiancé and some classmates noticed the invisible.

Because that's how you feel.

Invisible and no one cares.

I'm not suicidal but am suffering from depression since the start of program.

I was happy before school, going out and having a life.

Anesthesia school just punches you in the ovaries.

Ahhh I love that. Anesthesia school just punches you in the ovaries.

Monica, you nailed it... anesthesia is hard and the difficulty is often invisible to the people in our lives. But their support is crucial to our success.

It's wild. I've heard from so many of you over the years about the experiences you've had in getting through school. There's so many stories to share... but first, I want to frame why anesthesia school is so hard for a minute. Then we can talk about how to move through it.

#1. Anesthesia school is hard because life is hard.

and

#2. Anesthesia school is hard because anesthesia school is hard.

Those are 2 different realities and to make sense of each of them we need to look at them separately. The challenge, obviously, is that just because anesthesia school is hard, doesn't mean life gets any easier. You don't get a break on all the chaos around you just because you enroll in one of the hardest graduate programs or residencies available.

So let's look at the first reality:

Anesthesia school is hard because life is hard.

Now, right off the bat, this isn't about comparison. Your journey is your journey. You might not have faced the same hardship that someone else has but your path is still hard for you. That's normal and just how life works. I've read three books this year that unpack the incredible stories of people who overcame a level adversity that I will hopefully never know. I tell you about them just to stick some guideposts in the ground. Here's 3 people who, due to no choice of their own, experienced incredible hardship and they each, in their own ways, for their own reasons, found a way to pull through, keep going and not let their circumstances define the way they choose to live and think and move forward.

The first is Trevor Noah's autobiography *Born a Crime*. The second is David Goggins' *Can't Hurt Me* and third is Laura Hillenbrand's biography of Louis Zamperini titled *Unbroken*.

Trevor Noah, who is the host of the Daily Show on Comedy Central, grew up poorer than poor on the streets of South Africa and endured racism & discrimination as the son of a black woman and a white man in the era of apartheid - hence, the name of his book, Born a Crime. It was illegal for members of different races to marry or have children together. His father abandoned him & his mother at an early age and he grew up under constant abuse from his

stepfather. I simply cannot do this book justice in telling you about it. Trevor reads the audiobook himself and brings to life the hero of the story - his mother - through her accent and the numerous South African languages he's fluent in. It's one of the best books I've ever listened to and I would highly, highly recommend it. It's at once heartbreaking, inspiring and incredibly funny.

The second book is *Can't Hurt Me* by David Goggins. Goggins is a former Navy Seal operator and successful ultra-marathoner and endurance athlete who's become widely regarded as an influential voice on mental toughness. He grew up under relentless and extreme physical and emotional abuse from his father, who also targeted his older brother and mother. His autobiography, *Can't Hurt Me*, like Trevor Noah's, draws its title from some dark, dark places in the author's life. Goggins crawled out of that place of incredible pain and hardship to go on to become an extremely successful special forces operator and endurance athlete who makes it his mission to inspire others to dig deeper and quote "STAY HARD!" The fundamental challenge he throws down is that when most people have given all they have and are at the end of their abilities, they're probably still operating at about 40% of their real capacity. He will encourage you to dig deeper and find that next gear in order to claw your way towards success. While I wouldn't recommend his strategy for running your first 100 miler, (Goggins pushed himself to a state of rhabdomyolysis where he pissed brown sludge and blood during his first 100 mile run), I would absolutely recommend this book to help you recalibrate your set point for what you believe is possible for your life.

And last book I want to mention is *Unbroken* by Laura Hillenbrand, which was made into a blockbuster film produced by Angelina Jolie. It tells the real life story of Louis Zamperini, who may in fact be the hardest person ever to live. Zamperini competed in the 1936 Berlin Olympic Games in the 5000 meter run, earning 8th place as the Nazis built up their cultural and war machine. In a few short years, World War II broke out and Zamperini joined the United States Army Air Force. He was stationed in the Pacific and on a search and rescue flight for a plane that didn't return to base, his own aircraft crashed into the ocean due to mechanical issues. Eight of the 11 men on board died in the crash and Louis and 2 others managed to survive, adrift at sea in a life raft. The story of his survival at sea is harrowing. The men were pursued and attacked for days by sharks, slowly starved due to lack of food and fresh water and were even attacked by the only plane that happened to see them - a Japanese military aircraft. All of the men survived that attack but after 33 days, Francis McNamara succumbed to starvation and Zamperini & Russell Phillips, the other survivor, pushed his body overboard. After 47 days adrift - the longest anyone was known to have survived lost at sea up to that point - the pair washed up on a Japanese controlled island severely malnourished and dehydrated and were immediately captured as prisoners of war. For the next 2 years they were tortured in POW camps with Zamperini, because of his status as a former Olympic athlete, being singled out for especially brutal and inhumane treatment. Despite enduring episodes on top of episodes of unthinkable torture and hardship, Zamperini not only survived but went on to forgive his captors and lead a life of inspiration and grace until his death in 2014 at the age of 97. *Unbroken* is an incredible read and I highly recommend it. For the cliff notes version, again, you can watch the blockbuster film in an evening online.

I'm telling you about these books to, one, point you to some amazing stories I think you should check out and, two, to speak to the myth of comparing hardship to hardship. I have never experienced the level of hardship, abuse & torture these three men have, each in their own ways. I've never scrapped for food in POW camp or in the trash cans of South African streets. I've never been whipped till I bled by my father or been discriminated against because of the color of my skin. But my journey has still been hard for its own reasons. And so has yours. And we can look to the stories of others to hear how they dug deep, found another gear and kept going. So when I tell you the stories of the folks in the coming minutes who faced

incredible hardship in anesthesia school, it's not to diminish your path or your experience. We all face hardship. And each of us is called to overcome the challenges in our life in order to redefine what is possible and achieve our goals.

So let's talk about how anesthesia school is hard because life is hard.

Life doesn't stop or give you any breaks because you decided to become an extremely specialized healthcare provider.

There's never a great time to go to med school and residency. There's never a great time to pick up your nursing degree, work for years in the ICU and then go back to grad school to become a doctorally-prepared CRNA. There's never a great time to have kids, quit your job, amass a dump truck load of debt and pursue your dreams.

So what can happen during anesthesia school or this journey to become a provider?

Literally anything. I don't mean that to scare you but just to be real.

I reached out to various social networks back in 2016 when I first produced this show and asked for people to tell me their stories. I heard from SRNAs, CRNAs and program directors. I've heard from so many of you since then. Here's what some of you have faced:

You get cancer and have to drop out of school for chemo/radiation and surgery.

Your kid, spouse, other family member or pet gets sick.

Your child, spouse, parent or grandparent or pet dies.

Sometimes due to illness.

Sometimes due to accidents.

Sometimes due to suicide.

Sometimes due to murder.

Yeah. It's super heavy sometimes.

One SRNA I heard from got Guillain Barré and missed months of clinical as she recovered.

Another SRNA's father was dying of liver failure and he chose to donate part of his own liver to his father. So he had major, major surgery during anesthesia school to try to save his dad.

So many of you were like me and went through or are going through a divorce in anesthesia school. I don't talk about mine much because I believe my ex should have the ability to tell her side of the story if I'm telling mine. But the short of it is that I was married for 8 years before anesthesia school and my wife left six months into school, which was the culmination of a slow unraveling of our relationship. We owned a house together. And had two dogs. And a bunch of mutual friends. And she was my financial support.

My family gathered around me the month she left and I took my eyes off my final exams that semester and bombed one of the tests. While my grades were good enough to continue in the program, my GPA momentarily dropped below 3.0 and I lost all my financial aid.

Let me unpack that for just a sec.

A CRNA who I really respected when I was an ICU nurse told me that no one cares what your GPA is in school and that "*B = CRNA*". That you don't have to go crazy trying to get straight A's. So I kind of cruised the first semester and had a flat B-average midway through the

second semester when my wife checked out. I took a C in one class that semester and was left with a 2.9 GPA. My program allowed SRNAs to get 1 C and still continue. What I didn't know is that the graduate school required a 3.0 GPA to maintain financial aid. So not only was I going through a divorce with zero financial support for my mortgage, gas or groceries, but I suddenly had no money for school. Or gas. Or groceries. No loans equaled no CRNA school. I was done.

When I received the letter from the financial aid department that my student loans were canceled I was absolutely crushed. How could I have let myself get to that position? I would have been angry at the CRNA who gave me the advice that "B equalled CRNA" if I didn't understand that the whole situation was 100% my fault.

I went to my program director to tell him I was leaving the program.

It was one of the worst days of my life.

If you've ever been in an existential crisis, you'll know a little about where I was.

I was ready to go back to being an outdoor guide and resolved that living out of the back of my Jeep Wrangler between backcountry courses probably wouldn't be that bad.

But my program director believed in me.

And you should know his name: he's Shawn Collins.

He's at Loma Linda University now and if you're there, you're lucky to have him as your dean.

He wrote a letter of support to the financial aid department vouching for me and they, against grad school policy, re-instated my federal loans so I could continue in the program.

I've never talked about this before on the podcast and rarely even to the people I work with.

It was the lowest point for me in my program.

And this was before my dog died and my grandfather died.

Those heartbreaks would come later while I was in school.

I resolved at that point in time that I would become a CRNA for myself. That this was in fact the path that I wanted to be on and that no one could undermine it but me - not a partner who left or a CRNA with suboptimal academic advice.

And from that moment on I never made another B - much less a C - in the program. I resolved to figure out how to make A's. I found another gear. I taught myself how to study and what I needed to do to get as far away from a letter grade C as possible. And I made a 4.0 the rest of the program.

I can't tell you how difficult that experience was for me. It would take the whole podcast and more. And we have other things to talk about. But I will tell you that it's out of this dark cave, this desperate and bleak moment in my life that I came to understand two things: the kindness of others who reached out and supported me *while I was failing* - not after I had sorted my shit out but actually during the worst of the shit storm - and that with the right motivation and coaching, we can dig deep, find another gear and claw our way out of any darkness towards the path we want to be on. My experience in grad school fuels so much of my desire to talk about wellness and mastery of craft and precepting and leadership and ownership and goal setting and becoming.

Because there's this magic that happens when hardship sets in all around you like a thick fog.

The deeper your pain is. The harder your path is. The more you will have to give out of that story once you push through and come out on the other side. It may take years before you're

there, before you see the story for what it is. But you can churn all that pain into a deep, abiding purpose if you want to.

All right... here's some other people's stories just to cap off on this part of the podcast:

I've talked to parents who live in strained marriages because the one in school or residency isn't there to help parent. They feel absent. They feel like they've broken promises. Their partner feels resentful or doesn't understand.

I've talked to SRNAs who feel like their preceptors are out to get them. One, a female, told me that the female CRNAs at her clinical site picked out one female SRNA each year to weed out of the program by making their life hell. That year, the other girls in her program had already dropped out so she was it. She bore the brunt of their brutality and scorn.

Others have lived apart from their families, spouses & kids for extended amounts of time.

Others have had preceptors divert drugs and blame it on the SRNA.

Others have been the ones diverting drugs and had to come clean. Or worse.

I had a classmate who diverted from clinical and took her life during our program. She was an amazing human being with her whole life ahead of her.

Suicide in anesthesia school, med school, residency and even once you've made it to other side and are in your profession as an anesthesiologist is not uncommon. But it's not a choice you have to make. Because there is a way out. There's a way forward.

Even if you've messed up in ways that you think are irredeemable.

A couple of years ago a SRNA took her life because supposedly her program had caught her diverting drugs from clinical due in order to self-medicate for chronic post-surgical pain. She was a couple months from graduation and had accepted a job as a CRNA.

I'm telling you, there's a way forward even from a situation like that. There's counseling and rehab and license reinstatement programs for a reason. No job, no career, is worth taking your life. That's a distinction from those who *give* their life in the line of duty. That's something completely different. A military service member, fire fighter, police officer, parent or bystander who gives their life in the service of others is different. Of course there's reasons to give your life. But to *take* your life by suicide because of what people will think about you or the possibility of you not becoming a CRNA or physician anesthesiologist is just not worth it. You can circle back. Regroup. Sort it out, find the support you need and move forward in the future... whether in anesthesia or some other career path. But stay here. People love you and need what you have to offer. And that's the rock bottom truth. You're worthy of a life lived well whether that's as a healthcare provider or on some other path.

At the end of this episode and in the show notes, I'll go over some resources for those of you who may be in crisis or need support in some way... so keep listening.

Ok. Other stories.

Another SRNA had to get a restraining order against her husband. She was living away from her parents and other family during anesthesia school but also trying to take care of her young children who lived with her. She made it. Against all odds, and with the help of her friends,

family, program director, preceptors, safe houses and lawyers, she pulled through and kept going. She sent me a photo of her national certification exam results with the big word "PASS" on it and I could have been more stoked!

Others have failed boards. Peter Strube, who mentors SRNAs towards successfully passing boards and who I interviewed on that topic in episode 14 of the podcast, told me that he's worked with SRNAs who have taken 7 tries on the board exam before passing. I was surprised to find out when I was a SRNA that one of my clinical coordinators and chief CRNAs at a site failed boards the first time. Failing boards doesn't mean you can't be successful. It means you failed a test. And that you have to figure out how to pass it. And that you will be stronger when you do.

Other SRNAs have faced discrimination or hardship because of their race, sexual orientation or religious practices.

An alarming and nauseating number of SRNAs, residents & medical students have faced sexual harassment by clinical preceptors, professors and surgeons.

Others have attended suboptimal schools and residency programs. We shouldn't overlook this reality. Our trainees and our patients suffer when anesthesia training programs are not what they should be.

- Some schools have actually closed with active trainees in their programs who have had to transfer to other programs.

- A physician resident in California recently reached out to me to talk about how they're struggling because they feel they've been targeted by their program faculty for subpar clinical performance early in the program and they can't shake the target on their back no matter how hard they try to improve and implement the feedback they've received. Their chief residents aren't advocating for them and they doesn't see a way forward in their current program.

Many, many anesthesia trainees show up to clinical day after day and work with preceptors who make their lives miserable and fail to understand best practices in clinical education. This is another reason while clinical education and precepting is such a huge focus of mine. I've been presenting at state association meetings on the art of clinical education in hopes of helping other providers - who are experts in their anesthesia practices - learn the separate set of skills associated with clinical education and precepting. Because being an expert provider does not mean you are an expert clinical educator. They're different skill sets.

Folks. I've just scratched the surface here. I could go on and on.

We haven't even mentioned COVID-19 and how that's resulted in furloughs and anesthesia trainees and their kids and spouses and family members becoming sick and in some cases dying all the while these folks are trying to make up missed clinical time and get through their programs.

Anesthesia training is hard because life is hard. Life doesn't stop because you decided to go to anesthesia school.

So I want you to know that **You're Not Alone.**

There's other people out there who are struggling.

This isn't about comparison. I don't tell these stories in order to tell you you're supposed to feel better about the crap you're facing. That would be disingenuous and not helpful.

I tell you these stories and my *own* story and about Trevor Noah and David Goggins and Louis Zamperini in order to say:

You're not alone.

Others have faced external dragons and personal demons.

Others have faced program directors and preceptors who don't know the pain they're inflicting.

Others have faced discrimination and harassment.

Others have faced hardship they didn't ask for or anticipate.

And they've made it.

That's not to say that your situation should not be optimized. That abuse, discrimination or harassment should be tolerated. Or that the hardship you and your partner or children are experiencing because you're in school shouldn't be addressed. Not at all. There are processes and paths for addressing each of those things.

One SRNA decided to bring attention to sexual abuse she witnessed from a surgeon to his patient after the patient was under anesthesia. It was managed with the absolute utmost seriousness and decisively by the hospital and program administration.

Other anesthesia trainees have found help through friends, family, preceptors, program faculty, other residents & SRNAs, hospital peer-to-peer support programs, counselors and lawyers,

You are not alone. Help is available. Anesthesia school is hard because life is hard and life doesn't stop just because you enrolled in an incredibly challenging program.

And that's part two of this podcast and what we should talk about next.

Anesthesia school is hard - super hard, *surprisingly* hard - because anesthesia school is hard.

There's a distinction I want to make right of the bat here between physician anesthesia residency programs and CRNA programs. Now, before I do that, both are hard. I'm not going to dabble in mediocre arguments by trying to say one is harder than the other. They both teach the same science and art of anesthesia from the same textbooks to same scope of practice and skill set. The politics in anesthesia is not the point of this podcast, although, come to think of it, the politics of anesthesia are a big part of what makes a career in anesthesia hard for CRNAs, physician anesthesiologists and AA's alike. The politics of anesthesia can be a huge source of frustration, stress and burnout for any type of anesthesia provider and trainee. But that's a topic for another podcast altogether.

The distinction I want to make between physician training and CRNA training is this:

In medicine, physicians are largely on a linear trajectory. You do undergraduate school, medical school and residency. People around you are generally supportive of the idea that you want to become a physician. That's not to say that all of your preceptors & faculty are friendly and supportive. But they get that you want to be a physician. And you sort out what kind of physician you want to be along the way. And once you choose that program of training, generally speaking, you've found your tribe. Those folks are excited to have you. You want to be a urologist? Great... the urologists are happy to have you. You want emergency medicine and are lucky enough to get accepted into a residency: stellar, the EM folks are out to train you to become the best. You want internal medicine or peds or surgery or neurology or radiology

or infectious disease or pulmonology or cardiology and on and on... there's a tribe waiting for you. There's residency program directors excited for the med students who match to their programs. Now, of course, like any profession and as I've stated earlier, there's program directors and clinical preceptors who subpar for any number of reasons and can make training that much more difficult. But what I want to draw attention to just for a minute is that training to become a CRNA is very different than training to become a physician anesthesiologist in the level of support you get from the outset.

Nursing professors generally are not too excited for nursing students who show up to nursing school espousing how they want to become CRNAs. It may seem odd and that's because it is. It's a not-too-well-kept secret that if you want to become a CRNA you'd better not tell your nursing faculty of your plans. Or your ICU nurse managers. We do an absolutely terrible job as a nursing profession in training individuals who are outside of healthcare or not yet in nursing into becoming advanced practice registered nurses. This where the adage that "nurses eat their young" comes in. If you show up to med school and tell folks you want to be surgeon or a physician anesthesiologist, your faculty are probably going to support you because that's the point of what you're doing. You're in med school. You're supposed to choose a focus or speciality and become that kind of physician. But if you show up to nursing school and say you want to become a nurse anesthetist, you're likely to be scoffed at or shunned. If you tell an ICU nurse manager that your goal is to get into anesthesia school in a year or two, they're likely not going to hire you or invest time and energy into you. They want to hire ICU nurses. But ICU nursing is a requirement for admission to CRNA training programs. We just haven't figured out how to train RNs to be ICU nurses who are actually on a long range path to become anesthesia providers. It's not linear.

And so while both anesthesia training programs are ridiculously hard, I see both types of trainees at the level 1 trauma center where I work as the SRNA clinical coordinator - it's the SRNAs who face this oddity in their path where along the way they can't get too excited about becoming CRNAs lest they get especially beat down by those in power along the way.

It would be an easier path if, like physician training, nurses figured out a way to embrace those entering the profession who's sole focus is to train to become a CRNA. Even nurse practitioners have RN to NP integrated training programs. But CRNAs, because we must go get a real job outside of a training program in an ICU to gain the critical care experience prior to anesthesia training, our path is not direct or met with consistent support and that makes it uniquely challenging.

Ok. So, I know that was a bit of a tangent but it's worth talking about.

But how do we deal with the fact that anesthesia school is hard because anesthesia school is hard?

Well. We need to level up.

Anesthesia training is different than medical school. And it's wildly different than nursing school and ICU nursing.

Whether you're a physician resident or SRNA, you have to learn to take an incredible degree of ownership for your actions and couple a voluminous depth of information with rapid, correct and highly skilled actions under time pressure in the clinical setting.

That's what anesthesia training is about.

I'm currently enrolled in a clinical education workshop offered through the Maine Medical Center Institute for Teaching Excellence. It's designed to help advanced practice providers improve their skills at clinical education. I'm the only CRNA in the program as everyone else is either a PA or nurse practitioner. Interestingly, one of the PAs described her domain in healthcare as non-procedural so therefore free from having to rapidly perform skills and procedures under time pressure. It struck me as she said this that executing high quality anesthesia services under, at times, extreme time pressure is one of the aspects that I absolutely love about my job and thrive on. I love trauma surgery. I love a blown IV during a TIVA or a difficult airway. Not always in the actual moment. The risk and stress can wear on the best of providers. But the demand to execute high caliber decision making and procedural skills under time pressure is something inherent to the practice of anesthesia and something that's altogether absent from other jobs in healthcare.

Somewhere along the way I had forgotten that.

But that's one of the reasons that anesthesia school is so hard. You have to master a craft that is the business of keeping people alive and optimizing outcomes, at times, in the worst possible moments of people's lives.

There's a quote from someone who's name has been lost to the internet which reads:

Student, you do not study to pass the test. You study to prepare for the day when you are the only thing between a patient and the grave.

That's what we do in anesthesia. We stand in the gap. We stand between the patient and the grave. And so anesthesia school is hard because that's a hard thing to do. And we should be ready.

The take away from part two of this podcast... which I could go on and on about other reasons why anesthesia school is hard... but the take away is that it's one of the hardest things you will go through.

And some of you need to level up.

You need to understand that in order to be successful you need to dig deeper, find a different gear, quit making excuses, get off Instagram and read a damn textbook. You need to study. You need to quiz your classmates and be quizzed by your classmates. Without your notes. You need to learn the answers and be able to verbalize your understanding. You need to make a few hundred - or a few thousand flashcards. You need to live and breathe anesthesia. You need to recognize that you're not there yet and you're not entitled to pass just because you were admitted to the program. You might fail. You might not make it. Anesthesia school doesn't get easier if you start to struggle. Yes, there are people out there who can help you on your journey and sometimes you need to lean on them. But most of you, maybe all of you, need to take a bigger degree of ownership in your own path and success than you ever have before.

If your program is suboptimal, own it. Find a way to rise above its shortcomings.

If your preceptors are lame, own it. Find a way to meet their expectations and teach yourself what you need to know.

If you failed the test or are struggling in clinical, own it. Find a way to work on your weaknesses.

If you are struggling to get enough sleep, exercise, eat right, connect with your family, de-stress, study enough or take care of the necessities of your life: own it. Level up. Plan better. Get more organized. Stop blaming other people. Stop blaming your program director or preceptors or clinical site or your own past experience or the other students in your program or your spouse or your kids. *Own. Your. Path.* Figure out what you need to do differently to change the trajectory you're on so you will be successful.

Anesthesia school doesn't get easier because you find yourself on the Struggle Bus.

You might need to learn some new study skills or ask for extra time in the SIM lab or another rotation in peds or OB. You might need to ask for help on how to get an LMA to seat or how to be more functional with ultrasound or for someone to quiz you on congenital cardiac pathophysiology with you one more time - or a dozen more times - before it sticks.

You might need to ask for a leave of absence or for some other non-normal degree of support from your program or friends or family. Asking for support is not the same thing as not owning your path. Asking for support can be the absolute best form of owning your path and progress. Needing assistance and help is normal... as long as you're working your ass off and owning the process you're in.

So if you need help from those around you - whether it's your kids or spouse, parents, neighbors, program director, preceptors or co-students, ask. But be sure you're owning the process. Stay open to feedback. Because more often than not there's things you could be doing better. There's ways you could work to optimize your situation.

One of the program directors I talked with back in 2016 said that the most successful SRNAs she's seen are those who come to school with their life in order... with an accurate understanding of what anesthesia school will take and what it will be like. She's talking about the folks who understand the assignment.

If you're a med student or an ICU nurse who's thinking about anesthesia training, talk to CRNAs and physician anesthesiologists about what it's like. Talk to anesthesia residents and SRNAs about what it's like. Ask questions. Go into school with your eyes wide open and come ready to work harder than you've ever worked before. If you're surprised at just how hard you have to work, good.

Side note: google the phrase "Jocko Good." J-O-C-K-O GOOD. Watch the 2-minute video on youtube. I'll link to it in the show notes. You'll understand once you see it. And while you're at it, get a copy - paper or audiobook - of his book *Extreme Ownership* and check that out. It'll change your life.

So you're surprised how hard you have to work, good. That surprise - that crappy grade on your first exam - that negative feedback from a preceptor - that struggle with the content that you thought would be easier. That's an invitation to grow. To become an anesthesia provider. To stand in the gap between your patient and the grave.

Anesthesia school is hard because life is hard.

And

Anesthesia school is hard because anesthesia school is hard.

Welcome to the path. Welcome to the journey.

You have what it takes. I don't know if I've made that clear. But let's just clear that up in case you were wondering... you absolutely have what it takes. You can grow stronger in how you learn didactic content. You can improve your retention from reading. You can get better at clinical skills. You can get better at talking about patients - about presenting care plans and patient histories. You can get better at talking TO patients. You can get better at juggling school and your physical health and your family. You might have to level up. You might have to find a new gear... a level of functioning that you have not had to use in the past. But it's in there.

Believe me. It's in there.

I've heard and seen enough stories from folks just like you: folks who are on the path and moving through the process to become anesthesia providers and surgeons and nurse practitioners. Folks who have overcome seemingly insurmountable challenges to achieve their goals. And I've been there myself.

You have what it takes.

There's help available when you need it.

Reach out to other residents, other SRNAs, the preceptors or program faculty you trust. Lean on your friends and family. Communicate. Over communicate. Tell people it's harder than you anticipated. Tell folks what you need to be successful. Those who love you will support you. Maybe not at first. They might not understand. It may take some time for the degree of hardship to set in for them... remember, those closest to you: your kids, spouse or partner; they're also going through anesthesia training. It's also hard for them. Go easy on them. Don't take them for granted.

And if you're in crisis... if you think you might hurt or kill yourself. You're not alone. Help is available.

One resource I want you to know about is the Crisis Text Line. You can text anything... any combo of letters or numbers... to 741741 and a trained crisis volunteer will text you back. 24/7/365. You can text hello or help to the number 741741 and an automated reply shoots back asking if you want to start a conversation with a crisis volunteer. You text yes and boom, someone's on the other line. You don't have to make a phone call. You can... those numbers are in the show notes. But if you just want to text and get help, it's available. The number is 741741. That's 741741. Write that down. Put it in your phone. Google it. Try it out... it's free and there's no penalty for trying it. If you're a friend or ally or preceptor or program faculty and just want to see what that's about, text 741741 and tell them that. They'll talk to you and probably thank you for reaching out to strengthen your skill set as a helper. I did. And that's the response I got.

All right... I hope this podcast has been helpful.

There's so much more we could say. There's a whole wellness category of shows on the website if you want to hear more stories and gain more insights. Go to the website at anesthesiaguidebook.com and click the category for wellness. Every show I've done on wellbeing or provider wellness will pop up. Keep listening. Keep digging. Keep finding that motivation to move towards your goal of mastering the craft of anesthesia.

And I'll see ya next time. A little further down the road.

