

# What it's like in anesthesiology and pain medicine: Shadowing Dr. Gulur

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As a medical student, do you ever wonder what it's like to specialize in anesthesiology and pain medicine? Meet Padma Gulur, MD (@doctorgulur), an anesthesiology and pain medicine specialist and a featured physician in the AMA's "Shadow Me" Specialty Series, which offers advice directly from physicians about life in their specialties. Check out her insights to help determine whether a career in anesthesiology and pain medicine might be a good fit for you.

The AMA's Specialty Guide simplifies medical students' specialty selection process by highlighting major specialties, detailing training information and providing access to related association information. It is produced by FREIDA™, the AMA Residency & Fellowship Database®.

Learn more with the AMA about the medical specialties of anesthesiology and pain medicine.

**"Shadowing" Dr. Gulur**



**Specialties:** Anesthesiology and pain medicine.

**Practice setting:** Hospital in Durham, North Carolina.

**Employment type:** Employed by a hospital.

**Years in practice:** 15.

**A typical day and week in my practice:** I work both on an inpatient pain service and in an outpatient, clinic-based practice.

On the inpatient service, I usually arrive at the hospital around 7:30 a.m. to get sign-out and coordinate assignments. The team then disperses to round on patients and we meet up again for table rounds around 11 a.m. We do follow-up rounds on patient and new consults after the table rounds in the afternoon.

Procedures are done as needed throughout the day. Around 2 p.m. every afternoon, we conduct a brief teaching session for the team on a topic of their choice from a set curriculum or impromptu topics related to patient care issues that may have arisen during the week.

The day ends when the work is done, usually by 5 p.m. but at times quite a bit later. If the patients are more complicated or the census on the service is high, it can also mean more notes to write at the end of the day. When covering inpatient, we cover one week at a time with home call overnight.

On the outpatient clinic, we have scheduled patients in four-hour blocks starting at 8 a.m., breaking for lunch around noon for an hour. It is not uncommon for patient visits in the morning to run into the lunch hour or for afternoon visits to run into the evening. Many times we also use the lunch hour to make insurance peer-review calls or call-backs to pharmacies and patients.

Most evenings I try to get back home in time to have dinner with my family, saving notes for after dinner if the workday has been particularly busy.

I spend about one-third of my time in this role as a clinician caring for patients on an inpatient pain service or outpatient clinic practice. The other two thirds of my time is spent equally between administrative and research activities. Administratively, I spend time focusing on a variety of issues as the health system's director for pain management strategy and opioid surveillance. I am also the executive vice chair for the department, and in this role I manage our performance and operations. These roles routinely extend into after-hours and weekend work.

As a researcher, I conduct clinical research in optimal pain management modalities and prevention science. Writing grants and papers is often an after-hours activity.

**The most challenging and rewarding aspects of anesthesiology and pain medicine:** Patients suffering from chronic pain can be very debilitated, and this impacts their social relationships, including with their doctors or other health professionals. To achieve a reasonable quality of life, a true biopsychosocial approach must be implemented, which can take some time to show results. This is the most challenging part.

The most rewarding aspect is when these patients start to benefit from a multimodal approach. The improvement in their quality of life is a true joy to see.

**How life in anesthesiology and pain medicine has been affected by the global pandemic:** As a population at risk, patients suffering from chronic pain have particularly been affected by the pandemic. Their critical social support structures have been impacted, as well as their ability to stay active, both of which have worsened their psychosocial well-being and impaired their progress.

Telehealth has been a blessing in helping these patients continue to access their physicians and other social support structures.

**The long-term impact the pandemic will have on anesthesiology and pain medicine:** The more

regular use of telehealth to improve access and compliance will play a major role in the coming years.

**How my lifestyle matches, or differs from, what I had envisioned:** Training in anesthesiology is simply phenomenal. The breadth of learning and the terrific balance of cerebral and hands-on skill sets prepare you to take care of patients with varying disease states and across all age groups.

The year in the pain fellowship is probably one of the best years of training, as you gain skills and friends for a lifetime. Both training programs provide adequate work-life balance.

**Skills every physician in training should have for anesthesiology and pain medicine but won't be tested for on the board exam:** Compassion and empathy. Chronic pain is a disease state that, for the most part, is not externally visible and yet can be extremely debilitating. These patients depend more heavily than most on the therapeutic relationship with their providers to feel better.

**One question physicians in training should ask themselves before pursuing anesthesiology and pain medicine:** The three key elements for physicians' professional satisfaction are:

- | Practice environments that allow them to deliver high quality care.
- | Low documentation and regulatory burdens.
- | Income stability and fairness.

Challenges to providing high quality care in pain medicine can often be external. For example, there is often lack of coverage for complementary, alternative and nonpharmacological options that may benefit these patients. In addition, the regulatory and documentation requirements are, at times, substantial. Will the joys of helping this population in need compensate for the practice challenges you may face?

**Books every medical student interested in anesthesiology and pain medicine should be reading:**

- | *This Won't Hurt a Bit (and Other White Lies): My Education in Medicine and Motherhood*, by Michelle Au, MD.
- | *The Devil Wears Scrubs: A Short Comedic Novel*, by Frieda McFadden, MD.
- | *The Power of Habit: Why We Do What We Do in Life and Business*, by Charles Duhigg.

**The online resource students interested in anesthesiology and pain medicine should follow:**

The website for our team's Pain Relief & Opioid Mitigation Innovation Science Lab highlights relevant research.

**Quick insights I would give students who are considering anesthesiology and pain medicine:**

Live your best life! Your wellness directly impacts your ability to do your best for your patients.

Wellness should not depend on your environment—it should be a personal focus, irrespective of your environment.

**Mantra or song to describe life in anesthesiology and pain medicine:** “Everything Is AWESOME!!!” from “The Lego Movie,” by Tegan and Sara featuring The Lonely Island—especially these lyrics:

“Everything is awesome / Everything is cool when you're part of a team / Everything is awesome when you're living out a dream / Everything is better when we stick together.”