As a medical student, do you ever wonder what it’s like to specialize in anesthesiology? Meet Sunny Jha, MD, MS, an anesthesiologist 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 his insights to help determine whether a career in anesthesiology might be a good fit for you.

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

Learn more with the AMA about the medical specialty of anesthesiology.

Sunny Jha, MD, MS

“Shadowing” Dr. Jha
Specialties: Anesthesiology and pain medicine, regional anesthesiology.

Practice setting: Hospital.

Employment type: Independently contracting to different hospitals while also privately consulting on a variety of health care issues.

Years in practice: Nearly five.

A typical day and week in my practice: I review the procedures I'll be anesthetizing the night before. I formulate a preliminary anesthesia plan to anesthetize my patients safely and comfortably. I also attempt to identify potential pitfalls and outline strategies to avoid them.

Additionally, I formulate a plan to treat the patient's pain during the operative encounter and post-operatively. Pain management strategies can involve nerve blocks and both opioid and non-opioid medications. I look at the patient and their comorbidities and perform a risk-benefit analysis. If the procedure involves substantial risk to the patient, I make sure to voice this to the surgeon and the patient, as often they are not aware.

I usually arrive at the hospital about 30 minutes before my case begins and typically proceed to the operating room to set up the room, including preparing drugs, infusions and any special equipment I may need. I then see the patient, focusing my interaction on establishing trust and rapport while also addressing areas where I need further clarification regarding any irregularities or absences from the information in their record. I discuss the anesthetic plan with the patient and surgeon and proceed with the case.

The days can vary dramatically depending on what types of surgery or procedures I am working with. For example, working with gastrointestinal doctors, I can take care of as many as 15 patients per day, doing rapid cases with quick turnovers. On days like this, I can easily exceed 10,000 steps and be hustling for the entire day. Alternatively, if I am doing a long spine surgery, I may only take care of one patient.

Anesthesia is transitioning to a shift work type model across most hospitals, so typically, I work a defined set of hours. On average, I work 40–50 hours per week for two to three weeks out of the month. Some practices are structured where you are on a list and are relieved in a specific predetermined order, where it may be more challenging to have a predictable schedule. Alternatively, more lifestyle compatible tracks can be as simple as 7–3 daily with no weekends or call. Anesthesia does have that luxury for those looking to have a much more comfortable and predictable lifestyle.

The most challenging and rewarding aspects of anesthesiology: A difficult part of our profession...
is that you do not know if a patient is genuinely healthy and will proceed with their surgery uneventfully until they leave the hospital.

An anesthesiologist must maintain a constant state of hypervigilance. You are constantly thinking about the worst possible complications or adverse events at any given time and ready to intervene at a moment’s notice. There are complications we study, are tested on and even practice via simulations that many of us will never face in our entire career. Yet we must always keep them in our differential diagnosis.

The most rewarding aspect of taking care of patients is our rapid ability to “fix” patients, such as helping with their pain or stabilizing them when they are critically ill. As anesthesiologists, we have trained in aspects of medicine that most doctors have not, such as setting up infusion pumps and directly preparing and administering medications. Our training enables us to not rely on others to rapidly intervene in critical situations when depending on other team members to carry out tasks or waiting for an order to be approved can be the difference between life and death.

Frequently, I take care of patients who are so sick that I can spend hours with them, and they will never know the role I played in their care or even know who I am. The patient will more than likely never even say “thank you,” but you know the impact you made on their care, and that is all the gratitude you need.

**How life in anesthesiology has been affected by the global pandemic:** COVID patients have had numerous challenges associated with their care, including high sedation requirements and difficulty with ventilation and cardiac issues, which are all aspects of patient care that we perform daily. Our specialty quickly shifted from operating room specialists to assisting and often leading the COVID critical care units by placing and removing patients from ventilators, inserting invasive lines, titrating infusions, managing ventilators, and directing rounds. Many of us lacked appropriate PPE throughout the pandemic, thus risking our own lives to care for others.

During the pandemic, I had the unique opportunity to help start the Los Angeles Surge Hospital, which served as a COVID overflow hospital for Los Angeles County. My ability to analyze issues at both a micro and macro level enabled me to play a critical role in launching the hospital and then taking care of patients once it was operational. I quickly returned to my ICU training and led multidisciplinary rounds treating these complex COVID patients. Despite the challenges, the care our team delivered at the LA Surge Hospital was perhaps the most rewarding that I have ever been a part of.
Another project I have participated in is serving as a founder and leader for #ThisIsOurShot, a national movement to empower health care workers to fight against COVID vaccine misinformation, disinformation, and mistrust.

I have also advised a few Hollywood motion pictures on strategies to safely resume production during COVID.

Three adjectives to describe the typical anesthesiologist: Affable, vigilant and confident.

How my lifestyle matches, or differs from, what I had envisioned: This specialty has been great for my work-life balance. I wanted a field where I could have a somewhat flexible schedule that would allow me to take time off at a moment’s notice to attend conferences or meetings without dramatically impacting the team.

My career thus far has been incredibly unique, considering my roles and responsibilities outside of the hospital. Some of my more exciting experiences include participating in the Presidential Leadership Scholars Program, interning at the World Health Organization in Geneva, Switzerland, traveling to Iraq twice to assist in medical reconstruction efforts, joining the Council on Foreign Relations, becoming a pilot and participating in the Secretary of Defense’s Joint Civilian Orientation Conference. My career has not necessarily followed a traditional path, but that truly is what makes my journey as an anesthesiologist such an exciting experience.

Skills every physician in training should have for anesthesiology but won’t be tested for on the board exam: As an anesthesiologist, it is essential to establish rapport rapidly with patients during what, for many, is a particularly stressful time. It is also essential to be flexible and adapt to rapidly changing situations. Anesthesiologists need to be able to focus on various topics simultaneously and prioritize issues seamlessly and execute on them.

Additionally, anesthesia is very much about training your listening skills. Whether it’s the beeping of the pulse oximeter, ventilator alarms or the surgeon’s conversation, these can alert you to impending issues or serve as time markers allowing you to know how the case is proceeding.

One question physicians in training should ask themselves before pursuing anesthesiology: Can you stay in a cold room for hours at a time with minimal warm clothing and have limited access to a restroom or food and water? Joking aside, anesthesiologists should be able to handle life-threatening critical events without losing their composure or focus. Anesthesiologists need to be effective leaders during a crisis.

Books every medical student interested in anesthesiology should be reading: An excellent book
that I relied on during my anesthesia rotations was the Anesthesia Student Survival Guide, written by my friend and mentor, Jesse Ehrenfeld, MD.

I also read daily news digests that keep me in the loop on more prominent issues facing health care, our nation and the world. Some of the more medically focused daily digests I read include those published by the AMA, American Society of Anesthesiologists, Association of American Medical Colleges, Kaiser Health News, Becker’s Hospital Review and The Washington Post.

Understanding the business of medicine is essential as trainees determine how best they can provide future value in our rapidly evolving health care field. The Anesthesia Business Consultants offers a weekly digest that keeps me apprised of many business issues affecting anesthesia.

**The online resource students interested in anesthesiology should follow:** The most accessible resource I found related to the surgeries I was going to anesthetize would be to use Google by typing in the surgery name and then adding “anesthetic considerations.” I would then read a review article related to that topic or even be linked to message boards, blogs and random articles describing different approaches, controversies and pitfalls.

**Quick insights I would give students who are considering anesthesiology:** Anesthesia is a rapidly evolving specialty going through rather seismic shifts, constantly facing seemingly impossible battles. Yet we remain relevant, have growing demand and have only strengthened our essential role in health care.