RR ANESTHESIA ROTATION READY

Anesthesiology as a Career: An Honest Look for Medical Students

Written by a practicing anesthesiologist. No recruiting pitch - just what the work actually is, who tends to thrive in it, and how to find out if that's you.

What the job actually is

Anesthesiology is perioperative medicine: evaluating patients before surgery, managing their physiology minute to minute through it, and overseeing recovery afterward. The core skill is vigilance - continuous attention to a patient who, for a while, cannot protect themselves. It is real-time, hands-on internal medicine at the head of the bed, with immediate feedback on nearly every decision.

The training path

Medical school
Do an anesthesia rotation early enough to decide.

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Residency · 4 years
Intern year, then three years of clinical anesthesia training.

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Fellowship · optional
Cardiac, pediatric, obstetric, pain, critical care, regional/ambulatory.

Myths vs. reality

MYTH: You push one medication and sit down
REALITY
The case is continuous management: airway, breathing, circulation, depth, fluids, temperature, pain - adjusted the whole way through.

MYTH: No patient relationships
REALITY
You earn a frightened stranger's trust in five minutes, then protect them through the most vulnerable hours of their life. Brief, but not shallow.

MYTH: It's a solo specialty
REALITY
It's one of the most team-based jobs in the hospital - anesthesiologists, CRNAs, AAs, residents, surgeons, and nurses sharing one room and one patient.

MYTH: One room, one kind of day
REALITY
ORs, obstetrics, ICUs, pain clinics, cardiac suites, ambulatory centers - the specialty has more doors than most students realize.

Who tends to thrive

- People who love physiology and pharmacology in action, not just on paper.
- People who like procedures with their thinking - airways, lines, regional blocks.
- People who stay calm and methodical when things change quickly.
- Team players who don't need to be the loudest person in the room to matter.
- People who like immediate feedback: you see your decisions work in minutes, not months.

The honest trade-offs

- Call and early mornings are real - the OR starts on time, and emergencies don't schedule themselves.
- The work is often invisible when it's done well. If you need public credit, this will bother you.
- Long stretches of stability punctuated by moments demanding everything you know - some find that rhythm energizing, others find it stressful. Meet yourself honestly.

How to find out if it's you

- Do an anesthesia rotation, and show up prepared - the difference in what you'll see and be shown is enormous.
- During cases, ask attendings: "What do you love about this job? What would you change?"
- Try to follow one patient the whole arc: pre-op interview, induction, maintenance, emergence, PACU.
- Notice how you feel during induction. If the choreography of it grabs you, pay attention to that.