

Career Development through Adversity

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I realized this year that most of our current anesthesia residents started medical school during the COVID-19 pandemic. It's often difficult to remember how much has changed within the hospital since 2020. Reminiscing with colleagues can come across as sharing "old war stories," describing ORs converted to ICUs and providers sleeping in basements separated from families for weeks on end. The impact of these events is often difficult to understand, even for those who experienced it. With each passing day, however, we integrate clinicians who were still training, or yet to be trained, during the

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height of the pandemic. As a young clinical researcher trying to launch her career in 2020, my experiences were similarly unfamiliar and odd – navigating struggles in both research and clinical roles. Recognizing that we, as a specialty, need to be responsive to fostering a continued healthy workforce with both research and clinical specialists, it's difficult to do so without recognizing the challenges the COVID pandemic presented.

Having entered anesthesiology to care for and improve the lives of individual patients, I've found research to have the potential to improve lives on a larger scale. Thus, when I received my first career development award from the Foundation for Anesthesia Education and Research (FAER) in 2020, cofunded

by the Society of Academic Associations of Anesthesiology and Perioperative Medicine (SAAAPM), I was ecstatic to gain external support on my journey. I had the career development plan down on paper with quarterly milestones, formal in-person didactic training, and a timeline that seemed error-proof. My research plan was ready to go with a team familiar with working together and who had reviewed and critiqued my aims in submission. But what I and so many others following a pre-COVID formulated research plan learned was that we had to navigate so many factors out of our control.

Career development awards are key to growth because they provide extra training, time, and mentorship in addition to other forms of intangible support. So, how does this translate in a period of ICU admission surges, staffing shortages, and social isolation? The answer is, awkwardly. The most prominent aspect of the COVID-19 pandemic as an anesthesia intensivist (or, frankly, anyone working within the hospital) was the admission surges. This was an additional strain on already tightly run ICU groups. We were working to train non-ICU physicians in basic ICU management skills and responding to increased clinical needs throughout the hospital. As a researcher with more protected time than my colleagues, I became heavily involved in teaching and clinical support. However, this further strained my ability to maintain protected time dedicated toward research activities and career development. This isn't a unique stressor for early career investigators – balancing clinical needs against research activities – but, like so much else, it seemed accentuated by the pandemic. While difficult at the time, it was and remains an important factor to learn to navigate early on. Potential distractions are infinite if you don't have solid footing.

Much like the waves of the COVID-19 pandemic that came every couple months, so came research and career development milestones. It felt like mine were altered every quarter and fell further behind. In-person learning became virtual classes watched after nightshifts. Delays in data extraction were a given as our collaborators set up home offices and learned how to access data remotely. Conferences and networking events were canceled for almost the entirety of my award period. The need to shift to different studies or delay

the launch of others within the hospital became the norm to mitigate staffing shortages. My milestones and these barriers became more difficult to navigate than I expected. What was also not evident to me at the time was that my experiences were not unique, with others facing the same obstacles. However, despite these changes, it felt as though the expectations didn't adjust.

Mentorship teams and funders who understood these unique situations were vital to me. I had formulated a team of content experts to drive my research and development, and I felt as though I was constantly letting them down. It's easy to hear that delays are expected and opportunities will come again, but it's harder to believe in



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opportunities that distract from my goals or conflict with my timing. These and other skills conveyed by my mentorship team helped to demonstrate how to be a lifelong clinician and researcher.

While these lessons are difficult to present in a biosketch – and the seemingly glaring gaps in my post-COVID manuscript submissions remain a point of critique from review committees – they're part of my growth as



real time. As often happens, I relied on my mentorship team to field my personal struggles as much as to support my study aims. I'm grateful for the patience and grace as well as the many opportunities that helped guide my career development – recognizing it was not all delineated as such within my career development plan. Despite the hurdles, my mentorship team ensured that I learned the foundations of being a clinician-scientist – balancing professional obligations with individual lives and the needs that change over time. I've used these foundations to pursue more independent funding that I hope will continue to advance patient care and my development as an independent investigator. I've learned how to turn down op-

an investigator that I likely wouldn't have had without the training, time, and mentorship I was awarded. As I look to the future and mentoring junior investigators, I'm reminded that career development takes many forms. Hopefully, there isn't another global pandemic, but there will inevitably be scores of individual stressors to navigate. As we mentor and foster future clinicians and researchers, I hope lessons in perseverance and patience persist so that we can maintain healthy environments in which we fail, change direction, and continue toward advancing patient care through clinical and research efforts. ■

Disclosure: Dr. Boncyk is a consultant for Sedana Medical.