

ABCs of anaesthesia private practice: Adapting, building and conquering

DIVING DEEP INTO PRIVATE PRACTICE: SWOT ANALYSIS

Strengths: Private practice offers significant exposure to cases in compromised settings,^[1,2] fostering the confidence required to manage cases independently. It provides the autonomy to select cases and operate according to personal terms and conditions. Unlike institutional settings with rotational duty schedules, private practice allows for a broader exposure to diverse cases than corporate environments, which may have limited work in particular specialities, resulting in less exposure to various cases.

Weaknesses: Weaknesses include financial exploitation, lack of security, fear of being replaced by colleagues and apprehension about working alone.^[2] Some setups are located in remote areas, are only accessible by two-wheelers and have significant parking challenges.^[3] Owners are often unwilling to improve because some colleagues are willing to work under these conditions. As a collective, we need a strong resolve to drive improvement. Research opportunities are limited in small peripheral setups and are primarily feasible in institutes or corporate settings due to restricted funding, limited access to journals and insufficient team support.^[3] Efforts to enhance research through continuing medical education (CME), workshops, conferences and discussion forums have not succeeded in private setups. Consequently, anaesthesiologists inclined towards research should consider corporate environments. In addition, teaching opportunities in private setups are very limited.

Opportunities: The chance to handle various cases according to your preferences, the freedom to decline to work with specific surgeons and the potential to earn a competitive income from the start of your practice are the opportunities.

Threats: Being involved in a medicolegal case can jeopardise the practice and career of an anaesthesiologist.^[4] This risk often stems from inadequate preanaesthetic assessment, seeing the patient only on the day of surgery or sometimes on the

operating table and poor airway management due to insufficient instrument availability. Additional issues include leaving the operating theatre before the surgery is complete, being unavailable for emergency calls and having poor communication skills. Anaesthesiologists cannot often communicate effectively with patients, spend time with them and show empathy. Furthermore, there is no support system available as in institutional or corporate setups.

In the past, the foundational principles that underpinned the establishment of a thriving private practice (ABCDE) were thought to be as follows:

- A. Availability: The more available you are, the more cases you will get.
- B. Behaviour: Your overall behaviour towards the surgeon and the hospital influences the number of cases you receive.
- C. Cost: Those willing to work for a lower cost for the same surgery are preferred.
- D. Discipline: Preference is given to those who see the patient preoperatively, arrive on time and stay until the patient is transferred.
- E. Experience: It was previously thought that the number of cases would increase with experience, emphasising the importance of experience.

These pillars for a successful private practice in anaesthesiology can be redefined (as ABCDE) in light of the present scenario as follows:

- A. **Attitude:** Maintain a respectful attitude, as the relationship is mutually dependent; surgeons need us as much as we need them.
- B. **Behaviour:** Always be polite and sensitive. Never discuss a colleague's complications with your surgeon.
- C. **Comprehensive care and growth:** Anaesthesia now focuses on comprehensive patient care, not just intraoperative management. Demonstrate the value of your care and charge accordingly.^[1] Follow the new private practitioners forum guidelines and charge structure. Strive for growth in terms of income, respect, peer recognition, knowledge and skills.^[3] Focus on academics, allocate time for CME, and learn new guidelines and techniques. Consider starting evening outpatient clinics for preanaesthesia checkups.
- D. **Discipline:** Manage cases comprehensively, including preoperative, intraoperative,

postoperative pain and intravenous fluids. Engage in group practice with like-minded colleagues to distribute workload and reduce stress. Keep records of cases and aim to publish case series or reports.^[5] Avoid using your mobile phone in the operating theatre.

- E. Expertise:** Expertise is crucial; experience alone is not enough. Stay updated by attending CME and workshops to learn about new advancements. Learn to administer anaesthesia safely by incorporating new advancements.^[6] Approach challenges with a commitment to maintaining the highest patient safety standards and ensuring your protection.^[1]

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