Big ideas start somewhere. It can come from stories we share, questions we ask, and conversations that matter most.

The goal of this special issue is to highlight the diversity of scholarship in anesthesiology, and to highlight the bright potential of anesthesiology research.

We expect our residents to be superb clinicians, and that is what they become. This is what we make, and it is good—it is just incomplete. Both the university and the non-university anesthesiologist in practice must have been taught and understand research to be able to sort valid information from invalid. We prepare our graduate medical education students to learn about clinical research so that regardless of whether they stay in academic medicine or fulfill society's need for clinical practice, they are optimally prepared.

Despite the depth and breadth of scholarship in anesthesia and perioperative care, there are several challenges that warrant consideration: maintaining and growing the anesthesia research workforce, threats to rigor and reproducibility, the need for multicenter research, and the introduction of emerging research methods.

With an estimated medical knowledge doubling time of just 79 days, maintaining fluency with research methodological approaches is a formidable task. As anesthesia research has expanded to fit the full translational spectrum and as it has turned its attention to the full continuum of perioperative care, new methods have been introduced to the field. For example, qualitative and mixed methods approaches are commonly used in social science research, but they have achieved only modest penetration in anesthesia research. Machine learning and "big data" approaches bear promise in uncovering associations between perioperative exposures and outcomes, but require sophisticated software packages. Educational research in anesthesia is also growing, driven in part by interest in the use of ultrasound, changes in work hours restrictions, and a growing appreciation for resident burnout and wellness. This type of research may involve mixed methods and quasi-experimental study designs.

We invite you to read through our stories and appreciate the translational spectrum and the breadth of clinical settings in which anesthesia providers now practice.

Lastly, in my thirty-five years in anesthesiology, I have certainly found this to be true for progress—*remaining curious*. As medical professionals, we are "given the trust to see human beings at their most vulnerable and serve them." That trust is sacred, should never be forgotten, and should inform our every attempt to serve "all as equals" and cultivate our quest for **providing the best care available**!

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