

### Women in Academics

Continued from previous page

or have taken time off to quarantine from children and other family members, all from their allocated vacation time. Others have had to juggle single parenting or single wage earner positions during the pandemic and are close to burnout. Traditionally, women are also caring for elderly parents who may be sick or in quarantine (*J Intensive Care Soc* 2020;21:12-7).

### Stress and bias perceptions

Women, minorities, and younger physicians also experience unconscious systemic biases and stress to a greater extent than the larger physician population (asamonitor.pub/32P3zzV). These perceptions need to be better explored and understood before interventions can be designed. It is more effective to engage different groups of the workforce rather than simply employ blanket diversity initiatives. “Cognitive dissonance” can be corrected when behaviors of change are encouraged and rewarded. Mentorship, coaching, and sponsorship are other ways to chip away at biases in academics and researchers. Structured mentorship programs are better at accomplishing this than asking individuals to find their own mentors; however, studies published in *Harvard Business Review* men-

tion how it is more difficult for women and minorities to find willing and enthusiastic mentors (asamonitor.pub/32P3zzV).

### Equitable solutions to ensure fairness and balance

There is a need for greater gender equity in academics and research. The COVID-19 pandemic has made the “flawed narrative of life-work balance” in medicine glaringly apparent. Women physicians do not have trouble balancing competing demands any more than men physicians do; the pandemic is requiring additional adjustments to the professional lives of all physicians. It is simply a more common expectation that women physicians will adjust their professional and personal lives to fit their roles at work and home. “Women and men physicians should be able to share the joy and the work of their lives equally. The COVID-19 pandemic may just be the catalyst needed to achieve that goal” (*JAMA* 2020;324:835-6).

Some suggestions proposed to improve representation by women academics are that (*J Respir Crit Care Med* 2017;196:425-9):

- “Various professional societies establish diversity policies for populating speakers in meetings and panels
- Journals adopt a more diverse Editorial board and encourage a balanced representation of work by gender



- Authors document and journals report the principles and methods of panel composition for professional document development
- Gender parity policies be incorporated into bylaws and policies with targets

which reflect the adequate representation of women and minorities

- Training on diversity and unconscious bias be available for all academics, especially those in leadership positions.” ■

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### Perioperative opioid sparing pathway versus standard care (February 2021)

Standardized protocols are increasingly used to reduce unnecessary opioid prescription after surgery. Benefits of such a protocol were demonstrated by a retrospective study of 600 surgical patients that compared patient reported outcomes in those who participated in an opioid sparing postoperative pathway versus those who received standard care [1]. Patients in the opioid sparing pathway received fewer opioid pills postoperatively (median 4 versus 20 oxycodone tablets), reported less postoperative pain, and had similar satisfaction. Forty percent of patients in the opioid sparing pathway received no postoperative opioids. Conclusions from this study are limited by the lack of data on intraoperative analgesic strategies.

### Ventilation of COVID-19 patients using anesthesia machines in operating rooms (March 2021)

Due to shortages of ventilators and intensive care unit (ICU) beds, some patients with COVID-19 have been ventilated with anesthesia machine ventilators in operating rooms (ORs) or nearby areas. In a study in which individual ORs were

used to accommodate multiple patients with COVID-19 who needed mechanical ventilation (133 patients over approximately 7 weeks), the estimated probability of survival 30 days after admission was 61 percent, which was comparable to rates reported in other settings. This result suggests that conversion of ORs to ICU beds is a reasonable option during critical shortages of ICU ventilators and beds [2]. Challenges related to this practice included obtaining adequate medical gas supply and converting positive pressure ORs into negative pressure rooms.

1. Anderson M, Hallway A, Brummett C, et al. Patient-Reported Outcomes After Opioid-Sparing Surgery Compared With Standard of Care. *JAMA Surg* 2021; 156:286.
2. Mittel AM, Panzer O, Wang DS, et al. Logistical Considerations and Clinical Outcomes Associated with Converting Operating Rooms into an Intensive Care Unit during the Covid-19 Pandemic in a New York City Hospital. *Anesth Analg* 2020.

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