

and self-care. Caring for colleagues with distress, depression, SUD, and suicidal risks is critical, as are peer-support programs for second victims. Robust resources for anesthesiologists' well-being exist via ASA and the American Medical Association, along with national suicide prevention hotlines.

## Psychological safety

Psychological safety describes the felt permission for candor that enables teamwork to thrive and for others to speak up – to disagree with the leader, ask for help, and admit errors without the fear of being humiliated, blamed, or ignored. Psychological safety exists at the group level; the local authority figure has the

## So, What Exactly Is Psychological Safety?

### The ability to:

- Ask questions
- Share concerns
- Admit mistakes
- Request help
- Raise dissenting views

### Without the fear of being:

- Humiliated
- Blamed
- Ignored

### It is NOT:

- The same as a “safe space”
- Freedom from conflict
- Always easy
- A license to inflict harm
- Elimination of hierarchy
- The absence of accountability

most powerful influence on the climate of the team environment. In the OR, anesthesiologists are in a crucial position to create psychological safety. They can

ask open-ended questions to encourage contribution, such as, “What do I have wrong about this?” Always appreciate the thoughts and suggestions offered and

be willing to discuss. Such actions highlight to the team that they have been heard, not ignored, and serve as learning moments. ■



All references, resources, and recommendations from these authors on these topics can be accessed via the QR code.

Report medication errors related to medication shortages:

- [ismp.org/report-medication-error](https://ismp.org/report-medication-error)
- [forms.asahq.org/81783710213149](https://forms.asahq.org/81783710213149)

## The Pulse: Obesity Care and Gastric Emptying

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contents retained with those recommendations, though many more undergo uneventful anesthetics. Clinical experience of obesity medicine experts is that there is wide variability in dose response and in side effects for these drugs. They must be tailored carefully, and we suggest that our drug hold times and NPO times will have to account for this variability. Objective measures via gastric ultrasound of stomach contents or similar procedures must be added to our preoperative assessment

for these patients to improve good decision-making and minimize both risk and unnecessary cancellations. Longer fasting for solids may prove effective, but controlled research regarding emptying times and which patients are at highest risk is required. Potential consequences of holding the drugs for prolonged periods of time should also be defined. We need to work with other groups of experts (obesity medicine, endocrinologists, pharmacologists, etc.) to refine our guidelines.

Now is a thrilling time for the treatment of obesity, with amazing breakthroughs in knowledge, surgery, pharmaceuticals, and a

growing community of experts in the field certified by the American Board of Obesity Medicine. But we have many miles to go, fighting the high incidence, myriad causes, and barriers to treatment. The GLP-1s are the start of many new anti-obesity drugs coming through the pipeline, to which we must adapt, just as we have with many other challenging drugs. As physicians, we owe it to our patients to educate ourselves and play an active, positive role, especially in how we treat our patients and each other. We must encourage our patients to continue accessing good, unbiased health care. Having

obesity is not a personal failure. Treating it is legitimate and necessary. ■

**Disclosure:** Dr. Fitch is an advisor for Novo Nordisk, Eli Lilly, SideKick Health, Jenny Craig, Vivus, Currax, and Carmot.

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Contribute to The Pulse: If you have a news tip on a “hot topic” within your committee or specialty area, please share with the ASA Monitor’s editorial staff via the form at [asamonitor.pub/ThePulse](https://asamonitor.pub/ThePulse) or emailing Robin Hovevar at [robin.hovevar@wolterskluwer.com](mailto:robin.hovevar@wolterskluwer.com).

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### Thoracic epidural analgesia for cardiac surgical patients (September 2023)

Neuraxial analgesia is not generally employed for cardiac surgery in the United States due to concerns about spinal epidural hematoma (SEH) after systemic anticoagulation for cardiopulmonary bypass. However, a recent meta-analysis including 51 randomized trials in cardiac surgical patients noted thoracic epidural analgesia (TEA) was associated with shorter lengths of stay in the intensive care unit and hospital (by approximately seven hours and one day, respectively), as well as lower pain scores and rates of delirium, transfusion, arrhythmia, and pulmonary complications.<sup>1</sup> No trial reported a case of SEH. These findings support the use of TEA in cardiac surgical patients.

### Aerosol generation during noninvasive respiratory support modalities (October 2023)

Studies have reported conflicting data as to whether high levels of aerosols are generated when noninvasive ventilation (NIV) or high-flow nasal oxygen (HFNO) is used. In a 2023 systematic review including 12 studies in patients with respiratory infections and 15 studies in healthy volunteers, use of NIV or HFNO was not

associated with increased generation of pathogen-laden aerosols compared with controls with unsupported normal or labored breathing, low-flow nasal oxygen, or oxygen or nonbreather mask.<sup>2</sup> Inconsistency among studies may reflect differences in sampling and detection methodologies and operating room ventilation. Notably, the National Health Service in the United Kingdom has removed mask ventilation, intubation, and extubation from its list of aerosol-generating procedures.

1. Chiew JK, Low CJW, Zeng K, et al. Thoracic Epidural Anesthesia in Cardiac Surgery: A Systematic Review, Meta-Analysis, and Trial Sequential Analysis of Randomized Controlled Trials. *Anesth Analg* 2023; 137:587.
2. Zhang MX, Lilien TA, van Etten-Jamaludin FS, et al. Generation of Aerosols by Noninvasive Respiratory Support Modalities: A Systematic Review and Meta-Analysis. *JAMA Netw Open* 2023; 6:e2337258.

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