Depth of Anesthesia: A Podcast Project to Improve Perioperative Patient Care

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As of June 2021, we have published 25 podcast episodes exploring a range of clinical controversies in anesthesia from the efficacy of cricoid pressure to the safety of cefazolin in penicillin-allergic patients. Podcasting has emerged as an influential modality to disperse information. It has gained popularity in Free Open Access Medical (FOAM) education. A podcast is a digital audio file, often available as a series, that is available for download. It is a unique form of engagement that provides flexible, self-paced, and self-directed learning during times that might otherwise not be used for studying (e.g., running, washing dishes, driving) [1]. While podcasts have been discussed in medical education literature for over a decade, evidence suggests that a full spectrum of medical education learners in various specialties are engaging in podcasts as part of the journey of lifelong learning [2,3]. In a survey of emergency medicine residents, listening to podcasts was the most popular asynchronous teaching modality and endorsed as the most beneficial [4]. Another study of internal medicine residents revealed clinical pearls as the most important feature of a podcast and offered a framework for creating podcasts for clinical topics specifically [5]. In anesthesiology, learners are interested in basic science, clinical, and professional topics, highlighting the versatility of this platform [6,7]. This modality may also be beneficial in teaching procedural skills [8]. In perhaps a recognition of a paradigm shift of knowledge dissemination, a number of journals including Anesthesiology and British Journal of Anesthesia have started producing podcasts.

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Each Depth of Anesthesia episode starts with a case that introduces a common clinical scenario in which one or multiple claims are embedded. We ask our guest(s) to identify the relevant claims and for our audience to consider two questions: What is the level of your agreement with the claim(s), and what is the level of evidence for what you believe? Our first episode, published in April of 2019, delved into the primary literature to explore the evidence behind the claim that adequate mask ventilation should be established before administering paralytics. We believe that for each claim in anesthesia, we should know what is supported or refuted by evidence and what claims have no evidence base but are nonetheless prudent because they follow logically from current knowledge. Our mission has been to help clinicians identify these claims, become curious, and question their own practices, with the ultimate goal of improving patient care.
we hope to explore and study the role of podcasting in improving knowledge retention, shaping clinical practice, and informing on the latest literature. Our goal is to bring dialogue around the topics we explore on the podcast to operating rooms around the world and to inspire our audience to explore the evidence underlying our practices. All our podcasts are available at depthofanesthesia.com (Figure 1) or on any major podcasting platforms (e.g., Apple Podcasts; Spotify Podcasts). Connect with us on social media (Twitter: @depthanesthesia; Instagram: @depthofanesthesia) or by email (depthofanesthesia@gmail.com). Explore our recently published discussion on the literature surrounding the safety of low-flow anesthesia with sevoflurane [16]. And consider joining us as a guest if you’re interested in exploring a claim with us. We hope you join us on our mission to help anesthesia clinicians think more critically about what we do every day.

Conflict of Interest Statement

None.

References


Citation: Hao D, Agyeukem D, Joshi A, Konefka DS. Depth of Anesthesia: A Podcast Project to Improve Perioperative Patient Care. Transl Perioper & Pain Med 2021; 8(4):372-374

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Additional publication details
Journal short name: Transl Perioper & Pain Med
Received Date: June 21, 2021
Accepted Date: July 05, 2021
Published Date: July 15, 2021