



Self-Timed Six-Weeks Walking-Steps Data Of A Medically Directing Anesthesiologist

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My opinion

For as long as I can remember, I have always been a keen walker well before realizing that American Heart Association recommends walking for health [1-2]. It seems that our evolutionary past is persisting within our genes that helped survival of our ancestors as modern humans coming out of Africa on foot to populate the whole world on foot. I always assumed that staying long hours at work may not provide me enough time to walk and keep up my daily needs and requirements of steps after-work. Although I have not calculated my after-work steps, they are certainly going to be way lower of what I have achieved at work considering that since pandemic I have limited myself to home indoors once I am at home except for driving back and forth to work almost every day and to stores for essential amenities almost every month. While always watching television on couch and sleeping in bed with cooking only once in a while, one can walk just so much while at home indoors unless one religiously walks on treadmills mornings (rarely if ever) and evenings (maybe only maybe).

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During my self-timed six-weeks (42 days), I had 27 shifts including seven 24-hour-long call days with post-call day-offs. Per online calculation [3], I achieve 2225 steps per mile with 111 steps per minute as my average walking pace. Using 3DFitBud Simple Step Counter Walking 3D Pedometer with Clip and Lanyard, A420S [4], I walked 4-24 steps per minute (221-1423 steps per hour or 0.1-0.64 miles per hour) accumulating 2047-13399 steps over the whole shift which spanned over 275-1544 minutes during my self-timed six-weeks. Effectively, I was spending 8.25 hours per day at work averaged over 42 days which means that ~ 8 hour/day was available after-work for the unmet needs of my daily walking steps assuming ~8 hour/day being used for sleeping after-work. Thereafter, the number of steps walked in the whole shift converted to the total number of minutes walked during the whole shift resulted in me walking only 3%-21% of my shift time (18-121 minutes) with lower % (minutes) mostly on 24-hour-long call days which include overnight hours. As my screen time and device use while walking is zilch and I am always working on

or watching the screen when I am neither walking nor managing patients, it means that I had at a minimum 3%-21% of my shift time (18-121 minutes) as off-screen time until I can further add yet unknown and yet unquantified napping time during down-time as off-screen time too [5].

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This data may be saying something. The adversity of absent well-defined workstations for anesthesiologists creates wonderful wandering opportunity for them to self-define workstations on their own for themselves especially when the unchanged infrastructure allows more than enough flexible workspace opportunity while enduring shortage of personnel with correspondingly decreasing number of patients. These self-defined workstations may be neither too near nor too far but just well-spaced enough to provide them extra walking steps without compromising medical direction of anesthesia providers safely and directly providing anesthesia care to patients under them.

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So, the questions arise whether it remains ok to keep self-defined workstation say instead of 55 steps away from procedure rooms to 166 steps away from procedure rooms; and whether it will be better to care for more patients whose multiple management needs up-drive anesthesiologists' walking steps; and whether it will be better to have adequately trained anesthesia providers in procedure rooms for whose medical direction immediate availability time increasing from 30 seconds to 90 seconds does not interfere with patient safety unless working within large teams of medically directing peers adequately and appropriately buffering the 30-90 seconds immediate availability time. Interestingly, medically directed anesthesia providers inside procedure rooms may only increase their walking steps by having walking treadmill in their workspace within the procedure rooms as long as such treadmills do not become safety risks and occupational hazards within the procedure rooms. Interestingly, personal protective equipment during pandemic almost becomes workout training mask with the added walking steps.

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Some more questions remain whether step rate averaged across the whole shift may matter because it

is not yet deciphered whether say walking 7000 steps in one hour every day on treadmill followed by only 3000 steps in 15 hours every day and obviously no steps while sleeping 8 hours every day (total 10000 steps per day) is going to be any different from walking 625 steps per hour for 16 hours every day followed by 8 hours sleep every day (total 10000 steps per day) unless inadvertent movement of legs during sitting and sleeping can get counted and can be counted towards daily walking step counts.

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Essentially, we must self-time our walking-steps while working to fine tune our working as well as our walking not only for our patientsâ€™ safety but also for our personal health as well.

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