



# SLEEPY TIMES

VOLUME 10, ISSUE 4 APRIL 2016

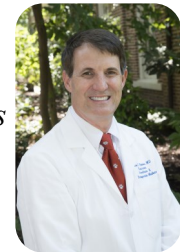


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## Message from the Chairman: *Creating Legacy Opportunities*

-SCOTT T. REEVES, MD, MBA



Over the past couple of years, I have attempted to highlight our ability to create and recognize legacy opportunities within the department. This month we held the kick off for the Charlie T. Wallace Endowed Chair in Pediatric Anesthesia and Perioperative Medicine fund raising efforts (see page 3). Some maybe asking what exactly does an endowed chair position allow the department to accomplish?

In order to better articulate an answer to that question, I did a Google search and came upon the following site: [Please Click Here for Website Link](#). A portion of the site was modified to fit an academic medical center and is included below.

### What is an endowed chair or professorship?

It is the highest academic award that the University can bestow on a faculty member, and it lasts as long as the University exists. Thus, it is both an honor to the named holder of the appointment and also an enduring tribute to the donor who establishes it. The Benefits:

### TO THE UNIVERSITY

Endowed faculty professorships and chairs are crucial for recruiting and retaining the highest-quality faculty. The greatest institutions have the best minds, the most-creative researchers and the most-engaged teachers. Building a mighty base of faculty talent enriches the academic environment, which attracts the brightest students.

### TO THE PROFESSORS

Recognizing the continued contributions of senior-level faculty as well as providing funds to push the frontiers of their scholarship are key functions of the endowed positions. The funds can propel education, research, or create opportunities for collaboration with scholars around the world.

## MESSAGE FROM THE CHAIRMAN: CREATING LEGACY OPPORTUNITIES CONTINUED . . .

### TO THE STUDENTS

One professor or chair can touch hundreds of lives through the students, residents and fellows they teach and mentor, or through their own academic work. Having endowed faculty means we all get to rub elbows with the most talented scholars in the world.

### TO BUSINESSES AND CORPORATIONS

In a rapidly changing world, corporations realize the pace is often driven by the private sector, but much of the long-term thinking, basic research and most fundamental discoveries occur inside universities. Corporations support endowed chairs to give back to institutions that provide them with creative talent. The relationship also connects corporations with professors, researchers and students who can inspire innovation and creative ideas in a competitive environment.

### TO PRIVATE DONORS

Donors provide funds for the overall improvement of the university, but some have personal interests in specific areas of study. By funding endowed chairs, donors can convene the brightest minds to focus on particular problems or issues and spur advances in those areas.

Q: What does an endowed chair do for the Department of Anesthesia and Perioperative Medicine?

A: As the department continues to grow in regional and national status, having endowed chair positions allows us to recruit and retain highly competitive faculty at the Professor and occasionally the Associate Professor level.

Q: What does holding a named chair mean to a faculty member?

A: It provides a means of recognizing not only the individual in which the position is named after but also the holder of the chair. It allows a steady funding source of ~5% of the total value per year to advance key educational, research or other areas of innovation of their own scholarly work.

Q: Why do donors make gifts to create and endow professorships and chairs?

A: The department has used the establishment of endowed chairs to recognize the substantial contributions of individual faculty over the years who have made a lasting impact on the department. The continual programmatic support from the endowments will allow the department to strategically address areas ripe for innovation, research and growth.

**Please take a minute to consider giving to the Charlie T. Wallace Endowed Chair in Pediatric Anesthesia and Perioperative Medicine via the pledge sheet found on page 5.**

## THE CHARLES T. WALLACE, M.D., ENDOWED CHAIR IN PEDIATRIC ANESTHESIOLOGY AND PERIOPERATIVE MEDICINE



The MUSC College of Medicine is seeking to pay tribute to the career of a distinguished alumnus, longtime faculty member, and outstanding public servant by establishing a new endowed chair in his honor: The Charles T. Wallace, M.D., Endowed Chair in Pediatric Anesthesiology and Perioperative Medicine.

In addition to the practice of medicine, Dr. Wallace also led a “second career” as a tireless public servant that included eight years in the U.S. Air Force Reserves, 26 years on Charleston County Council and varying terms of service on the board of the Trident Community Foundation, the Trident Chamber of Commerce, the Franklin C. Fetter Health Center, the Charleston Museum, the Charleston County Library, the S.C. Ports Authority, the S.C. Law Enforcement Training Council, the Carolina Art Association, and many others.

Dr. Wallace has received many honors and awards for his service, including three Physician’s Recognition Awards from the American Medical Association, the Order of the Palmetto from South Carolina Governor Mark Sanford, and an appointment as Commencement Grand Marshal by the Medical University. Now the University wishes to create a permanent tribute to Dr. Wallace through the establishment of this endowed chair.

Specifically, the Department of Anesthesia and Perioperative Medicine has committed \$1.5 million to establish a \$2 million endowed chair to ensure that the department continues to enjoy world-class leadership in perpetuity. We are now asking the department’s alumni, former residents, and other supporters to provide the remaining \$500,000 needed to bring the chair up to full endowment.

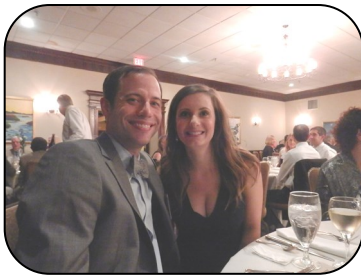
If you would like to honor Dr. Wallace’s legacy as a teacher, mentor and leader in the field of anesthesiology and perioperative medicine, please make a gift using the gift form on page 5, or online at: [Please Click Here for Website Link](#). For further information, please contact Terry Stanley, Associate Dean for Development, MUSC College of Medicine at (843) 792-3937 or stanleyt@musc.edu.

## THE CHARLES T. WALLACE, M.D. ENDOWED CHAIR FOR PEDIATRIC ANESTHESIOLOGY EVENT





# THE CHARLES T. WALLACE, M.D. ENDOWED CHAIR FOR PEDIATRIC ANESTHESIOLOGY EVENT CONTINUED ...





*THE CHARLES T. WALLACE, M.D.  
ENDOWED CHAIR IN PEDIATRIC ANESTHESIOLOGY AND PERIOPERATIVE MEDICINE*

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**PLEDGE AGREEMENT / GIFT FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**ONLINE:**

To make a gift online, go to [www.musc.edu/giving/com](http://www.musc.edu/giving/com), select the "Make a Gift" button in the left column and select the "Charles T. Wallace, M.D., Endowed Chair in Anesthesia and Perioperative Medicine" from the drop-down menu.

**GIFT PLEDGE**

I would like to pledge \$ \_\_\_\_\_ payable over \_\_\_\_\_ months / years (*circle one*) to the **Charles T. Wallace, M.D., Endowed Chair in Anesthesia and Perioperative Medicine.**

**My initial installment of \$ \_\_\_\_\_ is enclosed.**

Please send me reminders to the above address in: JAN FEB MAR APR MAY JUNE  
JULY AUG SEPT OCT NOV DEC

**CREDIT CARD**

I would like to make my gift/pledge of \$ \_\_\_\_\_ by credit card.  
 Visa / MC / AmEx / Discover Card #: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ Security #: \_\_\_\_\_

**CHECK**

I would like to make a gift /initial pledge installment of \$ \_\_\_\_\_ by personal check.  
 (Please make checks payable to the **MUSC Foundation** and designate your gift for the **Charles T. Wallace, M.D., Endowed Chair in Anesthesia and Perioperative Medicine.**)

Please forward this form and your payment to: **The MUSC Foundation**  
 18 Bee Street, MSC 450  
 Charleston, SC 29425

Signature: \_\_\_\_\_ Date \_\_\_\_\_

## PALMETTO HEALTH INITIATIVE MISSION TRIP

**BY: CAREY BREWBAKER, M.D.**

Joel Barton, Dale Carter, and I were fortunate for the department to sponsor us to go on a medical mission trip for a week in Nicaragua this past February. Our group consisted of about 20 people including orthopedic surgeons, anesthesiologists, physical therapists, nurses, nurse practitioners, physician assistants, and device reps. Over 4 days, our group did 28 knee replacements on patients who wouldn't have otherwise been unable to have such an operation. While there is (from what I could tell) a decent healthcare system in Nicaragua, the hospitals and clinics are only able to provide essential services and more basic procedures; thus, a knee replacement is out of their scope of practice (not

to mention the cost of the implants themselves). Our patients had a variety of problems, including rheumatoid arthritis with severe deformity of multiple joints, acromegaly, trauma with deformity, and osteoarthritis. While we were provided with adequate facilities, our group traveled with a great amount of luggage as we brought most of the surgical equipment. With us as anesthesia providers, we packed extremely light, and our supplies consisted of spinal needles, local anesthetic, chloraprep, sterile gloves, and a portable ultrasound. For the anesthetic, we placed spinals in the preoperative holding area and transported them back to the OR where the vast majority of patients underwent the procedure without sedation, even when it was offered to them. The procedures were extremely quick (about an hour from incision to bandage), and upon arrival in the PACU we would perform an adductor canal single shot nerve block.

I did improve my regional skills with so many cases over a short period of time, (not to mention using 25 or 27 gauge spinal needles without an introducer... (we assumed incorrectly that there would be 18 or 20 gauge needles for us to use at the hospital). For me, I think the most valuable part of the trip for me was what I learned interacting with the patients and the hospital staff. Each day we had one of their CRNAs (which they refer to as an anesthesia "tech") who would help us out in the OR, and I learned a lot from both of them about how they perform anesthesia and what their healthcare system is like. In fact, I was extremely impressed with their knowledge of anesthesia and medicine in general, and I think they were impressed with some of the techniques and procedures I described us doing at MUSC. Neither of the CRNAs spoke much English, and I was incorrectly introduced to one of them by Dr. Weinheimer, our anesthesiologist from East Cooper, as "Anastasia." After about 30 minutes of me calling her "Anastasia," she informed me that her name was actually Ethel and I was calling her "Anesthesia." We had a good laugh about that as I informed her of our displeasure at home when we are addressed by the surgeons or OR staff as "Anesthesia".

I can't emphasize enough how grateful and cheerful our patients were. As I mentioned above, most of them declined versed when I offered it to them and instead would chat with me during the procedure and inevitably ask when we would be coming back to perform an operation on someone they know or replace their other knee. Furthermore, their willingness to get better and work with physical therapy was inspiring. Very few of the patients complained of any pain before discharge and worked aggressively with our physical therapists; in fact, our one patient who had a bilateral knee replacement was walking on postoperative day 1. While my high school Spanish teacher would likely not be impressed with the ability to which I can speak currently, I was pleased with how my Spanish improved over the week as I tried to speak Spanish almost exclusively with the patients as well as their OR staff.

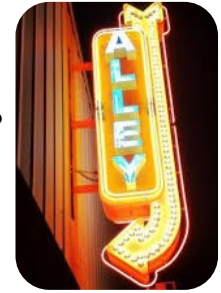
My experience was very positive, and I hope to have a chance to go back in the future. The group that organized our trip, Palmetto Medical Initiative (PMI), did a fantastic job with the logistics; and I felt very safe and comfortable with our travel, accommodations, etc. I would definitely encourage anyone with an interest in global health to go if they have the opportunity.





# ANNUAL FACULTY VS RESIDENT BOWLING TOURNAMENT

**BY: GRAYCE DAVIS, M.D. AND ROBERT HARVEY, M.D.**



On February 24, 2016, for at least the 9th time since the advances of modern record keeping (Sleepy Times only dates back to late 2007), the faculty and residents of the Department of Anesthesia gathered to determine the victor in the annual bowling tournament. With nature anticipating the showdown that was to come, instability was in the air as Charleston was under a tornado watch for much of the day. One of the most exclusive tournaments in recent memory, the competition had never been more tense than it was that night.

Although he has not produced much in the past several years, perennial powerhouse Cal “Big Daddy” Alpert was notably absent. Once again he was away tanning, this time in Costa Rica. Reigning two-year overall winner Tony Lawson had been assigned mandatory vacation (possibly sleeping with the fishes). The only prior winners present were Dr. Scott Reeves, overall winner 2009 and faculty champion 2014, and Dr. Grayce Davis, who states she won every year prior to electronic record keeping. Unfortunately, all paper records to that effect were lost in an Italian fire along with Tony Lawson’s birth certificate.

Unbeknownst to all participants, the evening began with a friendly competition for best scoreboard screen name. Dr. Joel Sirianni took the win with a handle you will have to ask him directly, as his name was deemed unsuitable for printing within these pages. Drs. Jeff McMurray, Patrick Bise, and Thomas Brinkley all tied for last place with respective names of “Jeff,” “Patrick”, and “Thomas.”

No player opened the game with strikes or spares. Most rolled 8s or 9s, with the exception of Dr. John Fox who opened with two gutter balls. He finally entered scoring play knocking down a single pin on his third roll. As the night progressed, the crowd awaited with great anticipation a “Reeves Victory Dance;” however, much like sightings of Nessie the Loch Ness Monster, tales of this visual were merely related verbally and remain unable to be captured on film. Dr. “Stormin’ Norman” Robert Harvey finished strong with two strikes followed by a gutterball in his last frame to pull him up to a final score of 78, just behind Dr. Fox who managed to hit no pins on 9 out of his 20 rolls. Dr. Carey “Care Bear” Brewbaker pulled out the overall win with a score of 142. Newcomer Dr. Allison “Jay-Z” Jeziorski came in hot as the faculty champion with a score of 119. When interviewed immediately following her win, Jeziorski responded, “Hip-hop is the perfect mix between poetry and boxing.”

This year’s tournament brings the overall standings to 5-4 in favor of the attendings. The more seasoned physicians blame this year’s loss on poor attendance, proving the old adage, “You can’t win if you don’t show up.” Plans are currently underway for next year’s 10th anniversary tournament, sure to be the most ratchet of them yet, with significant implications for the tilt of the competition for years to come.

Honorable Mentions go to:

Dr. Ryan “Gunsalesman” Gunselman who brought his own ball and coordinating shoes that looked “super-cute” and helped him get his score of 82.

Dr. Patrick “Patrick” Bise who opened his second game with a turkey to end up with six total strikes and a score of 199, literally too-little too-late (womp womp).

Dr. Grayce “G-Love” Davis is still looking for an invitation to the 100 Club.

Drs. Joesph Abro, Ben Jones, and Andrew Klein were just there.



Bowling Hall of Champions:

2008	Matt Springs	188	Cal Alpert	212	2012	Bennett Cierny	159	Larry Field	152
2009	Wes Hudson	143	Scott Reeves	148	2013	Parker Gaddy	150	Cal Alpert	171
2010	Missy Reed	165	Tom Epperson	180	2014	Tony Lawson	216	Scott Reeves	152
2011	Missy Reed	161	Jake Freely	170	2015	Tony Lawson	194	GJ Guldan	132
					2016	Carey Brewbaker	142	Allison Jeziorski	119

# ANNUAL FACULTY VS RESIDENT BOWLING TOURNAMENT CONTINUED . . .



The Resident Team



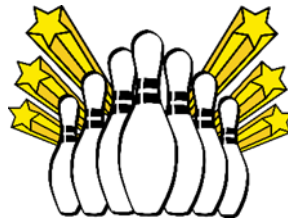
The Faculty Team

VS

01:09	1	2	3	4	5	6	7	8	9	10	Total
THOMA	8	25	36	38	47	67	85	93	101	110	110
JEFF	6	3	X7	7	12	X1	8	X1	8	9	113
PATRIC	5	7	28	7	X6	33	7	8	11	X5	126
THUNDER	9	16	26	33	63	80	89	108	117	156	107
BEVVES	6	21	37	71	76	37	2	X3	4	X5/7	115
THOMAS	8	17	28	36	45	54	71	78	98	115	
Team 5											
Game	TOT	TOT	TOT	TOT	TOT	TOT	TOT	TOT	TOT	TOT	TOT
TOT	57	PHYFAL	57	HDCP	0	BOHNS	0	POINTS	57		

## RESIDENTS WIN!

THOMA	8	9	18		
JEFF	X B	/ B	/	\$	
	20	38			
PATRIC	X	X	X	\$	
	30				
THUNDER	6	2	9	7	
	8	25	32	\$	
THOMAS					
Team 5					
GAME	TOT	TOT	TOT	TOT	
TOT	153	PINFALL	724	HDCP	0



01:16	1	2	3	4	5	6	7	8	9	10	Total
GUNSALE	3	7	9	6	1	8	1	6	1	X4	4
	18	26	36	33	41	48	56	74	82		82
OKAYA	6	37	4	3	69	79	7	X6	1		126
CAREBE	8	18	37	46	54	63	68	108	115		142
FOX	9	3	11	77	7	X9	1	X7	2		93
OSAMA	1	16	21	35	45	65	69	75	83		83
OSAMA	6	29	73	67	9	7	2	2	6	7	1
	8	21	30	37	45	52	61	69	75	83	
GUNSALEMAN											
Team 4											
Game	TOT	TOT	TOT	TOT	TOT	TOT	TOT	TOT	TOT	TOT	TOT
TOT	316	PHYFAL	516	HDCP	0	BOHNS	0	POINTS	516		



01:16	1	2	3	4	5	6	7	8	9	10	Total
OSAMA	6	29	73	67	9	7	2	2	6	7	1
	8	21	30	37	45	52	61	69	75	83	
GUNSALEMAN											
Team 4											
Game	TOT	TOT	TOT	TOT	TOT	TOT	TOT	TOT	TOT	TOT	TOT
TOT	316	PHYFAL	516	HDCP	0	BOHNS	0	POINTS	516		



**WELCOME NEW STAFF MEMBER BRANDON NEVILLS**

Brandon is very ecstatic to join the MUSC Anesthesia Department! A native Michigander, he joined the U.S. Navy as a Hospital Corpsman to further his knowledge in the medical field while specializing in emergency and battle field medicine. While in the Navy, Brandon served on many different medical missions all over the world. He and his wife Krista moved to Charleston in November 2015 after she received orders to be stationed at the Naval Weapons Station. Brandon is currently working on his Bachelors of Science in Health Care Management with the anticipation of graduating this summer. As the department's newest Administrative Assistant, he looks forward to learning and contributing as much as he possibly can. Outside of work, Brandon is an avid outdoorsman, a travel connoisseur and a foodie!

**WELCOME NEW STAFF MEMBER TARA CHAUHAN**

Tara is extremely thrilled to be joining the MUSC Anesthesia Department! Most recently from Virginia, but used to moving around a lot, Tara graduated from Alverno College in Wisconsin with a Bachelor of Arts in English in 2010. Knowing she couldn't take any more of the brutal Northern winters, she moved to Virginia to be closer to her parents. Once there, she eventually found her way to the Eastern Virginia Medical School, where she worked as an Administrative Assistant in the Otolaryngology department for two years. Then, after having fallen in love with Charleston during many visits over the years, she made the decision to strike out on her own and move somewhere where she wanted to live, and not where life, family, or school dictated. Now that she's here, Tara is looking forward to exploring her new home and learning about all that Charleston has to offer. When she's not exploring, she'll be enjoying some other favorite hobbies, such as reading and sewing.

# WELCOME THE NEW INTERN CLASS OF 2016-2017

## MUSC Intern Class of 2016



Devin Antonovich  
St. George's University



John Green  
Philadelphia College



Ryan Mims  
MUSC



Martha Anne DeBerry  
MUSC



Mike Gukasov  
Michigan State University



Max Phillips  
Lincoln Memorial University



Kevin Draper  
Florida State University



Sean Hynes  
Oregon Health & Science



Clark Sealy  
MUSC



Willy Gama  
Indiana University



Zachary Jeanes  
Texas A&M



Alex Wharton  
MUSC



Andrew Gerugthy  
University of Louisville



Tara Kelly  
Albany Medical College



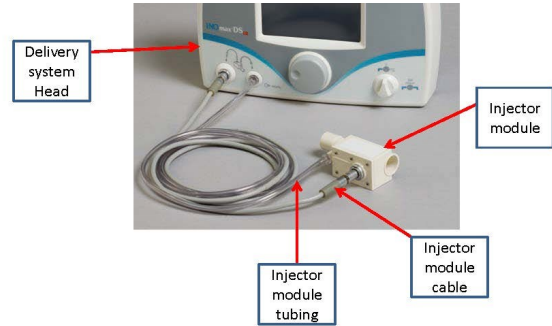
Chris Wolla  
MUSC

# NITROUS OXIDE IN THE OR

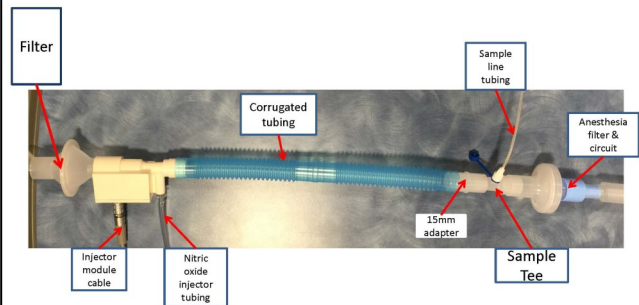
## Nitric Oxide in the OR

- One nitric oxide delivery system will be stationed in OR.
- Anesthesia is responsible for set-up, delivery of nitric oxide, disassembly, documenting use, and notifying Respiratory Therapy each time nitric oxide is used (876-6320 or 876-6565).
- Respiratory Therapy will be responsible for billing the patient, ensuring adequate supplies, calibration, answering questions, and trouble shooting.

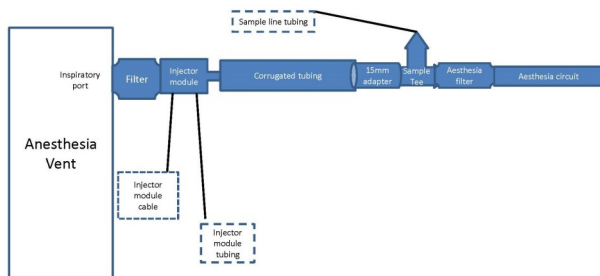
## Delivery system components



Individual set-up bags with all supplies needed will be available on the nitric oxide delivery machine.



## Set-up schematic



## Where do I find supplies?



Supplies are packaged with filter, injector module and sample line tubing, and pre-assembled corrugated tubing, 15mm adapter, & sample tee.



# NITROUS OXIDE IN THE OR CONTINUED . . .

## Delivering nitric oxide



The regulator should already be connected



Turn on cylinder



Purge gas supply line



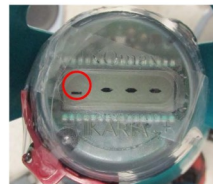
Connect gas supply line to delivery system port on the back of the unit.

Setting and making changes on the INOmax DS<sub>90</sub>

- 1. SELECT**  
Press a button on the touch screen associated with the desired function. (An audible beep will sound when a button is selected, and the button will be displayed in inverse video.)
- 2. ROTATE**  
Rotate the control wheel clockwise or counterclockwise to adjust the value.
- 3. CONFIRM**  
The selection is confirmed by pressing the center wheel or the button associated with the desired function again.

**Note:** After confirming a selected value, the NO alarm setting (high and low) will automatically be set for the gas setting only. Any other changes will require the high and low alarm settings to be adjusted. Also, a two-minute lockout period will prevent reentering alarm state occurring while the alarm value is stable.

## Is the cylinder on or off?



Cylinder off: “-” minus sign with “- - -” dashed lines. After use, ensure that the cylinder is off.



Cylinder on: “division” sign.

\$\$\$\$\$\$\$\$\$\$

- It is vitally important to ensure that the cylinder is off since this is a timer. The hospital is billed for the number of hours on the timer not by the amount of medication used.
- If the division sign is present, the timer is still running.

- Contact the Respiratory Care Supervisor (876-6320) or PCICU Respiratory Care Professional (876-6565)
  - Supply replacement
  - Billing
  - Questions
  - Troubleshooting

## RESEARCH CORNER

Spine

SPINE Volume 41, Number 00, pp 000–000  
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## RANDOMIZED TRIAL

# Motor/Prefrontal Transcranial Direct Current Stimulation (tDCS) Following Lumbar Surgery Reduces Postoperative Analgesia Use

AQ2

John Glaser, MD,\* Scott T. Reeves, MD,† William David Stoll, MD,† Thomas I. Epperson, MD,† Megan Hilbert, BS,† Alok Madan, PhD, MPH,‡ Mark S. George, MD,§,¶ and Jeffrey J. Borckardt, PhD†,§,¶



Dr. Scott Reeves



Dr. David Stoll



Dr. Thomas Epperson

## Pediatrics

March 2016, VOLUME 137 / ISSUE 3

## Preterm Versus Term Children: Analysis of Sedation/Anesthesia Adverse Events and Longitudinal Risk

Jeana E. Havidich, Michael Beach, Stephen F. Dierdorf, Tracy Onega, Gautham Suresh, Joseph P. Cravero



Dr. Stephen Dierdorf

## NEW BABY IN THE DEPARTMENT



**Congratulations to Chris Amoroso and his family**

**Jaxson Benson Amoroso**

**Born March 7, 2016 at 7:45 am**

**7 lbs, 15 oz, 21 inches**

## GIRL POWER: GLOSS SHINES

**BY: MIKIE HAYES FOR *THE CATALYST***

Tasha watched as her grandfather collapsed right in front of her eyes and lay unconscious on the floor. The Charleston seventh grader screamed at the top of her lungs for the man who is like a father to her to wake up. “Granddaddy, granddaddy, please don’t die. Please don’t leave me,” she pleaded. She was scared in a way she had never been before. Somehow in the middle of her panic, she remembered she should dial 911.

Her call saved his life. But the next day at school, Tasha (not her real name) never mentioned her harrowing experience to any of her friends or classmates. She just kept it to herself. In the seventh grade, it’s hard to know what’s cool or what will get you ridiculed.

“She was so brave. So big. And she thought to call and get the ambulance there,” said MUSC fifth-year surgical resident Vivian Bea, M.D., sharing her pride in one of the girls in her new esteem-building program.



Three MUSC physicians, Drs. Vivian Bea, Crystal Johnson-Mann and Ebony Hilton, along with James Simons Principal Quenetta White, lead a program to empower middle school girls in downtown Charleston.

About a year ago, a conversation with the principal at her son’s school reminded Bea what it was like to be Tasha’s age. The women discussed just how tough life is for girls in middle school.

“As I reflected back as an adult,” Principal Quenetta White of James Simons School said, “I realized the reason I made it through that time is because I had people who guided me, believed in, and checked in on me. I did not have the option to fail, and I didn’t want to fail because they believed in me more than I believed in myself. That gave me the will to do well. I wanted our girls to have that. That’s why I talked to Dr. Bea.”



## GIRL POWER: GLOSS SHINES CONTINUED . . .

BY: MIKIE HAYES FOR *THE CATALYST*

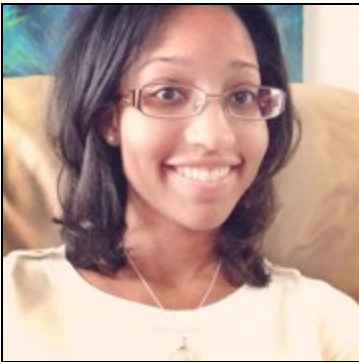
It's a well-known fact just how grueling middle school can be for young teenage girls. With bodies and hormones in a state of constant flux and their minds filled with worry about social issues like having friends, fitting in and not being left out, it's no wonder these girls labeled "tweens" feel insecure and confused. "These are the years," Bea said, "when strong role models are vitally important. Girls at this age need someone to believe in them, someone to listen to them, someone to encourage them. And many young teens don't have that; not every home is supportive or involved."

White shared with Bea how wonderful it would be if the girls had role models who "looked like them" — women who had realized their dreams. "They need someone to share with them and guide them," she told Bea. "Not a teacher or a parent, someone neutral. When the girls look at you — I want them to say, 'I see myself. This is possible for me.'"

After their conversation, the thought of girls needing help weighed heavily on Bea's heart and mind for nearly a year. She had grown up in Washington, D.C., and felt lucky to have had the opportunity to see so many successful people who looked like her — her pediatrician, in fact, was also African-American. That connection made an impact on her.

"I said to myself, 'I can do that.' It's always important — in particular in an African-American community — to have leaders and people who are successful to show others that they can do this.

"In fact, when you talk about medicine and health disparities," she continued, "it's often better for a patient when they see somebody who looks like them — it creates a connection — you can't explain it. For instance, when I first started out, my attending would talk to a patient, and then I would go in afterward and ask, 'Do you understand what the doctor told you?' They would say, 'No, baby, I don't,' and I would explain it in very simple terms, and they would get it. That's very important."



Crystal Johnson-Mann, M.D.

After thinking about that, she decided to see if what worked in medicine could work with these young girls. "If they see people who they can relate to, people who are also successful, then they will know they can do it, too." She talked to friend and fellow resident Crystal Johnson-Mann, M.D., and MUSC anesthesiologist Ebony Hilton, M.D., about the program, and they were thrilled to get on board. The program would bring together middle school girls to talk about what's on their minds and help them see things, see themselves, a little differently. The principal and Bea then came up with a name that would speak to girls of that age, and when they decided upon GLOSS, they knew they had it. GLOSS stands for Girls Loving

OurSelves Successfully.

The girls who were selected to be a part of GLOSS had to write letters about why they wanted to be involved and have letters of recommendation submitted on their behalves. In the end, all who applied were accepted, as was the original plan, but they wanted the girls to understand they had earned their spots, and this was an important endeavor.

They met with the girls for the first time this month and could never have predicted what an impact 12 girls and 90 minutes would have on their lives.

The first thing they did was to give the girls matching pink T-shirts that Bea's cousin had designed. That one small act told the girls they belonged and that already someone cared about them. Bea said they went crazy over the gift.

## GIRL POWER: GLOSS SHINES CONTINUED . . .

### BY: MIKIE HAYES FOR *THE CATALYST*

#### Circle of Trust

The meeting went better than the doctors could ever have anticipated. “We talked to the girls, and my heart was so filled with joy. I can’t even explain it,” Bea said. “We shared our secrets and stories with them, and they told us about things that had happened to them. They really shared some of their deep, dark secrets. They knew there was a circle of trust.”

Bea had the chance to share with them that at their age, she had been an oddball, but that that was OK. She explained to them that since she was in middle school, she had had a dream, a destiny, and that nothing was going to get in the way of achieving it, not hanging out at the mall or going to parties with friends.

“I made sacrifices,” she told them. “From the age of 12, my family and friends called me Dr. Viv. And that planted a seed. From then on, everything I did had to revolve around that or contribute to it. I had no time for things outside of that.”

She wanted them to understand that her family didn’t have a lot of money, but they did have dreams, and they also loved music. Playing her flute, she explained, was the way to get her to her dreams.



Surgery resident Dr. Vivian Jolley  
Bea checks on one of her patients,  
Leon Smith, at ART



Ebony Hilton, M.D.

“I envisioned myself playing first chair with the orchestra. And, at the same time, I was also a surgeon, like Dr. Ben Carson. So I would be playing classical music with the orchestra and jump off the stage to run do this very important surgery. I found out it didn’t work that way,” she said, laughing.

Hilton, an attending physician in the Department of Anesthesiology and Perioperative Medicine, had a different experience growing up, and shared that perspective with the girls. She feels that GLOSS is a very important project. “I didn’t come from a place where there were doctors in my neighborhood or in my family,” she told the girls. “I knew I wanted to be an M.D., but I didn’t know how to get there. I want you to know you can be anything you want to be. The sky is the limit.”

Hilton believes that as physicians, it is incumbent on them to give back and positively influence younger generations. “Right now,” she said, “as far as minorities in medicine, African–Americans only make up 4 percent of the doctor population, yet we are 13 percent of the national population. That gap is the main reason patients don’t see doctors who look like them. And for young girls, that’s a deterrent. They don’t know if they can do it. They need mentors, and that puts the weight on our shoulders. We told the girls, ‘We will be the face for you. We will let you know you can do it and help you get there.’”

Johnson-Mann, too, had a lot to share with the girls who could not get enough time with the three doctors. She has been involved with mentoring programs for African–American youth throughout medical school and residency, but felt GLOSS was a particularly special endeavor. “I really needed to be a part of it given the numerous negative images of African-American females that exist in the media. Our young African–American females need examples of those in the community who are the positive role models. They need to see that goals of being lawyers, doctors, engineers are all well within their reach and that it isn’t some far–fetched dream to only be deferred. I want them to know they can do whatever they set their minds to accomplish.”

## GIRL POWER: GLOSS SHINES CONTINUED . . .

### BY: MIKIE HAYES FOR *THE CATALYST*

She couldn't get over how the girls were "all so incredibly sincere in expressing their hopes and dreams for their futures" or the stories of things the girls had experienced already at their young age. "I was incredibly touched by the way they opened up to us and immediately felt a connection with them," she said.

The MUSC doctors quickly became a support system for the girls.

As they were in the middle of their meeting, the principal came to the door with two young ladies, who the day before, had been fighting each other. They weren't suspended, but they were in trouble. So she brought them into the room with the GLOSS girls who were proudly wearing their pink T-shirts, laughing and telling stories. The two who had been causing trouble wanted none of it and made sure the others knew.

Bea shared what happened next. "Oh they had attitudes. They were rolling their eyes at everything. The last thing they were going to do was interact with us. But that just told us that these were the exact girls who needed to hear our message."

#### **A Sisterhood is Born**

Tasha still had not told anyone about the frightening experience she'd had the day before with her grandfather. As she began to open up and share her story with the group, she burst into tears. "So what did that do?" Bea asked. "All the other girls began rallying around her and hugging her, and before you knew it, it led to them all opening up and sharing their stories. The girls were crying. Our hearts just broke. We were all so touched."

Another girl had a brown bag, Bea said. "She decorated it real cute and inside she had things that would tell us about her. She had a purple feather because that's her favorite color. She had poems she wrote and shared. She shared a picture of her baby sister, and then mentioned to us quietly that she had another baby sister who died."

The young lady shared that her sister had been in the MUSC neonatal intensive care unit, but she died. She was distraught that she had never held her baby sister during that time. "That's why she wants to be a neonatologist," Bea said. "She saw how well MUSC took care of her baby sister and the difference that made to the family. We told her, 'You are important. And if that is something important to you, you can do it.'

Now it's important we get her over to MUSC to shadow someone so she can begin to believe it herself."

Johnson-Mann added, "Her heartfelt emotion when sharing her personal story, and the impact it has had on her, spurring her drive to become a neonatologist, was special to witness. There were several other similar stories, and at 12 years of age, these ladies had a better grasp on the fragility of life than many adults."



A student shares her "me bag" with her GLOSS friends.



## **GIRL POWER: GLOSS SHINES CONTINUED . . .**

### **BY: MIKIE HAYES FOR *THE CATALYST***

The GLOSS mentors are scheduled to meet with the girls monthly but are hoping to increase it to twice a month. In between, Principal White will meet with the girls weekly. “We really want to meet with them more frequently. It is making such a big difference in their lives,” Bea said. They didn’t want us to leave, they kept hugging us and telling us how beautiful we are. More importantly, we told them how beautiful they are.”

When Principal White described what happened in the room that first day, she got emotional. “When the girls first saw the doctors, they gasped. They could not believe there were three African-American female doctors working right down the street at MUSC. This was truly a profound moment – one of the best moments of my life. To see the girls laugh, hug, cry, trust — this is why this program is so near and dear to my heart.”

They have a full curriculum developed for the program. Next month, they will make vision boards with the girls to help them unlock their dreams and goals and shoot for the moon. The girls are so excited and eagerly collecting magazines for the project.

Now that they understand the need, the doctors plan to replicate the program in other schools and places around the Lowcountry to influence other middle school girls. One of the plans is to invite other black MUSC doctors, nurses and professionals to meet with the girls, as well as to bring lawyers and other businesswomen of color onto the GLOSS mentoring team.

Bea just found out she’ll be spending a year at MD Anderson Cancer Center in Houston and plans to bring the program to schools there. She doesn’t want to lose momentum.

“My heart was so uplifted,” Bea said, “but at the same time, it was so heavy. I just wish we had started this group sooner.” Hilton agreed. “These little girls are so special — the confidence they exuded after we left was palpable. It was crazy to see the difference in them. This program is so necessary.”

Johnson–Mann echoed her colleagues’ passion. “I hope that by my involvement in this very special group that I can continue to help provide wisdom and guidance for these young ladies and to be a shoulder for them to lean on in times of doubt and fear. I want them to realize if they set a goal, they can achieve it. There are endless possibilities for their futures. We as professionals need to continue to invest in the next generation's success.”

So what happened to the two girls who came to the meeting mad at each other and everyone else? According to Bea, the open, honest emotion in the room broke through layers of hurt and fear. She said, “One looked at the other one and said, ‘I am so sorry. Sometimes I feel like I’m trying to prove myself to everybody. I know that I’m smart. I know I can do better. I will do better.’”

During the meeting, the two girls called a truce. Now they – along with their new friends – proudly wear the bright pink GLOSS T-shirt — a symbol of a trusting sisterhood. Their principal is amazed. “One of the toughest girls to get through to hugs me every day now.”

While Principal White can’t thank the three MUSC doctors enough for their commitment to the girls, in actuality, Bea, Hilton and Johnson–Mann feel they are the ones who are blessed to be involved.

**GRAND ROUNDS FOR THE MONTH OF APRIL**



**“Endovascular Surgery & Anesthesia”  
April 5, 2016  
Josh Adams, M.D.  
Assistant Professor  
Medical University of South Carolina  
Department of Surgery**

**“Anesthetic Risks in the Cirrhotic Patient”  
April 12, 2016  
David Stoll, M.D.  
Associate Professor  
Medical University of South Carolina**



**“Morbidity and Mortality Conference”  
April 19, 2016  
George Guldan, M.D. & Ryan Gunselman, M.D.  
Assistant Professors  
Medical University of South Carolina**

**“Myth of the INR”  
April 26, 2016  
Adrian Reuben, M.B.B.S., F.R.C.P., F.A.C.G.  
Professor  
Medical University of South Carolina  
Department of Gastroenterology & Hepatology**





DEPARTMENT OF ANESTHESIA AND  
PERIOPERATIVE MEDICINE

Email: pooleal@musc.edu  
Phone: 843-792-7503  
Fax: 843-792-9314

CHECK OUT OUR WEBSITE AT:  
[HTTP://WWW.MUSC.EDU/ANESTHESIA](http://www.musc.edu/anesthesia)

**Future Events/Lectures**

**Intern Lecture Series**

April 14th — Infectious Diseases, Dr. Rieke  
April 28th — Psych and Substance Abuse, Dr. Heine

**CA 1 Lecture Series**

April 6th — Pediatric Anesthesia, Dr. Hassid  
April 13th — Obsteric Anesthesia PBL, Dr. Tobin  
April 27th — Anesthesia for Cardiovascular Surgery, Dr. G. Whitener

**CA 2/3 Lecture Series**

April 4th — Anesthetic Management for Carotid Surgery PBLD (Barash Ch.42), Dr. Nelson, Moodle  
April 11th — Chronic Medical Problems and Management in Vascular Surgery Patients PBLD (Barash Ch.42), Dr. Guldan, Moodle  
April 18th — Anesthesia for Liver Transplantation PBLD (Barash Ch.45, 51), Dr. Stoll, Moodle  
April 25th — Anesthetic Management of Kidney Transplantation PBLD (Barash Ch.49, 51), Dr. Hand, Moodle

**Grand Rounds**

April 5th — Endovascular Surgery & Anesthesia, Dr. Adams (MUSC)  
April 12th — Anesthetic Risks in the Cirrhotic Patient, Dr. Stoll  
April 19th — Morbidity & Mortality Conference, Drs. Guldan and Gunselman  
April 26th — Myth of the INR, Dr. Reuben (MUSC)



**I HUNG THE MOON**

Please don't forget to nominate your co-workers for going 'Beyond the Call of Duty'. I Hung The Moon slips are available at the 3rd floor front desk, and may be turned in to Kim Pompey. Thank you!

Larry Banks, Anesthesia Tech — Outstanding teamwork and performance during three trauma cases and for staying late to help. Thank you!

Treffe Beaupre, Anesthesia Tech — Outstanding work assisting in the treatment of multiple simultaneous GSW cases in the Main OR. Thank you!

Brittney Whaley, Anesthesia Tech — Assisting with multiple inductions that co-worker had at one time. Your help is much appreciated. Thank you!

Margaret Young, Anesthesia Tech — Great work staying late and assisting with multiple trauma cases. Thank you!



**Resident Graduation, June 17th**  
**Founders Hall at 6:00pm**

**Department Celebration &**  
**New Resident Welcome, August 20th**  
**Riley Park**

**Department Holiday Party, December 2nd**  
**Carolina Yacht Club**

**April 2016**

**Standard of the Month**

**Advocate for the wellbeing  
and concerns of patients  
and families.**

**We Would Love to Hear From You!**

If you have ideas or would like to contribute to *Sleepy Times*, the deadline for the May edition will be April 11, 2016.