

DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE

SLEEPY TIMES



VOLUME 15, ISSUE 4 APRIL 2021



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MESSAGE FROM THE CHAIRMAN: ANOTHER EXCELLENT RESIDENT CLASS

-SCOTT T. REEVES, MD, MBA

What a crazy recruitment year. With the COVID pandemic in full swing throughout our typical resident interview season (October-January), nationally the ACGME decided to go to a one hundred percent virtual process. Virtual interviews occurred for all specialties including anesthesiology. Elizabeth and Laura worked hard to modify our interview process to be able to be completely done via Zoom. We held resident meet and greets, large Zoom rooms with GJ, to give an overview of our program and individual interview rooms with 4 faculty and one of our chief residents. We interviewed over 150 potential applicants. To further highlight our program and

Charleston, each applicant received a follow up care package after the event.

As GJ noted in his email, "our incoming class is extremely accomplished in areas of research, clinical performance, volunteerism, and has the highest step II average of any class in our program's history (250)."

They will be arriving in late June and will be starting as Interns on July 1. I know we are all looking forward to getting to know them better. Congratulations to us all for recruiting another excellent resident class.



| | | |
|--|--|--|
| William Bagnal "Nolan" <i>Medical University of South Carolina College of Medicine</i> | Dylan Bieber <i>Indiana University School of Medicine</i> | Bradley Campbell "Ryan" <i>University of South Carolina School of Medicine Columbia</i> |
| Jacob Jarecke <i>University of Nebraska College of Medicine</i> | Elizabeth Langley "Farris" <i>Medical University of South Carolina College of Medicine</i> | Matthew Lebow "Matt" <i>University of Vermont College of Medicine</i> |
| Taylor Ouellette <i>University of New England College of Osteopathic Medicine</i> | Robert Shebilo <i>Campbell University School of Osteopathic Medicine</i> | Richard Uhlenhopp <i>University of Iowa College of Medicine</i> |
| Matthew Holt "Matt" <i>Medical University of South Carolina College of Medicine</i> | William Irick "Will" <i>Medical University of South Carolina College of Medicine</i> | Joshua Muccitelli "Josh" <i>University of South Carolina School of Medicine Greenville</i> |
| Mollianna Walker <i>Medical University of South Carolina College of Medicine</i> | Harper Wilson <i>Wake Forest University School of Medicine</i> | Davis Osborne <i>Medical University of South Carolina College of Medicine</i> |

RESEARCH CORNER



Dr. Scott Reeves

BJA

British Journal of Anaesthesia, xxx (xxxx): xxx (xxxx)

doi: 10.1016/j.bja.2020.08.063

Advance Access Publication Date: xxx

Clinical Investigation

CLINICAL INVESTIGATION

Observational study of anaesthesia workflow to evaluate physical workspace design and layout

Katherina A. Jurewicz¹, David M. Neyens^{1,*}, Ken Catchpole², Anjali Joseph³, Scott T. Reeves² and James H. Abernathy III⁴

¹Department of Industrial Engineering, Clemson University, Clemson, SC, USA, ²Department of Anesthesia and Perioperative Medicine, Medical University of South Carolina, Charleston, SC, USA, ³School of Architecture, Clemson University, Clemson, SC, USA and ⁴Department of Anesthesiology and Critical Care Medicine, Johns Hopkins, Baltimore, MD, USA



Kenneth Catchpole, PhD

Clinical Simulation in Nursing (2020) 47, 60-64



ELSEVIER

**Clinical Simulation
in Nursing**www.elsevier.com/locate/cscn

Short Communication

Use of Simulation-Based Learning to Teach High-Alert Medication Safety: A Feasibility Study

Laura Sessions, PhD^{a,*}, Lynne S. Nemeth, PhD, FAAN^b, Kenneth Catchpole, PhD^b, Teresa Kelechi, PhD, FAAN^b

^aTowson University, College of Health Professions, Towson, MD, USA

^bCollege of Nursing, Medical University of South Carolina, Charleston, SC, USA

NEW ADMINISTRATIVE STAFF



Mila Brooks is excited for her new role as the Spinfusion Administrative Coordinator of the department. Prior to joining MUSC, Mila was the scheduling coordinator and admissions & data support coordinator at Trident Technical College for almost 11 years.

Mila is originally from the Philippines. She graduated from the Divine Word University with a BS in Commerce major in Banking & Finance. She used to work for the government-owned Leyte Normal University for 11 years where she also obtained her graduate degree in management. During her LNU years she served as the secretary to the Dean of Arts & Sciences and academic programs specialist/scheduler of the university for both undergraduate and graduate levels. In 2010, her family decided to come to the US and have lived in Berkeley County since. She loves the southern culture and the friendly people. It reminds her of where she came from and makes her feel at home.

MEET THE NEW CHIEF RESIDENTS



Dr. Jim Papadea - I was born in Columbia, SC and attended The University of South Carolina for my undergraduate degree, and later earned my JD (2013) prior to beginning medical school. I moved to Charleston with my wonderful wife who practices OB/GYN in West Ashley, and we're accompanied by our 2 1/2 year old son (Ash), our dog (Ella), and a new addition scheduled to arrive in August (baby girl, "Mada"). In my free time I enjoy spending time with my son outdoors, travelling when possible, and any water/beach related activities.

Dr. Blake Winkles - I was born and raised in Spartanburg, SC where my first exposure to the field of medicine was through the stories of my father, a now retired CRNA, and mother, a PT, having nightly discussions of their day at the hospital. After high school, I attended Clemson University where I graduated with a degree in Microbiology, with aspirations to attend medical school. I was fortunate enough to have found my way to MUSC where my curiosity was peaked by the field of Anesthesia. The rest is history. I recently got married in January to an amazing woman, Kasey, who is a nurse at ART on 4 East. Between balancing our work schedules, we find tons of joy being outside, traveling, and being around our co-residents and their significant others. I am honored to have been chosen for one of these positions and look forward to working more closely with everyone as we navigate past a turbulent year into, hopefully, a little more semblance of normalcy!



Dr. Matthew Graves - Matt Graves hails from the tiny town of Old Lyme, CT. He transplanted to Charleston in 2007 to attend The College of Charleston where he graduated with a degree in Psychology. While in college, Matt met the love of his life, Renee. They married in 2011. Matt worked in EMS for 3 years following college. He knew he wanted to become a physician, and he knew he wanted to study in Europe. These two dreams led Matt to Jagiellonian University Medical College in Krakow, Poland, where he graduated with honors in 2018. Matt is a 3rd generation physician in his family and will be the first anesthesiologist. He and Renee have a passion for traveling and were able to travel to more than 30 countries during his time studying medicine abroad. Following residency, Matt will be staying at MUSC to complete a Cardiothoracic Anesthesia fellowship. Matt's wife Renee was born and raised in Charleston (like actually born in Charleston—at MUSC!) and works remotely as a director for a technology company based out of Texas. In their free time, Matt and his wife enjoy traveling; spending time with friends; rescuing old dogs; community outreach; political activism; and playing with their dogs Edmund, Tuna TarTare, Bacot, and Buckwheat.

TRUE FRONTLINE HEROS BY STEPHANIE WHITENER



Working in the COVID intensive care unit is a grueling experience. Every morning starts with the ritual of putting on the personal protective equipment just outside the ICU. The kinds of PPE available are constantly changing based on supply issues, and what was comfortable yesterday, is not available today. Your cell phone is placed in a plastic bag, so it doesn't become contaminated when you use it to stay connected to the outside world. One last check in the mirror to make sure you have donned correctly and then you enter the makeshift zipper door. The first thing you notice when inside the unit is the loudness from the air filter/negative pressure system, and then you see the patients all lined up along the walls. Almost all of them intubated, some of them prone, and all of them without the ability to have family see them.

Rounds can last 4-5 hours depending on the number of patients, all of whom are the highest acuity in the hospital. Before vaccination, that's 4-5 hours attempting to not fidget with your N95 that has now cut into your nose leaving it raw from working multiple shifts in the unit. It's also the constant worry that the seal is incorrect and maybe you're going to bring COVID home to your own family. Patient care is exhausting, treatment is only supportive, and consists of making small adjustments to attempt to keep the patient heading in the right direction. No one gets better fast, and progress is seen over weeks, not days. Occasionally, there are big wins, someone is extubated, or someone is graduating to the floor, but more often than not there are big losses. Death in the unit can be quick and slow at the same time. The heartbreak of making a patient call their family before intubation because you know it's the last time they may ever speak to them, or holding the phone up to a dying patient's ear so their family can say goodbye is difficult to endure.

When the unit opened in July, it was staffed with residents and advanced practice providers. There was a sense of duty and unity aided by the communities cheerleading, the encouraging letters, and the lunches provided. However, it became clear that for the hospital to maintain business as usual, the MSICU advance practice providers would have to pivot from their shifts in the MSICU and begin staffing the COVID unit almost exclusively. They became the main workforce in the COVID unit and were also tasked with training an entire new group of APPs hired in the summer and fall. They have endured the COVID unit for the longest, opening a second time with much less fanfare, and through it all have remained steadfast in their dedication to the patients and MUSC. As attending physicians constantly rotated in and out, they kept the COVID unit efficient and up to date on the constantly changing protocols. They remembered every patient's story, and endured every heartbreak. They did all of this with little publicity or recognition by the hospital. They are the true frontline heroes of this pandemic. I consider myself extremely lucky to work with such a talented and compassionate group of people. To the MSICU APPs, Elizabeth Poindexter, Alyssa Decker, Amanda Blum, Moira Chance, Liz Dickinson, and Anna Miller; we owe you a debt of gratitude for all of your hard work and dedication to the critically ill patients at MUSC.



PATIENT SAFETY AWARD FOR THE MONTH – HAYNE CLIFTON, CRNA

Safely Speaking™
MUSC Health's Daily Safety Tip



26 March 2021

Safety Star: Hayne Clifton, CRNA

Hayne Clifton CRNA was providing anesthesia in the CHS division interventional radiology suite. Hayne was preparing to deliver an anesthetic to another patient when she noticed a female patient sitting in a wheel chair in street clothes, ready to be discharged home after her procedure. Hayne noticed some blood on the patient's sleeve and quickly assessed the patient, finding a pulsating arterial bleed from her fistula. Hayne called for help from the surgical team and the bleeding was stopped. Thanks to Hayne for situational awareness and attention to detail, quickly saving this patient from potential harm.

Would you like to nominate a Safety Star or Safety Hero? [Click here](#) to submit your nomination to our Patient Safety team.

2021 ANNUAL MANDATORIES



University Human Resources Management

1 South Park Circle
Suite JB100
Charleston, SC 29407
Tel 843-792-2071
Fax 843-792-9533

www.musc.edu/hr/university

MEMORANDUM

DATE: February 10, 2021
SUBJECT: 2021 Annual Mandatories

Beginning February 1, 2021, the annual mandatory online lessons for all employees/care team members in MyQuest were assigned. MyQuest reminder emails and this letter are the only confirmation you will receive pertaining your mandatory assignments.

- Starting in 2021 a new Diversity mandatory was added for all MUSC employees.
- This is the second-year employees/care team members/contractors can provide feedback via a redcap survey at the end of each mandatory. MUSC subject experts review all feedback to improve each mandatory to ensure an optimal learning experience.

Here are the 2021 mandatory assignments:

| 2021 MUSC General Mandatories (Enterprise-wide) | 2021 MUSC Health Mandatory Training (Charleston, Florence, Lancaster Divisions) |
|--|---|
| <ul style="list-style-type: none"> ▪ Crime Prevention and Jeanne Clery Act Training ▪ Code of Conduct and HIPAA ▪ Family Educational Rights and Privacy Act (FERPA) ▪ Prohibited Discrimination and Harassment ▪ Information Security ▪ Active Shooter ▪ OSHA Review ▪ Tuberculosis (Charleston only) ▪ Conflict of Interest training (hourly employees only) | <ul style="list-style-type: none"> ▪ MUSC Health General Compliance (+ Billing) ▪ Culture of Safety ▪ Emergency Management Campus Security ▪ Infection Control for All Employees ▪ Stroke and Heart Early Recognition ▪ Meeting the Unique Needs of Patients ▪ Workplace Violence ▪ MR Safety for Healthcare Workers ▪ Interest training (hourly employees only) |
| 2021 Medical Staff Office - MSO Mandatories (Credentialed Providers Only) To be assigned dependent upon Medical Executive Committee approval. <ul style="list-style-type: none"> ▪ Adult Inpatient Diabetes ▪ Pediatric Inpatient Diabetes ▪ Pediatric Inpatient Anticoagulation Safety | <ul style="list-style-type: none"> ▪ Health Information Services ▪ Transfusion Medicine ▪ Patient Safety Initiative ▪ Sleep and Fatigue/Clinical ▪ Adult Inpatient Anticoagulation Safety |

NEW Diversity Mandatory

- As a part of MUSC's ongoing commitment to leading and learning in the domains of equity and inclusion, you will notice a new 4-hour Diversity Equity and Inclusion DEI mandatory for all MUSC employees. When we join in the learning about one another as we become OneMUSC. Three types of offerings include: virtual curriculum, face to face &/or "professional development option of choice" approved by your leader.

2021 Annual Clinical Education (MUSC Health Clinical Care Teams Only)

- Varies depending on your clinical role

2021 Conflict of Interest Training (Hourly Care Team Members only)

- Hourly employees are now excluded from the annual COI disclosure process. To ensure they continue to receive conflict of interest policy training, a COI module has been developed.
- Salaried employees of the MUSC enterprise receive annual COI training every April, in combination with their annual COI disclosure form; training modules precede the mandatory disclosure.

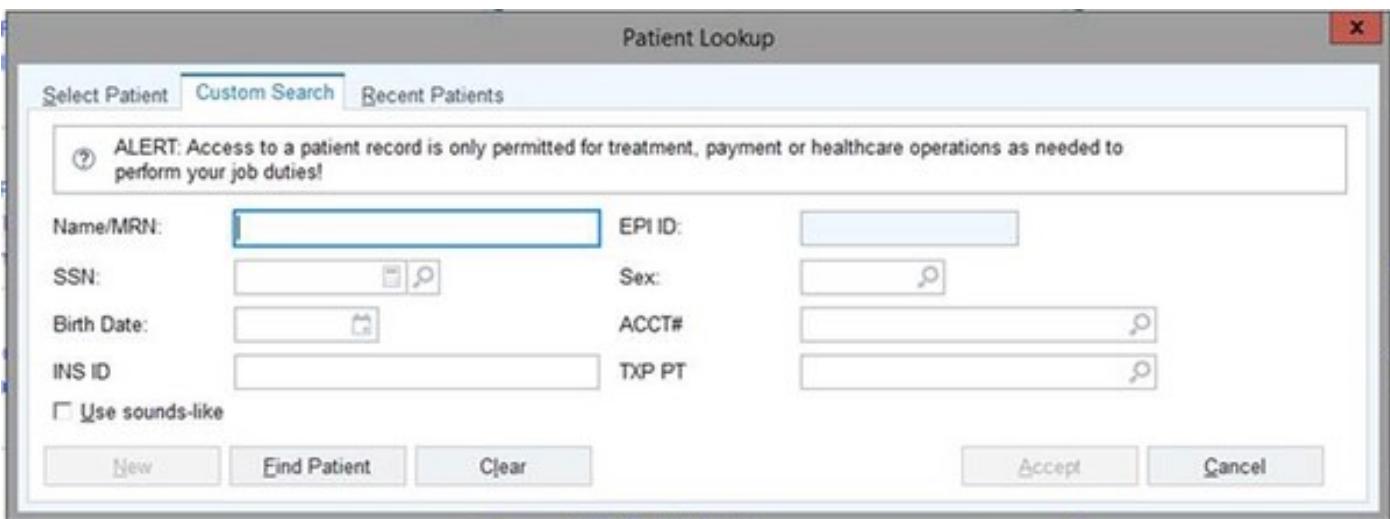
All of the annual mandatory training modules must be completed no later than June 30, 2021. Employees who fail to complete annual mandatory training requirements will be subject to disciplinary actions. If you have any questions, please email the MyQuest Administrators at myquesthelp@musc.edu.

NEW EPIC ALERT

The MUSC Health Privacy team would like to remind all faculty, staff, and students that everyone at MUSC is responsible for protecting the privacy of patient protected health information (PHI) at all times. Access to the health record for any reason other than treatment, payment or healthcare operations directly related to your job duties is prohibited and can lead to disciplinary action up to and including termination.

On March 23, the Patient Lookup Screen in EPIC began to default to the Custom Search Tab. This tab has a text alert to remind users of appropriate chart access in accordance with HIPAA. As a reminder, if you are on the Patient Lookup Screen or the Custom Search tab, **you are in the medical record**. Using EPIC to look up a co-worker's birthday, telephone number, or any other demographic information out of curiosity or concern is prohibited.

If you are unsure whether the actions you are performing fall under treatment, payment, or healthcare operations, please contact your Compliance Department at 843-792-4037. They are here to support you!



DEA SCAM CALLS

**DEA**United States Drug Enforcement
Administration

Who We Are ▾

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DEA Warning: Scammers Impersonating DEA Agents

Victims losing money, personally identifiable information

WASHINGTON – The Drug Enforcement Administration is warning the public of a widespread fraud scheme in which telephone scammers impersonate DEA agents in an attempt to extort money or steal personal identifiable information. A new [public service announcement](#) aims to raise awareness that DEA will never phone demanding money or asking for personal information.

There are variations in the false narrative, among them, that the target's name was used to rent a vehicle which was stopped at the border and contained a large quantity of drugs. The caller then has the target verify their social security number or tells the target their bank account has been compromised. In some cases, the caller threatens the target with arrest for the fictional drug seizure and instructs the person, over the phone, to send money via gift card or wire transfer to pay a "fine" or to assist with the investigation or with resetting the bank account. A portion of an actual scam call was captured by DEA and can be heard [here](#).

Employing more sophisticated tactics, Schemers have spoofed legitimate DEA phone numbers to convince their target that the call is legitimate, or texted photos of what appears to be a legitimate law enforcement credential with a photo. The reported scam tactics continually change but often share many of the same characteristics. Callers use fake names and badge numbers as well as names of well-known DEA officials or police officers in local departments. Additionally, they may:

- use an urgent and aggressive tone, refusing to speak to or leave a message with anyone other than their targeted victim;
- threaten arrest, prosecution, imprisonment, and, in the case of medical practitioners and pharmacists, revocation of their DEA registration;
- demand thousands of dollars via wire transfer or in the form of untraceable gift card numbers the victim is told to provide over the phone;
- ask for personal information, such as social security number or date of birth;
- reference National Provider Identifier numbers and/or state license numbers when calling a medical practitioner. They also may claim that patients are making accusations against that practitioner.

DEA personnel will never contact members of the public or medical practitioners by telephone to demand money or any other form of payment, will never request personal or sensitive information over the phone, and will only notify people of a legitimate investigation or legal action in person or by official letter. In fact, no legitimate federal law enforcement officer will demand cash or gift cards from a member of the public. You should only give money, gift cards, personally identifiable information, including bank account information, to someone you know.

The best deterrence against these bad actors is awareness and caution. Anyone receiving a call from a person claiming to be with DEA should report the incident to the FBI at www.ic3.gov. The Federal Trade Commission provides recovery steps, shares information with more than 3,000 law enforcement agencies and takes reports at reportfraud.ftc.gov. For any victims who have given personally identifiable information like a social security number to the caller, can learn how to protect against identity theft at www.identitytheft.gov.

Reporting these scam calls will help federal authorities find, arrest, and stop the criminals engaged in this fraud. Impersonating a federal agent is a violation of federal law, punishable by up to three years in prison; aggravated identity theft carries a mandatory minimum sentence of two years in prison plus fines and restitution.

ASA EDUCATION IN REGIONAL ANESTHESIA SIG NEWSLETTER

Education in
Regional Anesthesia
Special Interest Group

[Guidelines & Articles](#) | [News & Publications](#) | [Events & Education](#) | [About ASRA](#) | [The ASRA Family](#) | [Patient Information](#)

The Latest Updates from Your Education in Regional Anesthesia SIG

March 2021 Education in Regional Anesthesia SIG Newsletter

Mar 9, 2021

Education in Regional Anesthesia SIG

Education: Sharing Resources Across Communities

With the evolution of technology, our ability to create shared educational content around the globe also improves. While procedural variations may differ somewhat between institutions, there are many more similarities than differences in our practices. Further, in our busy lives and practice, it is logical to share content rather than have everyone re-invent curriculums and lectures at each institution. In our [last Education in Regional Anesthesia SIG Newsletter](#), we highlighted an example of this with the creation of a selection of "[Top 50 Articles for Fellows](#)" by several members of the Regional Anesthesiology and Acute Pain Medicine Fellowship Directors' Group. Similarly, sharing educational content through website videos holds great possibilities.

As the creation of website and media content can vary widely, this was a topic of discussion at our most recent Education in Regional Anesthesia SIG meeting. As many videos already exist with a range in their quality and content, some peer-review by the SIG would be needed to ensure good technique and reasonable quality. However, we are most pleased to announce that Dr. Glenn Woodworth created our first video "[Orientation to Regional Anesthesia Rotation](#)" on how to block like a pro. It introduces residents to the expectations for their regional rotation. We hope this will be the first of many videos that we can share on the SIG website. While we welcome all SIG members to consider video content that they would like to contribute, the website and social media committee is working on a template to help everyone create high-quality videos. SIG leadership would review all videos and may require some edits prior to posting for all to share. Hopefully more on the criteria in our next newsletter! In the meantime, we would love to hear from our members. If there is a video or media content that you would like to see on the SIG site. [Complete this survey](#) to let us know.

Similarly, as many of us remain unable to travel with COVID restrictions, know that the [ASRA 46th Annual Regional Anesthesiology and Acute Pain Medicine Meeting](#) will offer both in-person and virtual options. [Click here](#) for an overview of the program.

Finally, the Resident and Medical Student Pain Education SIG is doing a survey regarding a day in the life of a pain specialist. As this is an educational endeavor, we are happy to highlight their work. Here is the link to a document with more information:
https://docs.google.com/document/d/1fUsJhP8BhAck_xUm9tPKeyruxyPXh1VDfNSIbuUYpFM/edit?usp=sharing. The survey may be accessed by clicking on "questionnaire" in the document.

For more information on this and other education materials, visit the ASRA Education in Regional Anesthesia SIG website. Please [let us know](#) if you have ideas to contribute, improve, or collaborate with the Education in Regional Anesthesia SIG.

GRAND ROUNDS RETURNING TO IN PERSON ON APRIL 20, 2021!!! - NOTE FROM DR. REEVES

Dear Department,

A lot has happened in the past several weeks. Nationally and regionally, COVID numbers continue to decrease. The vaccine roll out is approaching 3 million doses a day. Our department is substantially vaccinated with both Pfizer injections. Our governor has moved to have all state employees back to work full time. MUSC plans to be in that position in April.

After talking with our chief residents and many of you, the impression I am getting is that it is time to return to in person education. We will start by having all our smaller didactics events in person, Laura has obtained larger classrooms so we can maintain appropriate social distancing . We will continue to wear masks as well.

Grand rounds will also return to in person learning. For the residents, attendance will return to our in person mandatory process and rule set. I highly encourage our faculty and CRNAs to attend in person as well, but the Microsoft teams process will continue for the immediate future. Below is the schedule of events through June showing which events will have an in-person expectation (residents) or a streaming secondary option (Faculty/ CRNA).

I am really excited about coming back together in a safe social distancing way. I really miss seeing everyone.

Frequent reminders will be sent as we gradually return together.

Sincerely,

Scott T. Reeves, MD, MBA, FACC, FASE

| Grand Rounds | | |
|-------------------------|-----------------------|-----------|
| Date | Type | Location |
| 4/6/2021 | GR - Visiting Speaker | Streaming |
| 4/13/2021 | Subspecialty Meeting | NA |
| 4/20/2021 | GR - Internal Speaker | DD 110 |
| 4/27/2021 | GR - Visiting Speaker | Streaming |
| 5/4/2021 | GR - Internal Speaker | DD 110 |
| 5/11/2021 | GR - Internal Speaker | DD 110 |
| 5/18/2021 | GR - Internal Speaker | DD 110 |
| 5/25/2021 | GR - Internal Speaker | DD 110 |
| 6/1/2021 | GR - Visiting Speaker | Streaming |
| 6/8/2021 | GR - Internal Speaker | DD 110 |
| | | |
| Other Didactics | | |
| Type | Location | |
| All Resident Lecture | Streaming | |
| Intern Lecture | SEI 314 | |
| CA-1 Lecture | CSB 429 | |
| Medical Student Lecture | Old CH/UH Ext 501 | |

GRAND ROUNDS- APRIL 2021

“Covid ”
April 6, 2021
Mark Caridi-Scheible, MD, Assistant Professor
Dept. of Anesthesiology
Emory University

“Subspecialty Meeting”
April 13, 2021
Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina



“Covid Updates”
April 20, 2021
Maxie Phillips, DO
Cameron Shull, MD
Critical Care Medicine Fellow
Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina



“Point of Care US During Cardiac Arrest”
April 27, 2021
Jonathan Paul, DO , Assistant Professor
Dept. of Anesthesia
Columbia University Irving Medical Center

DEPARTMENT OF ANESTHESIA AND
PERIOPERATIVE MEDICINE

Email: hiottg@musc.edu
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Fax: 843-792-9314

[CHECK OUT OUR WEBSITE](#)

Future Events/Lectures

Intern Lecture Series

- 4/1/21 OB
- 4/15/21 Psych & Substance Abuse
- 4/29/21 Infectious Diseases

CA 1 Lecture Series

No Lectures

CA 2/3 Lecture Series

Per Rotations

Grand Rounds

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<https://www.facebook.com/MUSCANesthesia/>
<https://www.instagram.com/musc.anesthesiology/>

Follow @MUSC_Anesthesia



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 Tammie Matusik.



Holiday Party
Friday, December 10, 2021
Carolina Yacht Club

ONE MUSC

INNOVATION | IMPACT | INFLUENCE

[ONE MUSC Strategic Plan](#)

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 23, 2021.