



# SLEEPY TIMES

VOLUME 11, ISSUE 8 AUGUST 2016



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### Message from the Chairman: U.S. News & World Report “Best Children’s Hospitals”

-SCOTT T. REEVES, MD, MBA



It is exciting to read this year’s U.S. News & World Report classification for Best Children’s Hospitals and Subspecialties. We have 6 subspecialties in the top 50 nationally. Our Pediatric and Pediatric CT Divisions have done an outstanding job supporting this growth. I think the letter below from Drs. Cole and Cawley summarizes these milestones well.

“Dear MUSC Family,

It is a great pleasure to report that MUSC Children’s Hospital has ranked in an unprecedented six categories in the annual U.S. News & World Report rankings for the “Best Children’s Hospitals” in the nation. In fact, MUSC Children’s Hospital, one of four pediatric hospitals in South Carolina, is the only children’s hospital in the state to earn national recognition on the current U.S. News & World Report list. The rankings are published online at <http://health.usnews.com/best-hospitals/pediatric-rankings>.

This is terrific news! The men and women on our pediatric care teams and everyone on our Children’s Hospital staff deserve to share in this achievement. These rankings reflect combined, consistent hard work and a tenacious commitment to deliver the best care available to every child and family that needs our help.

The six rankings for MUSC Children’s Hospital are:

- # 20 Cardiology and Heart surgery
- # 22 Nephrology
- # 29 Urology
- # 37 Cancer
- # 39 Gastroenterology and GI surgery
- # 47 Diabetes and Endocrinology



## MESSAGE FROM THE CHAIR CONTINUED...

Newcomers to the list this year, although known throughout the state for their unparalleled, specialized care, pediatric cancer, gastroenterology and GI surgery, diabetes and endocrinology, and urology were recognized for their quality of care, strong clinical outcomes and survival rates. Nephrology returned to the list this year after some strong recruitments were made to the program, enhancing the breadth and depth of the quality of care already provided.

We are proud of our Children's Hospital care team as this is validation of the great care they deliver every day. This is also evidence of the need to build the new MUSC Shawn Jenkins Children's Hospital, which will be a resource of high quality children's care for South Carolina and the nation.

The 10th annual rankings highlight the top 50 U.S. hospitals in each of 10 pediatric specialties: cancer, cardiology and heart surgery, diabetes and endocrinology, gastroenterology and GI surgery, neonatology, nephrology, neurology and neurosurgery, orthopedics, pulmonology, and urology. In the 2016-17 rankings, 78 of the 183 hospitals surveyed were ranked in at least one of the 10 specialties.

The current methodology combines clinical and operational data, results from a reputational survey of board-certified pediatric specialists, and supplemental information from resources such as the National Cancer Institute. RTI International collects and analyzes the data for the rankings. The methodology reflects the level and quality of hospital resources directly related to patient care, such as staffing, technology and special services; delivery of health care, such as reputation among pediatric specialists, programs that prevent infections and adherence to best practices; and clinical outcomes, such as patient survival, infection rates and complications. Survival rates, adequacy of nurse staffing and procedure volume are among the many kinds of information about each ranked hospital that can be viewed on <http://health.usnews.com/best-hospitals/pediatric-ranking>.

Congratulations to all those who made these phenomenal results possible and many thanks to all those who serve the children and families of our community and state.

David J. Cole, M.D., FACS

MUSC President

Patrick J. Cawley, M.D., MBA

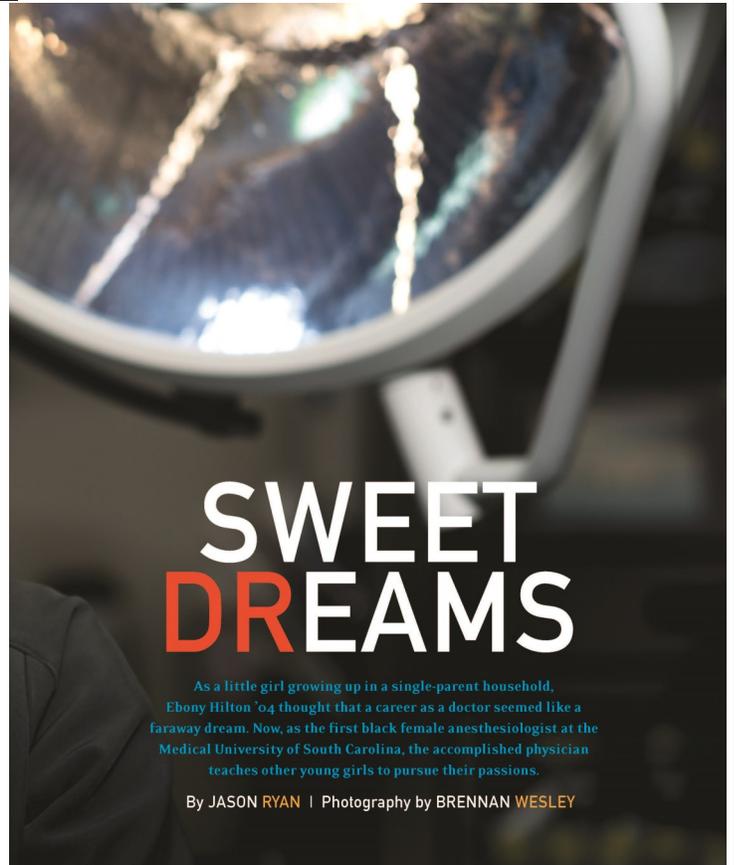
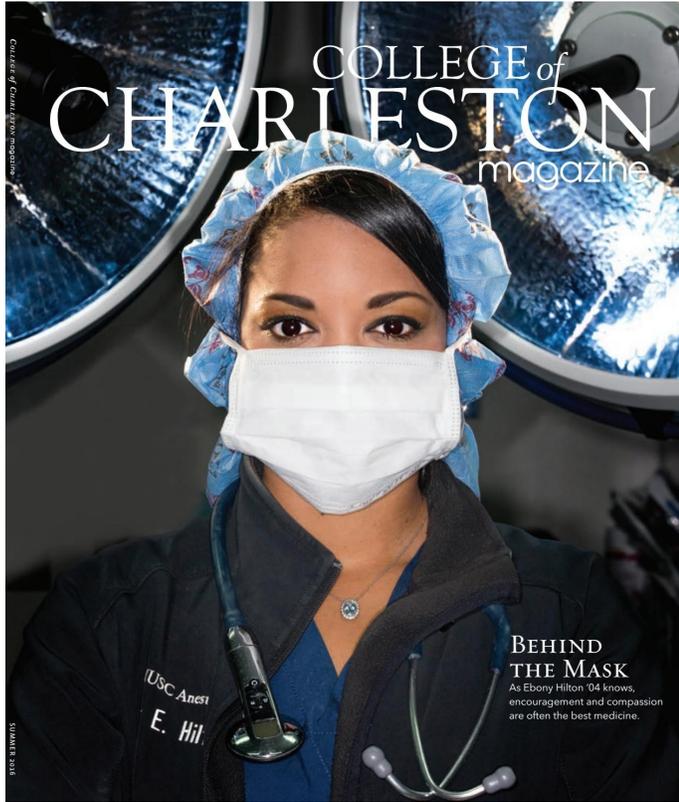
MUSC Health CEO and VP for Health Affairs, University

## STATE OF THE DEPARTMENT ADDRESS

On July 19, 2016, I gave the annual State of the Department address. Last year we accomplished some amazing things. If you missed the presentation, it can be accessed via [State of the Department Address](#).



EBONY HILTON FEATURED IN COLLEGE OF CHARLESTON MAGAZINE



# SWEET DREAMS

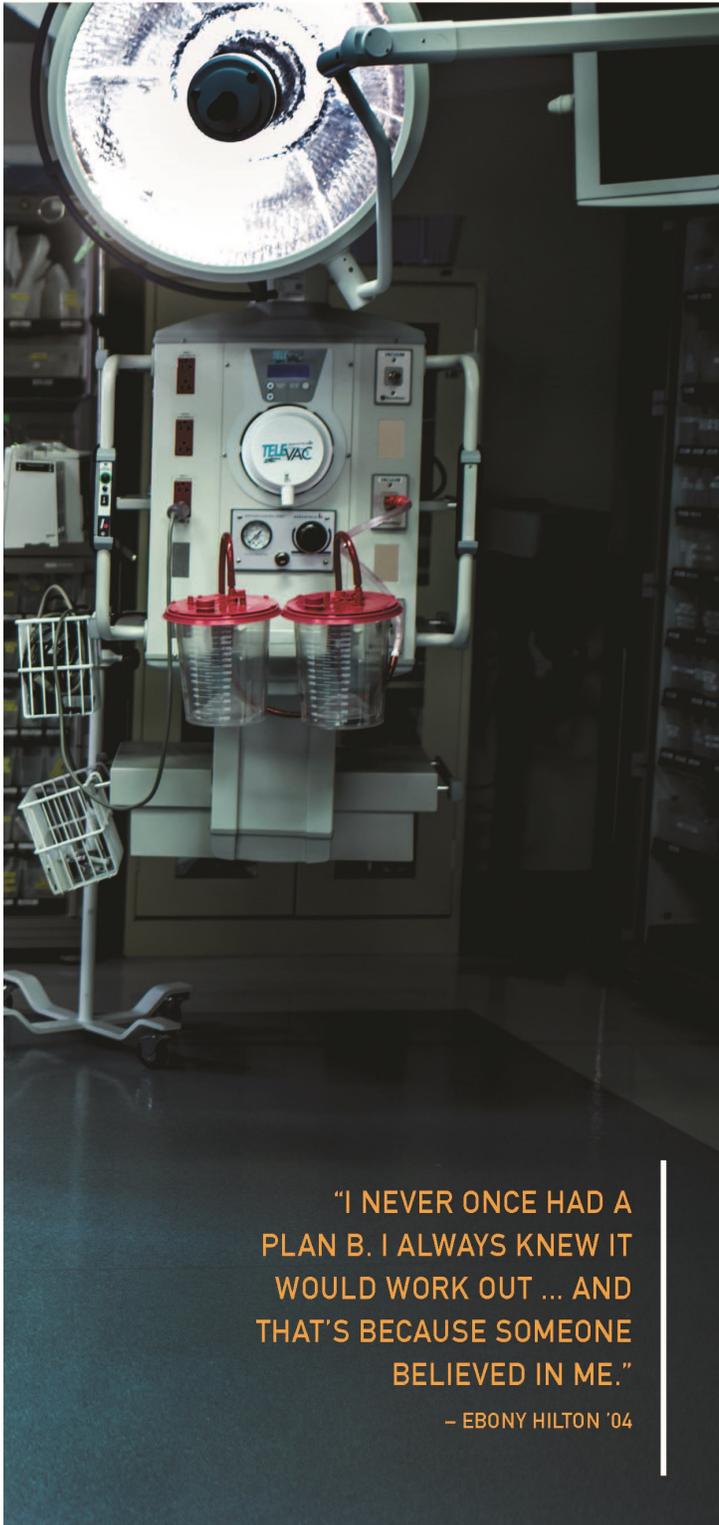
As a little girl growing up in a single-parent household, Ebony Hilton '04 thought that a career as a doctor seemed like a faraway dream. Now, as the first black female anesthesiologist at the Medical University of South Carolina, the accomplished physician teaches other young girls to pursue their passions.

By JASON RYAN | Photography by BRENNAN WESLEY

**EBONY HILTON FEATURED IN COLLEGE OF CHARLESTON MAGAZINE CONT...**



## EBONY HILTON FEATURED IN COLLEGE OF CHARLESTON MAGAZINE CONT...



"I NEVER ONCE HAD A  
PLAN B. I ALWAYS KNEW IT  
WOULD WORK OUT ... AND  
THAT'S BECAUSE SOMEONE  
BELIEVED IN ME."

– EBONY HILTON '04

They arrived bubbly and cheerful, each plopping down into chairs spread around a conference table. The girls sported funky shoes, pink and tie-dyed footwear that anyone outside of middle school would have trouble pulling off. They wore identical shirts, too, each of which read "GLOSS" across the chest, an acronym meaning Girls Loving OurSelves Successfully. Predictably, the T-shirts were pink.

Joining these 10 seventh-graders at James Simons School on upper King Street were a handful of mentors, including Ebony Hilton '04. The women and girls began to chat, laughing together and then ooohing and aahing when one student shared the contents of her Me Bag, which included goodies and mementos such as a basketball jersey, honor roll awards, trophies and old family photos.

And that's what the GLOSS program is all about – helping girls feel connected and confident amid the blur of adolescence. GLOSS aims to empower middle school girls as they grapple with the growing stresses of peer pressure, family life and academics.

Hilton remembers all too well what a strange time those years can be.

**ACTIONS MATTER** – As the girls chatted away, their adult counterparts directed them to their first group activity. Mentor Florence Davis asked each girl to squeeze a glob of toothpaste on a plate before being told to place it back in the tube by using a toothpick. If the girls didn't know it beforehand, they soon found out: it was a hopeless task. With this smart group, little explanation was needed for them to decode the larger lesson: be careful how you act, since some things are not easily undone.

Then came singing and spontaneous dancing, with much laughter when Principal (and mentor) Quenetta White needed help translating hip-hop lyrics. But then, as conversation continued, the mood shifted, with smiles soon giving way to tears. Leaving the fun and games behind, Hilton and the other mentors had asked the girls to share stories from their lives, to tell the group of any struggles they had experienced. One student broke down when talking about a sick family member, fearing he might die. As the girl sobbed, Hilton held her hand and soothed her.

"It's natural to have emotions," Hilton told the group. "It's natural to feel weak."

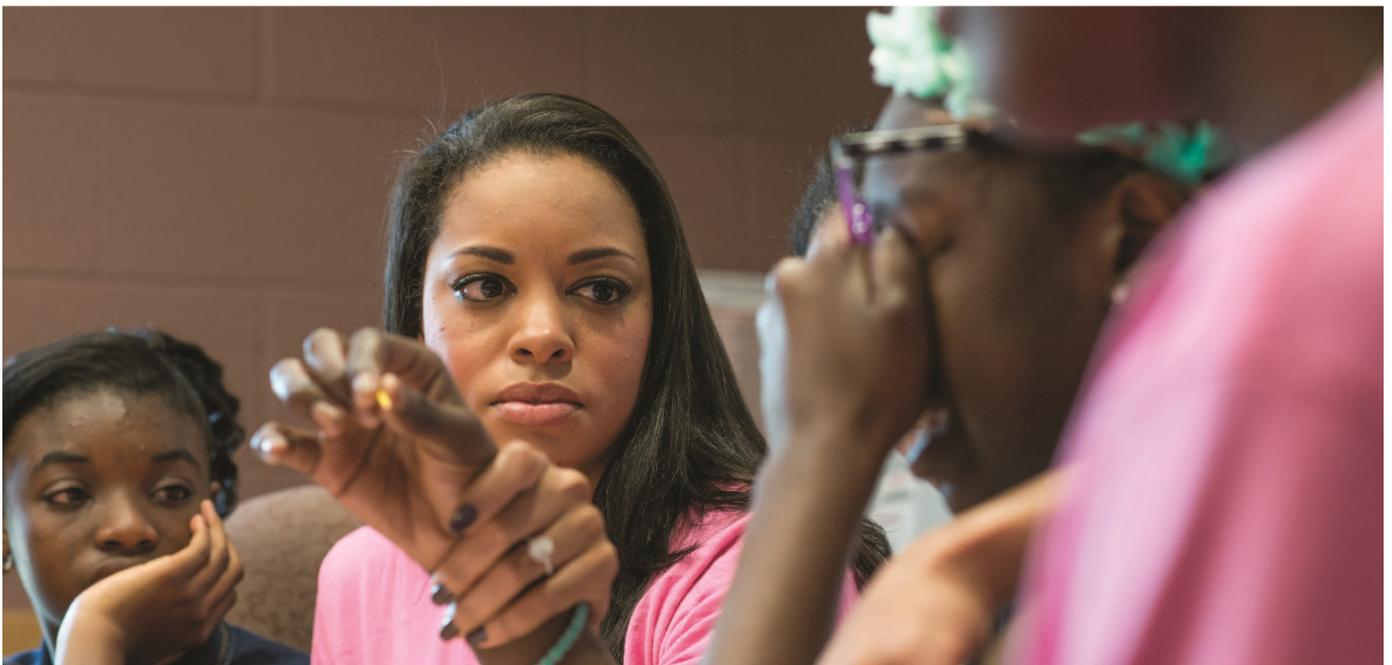
But the tears were just beginning. Other girls jumped in, one by one, each revealing well-concealed inner turmoil. Hilton stood up from her seat to give hugs as they shared story after story, each more gut-wrenching than the last. The girls told tales of health emergencies, severe family dysfunction and estrangement, relatives' suicidal tendencies, gun violence and more.

"It's just a lot of stuff right now," understated one seventh-grader.

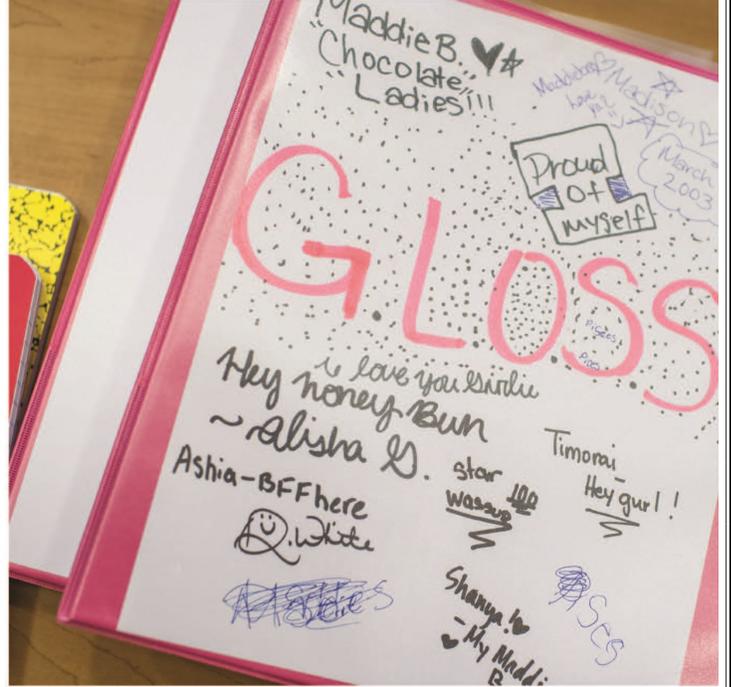
The stories continued. Tears kept falling. Tissue after tissue was grabbed. Many of the girls admitted that they kept their emotions bottled, not wanting to exacerbate the challenges they faced by weeping to family members. Hilton and the other mentors urged them to rethink this strategy.

"It's not your responsibility to hold up the family," Hilton told the young women. "It can make you physically sick to hold in all these emotions."

**EBONY HILTON FEATURED IN COLLEGE OF CHARLESTON MAGAZINE CONT...**



## EBONY HILTON FEATURED IN COLLEGE OF CHARLESTON MAGAZINE CONT...



When the stories and tears ceased, it was time to go - school was over for the day. The girls and mentors traded phone numbers and vowed to start a GLOSS Facebook page. Before the room cleared, Hilton offered one last piece of advice: "You should never feel like no one has your back or no one hears your voice."

If anyone knows the importance of those words, it's Hilton. Once upon a time, Dr. Ebony J. Hilton was one of those girls.

**THE RUSH OF CARING** – Unless you're a marathon runner, you'll have trouble keeping up with Ebony Hilton. The anesthesiologist essentially sprints through the corridors of the Medical University of South Carolina, dashing between assorted patients placed in her care. Hilton is a navy blue blur as she shuttles about in her hospital scrubs, running up and down stairs, bursting into surgical rooms and breezing into patient recovery areas. One gets the idea that if every nurse and doctor operated at Hilton's speed, the hospital could probably shut down on weekends.

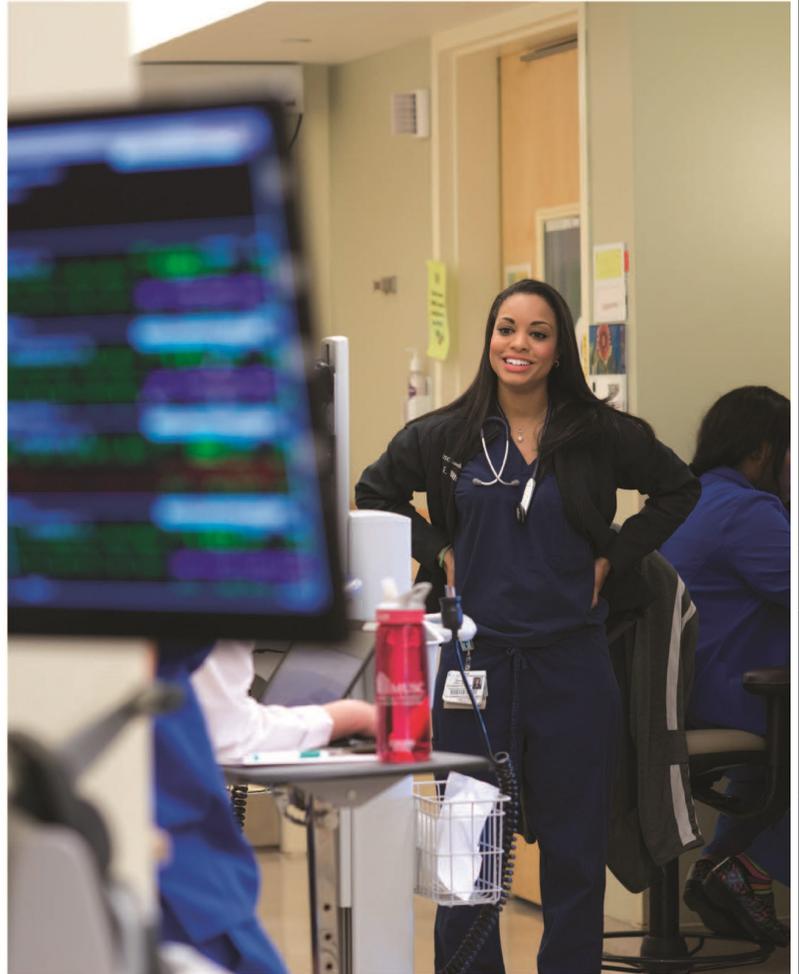
Yes, Hilton is fast, but she also benefits from knowing the layout of MUSC inside and out. Ever since 2004, when Hilton graduated *magna cum laude* from the College as a triple major who studied biochemistry, molecular biology and inorganic chemistry, the energetic, easygoing doctor has studied and worked at MUSC. She graduated from medical school in 2008, completed a four-year residency, and then finished a one-year critical care fellowship. In 2013 Hilton was hired as the first black female anesthesiologist at MUSC. Hilton says she chose to specialize in anesthesia because "you can be useful in every part of the hospital."

One day in April, Hilton was being useful in at least two parts of the hospital: orthopedic surgery and neurosurgery. One of her first cases that day was an older man about to have his hip replaced. Hilton pulled back a curtain to find him on his side, being prepped by other doctors and nurses. A needle was being pushed into his lower back to anesthetize his right leg - a procedure that hardly looked comfortable for the patient. Letting her colleagues do their work, Hilton placed a comforting hand on the man's bare foot. Then she was off, flying down hallways and stairwells, until she met her next patient, an older woman who had recently suffered a number of aneurysms.

Within an hour or so, this woman would undergo neurosurgery, with a surgeon placing two tiny, metal coils within the damaged vessels of her brain. Hilton quizzed the patient about her medical history, asking specifically about conditions - such as acid reflux - that might complicate anesthesia. Then Hilton patiently outlined what was about to happen during surgery, smiling politely when the patient interrupted to tell her how pretty she is.

Saying goodbye, Hilton scrambled back up a floor to an orthopedic surgical room, where she oversaw the hip replacement patient receive more anesthesia via his spine. Soon enough, it was back downstairs again, to administer anesthesia to the woman who was about to have her aneurysms treated, as she had just been wheeled into the operating room. The hustle and bustle is normal, with Hilton shifting between patients continually, and other doctors and nurses attending to patients in her absence.

## EBONY HILTON FEATURED IN COLLEGE OF CHARLESTON MAGAZINE CONT...



As nurses and nurse anesthetists pattered about the woman with aneurysms, prepping her for surgery, Hilton directed the efforts while also chatting with the patient in an attempt to distract her. Hilton asked about the woman's husband, who was waiting nearby, and how the two fell in love. Responding through an oxygen mask, the woman shared details of their engagement in a resort town.

"Fireworks and everything - that is so sweet," said Hilton. "He did a good job."

"Where did you get married," Hilton asked next as the patient drifted off to sleep.

Hilton continued with her work, explaining that she often asks about a patient's significant other, "so when they go to sleep, they're thinking about something happy."

Despite the lighthearted chitchat, Hilton remained vigilant, looking for warning signs in her patient. As the aneurysm surgery began without complication, a message alerted Hilton that she was needed back in the orthopedic operating room immediately - the hip replacement patient's heart rate had become erratic. And so Hilton rushed off to see him, running up a flight of stairs at breakneck speed and rounding corners quickly. Entering the operating room, she quickly helped restore a normal heartbeat by adjusting the medicines entering the patient's body.

Removing a surgical mask now stained with a dot of blood, Hilton set off again to tend to new patients and begin more surgeries. It was just 10:40 a.m. - four hours after Hilton started work - yet Hilton's pedometer indicated she had taken 4,500 steps. In other words, Hilton had somehow managed to walk and run more than two full miles within hospital corridors cluttered and crowded with people and bulky, wire-trailing medical equipment. And the day was only half over.

**DR. HILTON** - As a child, Hilton preferred running outside, skipping through the creeks and woods of Spartanburg County in upstate South Carolina, more than 200 miles from Charleston. Hilton and her two sisters lived with their mom within the city of Spartanburg, but on weekends and summers the Hiltons would leave town to visit extended family in the small rural community of Little Africa, approximately 30 miles outside the city limits.

Hilton speaks warmly of her upbringing and the strong bond she shares with her mother and sisters. But Hilton also admits her childhood in a single-parent home was not always easy. Her mother worked in a Michelin tire facility, operating a forklift, and money was tight. Her father served in the Army, and was often overseas. As Hilton grew older, she became sensitive to the fact that her family

## EBONY HILTON FEATURED IN COLLEGE OF CHARLESTON MAGAZINE CONT...



was not quite like the ones presented in *Little House on the Prairie* and *The Cosby Show*.

"If it looks different than what you see, then it's wrong," she says of this disparity. "You think something is missing."

At age 8, Hilton had a pivotal moment in her life. Upon learning her mother had previously suffered the loss of a newborn boy just days after his birth, a young Hilton pledged to become a doctor. If she were a doctor, the 8-year-old reasoned, maybe she could save babies like her brother.

Hilton's mother took her middle daughter at her word. From that day forward, Hilton's mother began addressing her daughter as Dr. Hilton. It didn't matter that it would be almost 20 years before the rest of the world recognized her that same way.

To some it may seem like a small gesture, but that title meant everything to an ambitious little girl. The words "Dr. Hilton" were not just a name, but also a prophecy, a promise of good things to come. Hilton would not fail her family.

"I never once had a Plan B. I always knew it would work out ... and that's because someone believed in me," Hilton says of her mother.

Now Hilton feels compelled to help spread that faith, to inspire children and validate their dreams. To accomplish this, sometimes

all it takes is showing up and talking. Within many impoverished black communities, there are often few, if any, doctors to serve as role models. If a black child never lays eyes on a black doctor, Hilton says, there's little chance he or she will aspire to study and practice medicine. By mentoring students in GLOSS, Hilton hopes to serve as an example to young black women and to communicate that almost anything is possible with enough hard work.

"You can't look at your situation for what it is," says Hilton, "but what you envision it can be."

**LISTEN UP** – Having a mentor like Hilton is extremely powerful, says Vivian Bea, a surgeon at MUSC who co-founded GLOSS with White, the James Simons School principal.

"She has the gift of relating to different backgrounds and still being Dr. Hilton," says Bea, who recruited Hilton to the mentoring group. "She also knows how to listen."

To listen is to care. Hilton feels very passionately about unlocking the imaginations of black youth, enabling their dreams. Too often, she feels, black children and teens who need help are ignored or overlooked.

"This is what bothers me about society ... how we write people off and leave them to fend for themselves ... especially kids," says Hilton. "No one's listening. That frustrates me."

Avery Buchholz, Hilton's fiancé, says that his future wife stands apart from others because of her compassion and drive to educate the underserved. Yet when he first met Hilton, he says, he was initially struck by her beauty and smarts.

"Medical knowledge seems to come much easier for her than most people and that includes myself," says Buchholz, a neurosurgery resident at MUSC. "She can rattle off acid base equations and physiologic mechanisms that I have long since forgotten."

Over time, his appreciation of Hilton deepened considerably.

"Now that I know her better, I can say without a doubt she is the most caring person I know. She literally cares about everybody - sometimes to a fault. She develops bonds with patients and their families, who routinely send thank-you letters to our house showing appreciation for the compassion she showed," he says.

Buchholz has also observed her sensitivity to injustice and passion for equality.

"Ebony feels that she has been blessed to achieve the things she has, and she wants to make sure others who are just as unfortunate as she was have an opportunity to achieve the same," says Buchholz.

Though Hilton makes it seem effortless to excel in the field of medicine, the truth is she's worked hard for her accomplishments. It's not easy to triple major and graduate at the top of your class. It's not easy to slog through medical school and then residency, to finally become a doctor and work punishing hours, staring illness and death in the face daily. Yet Hilton mentions none of it when talking about her personal journey. In her mind, only one thing is relevant to her becoming a doctor: the confidence expressed in her by her mother, father and sisters.

And so Hilton carries forward that example, standing before young girls and telling them that they, too, can become doctors, or anything else they want to be.

"They're worth it," Hilton says of her young audience. "It's our duty to start investing in each other again." 📧

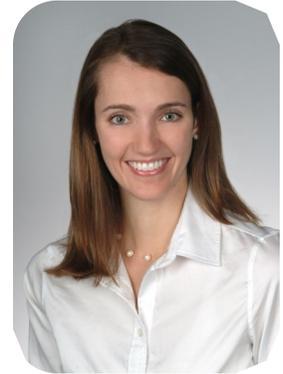
## CATHERINE TOBIN FEATURED IN SAMBA NEWSLETTER

### RESIDENTS CORNER

## New to NORA?

Here's a cheat sheet to get you started.

By Catherine Dawson Tobin, MD



**N**ORA stands for non-operating room anesthesia. Another common term used is "anesthesia in remote locations." These

cases are diverse in terms of the subspecialty of the proceduralist and anesthesia level required. A few examples include:

- **GI suite:** colonoscopy, EGD, ERCP, endoscopic ultrasound, capsule placement, PEG insertion
- **Cardiology:** EP suite, heart catheterizations, ablations, transcatheter aortic valve replacement (TAVR)
- **ER:** joint resets, sedation for wounds
- **Radiology:** MRI, CT, radiation for oncology
- **Neuro IR:** aneurysm coilings, angiograms, thrombectomy
- **Interventional radiology:** drain placement, central line access, ultrasound guided biopsies
- **Psychiatry:** ECT

An expression that pops up in some people's minds when they think of NORA may be Dorothy in the "Wizard of Oz" saying, "We're not in Kansas anymore!" It can certainly be very different from the regular operating room we are used to.

During NORA, one may be working alone ... in a small, dark, unfamiliar room surrounded by different monitors, deficient resources and old equipment.

During NORA, one may be working alone, far away from the OR front desk, in a small, dark, unfamiliar room surrounded by different monitors, deficient resources and old equipment.

If you are in charge of setting up NORA at your hospital, review the following:

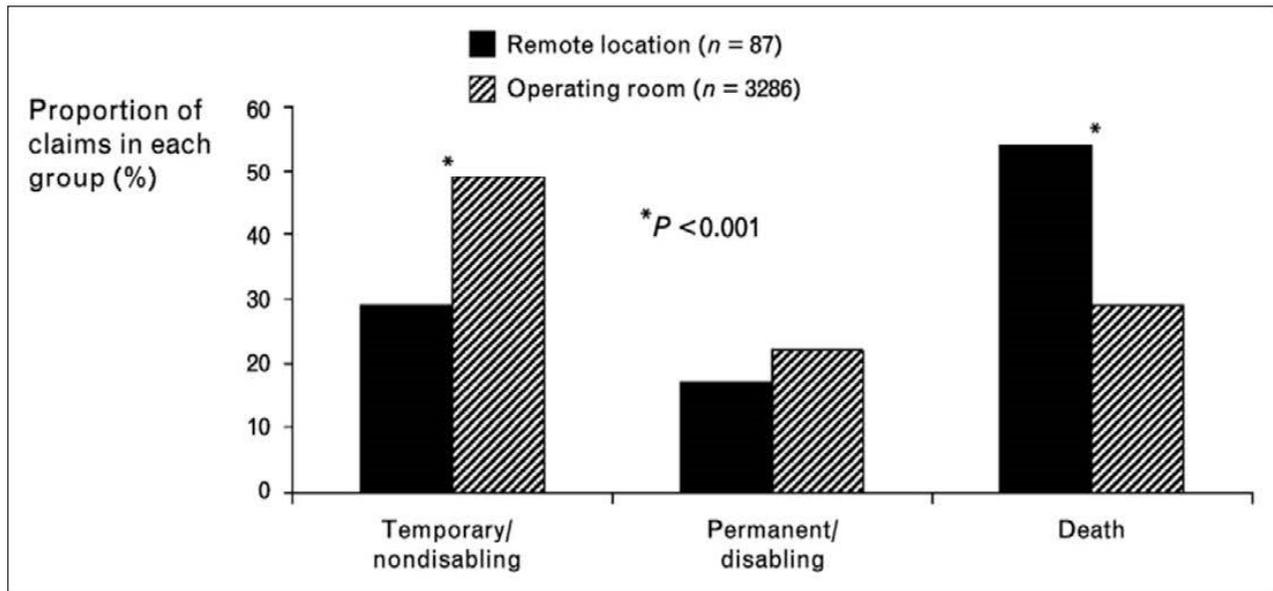
#### The ASA Statement on Non-Operating Room Anesthetizing Locations

Highlights are below and the full statement is found in the link below.<sup>1</sup>

1. You need a reliable source of oxygen and a backup. A piped source is recommended. If you're just using an E cylinder, you will need more than one.
2. Have suction.
3. If you're using volatiles, you should have a reliable system for scavenging waste anesthetic gases.
4. You need an (a) a self-inflating hand resuscitator bag capable of giving 90 percent oxygen and delivering positive pressure ventilation; (b) adequate anesthesia drugs, supplies and equipment; (c) adequate monitoring equipment to allow adherence to the "Standards for Basic Anesthetic Monitoring."
5. Have correct electrical outlets for the machine; including clearly labeled outlets connected to an emergency power supply. In any anesthetizing location determined by the healthcare facility to be a "wet location," (e.g., for cystoscopy or arthroscopy or a birthing room in labor and delivery), either isolated electric power or electric circuits with ground fault circuit interrupters should be provided.\*
6. You need light. Battery-powered illumination other than a laryngoscope should be immediately available.

One must be on high alert and very vigilant in [NORA] locations.

## CATHERINE TOBIN FEATURED IN SAMBA NEWSLETTER CONT...



One claim with missing data excluded; P<0.001 By Fisher's exact test.

7. Make sure you have enough room and space.
8. Have an emergency cart with a defibrillator, drugs and emergency equipment.
9. Have access to staff trained to help you. (Make sure someone besides you has ACLS). Plan how to call for help!
10. Follow all building and safety codes and facility standards.
11. You still need a PACU or place to provide care. Make sure you have a PACU nurse, too.

### Additional Resources

Other areas — such as the MRI suite — have their own specific guidelines. A great resource is the *Practice Advisory on Anesthetic Care for Magnetic Resonance Imaging*, an updated report by the American Society of Anesthesiologists Task Force on Anesthetic Care for Magnetic Resonance Imaging.<sup>2</sup>

### The death rate is higher in NORA locations compared to the OR.

An insightful article reviewing the risks in the NORA suite is: Metzner, Julia; Posner, Karen; Domino, Karen. The risk and safety of anesthesia at remote locations: the US closed claims analysis. *Current Opinion in Anesthesiology*. 22(4): 502-508, August 2009.

In reviewing the ASA closed claims data, you learn that one must be on high alert and very vigilant in these locations. Patients are sicker, have higher ASA status, MAC tends to be used more than general anesthesia, and the death rate is higher in NORA locations compared to the OR<sup>3</sup> (as seen in graph above). ■

### References

1. [www.asahq.org/~media/Sites/ASAHQ/Files/Public/Resources/standards-guidelines/statement-on-nonoperating-room-anesthetizing-locations.pdf](http://www.asahq.org/~media/Sites/ASAHQ/Files/Public/Resources/standards-guidelines/statement-on-nonoperating-room-anesthetizing-locations.pdf)
2. [www.asahq.org/quality-and-practice-management/standards-and-guidelines/ Practice Advisory on Anesthetic Care for Magnetic Resonance Imaging.pdf](http://www.asahq.org/quality-and-practice-management/standards-and-guidelines/Practice%20Advisory%20on%20Anesthetic%20Care%20for%20Magnetic%20Resonance%20Imaging.pdf)
3. Metzner, Julia; Posner, Karen; Domino, Karen. The risk and safety of anesthesia at remote locations: the US closed claims analysis. *Current Opinion in Anesthesiology*. 22(4): 502-508, August 2009.

*Catherine Dawson Tobin, MD, is an assistant professor of anesthesiology at the Medical University of South Carolina.*

## CONGRATULATIONS TO OUR EXPANDING NURSE ANESTHETIST PROGRAM! BY J. RYNE DANIELSON FOR THE CATALYST

The Council on Accreditation for Nurse Anesthesia Educational Programs, referred to as the COA, has set new guidelines for all Anesthesia for Nurses (AFN) programs in the United States. In response to a complex and fast-changing health care environment, the rules now call for all master's-level programs to transition to entry-level doctoral programs by 2022.

For many, disrupting an already well-respected AFN program might seem like an inconvenience, but to Angie Mund, DNP, director of the Division of Anesthesia for nurses, it's a great opportunity. "We decided, rather than waiting until 2022, we want MUSC to lead this transition and stay ahead of the curve," she said. "All of our faculty members recognize the value that a doctoral education will bring."

MUSC's current 28-month Master of Science in Nurse Anesthesia program will be phased out this year, to be replaced with a 36-month doctor of nurse anesthesia practice. It will be the first doctoral AFN program in South Carolina and one of only about 50 in the nation.

The new entry-level program, which builds on the strength of the soon-to-be-defunct master's program, is for students with a bachelor's degree in nursing. "Our master's program focuses on clinical preparation," Mund explained. "The doctorate will take those master's courses, beef them up a little, and then add in additional content on leadership, health policy, business, quality improvement, informatics and research. The new doctoral program really builds on the clinical strength of our master's program."

MUSC also offers a doctoral program for nurses who already hold a master's degree in the field. Its shorter course of study assumes students already are grounded in the clinical skills they'll need to practice anesthesia.

"Our post-master's completion program has been up and running for over a year," Mund said. "Our first cohort will graduate in December."

Mund said the transition has been in the works for more than a decade. "Nurse anesthesia leaders recognize the challenges in health care and understand that we need to make sure we're educating health care professionals, not just clinically, but also so that they understand the complexities of health care as a whole. Nurses need to understand business and evidenced-based practice; they need to be able to improve patient care by changing policy. They need to have leadership skills. Health care has become really complex. We want to make sure we are graduating health care professional who are able to meet those demands."

No longer can nurses afford to focus just on their immediate environment, Mund explained. They have to think larger.

"We need to think beyond the bedside and ask ourselves how we can have an impact on the community, how we can be engaged with policy within the hospital," she said. "Whatever happens at the top of the hospital will impact the patient and vice versa."

While two extra semesters may prove challenging for students, both practically and financially, Mund said the program would incorporate distance learning and other practices to cut costs and increase convenience.

"Our applicants realize the value of the doctoral degree, and they are seeking out programs that offer it," she said.

The post-master's program currently has five students, and Mund hopes to increase that number to between 10 and 15. The entry-level program will admit 25. "That admissions process just opened July 1," she said. "We're starting to get applications for the program already."

Mund hopes that by the time the COA requires all schools to make the transition, MUSC will already be well established in field. "Our students are going to be well prepared to apply evidenced-based practice to everything they do, and by that point, our first cohorts will already be shaping the future of health care," she said. "We will also have well-experienced faculty by that time, which should bring in a very strong group of applicants. Students are going to want to come into a program that has that kind of experience."

Dennis McKenna, a 1992 AFN graduate and currently an assistant adjunct professor in the Department of Health Professions, is one of the new program's first five students and will be part of the cohort graduating in December. "I'm very happy to be part of the inaugural class," he said. "A core value of MUSC is the commitment to lifelong learning. The master's completion program helps nurses better assess the impact of policies and procedures on meeting the needs of our patient population."

Mund has high hopes for the program and is pleased with the manner in which the college has approached the change. "This has been a deliberate, well-researched process," she said. "I'm really excited to get going on it."



## CONGRATULATIONS DR. JEFF BORCKARDT!

Congratulations to Jeff Borckardt, PhD, for being appointed to the Somatosensory and Chemosensory System Study Section, Center for Scientific Review of NIH!



DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review  
Bethesda, Maryland 20892

June 17, 2016

Scott Reeves, M.D.  
Chair, Department of Anesthesia  
Medical University of South Carolina  
Charleston, SC 29425

Dear Dr. Reeves:

It is my pleasure to inform you that Dr. Jeffrey J. Borckardt has accepted our invitation to serve as a member of the Somatosensory and Chemosensory Systems Study Section, Center for Scientific Review for the term beginning July 1, 2016 and ending June 30, 2022. Members are selected on the basis of their demonstrated competence and achievement in their scientific discipline as evidenced by the quality of research accomplishments, publications in scientific journals, and other significant scientific activities, achievements and honors. Service on a study section also requires mature judgment and objectivity as well as the ability to work effectively in a group, qualities we believe Dr. Borckardt will bring to this important task.

As I am sure you know, membership on a study section represents a major commitment of professional time and energy as well as a unique opportunity to contribute to the national biomedical research effort. Study sections review grant applications submitted to the NIH, make recommendations on these applications to the appropriate NIH national advisory council or board, and survey the status of research in their fields of science. These functions are of great value to medical and allied research in this country.

I want to take this opportunity to emphasize the importance of Dr. Borckardt's participation in assuring the quality of the NIH peer review process, express the NIH's appreciation of your institution's support of its activities, and indicate the hope and expectation that institutional officials will provide continued support. You may wish to consider some form of recognition of Dr. Borckardt's scientific stature and contributions, such as placing an article in your local newspaper.

Thank you again for your cooperation and support.

Sincerely,

Richard Nakamura, Ph.D.  
Director  
Center for Scientific Review

## PLEASE JOIN US FOR THE 2016 LOWCOUNTRY HEART WALK!

### 2016 Lowcountry Heart Walk



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Saturday, September 24<sup>th</sup>

Liberty Square, Charleston SC

8 AM Activities | 9 AM Walk

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The InterTech  
Group



### Lowcountry Heart Walk

Please contact Dr. Carlee Clark or Jackie Fisher for more details or to join one of our department's teams!

1 or 3 mile route options - leashed dogs and strollers are welcome!

Fun activities and heart health education for the entire family!

We have several options available for donations; every dollar counts! Stop by Jackie's office (SEI 302) to buy a Heart for \$1 or a Heartstring for \$10!

[www.lowcountryheartwalk.org](http://www.lowcountryheartwalk.org)

### CONGRATULATIONS DR. MARIA YARED!



Dr. Maria Yared had a little girl, Lilian Mona Fisher (6 lbs 1 oz), on June 28, 2016. Both mom and baby are doing well. Congratulations, Dr. Yared!



### DEPARTMENT CELEBRATION & NEW RESIDENT WELCOME

Please join us for the Anesthesia Department's  
New Resident and Fellow Welcome Celebration

Saturday, August 20 at 6:00 p.m.  
360 Fishburne St., Charleston, SC 29403



**Charleston Riverdogs**  
**Baseball Game**

Tickets, BBQ, and beer will be provided.  
Families and kids are welcome to attend!

Please RSVP by August 1st to Tara Chauhan  
chauhan@muscc.edu or (843) 792-4316



## CHARLESTON RONALD MCDONALD HOUSE

Our own Chris Heine, M.D. has been leading an effort involving our pediatric anesthesiologists, CRNAs, and nursing staff to provide home cooked meals to parents and children staying at the Charleston Ronald McDonald House since November 2015. It is a wonderful opportunity to give back. Recently, Dr. Reeves had the opportunity to participate along with his wife, Cathy (taking the picture), and son, Townsend. They even got to wear the fancy shoes! If you are interested in being a part of a future event, please reach out to Dr. Heine.



## WELCOME THE NEW FAER SUMMER STUDENTS!



Sam Keane was raised right here in the Charleston area. He graduated from Clemson in 2013 and worked for Dixon Hughes Goodman, an accounting firm, for a couple of years before deciding to enroll at MUSC. Sam is now a second year medical student, and his interests lie in both Anesthesia and Urology. In his free time, Sam is an avid golfer, hunter, and college football fan.

Carmen Manresa was born in Havana, Cuba and moved to Miami, where she resides, at the age of 7 with her family. She is completing her fourth year of medical school at University of Miami Miller School of Medicine and hopes to go on to an Anesthesiology residency. She is excited to be at MUSC for the next 8 weeks conducting research with Dr. Clark through the FAER MSARF program and is looking forward to getting to know Charleston! Carmen loves going on runs with her Golden Retriever (Dorven), kayaking, hiking, hosting game nights and BBQs, and cooking.



**GRAND ROUNDS FOR THE MONTH OF AUGUST**



**“Pharmacy Ground Rounds”**  
**August 2, 2016**  
**Department of Pharmacy**  
**Medical University of South Carolina**

**“Anesthesia Neurotoxicity Risk  
in the Pediatric Population”**  
**August 9, 2016**

**Alison Jeziorski, M.D., Assistant Professor**  
**Dept. of Anesthesia & Perioperative Medicine**  
**Medical University of South Carolina**



**“Morbidity and Mortality Conference”**  
**August 16, 2016**  
**George Guldán, M.D., Assistant Professor**  
**Ryan Gunselman, M.D., Assistant Professor**  
**Dept. of Anesthesia & Perioperative Medicine**  
**Medical University of South Carolina**

**“Physician Wellness & Burnout Prevention”**  
**August 23, 2016**  
**Grayce Davis, M.D., Assistant Professor**  
**Dept. of Anesthesia & Perioperative Medicine**  
**Medical University of South Carolina**



**“Disaster Preparedness”**  
**August 30, 2016**  
**Patrick S. Sullivan, M.D., FACS, FASCRS**  
**Assistant Professor, Department of Surgery**  
**Emory University School of Medicine**



DEPARTMENT OF ANESTHESIA AND  
PERIOPERATIVE MEDICINE

Email: fisherja@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

August 11th—Valvular Heart Disease, Instructor  
TBA, ART 4044

August 25th—Pain, Dr. Nobles, SEI 314

#### CA 1 Lecture Series

August 10th—Fluid Management & Transfusion,  
Dr. Hilton, CSB 429

August 24th—Nonvolatile Anesthetic Agents, Dr.  
McSwain, CSB 429

August 31st—Neuromuscular Blocking Agents,  
Dr. Matos, CSB 429

#### CA 2/3 Lecture Series

August 1st—Opioids, Dr. Redding, Moodle

August 8th—Adrenal Dysfunction PBLD, Dr.  
Sabbagh, Moodle

August 15th—Respiratory Function in Anesthesia  
PBLD, Dr. Tobin, Moodle

August 29th—Visiting Professor Lecture—All  
Residents, Dr. Sullivan (Emory), 4:00pm CSB  
429

#### Grand Rounds

August 2nd—Pharmacy Grand Rounds,  
Department of Pharmacy

August 9th—Anesthesia Neurotoxicity Risk in  
the Pediatric Population, Dr. Jeziorski

August 16th—Morbidity & Mortality  
Conference, Drs. Guldán and Günselman

August 23rd—Physician Wellness & Burnout  
Prevention, Dr. Davis

August 30th—Disaster Preparedness, Dr. Sullivan  
(Emory)



### 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!

**Darrell Jenkins, Anesthesia Tech—Picking up many extra hours to help out the day shift! Great teamwork!**

**Macy Uebelhoer-Belt, Anesthesia Tech—Always doing a great job and willing to help wherever needed. Many compliments are always received. Great Teamwork!!!**

**Kelley Nevill, Anesthesia Tech—Having a very positive attitude and being a great team player! Great Job!**

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

**Lowcountry Heart Walk  
Saturday, Sept 24th  
Liberty Square**

**Graduation 2017  
Friday, June 23, 2017  
Founders Hall**



**August 2016**

**Standard of the Month**

**Respect the individuality,  
privacy and dignity of  
patients, visitors and  
colleagues.**

**We Would Love to Hear From You!**  
If you have ideas or would like to contribute