



SLEEPY TIMES

VOLUME 12, ISSUE 1 JANUARY 2018



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MESSAGE FROM THE CHAIRMAN: *JUST SAYING* -SCOTT T. REEVES, MD, MBA

As 2018 begins, I am considering what New Year resolutions I want to make. One area that has recently caught my attention is the frequency in which I say or hear the phrase, “Just saying.” It has become a new vernacular in my vocabulary only recently so I decided to search Google to discover its origin.



Scott Simon of National Public Radio (NPR) did a whole page on the phrase in December 2010 entitled *It's Rude! It's Crude! It's Stupid! Just Sayin*. He states that its origins are murky but believes that it may have started in an early Eddie Murphy routine or from *Seinfeld* episodes.

The Urban Dictionary defines the phrase as follows:

A phrase that is used when someone is offended by something you said. This phrase then removes all the offensiveness of the previous statement, making it all good.

Response when your motive for saying something is questioned and you a) had no motive or b) do not want to reveal your motive.

A phrase used to signify that a previous comment one made was not intended to cause offense or annoyance, but was simply a statement of a personal opinion or an observation that the stater doesn't care enough to fight over.

Scott goes on to write, “Saying ‘I’m just saying’ puts a fire escape onto the end of a sentence. It lets you express a stern — even rude — opinion, but not really. You’re just saying. It invites the listener to discount what we’ve just heard, even as we’re reeling from it.”

Fortunately, it is a relatively new expression that maybe we can unwind as a society. For example, what would have been the historical ramifications if Moses had said to Pharaoh, “Let my people go! Just sayin!”

So, as I go into 2018, I am going to try to eliminate this condescending and insincere expression. Maybe I will take one from my grandmother and say, “Bless your heart.”

Just saying...



RESIDENT INTERVIEWS IN FULL SWING



STAFF HOLIDAY BREAKFAST



Dr. Reeves treated the Administrative & Research Staff to breakfast at Another Broken Egg to help usher in the holiday season. Good food and lively conversation were enjoyed by all!

ANNUAL HOLIDAY PARTY FEATURED *THE INDUCTION AGENTS*

Induction Agents



From left to right: Mark Glentzer, Kevin Massey, Melanie Rubin, George Whitener, Horst Rieke, and Adam Rhodes

TOYS FOR TOTS HOLIDAY DRIVE

Thanks to everyone who participated!



HOLIDAY PARTY 2017



HOLIDAY PARTY 2017



HOLIDAY PARTY 2017



WELCOME TO THE DEPARTMENT



Please welcome Matt Daylami, new CRNA at UH. Matt was born and raised in Charleston, SC. He graduated from University of South Carolina in 2009 with a Bachelors in Exercise Science/Pre-physical therapy, but had a change of heart and decided to go into nursing. Matt completed the MUSC accelerated BSN program in 2011 and worked in the Neurosciences ICU at MUSC shortly thereafter. In 2014, he moved to Raleigh for anesthesia training and worked at Greenville Memorial Hospital in Greenville, SC for a year after graduation. Matt is happy to be back in Charleston with his wife, Lauren, and 10-month-old son, Luke. Matt lives in the Mount Pleasant area and enjoys the many options for being outdoors and on the water. He also enjoys trying out all the new breweries that have popped up since he's been gone!

Please welcome Alex Garcia, the newest member of our CRNA team at Rutledge Tower. As an MUSC alumni, she has patiently waited for an opportunity to return. Alex obtained both her BSN and MHSA from MUSC. Upon graduating from the Anesthesia for Nurses Program, Alex accepted a position at Trident Hospital, where she worked for nearly seven years. She resides in Mount Pleasant with her husband, Leo, and their infant son, Sebastian. Something you may not know about Alex is that she is fluent in Spanish. Prior to going into the realm of nursing, Alex studied Exercise Sports Science at Wake Forrest, where she graduated with a Bachelor Degree. RT Anesthesia is very happy to have Alex as a CRNA!



Jennifer Moylan is a new CRNA at UH. She recently relocated to Charleston from Louisiana. Jennifer is originally from Mississippi but lived in Louisiana for the last 12 years. She attended Our Lady of the Lake College for undergrad and LSU Health Sciences Center for nurse anesthesia. Jennifer has twin one-year-old daughters and teenage stepsons that keep her busy. She's looking forward to getting to know everyone at MUSC. Welcome aboard, Jennifer!

CLINICAL CONNECTIONS



Clinical Connections

MUSC Health E-newsletter

Physician burnout surveys rolling out at MUSC

Medical Leadership Message from the Chief Medical Officer

Over the next few weeks, your departments will be setting up the ability for you to take the Maslach Burnout Inventory through a company called **Mindgarden**. The results of this survey have been set up to only be available to you and your department leaders.

The intent on this is to get a baseline of where all of us as providers stand in terms of burnout. At the start of the new year, we will provide a list of possible interventions to help address burnout.



Dan Handel, M.D.

RESEARCH CORNER

Clinical Pain Advisor



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October 23, 2017

FEATURED ARTICLES



Low-Dose Perineural Dexamethasone Prolongs Effects of Brachial Plexus Nerve Block

The Effect of Adding Subarachnoid Epinephrine to Hyperbaric Bupivacaine and Morphine for Repeat Cesarean Delivery: A Double-Blind Prospective Randomized Control Trial

Daniel Katz, MD,* Joshua Hamburger, MD,* David Gutman, MD,† Ryan Wang, MD,*
Hung-Mo Lin, ScD,* Michael Marotta, MD,† Jeffrey Zahn, MD,* and Yaakov Beilin, MD*



Dr. David Gutman



Dr. Michael Marotta

RESEARCH CORNER CONTINUED...

Safety and Effectiveness of a Novel Facemask for Positive Pressure Ventilation

Tod A. Brown, MD,* Tamas A. Szabo, MD, PhD,* Kathryn H. Bridges, MD,*
Michel J. Sabbagh, MD,* William R. Hand, MD,* Bethany J. Wolf, PhD,† and Robert D. Warters, MD*

BACKGROUND: Manual positive pressure ventilation is an essential skill in a variety of clinical situations. The C&E technique is commonly used with standard facemasks to provide effective ventilation. The Tao mask is a novel design that allows a more ergonomic grip. A seal between the mask and face is made with downward pressure of the palm, centered on the mask, and jaw lift is achieved with 4 fingers centered under the mandible. The purpose of this study was to evaluate the safety and effectiveness of the Tao mask compared to a standard mask before and after the administration of neuromuscular blockade (NMB) using 2 previously established ventilation scales.

METHODS: One hundred fifty-two patients >18 years of age who were scheduled for general anesthesia were recruited. All care team members were shown a brief instructional video on the use of the Tao mask. After induction of general anesthesia with a standardized protocol, each patient was ventilated with both the standard (Vital Signs #082510) and Tao masks and effectiveness was measured using the Han and Warters scales. This process was repeated after NMB. The sequence of masks was determined with a random-number generator.

RESULTS: Tao mask ventilation scores were significantly better than standard mask scores on both the Han scale and the Warters scale before the administration of NMB ($P < .001$ for both). Tao mask scores were also significantly better than standard mask scores on the Warters scale after the administration of NMB ($P < .001$). However, there was no significant difference on the Han scale between the 2 mask types after NMB ($P = .180$). On the Warters scale, there were significantly fewer patients who were difficult to ventilate with the Tao mask than the standard mask before NMB (18 vs 40; $P < .001$) and after NMB (8 vs 17; $P = .005$). No adverse events were reported with either mask.

CONCLUSIONS: Our results indicate that the Tao mask demonstrated equivalent safety and superior effectiveness compared to a standard mask. The study design favored the standard mask because all participating practitioners had multiple years of experience with the standard mask and no prior experience with the Tao mask. Since the incidence of inadequate mask ventilation goes up significantly with inexperienced operators, the improved effectiveness of the Tao mask could be even more profound with novice operators. (Anesth Analg 2017;XXX:00-00)



Dr. Tod Brown



Dr. Kathryn Bridges



Dr. Michel Sabbagh



Dr. Bethany Wolf

Acute Coronary Artery Thrombus After Tranexamic Acid During Total Shoulder Arthroplasty in a Patient With Coronary Stents: A Case Report

Kathryn H. Bridges, MD, and Sylvia H. Wilson, MD

Tranexamic Acid (TXA), an antifibrinolytic, is routinely used to decrease transfusion rates in total joint replacement surgery. While recent publications have indicated a low risk of TXA-associated thromboembolic events in this orthopedic population, few studies specifically address the safety of TXA administration in high-risk patients. We present a case of acute coronary thrombus requiring emergent intervention in a patient with indwelling coronary stents who underwent shoulder arthroplasty with TXA administration. (A&A Case Reports. 2017;XXX:00-00.)



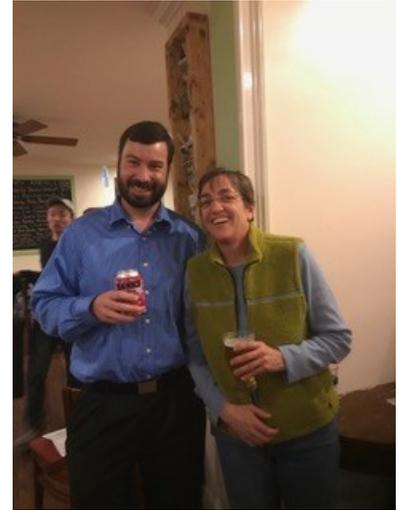
Dr. Kathryn Bridges



Dr. Sylvia Wilson

RETIREMENT CELEBRATION FOR DR. RICK SMITH

After 18 years with the department and many of them as head of our Chronic Pain Division, Rick Smith retired on December 31, 2017. Dr. Smith leaves a significant legacy with the department as an excellent teacher of residents and medical students. Many of our residents chose to emulate Dr. Smith by doing a Chronic Pain Fellowship. He will be missed.



HOLIDAY DOOR DECORATING CONTEST



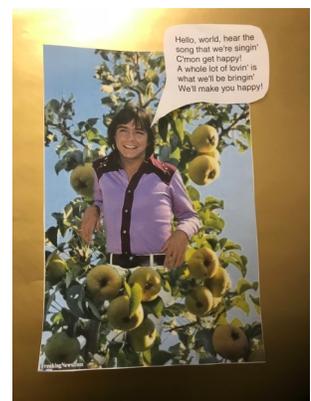
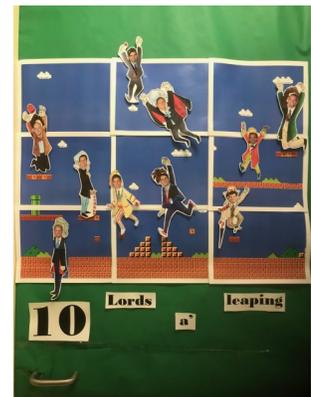
Research Office, 1st Place Winner



Heather Highland & Rhi Davis, 2nd Place



HOLIDAY DOOR DECORATING CONTEST—THE 12 DAYS OF CHRISTMAS AT ART!



MUSC PRESS RELEASE**PRESS RELEASE****MUSC trustees vote to pursue certificate of need for new 128-bed hospital, authorize health system to seek \$54.4 million for three projects**

The Medical University of South Carolina (MUSC) and Medical University Hospital Authority (MUHA) Board of Trustees held their regular scheduled meeting, receiving a series of positive reports on the organization's overall financial position, fund-raising initiatives, clinical operations, advances in diversity and inclusion efforts, and external audit for fiscal year 2017. The board also voted to support filing a certificate of need (CON) with the South Carolina Department of Health and Environmental Control (DHEC) for the construction of a 128-bed hospital. DHEC must issue a CON before certain types of health care acquisitions, expansions and creation of new facilities are allowed. Estimated cost for the new hospital is \$325 million.

"MUSC is committed to building an integrated health care system with the depth and breadth to lead health innovation for the lives we touch," said MUSC President David J. Cole, M.D., FACS. "By adding another hospital to the MUSC Health system, we will establish a natural, complementary component to our tertiary, quaternary hospital facility on the peninsula, where we care for the sickest patients and provide the most intensive care."

"The state health plan has clearly identified the need for 147 additional beds to serve the Charleston area based on current hospital occupancy and fill rates," said Patrick J. Cawley, M.D., MUSC Health CEO and vice president for Health Affairs, University. "As our community expands, its needs are steadily increasing for our full range of health care services. This new hospital will serve to meet many of those growing health care demands, delivering our consistent, high quality and compassionate care."

"As the state's only public, academic health science center, MUSC is unlike any other health care organization in South Carolina," said Donald R. Johnson II, M.D., chairman of the MUSC Board of Trustees. "This board works in concert with the administration to meet not only the needs of today's patients and families, but also to constantly envision ways to improve health care as we go forward. This new hospital represents a direct response to the changes and needs of our community. It will make the best quality care even more convenient to obtain in the future," Johnson said.

Additional information about the new, proposed 128-bed hospital will be made available when appropriate, as details are finalized.

The board also reviewed and voted to approve:

- Authorization for the MUSC Health system to seek approval from the State Fiscal Accountability Authority to borrow up to \$54.4 million for the following projects:
 - ◇ \$28 million to purchase land and build a Consolidated Service Center, including a sterile processing facility, in the North Charleston area. The center is necessary to support the new MUSC Shawn Jenkins Children's Hospital and the MUSC pediatric ambulatory campus in North Charleston.
 - ◇ \$16.4 million for leaseholder improvements for the West Ashley musculoskeletal institute.
 - ◇ \$10 million for the land acquisition needed to construct the 128-bed hospital in the tri-county area.

MUSC PRESS RELEASE CONTINUED...

- An estimated \$800,000 in hallway corridor renovations to the Clinical Sciences Building (CSB), which when completed, will update the structure.
- The creation of a new High Risk Infectious Disease (HRID) unit in the CSB, a specialized medical unit to allow for isolation treatment for highly infectious diseases. The unit will be constructed in vacated space with a \$2.9 million ASPER grant from the Department of Health and Human Services. The Office of the Assistant Secretary for Preparedness and Response (ASPR) is a leader in preparing the nation and its communities to respond to and recover from public health and medical disasters and emergencies. This HRID unit will be one of a few specialized units in the country, and the only one in South Carolina, to address such infectious diseases as Ebola and smallpox. When not in active use for patients, the space can be used for mock training to prepare providers to handle high risk cases.

The trustees also received news that on Wednesday, Dec. 6, the South Carolina Chamber of Commerce named MUSC recipient of the 2017 Excellence in Workplace Diversity Award in the category for medium and large businesses. The chamber describes the program as an opportunity for community leaders to recognize the accomplishments of South Carolina companies that are leading the way in developing and implementing diversity and inclusion initiatives. The award was presented during the South Carolina Chamber of Commerce's 38th Annual Summit.

In recognition of engagement in graduate medical education, the board confirmed support for the MUSC Institutional Commitment to Graduate Medical Education, a statement that was included in the board agenda packet. The document reads, in part:

“Medical education is a major component of the mission of the Medical University of South Carolina, the Medical University Hospital Authority and the College of Medicine. The Board of Trustees, the President of MUSC and the administrators, faculty and staff are committed to provide graduate medical education using the financial, educational and personnel resources necessary to ensure the highest quality programs... We pledge to emphasize coordinated care with community physicians and to take advantage of cooperative opportunities to work with other institutions to fulfill mutual educational objectives.

“We commit ourselves to provide graduate medical education programs that enable physicians in training to develop personal, clinical and professional competence under the guidance and supervision of the faculty and staff... As a major research institution, MUSC will encourage residents to participate in a wide range of scholarly activities including research and publications.”

As the largest medical school in South Carolina, the MUSC College of Medicine educates and trains the majority of the physicians in the state and region. This fall MUSC will graduate some 171 students who are earning degrees from the colleges of Dental Medicine, Graduate Studies, Health Professions, Medicine and Nursing.

The MUSC/MUHA Board of Trustees serves as separate bodies to govern the university and hospital, holding two days of committee and board meetings six times a year.

GRAND ROUNDS FOR THE MONTH OF JANUARY



“Subspecialty Team Meetings”

January 2, 2018

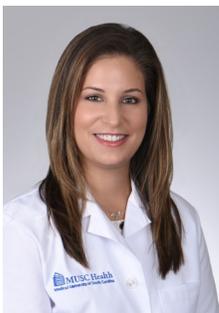
Division Chiefs

**Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina**

“Morbidity & Mortality Conference, Pediatrics”

January 9, 2018

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



“Anesthesia for Patients with Pulmonary Hypertension”

January 16, 2018

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

“Pediatric Pain”

January 23, 2018

**Trevor L. Adams, M.D., Assistant Professor
Dept. of Anesthesia
Seattle Children’s Hospital**



“Negotiating & the Science of Persuasion ”

January 30, 2018

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



DEPARTMENT OF ANESTHESIA AND
PERIOPERATIVE MEDICINE

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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

January 11th—Anesthesia for GI Surgery,
Dr. Bridges, SEI 314

January 25th—Endocrinology,
Dr. Tobin, SEI 314

CA 1 Lecture Series

January 3rd—Maternal & Fetal Physiology;
Obstetric Anesthesia, Dr. Hebbbar, SEI 314

January 10th—Anesthesia for Patients with
Endocrine Disease; Anesthesia for Patients with
Neuromuscular Disease, Dr. S. Whitener, SEI 314

CA 2/3 Lecture Series

January 1st—Happy Holidays—No Lecture

January 8th—Physiology of the Neonate,
Dr. Ellis, Moodle

January 15th—Pain Management & Regional
Anesthesia in Pediatrics, Instructor TBA, Moodle

January 22nd—Visiting Professor Lecture—All
Residents, CSB 429

January 29th—Anesthetic Management of the
Neonate, Dr. Rovner, Moodle

Grand Rounds

January 2nd—Subspecialty Team Meetings

January 9th—Morbidity & Mortality Conference
(Pediatrics), Dr. Hassid

January 16th—Anesthesia for Patients with
Pulmonary Hypertension, Dr. Vizzini

January 23rd—Visiting Professor Lecture,
Dr. Adams (Seattle Children's)

January 30th—Negotiating & the Science of
Persuasion, Dr. Sabbagh



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!



Resident Graduation 2018
Friday, June 22, 2018
Founders Hall

Holiday Party 2018
Friday, December 1, 2018
Carolina Yacht Club



MUSC Leading Health Innovation for the Lives We Touch

[Imagine 2020 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 February edition will be January 19, 2018.