Department of Anesthesia And Perioperative Medicine

Sleepy Times

Volume 15, Issue 6 June 2021

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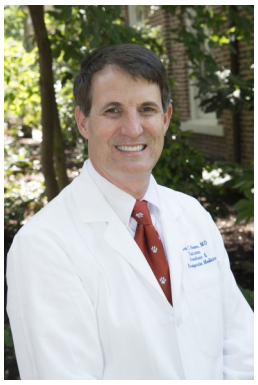
MESSAGE FROM THE CHAIRMAN: EXECUTIVE LEADERSHIP IN ACADEMIC MEDICINE (ELAM) FOR WOMEN AT DREXEL UNIVERSITY

-SCOTT T. REEVES, MD, MBA



It is my pleasure to announce that Dr. Carlee Clark was nominated by the dean and was accepted into the Executive Leadership in Academic Medicine® (ELAM) for Women Program at Drexel University. Acceptance into ELAM is determined through an annual competitive selection process, in which approximately 60 candidates are chosen each year.

Developing promising faculty has been emphasized within the department since the founding of the Joanne Conroy Endowed Chair for Leadership Development. I am excited that Carlee has been given this opportunity.

Established in 1995, the Hedwig van Ameringen Executive Leadership in Academic Medicine® (ELAM) program offers an intensive one-year fellowship of leadership training with extensive coaching, networking and mentoring opportunities aimed at expanding the national pool of qualified women candidates for leadership in academic medicine, dentistry, public health and pharmacy.

Despite the greater numbers of women matriculating at our nation's medical, dental and public health schools, women are still significantly underrepresented within the topmost administrative ranks of academic health centers (AHCs), even though there is a widely acknowledged need to diversify leadership and improve cultural and gender sensitivity in health care training and delivery. Placing more women in positions of senior leadership at AHCs will provide important new perspectives for decision making and help speed the curricular, organizational and policy changes needed to ensure a more effective, representative and responsive health care system.

The ELAM program has been specially developed for senior women faculty at the associate or full professor level who demonstrate the greatest potential for assuming executive leadership positions at academic health centers within the next five years. While attaining higher levels within the AHC executive ranks is the program's primary focus, ELAM encourages its graduates to pursue the full diversity of roles that offer opportunities for leadership within their organizations.

OPENING STATEMENT CONTINUED

The Institutional Action Project (IAP) is a key activity supporting leadership development and organizational innovation. During the ELAM fellowship, each fellow design, implements and initiates evaluation of an IAP. The goal of the IAP is to expand the fellow's leadership skills and institutional visibility through an institutional initiative that aligns with the fellow's experience and expertise and that meets an organizational goal or need. The purpose of the IAP is to integrate the curricular resources and peer support of the fellowship in a tangible leadership contribution to the fellow's institution.

The effectiveness of ELAM's distinctive approach to leadership preparation is broadly recognized within the academic health community. ELAM graduates now number over 1,000 and serve in numerous leadership positions – department head through university president – at 257 U.S. and Canadian academic health centers.

SAFETY HERO—KENDALL HEADDEN

MUSC Health
Medical University of South Carolina

Safely Speaking™
MUSC Health's Daily Safety Tip

15 May 2021

Safety Hero: Dr. Kendall Headden, Anesthesiology Resident, Charleston

Dr. Kendall Headden was attending to a mother on labor and delivery that was having a post-partum hemorrhage. After helping place IV access, ordering the appropriate labs, and otherwise stabilizing this critical patient, Dr. Headden suddenly noted that the newborn had turned blue in the father's arms. Dr. Headden immediately took the newborn and initiated neonatal resuscitative measures while waiting for the code team to arrive. The baby was shortly after intubated and safely taken to the ICU. Without Dr. Headden's timely intervention, the baby's outcome may have been very grave.

DEPARTMENTAL FAMILY MEDICAL SCHOOL GRADUATES

Kesh, Latha and Preetha Hebbar at Graduation

Cathy, Townsend and Scott Reeves at Graduation

Grace Wojno and Geoff Brown at Graduation

OPERATING ROOMS GO UNDER THE KNIFE—PUBLISHED MAY 5 IN THE NY TIMES

Hospitals are bringing together surgeons, anesthesiologists and nurses with architects, engineers and administrative staff to rethink the modern operating room.

Dr. Scott T. Reeves worked on the redesign of operating rooms at the R. Keith Summey Medical Pavilion at the Medical University of South Carolina. He focused on how to make surgical suites more accommodating for technology, as well as staff and patients.

Credit...Sarah Pack/ MUSC

By Ellen Rosen

May 5, 2021Updated 10:46 a.m. ET

This article is part of our new series on the Future of Health Care, which examines changes in the medical field.

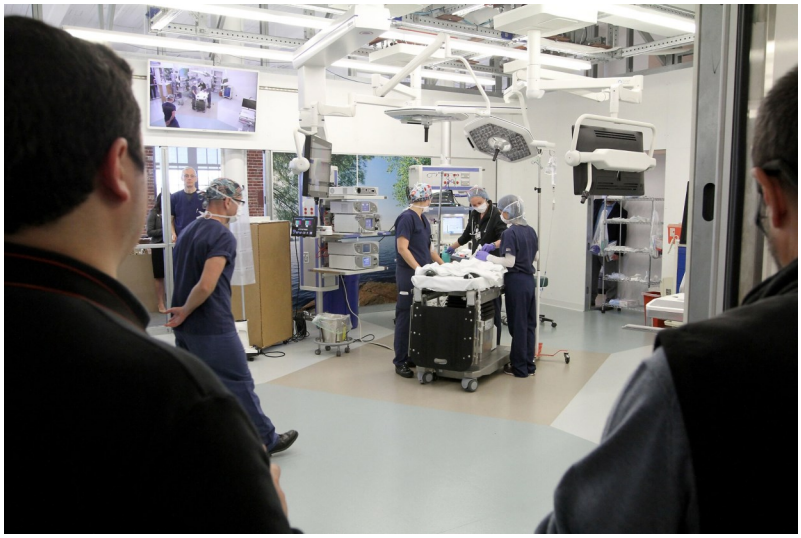
If you ask Dr. Scott T. Reeves, operating rooms resemble an airplane cockpit. There is sophisticated equipment, tight spaces, blinking lights and a cacophony of sound.

On top of that, "they're often cluttered, people can trip, surgeons and nurses can stick themselves with needles, and side infections from dust and other contaminations are a growing problem," said Dr. Reeves, chair of the department of anesthesia and perioperative medicine at the Medical University of South Carolina.

When he became involved with the design of the operating rooms at the R. Keith Summey Medical Pavilion, part of the children's hospital of the university, Dr. Reeves focused on how to make surgical suites more accommodating for technology — including imaging machines and robots — as well as staff and patients.

Dr. Reeves's actions are part of an increasing recognition that hospitals are "human centered," said Anjali Joseph, the director of the Center for Health Facilities Design and Testing at Clemson University, who worked on the design for the ambulatory center that opened in 2019. "We cannot think of patient safety without thinking about the health of everyone in the room. They are interlinked."

Their goal: to rethink the layout as well as plan for the future, and the South Carolina team is not alone. The problem of squeezing people and a variety of machines — not to mention robots — into surgical suites designed decades ago is forcing a change.



A full-scale simulated pediatric operating room at the Medical University of South Carolina allowed staff members to evaluate what would work best. Credit...Sarah Pack/MUSC

OPERATING ROOMS GO UNDER THE KNIFE

From increasing in size to reorienting the layout, hospitals — especially those that are part of large university medical centers — are bringing together surgeons, anesthesiologists and nurses with architects, engineers and administrative staff to rethink the modern operating room. But even older community hospitals, with more limited budgets, are getting creative, since surgeries are an all-important source of revenue.

While new construction is more straightforward than retrofitting an older building, not every hospital has the financing or the space to begin anew. Building a new operating room alone can cost from $1 million to $3 million per surgical suite, Dr. Reeves said. The cost of a new hospital can exceed $1 billion.

Configuring new surgical suites in existing buildings requires creativity, said Joan Saba, a health care architect and partner with NBBJ, an architecture and design firm.

For example, older operating rooms may have ceiling heights as low as 10 feet, while 12-16 feet is now considered optimum, to house electronics, cables and ductwork, she said. Some have captured space from the floor above to gain the extra height. Where that is not an option, some hospitals have repurposed adjoining rooms to house electronics and other infrastructure.

New equipment and new surgical techniques are largely driving the redesigns. Those designing operating rooms even 20 years ago could not have foreseen the explosion in technology, which often requires more space.

“Imaging management” is the biggest challenge that operating rooms have, said Mary Hawn, the chair of the department of surgery at Stanford University, which opened a new hospital in November 2019 (Stanford’s new children’s hospital opened in 2017). “Twenty years ago we would operate on exactly what we were looking at, possibly magnifying it with loupes,” the specialized glasses that augment a surgeon’s vision. Now, monitors provide high definition to guide the surgeon.

In addition, for very complicated surgeries, hospitals hope to have equipment like CT scans and other imaging machines in the operating room. This not only saves time but lessens the risk of infection.

“Patients need not be closed up, taken out for imaging, see that you missed something and then bring them back to the operating room and open them up again,” Ms. Saba said.

Of all the imaging equipment, the only one generally unsuitable for the operating room is that needed for magnetic resonance imaging — commonly known as an M.R.I. — because of its size. As a result, Ms. Saba said, some hospitals essentially are stationing them adjacent to an operating room in case an M.R.I. is needed. A separate space has an added efficiency benefit, because the equipment can be used for non-surgical patients as well.

Ceilings are not overlooked. Freeing up valuable floor space, monitors are often affixed to ceiling-mounted booms, which can have several arms and may also serve as a conduit for gases needed for anesthesia. Ultraviolet cleaning systems, which eliminate bacteria and viruses, can be anchored in the ceilings, to assist with disinfection. And the space above the ceiling is often larger to house a range of cables and other electronic equipment, in addition to ductwork with sophisticated air filtration systems.

Access to the space above the ceiling, as well as behind the walls, has become important, so that any technical problems can be investigated and remedied within hours, rather than shutting a room down for lengthy repairs. Some hospitals, for example, are now considering stainless steel prefabricated wall systems for their surgical suites because they are both easier to clean and easier to take out if the electronics hidden behind break, Ms. Saba said.

Other important factors are lighting and noise. When it comes to increasingly common laparoscopic surgery, monitors that guide surgeons are lit but overhead lights may be turned off to reduce glare, Dr. Hawn said.

OPERATING ROOMS GO UNDER THE KNIFE

That "can be somewhat dangerous because it can be quite dark and people run into things or trip over things," she added. "We now have green lighting, which allows us to be able to see a sharp image on the monitors without the glare that you get from the white light."

Noise is distracting at best, but with physical repercussions, like hypertension, especially for staff exposed for long periods. High decibel levels are "associated with increased difficulty in communication, which is the largest source of preventable errors in the hospital environment," John Medina, an affiliate associate professor at the University of Washington department of bioengineering, said in an email.

At the Loma Linda University Medical Center in California, which is expected to open a new hospital on its campus this year, the operating room walls are built to mitigate outside noise as well as vibrations, and air duct silencers are being used as well, said Allison Ong, the head of campus transformation.

Hospital construction — whether for new buildings or even renovated pre-existing spaces, takes years, from inception to opening and can cost hundreds of millions of dollars. Before the spaces are put into use, all the staff — from the surgeons to the orderlies — need to practice in the new configuration. Dress rehearsals are common, in spaces like warehouses or even parking lots that are mocked up with cardboard walls to resemble the finished surgical suite.

A run-through can be elaborate, bringing together surgeons, anesthesiologists and nurses. Several days of full hospital rehearsals, for example, are in the works at the Loma Linda center. The planning for the 500 or more people who will attend each day has itself taken months, Ms. Ong said.

Evaluating the finished space before the first patient arrives can also help the medical staff make important choices. The Medical University of South Carolina, was considering a specialized piece of imaging equipment for its children's hospital that would have permitted a fluoroscopy during surgery, Dr. Reeves said. But the machine had a big footprint, so a group taped it out on the floor.

"What we realized by doing that was that it greatly decreased the functionality of the room for routine cardiac surgical patients," he said. "It was great for the 10-15 patients a year we would potentially need it for, but it substantially became a burden for everyone else." The hospital decided against installing the equipment in the operating room itself.

Over all, perhaps the biggest question in these renovations is how to "future proof" the operating rooms, in addition to the overall hospital. It is a particularly challenging exercise with technology changing so rapidly.

At Loma Linda, Ms. Ong said, "We had to decide very early on what the future of health care was going to look like. How many I.C.U. beds, how many medical surgical beds and how many O.R's. You make your best guess."

Part of that is adopting a more modular approach, to allow flexibility for new equipment.

As Dr. Reeves said: "The takeaway from Covid is how rigid many operating rooms are. I think you'll see a lot of architecture firms be more nimble in their designs. And while that comes with an increased cost, it's a question of either pay me now or pay me later."

A renovated operating room at the R. Keith Summey Medical Pavilion gives staff the option to move equipment, lights and monitors around the operating table during surgeries. Credit...Sarah Pack/MUSC

BUTTERFLY ULTRASOUND EQUIPMENT BY GJ GULDAN, MD

I am excited to announce the Education office has acquired ten Butterfly ultrasound probes to expand our perioperative ultrasound curriculum by allowing more exams to be done each day without interfering with our busy regional service! The Butterfly has a unique probe design that allows you to obtain both deep and superficial structures with the same probe AND can be attached to an IPAD. We will have the majority of our probes attached to an IPAD on a portable mount that easily attaches to IV poles and our bed railing. Dr. Pecha and I developed these loose guidelines for perioperative echo usage by location. While these are far from exhaustive, we hope they will encourage appropriate use that will better the care of our patients as well as educate all the learners in our department. Also, we will be planning another education event soon for interested faculty!

Perioperative Ultrasound Appropriate Use:

Number **ONE** appropriate use > don't lose the probes!!!

-- if you borrow one, put it back!

*The only real main contraindication to any POC ultrasound study is patient refusal.

*Please limit butterfly use for IV placement unless no other u/s available.

*If the patient has a heart, they can get echoed

1. Preop
    - A. Any clinical question in which a TTE/POCUS study may alter the anesthetic plan
    - B. New change in patient functional status
    - C. Any patient with an echo > 1month presenting with new clinical signs/symptoms of heart failure.
        - i. New SOB
        - ii. New LE edema
        - iii. Drop in functional status
        - iv. Etc
    - D. Newly discovered structural heart murmur
    - E. Recent addition of potential cardiotoxic medication to patient med list
    - F. Unstable patient
    - G. Question about NPO status
2. PACU
    - A. Any unstable patient
        - i. Persistent hypotension
        - ii. Arrythmia
        - iii. Etc
        - iv. Changes in respiratory status
    - B. Concern for bleeding
        - i. TTE, FAST exam

BUTTERFLY ULTRASOUND EQUIPMENT BY GJ GULDAN, MD

3. ICU
    A. Any of the above indications
    B. Clinical question in which further testing will alter patient care
4. Preop Clinic
    A. Any of the above mention indications
    B. Any patient meeting criteria for further cardiac testing

See **2011 Appropriate Use Criteria for Echocardiography**, JASE, March 2011 for detailed appropriate use criteria

OFFICE RENOVATIONS BY GLENNDA ROSS

ART

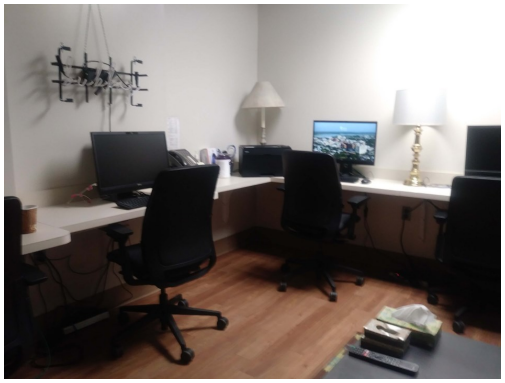
Room 4204 was a single occupancy faculty office that was converted to a temporary faculty call room. The recent renovation converted the room into a double occupancy faculty office with small table to provide meeting space.

Room 4207 was a double occupancy faculty office that was converted to a triple occupancy faculty office.

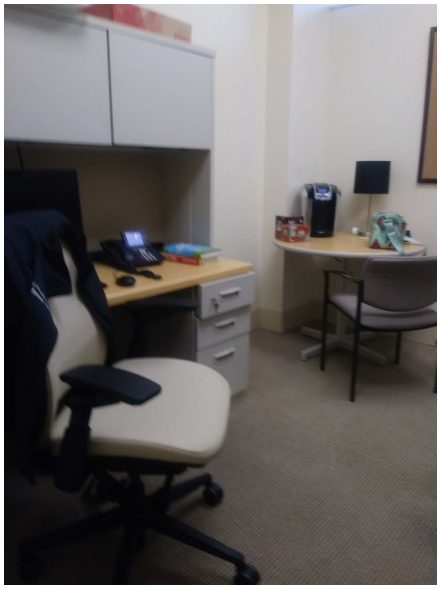
Both renovations were done to effectively maximize use of available space to accommodate our expanding faculty.

RT Faculty Office

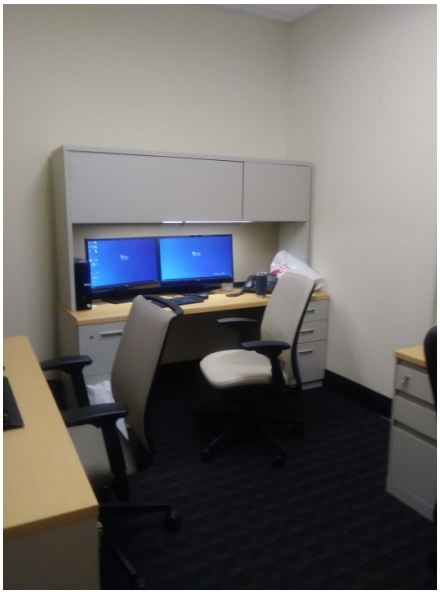
Due to the assignment of additional faculty to RT on a daily basis, the office layout of two desks was no longer adequate. To accommodate four faculty daily, the office was renovated with a wrap-around work ledge to maximize the space. Other space maximizing features include compact computers, second wall-mounted coat rack, shoe storage rack, desk top storage organizers and relocation of fridge and coffee station.



RT Faculty Office



ART 4204



ART 4207

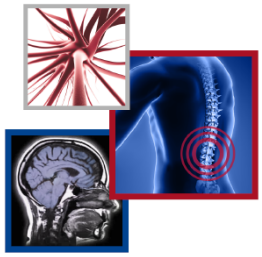
RESEARCH CORNER

Dr. Sylvia Wilson

Review

For reprint orders, please contact: reprints@futuremedicine.com

Pain Management



Mechanisms, diagnosis, prevention and management of perioperative opioid-induced hyperalgesia

Sylvia H Wilson*,[1], Kevin M Hellman[2], Dominika James[3], Adam C Adler[4,5] & Arvind Chandrakantan[4,5]

[1]Department of Anesthesia & Perioperative Medicine, Medical University of South Carolina, Charleston, SC 29425, USA
[2]Department of Obstetrics & Gynecology, NorthShore University Health System & Pritzker School of Medicine at the University of Chicago, Evanston, IL 60201, USA
[3]Department of Anesthesiology, University of North Carolina, Chapel Hill, NC 27599, USA
[4]Department of Anesthesiology & Perioperative Pain Medicine, Texas Children's Hospital, Houston, TX 77030, USA
[5]Department of Anesthesiology, Baylor College of Medicine, Houston, TX 77030, USA
*Author for correspondence: wilsosh@musc.edu

Journal of Clinical and Translational Science

www.cambridge.org/cts

Variable selection methods for identifying predictor interactions in data with repeatedly measured binary outcomes

Bethany J. Wolf[1,†], Yunyun Jiang[2,†], Sylvia H. Wilson[3] and Jim C. Oates[4]

[1]Department of Public Health Sciences, Medical University of South Carolina, Charleston, SC, USA; [2]Milken Institute School of Public Health, Biostatistics Center, George Washington University, Rockville, MD, USA; [3]Department of Anesthesia and Perioperative Medicine, Medical University of South Carolina, Charleston, SC, USA and [4]Department of Medicine, Division of Rheumatology and Immunology, Medical University of South Carolina, Charleston, SC, USA

WELCOME TO THE DEPARTMENT

Dr. Jafer Ali

My name is Jafer Ali, MD. I was born in Chicago, IL but my family is originally from Bangladesh. I spent a majority of my childhood in Columbus, OH (Go Bucks!) and my mother, father, and sister still live there. After high school, I enrolled into a 6 year combined Undergraduate/Medical School program at Northeast Ohio Medical University. I completed my residency at University Hospitals Cleveland Medical Center and Cardiothoracic Anesthesia Fellowship at the Cleveland Clinic. I subsequently worked as staff from 2011-2017 at University Hospitals Cleveland Medical Center and from 2017-2021 at the Cleveland Clinic. After 21 consecutive years in Northeast Ohio, my family and I decided it was finally time to leave Cleveland, OH (and the snow!). We were beyond excited to find a great opportunity in Charleston, SC! My academic interests are management of perioperative bleeding and hemostasis in cardiac surgery, enhanced recovery after cardiac surgery, cerebral oximetry, and perioperative transesophageal echocardiography.

My wife (Katie McClain Ali) and I have been married for seven years and have been blessed with one daughter (Zara Ali - 3yrs old). As a family, we love going out to eat, lounging on the beach, and spending time with family/friends. The CHS food scene is definitely of significant interest to me, and I look forward to learning about all the new spots! I'm an avid sports fan and particularly enjoy the NFL and NBA. I spend my free time playing/watching golf (honestly obsessed with the game), sweating it out on the tennis court (always looking for more people to hit with), and trying out new recipes on my big green egg. I look forward to meeting everyone in the department in the near future!

REVISED UNIVERSITY GUIDELINES FOR COVID 19

The Provost as of May 5, 2021, has updated the university guidelines for COVID 19 which were posted yesterday.

The link to the whole document can be found at:

https://web.musc.edu/coronavirus-updates/leadership-update-july-1

Please take a few minutes to review the information. These guidelines are being modified due to the significant positive effect that the COVID vaccines are having on diminishing transmission and infections on campus, across our state and nation. Members of the department are substantially vaccinated, and we have statred a return to in person events such as departmental grand rounds.

I will summarize a few important points with some comments.

1. Keeping social distancing, wearing mask while inside and in large groups and cleaning our work services after use remains important.
2. People are considered fully vaccinated for COVID 19- 2 weeks after receiving the second dose of the Pfizer or Moderna vaccines and 2 weeks after receiving the single dose Johnson and Johnson vaccine
3. Students/residents/faculty need to continue to wear mask during our large in person in door educational events.
4. Social distancing of at least 3 feet is recommended indoors. This is a decrease for the previous 6 feet guideline.
5. If at least 90% of people in small indoor settings are vaccinated a mask need not be worn. I find this the trickiest change. I simply ask folks if they have been vaccinated when they meet with me. If so, you don't need to wear a mask.
6. Masks are not required outdoors while anywhere at an MUSC worksite.
7. Domestic travel: University sponsored domestic travel is now permitted with approval from the supervisor, program director and/or department chair. I know that is a welcome change. Unfortunately, most national meetings are still happening in a virtual only format. I suspect this may change as we enter our new fiscal year which starts on July 1. Faculty should place their meeting request into spin fusion. Faculty approval will occur based on the departmental priority system i.e. presenting, on committees, etc.
8. International travel is still prohibited.

MUSC is making significant progress as the campus becomes substantially vaccinated allowing us to reduce our restrictions. More information will be forthcoming regarding our patients and their visitors.

Despite what is happening at MUSC, I would encourage us all to continue to wear a mask when out in public in indoor spaces. Leading by example in grocery stores, restaurants etc. hopefully will encourage an increase in community vaccination rate. Please seriously consider talking again to resistant family and friends. Please consider vaccinating your children when their age group is approved. Each vaccinated person moves us closer to ending this pandemic.

Sincerely,

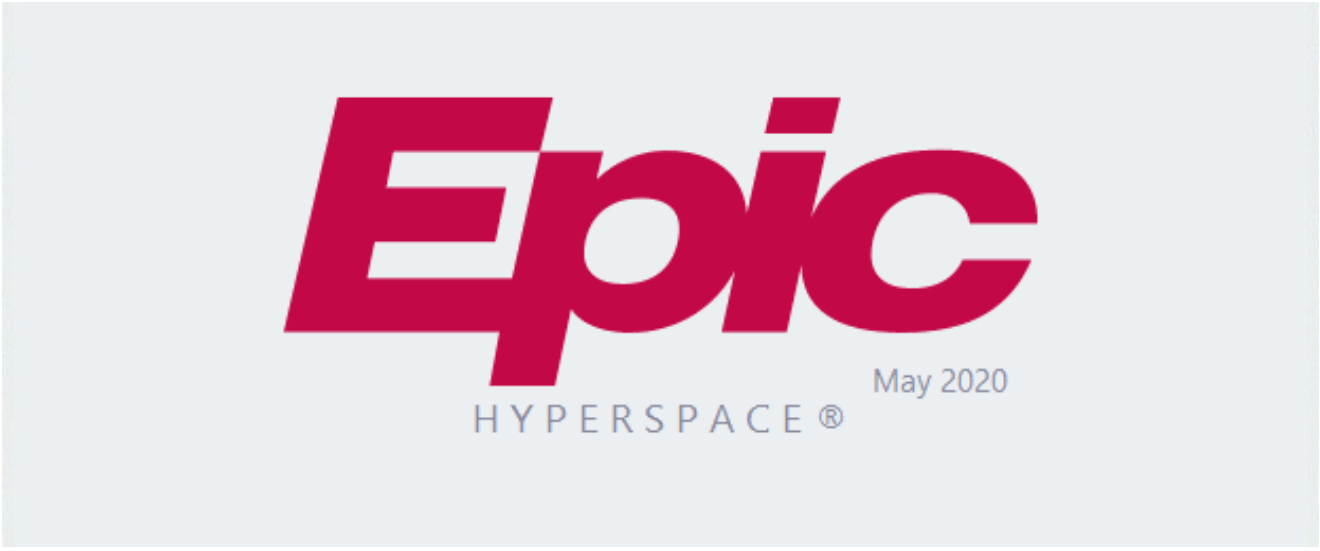
Scott T. Reeves, MD, MBA

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!



2021 ANNUAL MANDATORIES

MUSC
Medical University of South Carolina

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)
▪ 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)	▪ 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. ▪ Adult Inpatient Diabetes ▪ Pediatric Inpatient Diabetes ▪ Pediatric Inpatient Anticoagulation Safety	▪ 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 BABY IN THE DEPARTMENT

Robyn Little and Family welcomed Bodhi Nicholas Hendrix on May 6th, 2021 weighing 7 lbs 3 oz and was 20 inches long! Big shout out to Mike Marotta for the awesome spinal!

DEPARTMENT WELLNESS WALKS—CARLEE CLARK, MD

I want to start by thanking everyone who participated in the Wellness Walk in May. I was worried for a few minutes that I was going to be walking by myself, but we had a pretty good turnout!

For June we have decided on walking the Ravenel Bridge. We wanted to do it before it gets too hot since there isn't any shade, so Saturday, June 5th at 8am. We will meet at the parking lot on the downtown side which is on Cooper Street. The great thing about this location is that the lot is often empty, there is a cool new playground/dog park across the street from the parking lot and Mercantile and Mash is 2-3 blocks away if anyone is interested in post walk food and beverage.

I look forward to seeing everyone on June 5th!

GRAND ROUNDS– JUNE 2021

"How Consensus Guidelines Aide and Complicate ERAS "
June 1, 2021

Michael Grant, MD, Associate Professor

Dept. of Anesthesiology & Critical Care Medicine
Dept. of Surgery
Johns Hopkins University School of Medicine

"Diversity & Inclusion"
June 8, 2021

B. DaNine Fleming, EdD, Associate Professor

Academic Affairs Faculty
Medical University of South Carolina

Subspecialty Meeting

June 15, 2021

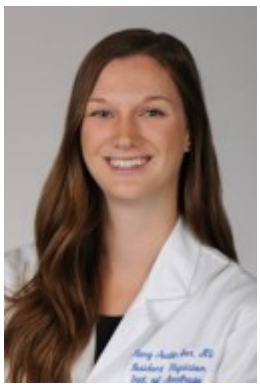
"Evidence-Based Anesthesia for Pediatric Liver Transplantation"
June 22, 2021
Laura Gilbertson, MD, Assistant Professor

Dept. of Anesthesiology
Emory University School of Medicine

"M&M—Code in Holding Prior to Epidural Placement "
June 29, 2021

Mary Fox, MD, Resident
Jennifer Matos, MD, Assistant Professor

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



Department of Anesthesia And Perioperative Medicine

Email: hameedi@musc.edu
Phone: 843-792-9369
Fax: 843-792-9314

Check out our website

Future Events/Lectures

Intern Lecture Series

None

CA 1 Lecture Series

None

CA 2/3 Lecture Series

Per Rotations

Grand Rounds

See Page 14

Follow us on Facebook, Instagram, and Twitter:

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 or Mary Chiappardi.

I'm pleased to nominate Sarah Zuniga. Sarah wears many hats in her role and she has done a fantastic job growing into her position as Administrative Manager. It has been a pleasure working closely with her. She has always believed in my abilities and am grateful for her encouragement. Thank you for being a workplace advocate. The Department of Anesthesia is lucky to have you! - Sadira Abu-Arja

Holiday Party
Friday, December 10, 2021
Carolina Yacht Club

ONEMUSC

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 July edition will be June 21, 2021.