



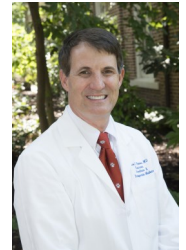
SLEEPY TIMES

VOLUME 11, ISSUE 5 MAY 2017



MESSAGE FROM THE CHAIRMAN: 99TH PERCENTILE; A NEW MILESTONE

-SCOTT T. REEVES, M.D., MBA



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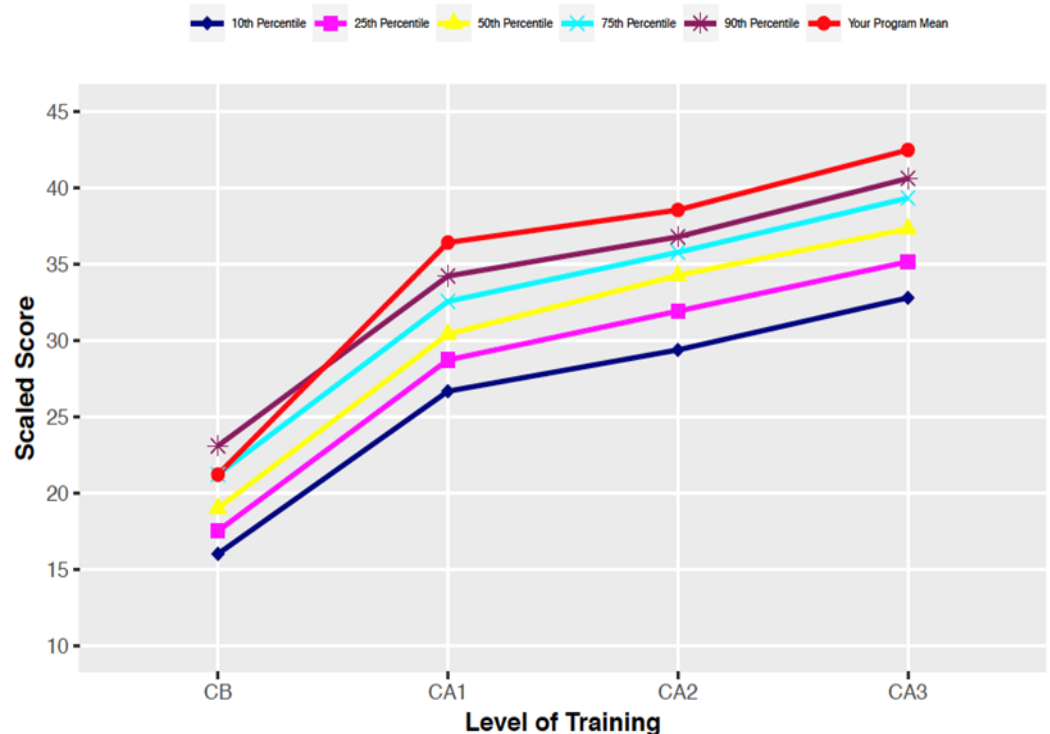
Early in April, I was attending a joint MUSC/VA Academic Partnership Meeting. In this meeting, VA and MUSC leadership discussed areas of collaborations between the two entities. I was sitting next to Ben Clyburn when I received word of our latest ITE resident score. As the slide below illustrates, our current CA3 class scored at the 99th percentile for the whole nation. This is a huge achievement. I immediately pointed it out to Ben.

It takes a village to achieve a standard like this.

Each of our residents has bought into our process by studying about their patients and preparing outside the hospital. Our faculty are committed to daily intraoperative, ICU, and pain clinic teaching. Our themed didactic lecture schedule is critical. Alternative methods of education, such as simulation training and the flip classroom, add to the base as well.

GJ Guldán, Ryan Gunselman, Lauren Byers, and Tara Chauhan do a great job of leading our program and deserve our special thanks.

It is a personal joy to lead a department with such a high standard in education. I thank you all!



2017 ITE EXAM RESULTS BY GJ GULDAN, M.D.

Dear Residents and Faculty,

We received the results of the 2017 ITE exam. I am very proud of everyone for your efforts but wanted to give a special shout out to the CA3 class, which finished at the 99th percentile as a class vs other programs, and had two perfect raw scores of 50! This is the 3rd consecutive year that our CA3 residents have reached the 90th percentile, which speaks volumes about the efforts by everyone in the program towards education. These results, along with our Advanced/Oral pass rate being at 100% for the past 3 years, are indicators of the great program we are creating here together. I look forward to working with all of you on ways to keep up us moving forward, as I will be discussing our internal survey with both the residents and faculty soon. Thank you again for all that you do!



Sincerely,
GJ

RESEARCH CORNER

Journal of Anesthetic Research and Pain Medicine (JARPM)

Impact of continuous paravertebral blockade infusion type on pain management over time for video-assisted thoracoscopic surgery: a pilot study.

M. Gabriel Hillegass, MD^{1#}; Ryan H. Nobles, MD^{1#}; Bethany J. Wolf, PhD^{2#}; George J. Guldan, MD^{1*}

¹Department of Anesthesia and Perioperative Medicine, Medical University of South Carolina

²Department of Public Health Sciences, Medical University of South Carolina

#Co-investigator, ^zStatistician, *Principal Investigator & Corresponding Author



G. Hillegass



R. Nobles



B. Wolf



G. Guldan

RESEARCH CORNER CONTINUED...



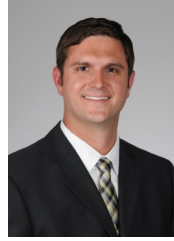
S. McLaurin



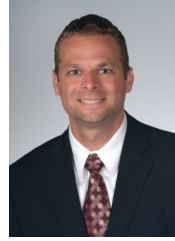
G. Whitener



A. Finley



T. Heinke



E. Nelson



G. Guldan



J. Abernathy



CASE CONFERENCE

A Unique Strategy for Lung Isolation During Tracheobronchoplasty

Sam McLaurin, MD,* George B. Whitener, MD,* Toby Steinburg, MD,† Alan Finley, MD,* Timothy Heinke, MD,* Eric Nelson, MD,* G.J. Guldan III, MD,* Jacob Klapper, MD,† Peter Slinger, MD, FRCPC,§ and James H. Abernathy III, MD, MPH*

Grading Aortic Stenosis With Mean Gradient and Aortic Valve Area: A Comparison Between Preoperative Transthoracic and Precardiopulmonary Bypass Transesophageal Echocardiography



George Whitener, MD,* Joseph Sivak, MD,† Igor Akushevich, PhD,‡ Zainab Samad, MD, MHS,† and Madhav Swaminathan, MD, MB, BS, FASE*



G. Whitener

Objective: The authors hypothesized that average precardiopulmonary bypass (pre-CPB) transesophageal echocardiographic (TEE) mean gradient (PG_m) and aortic valve area (AVA) values would be significantly different from preoperative transthoracic (TTE) values in the same patients and that these changes would affect pre-CPB TEE grading of aortic stenosis (AS).

Design: Retrospective, observational design.

Setting: Single university hospital.

Participants: The study comprised 92 patients who underwent aortic valve replacement with or without coronary artery bypass grafting between 2000 and 2012 at Duke University Hospital and who had PG_m and AVA values recorded in both pre-CPB TEE and preoperative TTE reporting databases.

Interventions: None.

Measurements and Main Results: PG_m with pre-CPB TEE was lower by 6.6 mmHg (95% confidence interval, -4.0 to -9.3 mmHg; $p < 0.001$), whereas AVA was higher by 0.10 cm² (95% confidence interval, 0.04 to 0.15 cm²; $p < 0.001$), compared with preoperative TTE values. When using PG_m, pre-CPB TEE generated an AS severity 1 grade lower 39.1%

of the time and revealed no difference 55.4% of the time compared to preoperative TTE. When using AVA by continuity, pre-CPB TEE generated an AS severity 1 grade lower 14.1% of the time and revealed no difference 81.5% of the time compared to preoperative TTE. When using either PG_m or AVA, preoperative TTE exhibited moderate or severe AS for all study patients, whereas, pre-CPB TEE demonstrated mild AS in 5.4% ($n = 92$) of patients.

Conclusions: The authors confirmed their hypothesis that pre-CPB TEE generates different PG_m and AVA values compared with preoperative TTE. These differences often underestimate AS severity. Hemodynamic standardizations or adjustments of pre-CPB TEE PG_m and AVA values may be necessary in anesthetized patients before assigning an AS grade using these parameters.

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KEY WORDS: aortic stenosis, aortic valve area, discordance, mean gradient, precardiopulmonary bypass (intraoperative) transesophageal echocardiography

CHILDREN'S HOSPITAL FACTS FAX ARTICLE BY SCOTT WALTON, M.D.

Facts FAX

for the Women & Children's Hospital Medical Staff



Volume 7 • Issue 12 • March 23, 2017

John Scott Walton, MD, Pediatric Anesthesia



Volume 7 • Issue 12
March 23, 2017

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**For an appointment with a physician,
please call: (843) 876-0444**

Web Sites:
<http://www.musckids.org/>
<http://musckids.org/pediatrics>

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Sedation and Anesthesia Affects Subsequent Neurologic Development

Specialists in pediatric sedation and anesthesia have long been concerned that sedation drug exposure in early childhood may impair subsequent neurologic development. In December of 2016 the FDA issued a safety announcement confirming the risk. "The U.S. Food and Drug Administration (FDA) is warning that repeated or lengthy use of general anesthetic and sedation drugs during surgeries or procedures in children younger than 3 years or in pregnant women during their third trimester may affect the development of children's brains." The list of drugs included in the safety announcement includes: propofol, midazolam, lorazepam, etomidate, pentobarbital, methohexital, all potent inhaled anesthetics, and ketamine. The entire communication can be found at <https://www.fda.gov/Drugs/DrugSafety/ucm532356.htm>.

Dexmetomidine and fentanyl were absent from the list. Most sedation and anesthesia procedures cannot be done with only these agents.

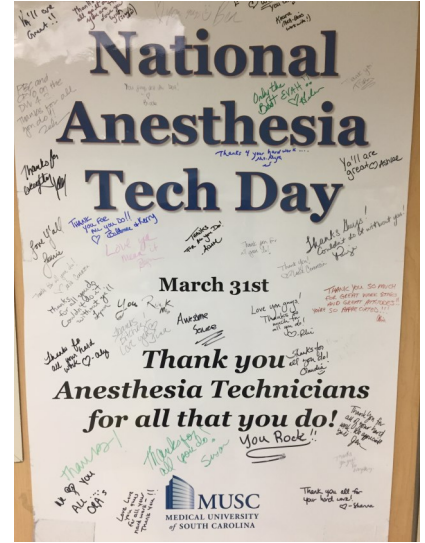
Currently the risk to a child's cognitive development attributable to sedation drugs is uncertain. Non-human studies have demonstrated that potentially detrimental neurologic structural changes occur following sedation with most common sedative and anesthetic agents. Furthermore, in some animals, these structural changes correlate with lower cognitive performance in later life. Human studies have not yet been designed or powered to determine if repeated exposure to sedative agents, surgical procedures, or underlying illness causes cognitive impairment in later life. There does appear to be a correlation both with the number of surgical and sedation events as well as the severity of underlying illness necessitating surgery and procedures. The FDA and SmartTots.org are currently supporting research to answer these important questions.

Parents want definitive answers now. One universally agreed upon answer is to postpone elective treatments or tests that require sedation or anesthesia until after the most vulnerable period which is thought to be from conception to age three. Unfortunately, few completely elective sedation events are performed on infants or young children. Most currently performed sedations and anesthetics will need to continue being performed despite the FDA warning.

Smart Tots has issued a consensus statement regarding the risk targeted for healthcare provider use: "Answers to questions from parents and caregivers related to these risks should highlight the differences between research findings in animals and children and the uncertainty of any effect in children. It may also be emphasized that because most anesthetic drugs have been shown to cause injury in animal experiments, no specific medications or technique can be chosen that are safer than any other. Clearly, anesthetic drugs are a necessary part of the care of children needing any surgery, procedure, or test that cannot be delayed. Decisions regarding the timing of a procedure requiring anesthesia should be discussed with all members of the care team as well as the family or caregiver before proceeding. The benefits of an elective procedure should always be weighed against all of the risks associated with anesthesia and surgery." A similar statement is also available in lay language for parents and caregivers.

The pediatric anesthesia division at MUSC ensures that time under sedation and anesthesia is minimized by working to consolidate multiple procedures and tests into a single sedation event. Additionally, incorporation of dexmetomidine into many anesthetic regimens reduces the need for higher doses of riskier agents. Finally, meticulous attentiveness to maintaining normal vital signs, oxygenation and other physiologic variables will reduce stress on vulnerable neurologic systems.

NATIONAL ANESTHESIA TECH DAY, MARCH 31, 2017



NATIONAL ANESTHESIA TECH DAY CONTINUED



STRIDES IN DIVERSITY, FEATURING OUR OWN EBONY HILTON, M.D.



CLAFLIN UNIVERSITY

Student Development and Services presents

The Vice President's Forum on Inclusive Excellence

Panel Discussion



Ebony Jade Hilton Buchholz, M.D.
1st African-American female Anesthesiologist hired at MUSC; Author, and Community Activist



Erica McKinney, Esq.
Judicial Law Clerk United States District Court for the District of South Carolina



Chris Powers, MSW
Manager of Recruitment and Diversity Education for the College of Medicine



Megan Rivers
Multi-media Journalist and Producer ABC News 4 WLTX-TV



Kimberly Butler Willis, MPH, CHES
Director of the Roper St. Francis Ryan White Wellness Center

**Arthur Rose Museum
Monday, April 10, 2017 • 7 p.m.**

Free Admission. Open to the Public.

Claflin University, 400 Magnolia Street, Orangeburg, SC 29115



This IS A "CAN'T MISS EVENT"

Featured Speakers

CofC Alumnus
Dr. Ebony Hilton, MD
MUSC

Chris Powers
Manager of Recruitment and Diversity Education
MUSC College of Medicine

Panel Discussion with current MUSC medical students!

MINORITIES IN MEDICINE

APRIL 3, 2017

6:00PM

DESCRIPTION:

THIS EVENT IS AN ATTEMPT TO CREATE A PLATFORM WHICH ALLOWS MINORITY STUDENTS WHO DESIRE TO ATTEND MEDICAL SCHOOL THE OPPORTUNITY TO SPEAK WITH AND BE MENTORED BY CURRENT MEDICAL STUDENTS, DOCTORS, FACULTY, STAFF AND ADMINISTRATORS AT MUSC COLLEGE OF MEDICINE.

LOCATION

College of Charleston
Office of Admissions

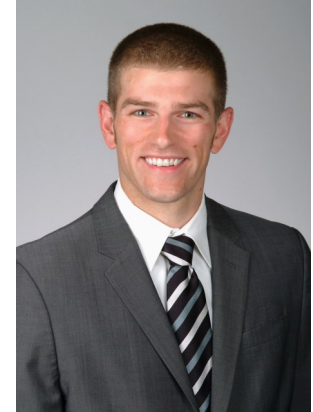
65 George St.

Charleston, SC 29424



DRS. HILLEGASS AND NOBLES, CONTRIBUTING AUTHORS

G. Hillegass



R. Nobles

Congratulations to Drs. Gabe Hillegass and Ryan Nobles on their contributions to the *Pain Medicine Board Review*! This textbook is a comprehensive guide for preparing for the American Board of Medical Specialties (ABMS) certification or recertification in Pain Medicine, and for residents preparing for in-training examinations in Pain Medicine. The text is organized into 28 chapters covering topics such as Anatomy, Physiology of Pain, Pharmacology, Diagnosis of Pain, and various pain syndromes. Each section includes questions, answers, and detailed explanations with highlighted key points, and concise further reading lists.

Dr. Hillegass provided a chapter on Musculoskeletal Pain, reviewing the evaluation and management of common chronic pain musculoskeletal syndromes.

Dr. Nobles provided a chapter on Pharmacology, reviewing the mechanisms of action, side effects, and common indications of opioids, NSAIDs, anticonvulsants, and muscle relaxants.

There are very few pain medicine board review resources, and Drs. Hillegass and Nobles were excited to be a part of this new comprehensive review textbook.

CONGRATULATIONS, DR. ROBERT HARVEY!

Please congratulate Dr. Robert Harvey for successfully completing the Basic Transesophageal Echocardiography Exam (TEE) certification! Great job!

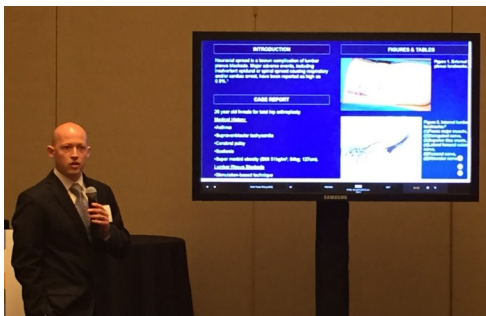


ANNUAL AMERICAN SOCIETY FOR REGIONAL ANESTHESIA MEETING BY SYLVIA WILSON, M.D.

The annual meeting for the American Society for Regional Anesthesia (ASRA) was held this April in San Francisco, CA. While many members of MUSC’s Department of Anesthesia had planned to attend, violent storms in the Southeast left many stranded in airports. However, a small group was still able to make it across the country to represent MUSC.



The mission of ASRA surrounds the advancement and education of regional anesthesia and pain medicine. Consequently, in addition to many great lectures, there were numerous hands-on workshops, and Drs. Loren Francis, Thomas Brinkley, Renuka George, and Sylvia Wilson participated in several of these. Drs. Brinkley and George gave presentations on medically challenging cases. Dr. Sylvia Wilson participated in several meetings, including both the Fellowship Directors Meeting and the Education Special Interest Group. This was also a great meeting to enjoy with past MUSC alumni, including Drs. Steven Aho and Abdu Algendy. Finally, Drs. Wilson and George also represented MUSC at the Fellowship Directors reception where they answered questions about MUSC’s program with interested residents from all over the country. Great job everyone!



WELCOME TO THE DEPARTMENT

Please welcome Dr. Michael Marotta! He is excited to join the MUSC family in changing what's possible. Michael has come to us from New York City, where he completed medical school, residency, and a fellowship in Obstetric Anesthesiology at Mount Sinai Hospital on Manhattan's Upper East Side. After finishing his fellowship (clearing his desk for our very own Dr. Gutman), Mike worked at Elmhurst Hospital in Queens, New York. At this level 1 trauma center, he could be found splitting his time between the labor floor and the general ORs.

Mike was born and raised on the New Jersey coast before attending college at Georgetown University in Washington, DC. He enjoys spending time with his friends and family, the arts (including those of the culinary flare), staying physically active, and is a former car nerd but current watch geek. He and his girlfriend, Nicole, are living downtown near Colonial Lake and are looking forward to exploring all that the beautiful city of Charleston has to offer.

Please welcome Hannah Secunda, MSNA, CRNA to the department! Hannah is a 2016 honors graduate of the MUSC Anesthesia for Nurses Program. Her prior clinical practice experience was at Children's Healthcare of Atlanta for two years in the PICU, before joining the anesthesia program. Hannah resides in West Ashley with her husband. Areas of interest are pediatrics and its subspecialties.



Please welcome Michael Schroeder, MSNA, CRNA! Michael is transferring his practice from Beaumont Hospital in Wayne, Michigan. He graduated from the University of Detroit, Mercy and has been in the field for seven years. His areas of anesthesia interest are orthopedics, pediatrics, trauma, ENT, and neuro. Michael will reside in Mt. Pleasant with his wife and three children to take advantage of our climate and outdoor activities.



Megan McDonough is excited to be the newest member of the Anesthesia & Perioperative team, joining as the Administrative Manager. Megan is from Burlington, Vermont and completed her undergraduate degree in Sociology and Anthropology at Concordia University in Montreal, Quebec. Megan recently received her Master of Business Administration degree from Champlain College in Burlington, Vermont, with a specialization in Advanced Management. In her free time, Megan enjoys golfing and kayaking.



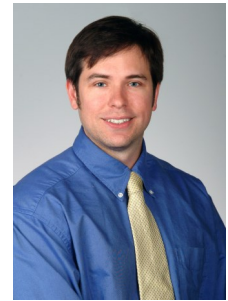
CONGRATULATIONS TO DRs. FIELD, BOLIN, AND GULDAN FOR THEIR PROMOTIONS IN JULY 2017!



Dr. Larry Field,
Professor

Larry Field grew up in the small town of Herrin in Southern Illinois, where many of his family still reside. He obtained his bachelor's degree and medical degree at Southern Illinois University and University of Illinois, respectively. Larry finally ventured away from the mid-western corn fields towards the southeast to complete his anesthesiology residency and critical care fellowship at Duke University Medical Center. Upon completion of training, he headed further south to MUSC, where he has been an active faculty member ever since. Larry originally served as an intensivist in the STICU and was part of an early regional pain service; he then became chief of the new Division of Critical Care as it started to grow. He also accumulated roles as medical director for the MSICU and started our critical care fellowship program. Larry helped the IT build -teams roll out the previous Picis system and our current Epic anesthesia information management systems, and completed his additional clinical informatics board certification last year. Throughout the years, he has participated on multiple hospital committees, including chairing the P&T Committee, and also continued to be active within in various research projects. Larry presented related work and taught workshops regularly at the American Society of Anesthesiologists and Society for Critical Care Anesthesiologists. He is married to Elizabeth, a nurse anesthetist at Trident Anesthesia Group; they enjoy traveling the world, with their most recent adventure being in Iceland. At home, they have an Australian Shepherd, Luna, that is always excited to meet new people...especially if they are willing to play frisbee.

Eric Bolin is originally from North Carolina, he grew up in Winston Salem. Go Tarheels! After medical school at the University of North Carolina at Chapel Hill, he came to MUSC for residency. Since residency, Eric spent several years in private practice and also completed a fellowship in regional anesthesia. He is currently a member of the Regional and Acute Pain Service. Eric is actively involved in research and resident education. During the last year, he had the opportunity to speak at the South Carolina Surgical Quality Collaborative and the American Academy of Orthopedic Surgeons national meeting. Outside of work, he enjoys traveling. Last year, Eric traveled to Japan, France, Belgium and the Netherlands.



Dr. Eric Bolin,
Associate Professor



Dr. GJ Guldán,
Associate Professor

GJ Guldán is originally from Sumter, South Carolina. He grew up a staunch Gamecock fan as the son of a USC basketball player and cheerleader. GJ attended both college and medical school at USC in Columbia before coming to MUSC for residency. After residency, he was in the inaugural ACGME Cardiothoracic Fellowship class here at MUSC. Since his fellowship, GJ has been heavily involved in resident and fellow education, initially developing the CT fellowship and resident curriculum. GJ served as the Associate Program Director and Chair of the Education Committee before becoming Program Director in 2013. GJ currently serves as a member of the MUSC GME Annual Program Evaluation Committee, Anesthesiology Program Evaluation Committee, Clinical Competency Committee, Anesthesia QAPI Committee, and Anesthesia ICCE Committee. He is also currently a member of the Adult Cardiothoracic Anesthesia Team with a special interest in goal directed therapy and cerebral oximetry. GJ also served on the standard setting panel of the new ABA basic exam. GJ is currently enrolling patients in a prospective multicenter study looking at perioperative goal directed therapy in esophagectomy patients and the effect on cardiopulmonary outcomes. He has seen our residency program grow from an excellent clinical program with six residents to a national leader in Anesthesia education with multiple ACGME fellowships and a class of 15. GJ looks forward to continuing to work with both residents and faculty in the advancement of our outstanding Anesthesiology program. In his spare time, GJ enjoys supporting his Gamecocks, participating in track events, and traveling.

ANNUAL MYQUEST TRAINING DUE BY JUNE 30, 2017

It is time again to complete our MUSC Annual Mandatory Training courses which can be accessed through MyQuest. Training modules are tailored for specific roles in the organization and are due on or before June 30, 2017.



To access your required training modules, use the MyQuest icon found on your desktop and login using your netID and password. Your specific modules will be displayed in the *Enrollments* section of your home screen as seen below.



Remember, these are mandatory and must be completed by June 30.

The screenshot displays the MyQuest web application interface. At the top, there is a navigation bar with the MUSC logo, the MyQuest logo, a search bar, and a user greeting: "Welcome, Brenda Doman". Below the navigation bar is a horizontal banner image showing healthcare professionals. The main content area is divided into several sections:

- MUSC HEALTH**: A header section.
- BROWSE CATALOG**: A section with a stack of books icon.
- MY TEAM**: A section with an icon of people around a table.
- REPORTS**: A section with a pie chart and calendar icon.
- NEW COURSES**: A section with a "Logout" button and a course description for "Epic Research View Only Training for Current Epic Users".
- NEWS TICKER**: A section with the text "Looking to improve your performance?—Check out the Career Development Catalog".
- ENROLLMENTS**: A section listing various mandatory training modules, each with a "Not Started" status indicator.
- AVAILABLE LINKS**: A section with links to "MyQuest System Check", "MyQuest Website", "MyQuest Content Request Form", "MUHA Intranet", "MUSCP Intranet", and "University Distance Learning".
- COURSE**: A partially visible section at the bottom left.

The **ENROLLMENTS** section lists the following training modules:

- MUSC Annual Mandatory Training
- 2017 Clery Act Training # Not Started
- 2017 Code of Conduct and HIPAA # Not Started
- 2017 Culture of Safety # Not Started
- 2017 DeStaccation # Not Started
- 2017 Emergency Management Campus Security # Not Started
- 2017 Family Educational Rights and Privacy Act (FERPA) # Not Started
- 2017 Harassment # Not Started
- 2017 Infection Control # Not Started
- 2017 Information Security # Not Started
- 2017 Meeting the Unique Care Needs of Patients # Not Started
- 2017 MUSC Active Shooter # Not Started
- 2017 MUSC Health Compliance # Not Started
- 2017 OSHA Review # Not Started
- 2017 Stroke & Heart Early Recognition Signs # Not Started
- MUSC Imagine 2020 # Not Started

MUSC LEADERSHIP EVENTS

MUSC Leadership Editorial Calendar

In an effort to be more integrated and united with MUSC leadership messaging, below is the 2017 – 2018 MUSC Leadership Editorial Calendar. Leaders from all domains will be aligning with these topics to achieve a common leadership message and voice across the enterprise. These editorial topics were decided and agreed upon by University Leadership Council (ULC). Click [here](#) to see a full list of ULC members.

Each of these topics directly aligns with our strategy for the future, Imagine MUSC 2020, and our vision statement, to *lead health innovation for the lives we touch*. The below topics – or “themes” – are intrinsic to our success as an institution, and they’re each crucial to supporting our goals.

2017 – 2018 MUSC Leadership Editorial Calendar	
Topic	Timeframe
Leadership	April – May 2017
Collaboration and Integration	June – July 2017
Respect	August – September 2017
Innovation	October – November 2017
Patients and Families First	December 2017 – January 2018
Education	February – March 2018

To help you understand and communicate the MUSC Leadership Editorial Calendar, below are some anticipated questions that may be asked, along with some answers to help provide guidance and perspective for the purpose of the editorial calendar.

Q: What is the Goal?

A: The MUSC Leadership Editorial Calendar is designed to provide an enterprise-wide leadership voice and structure for leadership messaging and content, aligning with our vision statement to *lead health innovation for the lives we touch*.

Q: Is this Meant to Serve As an Enterprise-wide Editorial Calendar?

A: No. We recognize and appreciate the breadth and depth of topics for an organization as big as MUSC. Our true guiding enterprise-wide structure is our strategic plan, Imagine MUSC 2020. As stated previously, this MUSC Leadership Editorial Calendar should be intrinsic to our voice as leaders, with clear alignment to Imagine MUSC 2020.

Q: What Initiated the Development of the MUSC Leadership Editorial Calendar?

A: Earlier this year, about 35 of MUSC's operational and strategic leaders met at a Strategic Leadership Alignment Retreat. The purpose of the half-day retreat was to engage strategic leaders across the enterprise to create results that matter. While there were many important takeaways from the discussion, the topic of communication was a key focus and yielded many conversations geared toward more intentional and strategic leadership communication.

MUSC LEADERSHIP EVENTS CONTINUED...

Q: Why Is It Necessary?

A: Effective internal and external communication is always a challenge. The objective is for leaders to be more intentional about highlighting ongoing work, addressing concerns and cascading important messages more effectively. While communication is already occurring at many levels, this enterprise-wide leadership editorial calendar gives all leaders a roadmap for leadership messaging.

Q: How Will Leaders Use It?

A: Leaders from all domains will be aligning existing content and communication vehicles with a common theme and voice. This does not mean that you'll be hearing MORE from your leaders; it simply means that as leaders, there will continue to be an integrated approach to leadership messaging with a focus on strategy, continuity and transparency.

Q: What Are Some Tangible Examples for Usage of the Calendar?

A: See below for a List of Ways to Leaders Will Communicate the Topics:

Staff Meetings – Leaders can announce at staff meetings what the current topic is, followed by their thoughts on the topic and their suggested applications for staff.

1:1 Meeting(s) with Direct Report(s) – Leaders can include the topic-at-hand in 1:1 meeting agendas to engage proactively in conversations related to the topic.

Team Meetings – Leaders can include the topic-at-hand in team meeting agendas to engage proactively in conversations related to the topic.

Email Distributions – Leaders can include mention of the topics in relative email communication.

E-newsletters – Leaders can include articles or messages of the topics in existing e-newsletters to staff and constituents.

Yammer – As appropriate, content can be shared on Yammer that applies to the calendar topics.

Fliers/Hard Copy Materials – Leaders can align content, articles or messages of the topics in existing fliers and hard copy materials

Guest Subject Matter Expert (Internal or External) to Present to Staff – When appropriate, leaders can invite a subject matter expert to speak to staff to deepen the understanding for the given topic.

Q: Which Leaders Are Intended to Use the Calendar?

A: If you're already communicating to staff and direct reports in some sort of leadership role, this calendar is meant to serve as a guide for your messaging.

Q: As a Leader or Employee in a Communication or Administrative Role, Is It Mandatory to Align with this Calendar?

A: The idea is to provide a framework for common voice and message. We recognize and understand that prioritization of topics varies from domain to domain; that being said, we strongly encourage everyone to consider each topic as a guide for content and messaging. Each of the topics that have been discussed, vetted and agreed upon by ULC for 2017 and 2018, and we will revisit the next calendar cycle at the end of 2017.

Q: As an MUSC Employee, What Should I Do with this Information?

A: The primary action for the calendar will be taken by leaders who are communicating directly with staff. If you do not currently serve in this role, the goal of the calendar – and of this communication – is to keep all leadership and employees informed and aligned. Leaders will receive updates and tips on the topics, infusing and customizing content for their domains, as needed. Leaders will also continue to keep you updated as appropriate. Being integrated, united and transparent are important to our success, and it takes each of us to truly achieve our goals and make an impact.

MUSC LEADERSHIP EVENTS CONTINUED...**Imagine MUSC 2020 Leadership Retreat Recap**

About 35 of MUSC's operational and strategic leaders met at a Strategic Leadership Development Retreat. The purpose of the day-and-a-half retreat was to engage strategic leaders across the enterprise to create results that matter. While there were many important takeaways from the discussion, there were four themes that emerged as a clear, short-term focus for MUSC leadership:

- 1. Collaboration and Integration:** To not only successfully face challenges more effectively, but also to be a health care leader of the future, it is imperative that we constantly think about -- and start acting on -- how we become a more seamless institution among our three-part mission of research, patient care and education.
- 2. Courageous Authenticity:** In alignment with our core values of respect and collaboration, we need to ensure that we set a table that not only allows, but encourages real conversations about issues -- conversations that may not be comfortable but are needed to make informed decisions. Our culture needs to be one that is bold enough to invite diverse ideas, opinions and conversations. Diversity in thought and approach is what will make us excel as an institution.
- 3. Improve Decision-making Processes and Accountability:** We are a large organization with many layers. While protocol is important, too often decisions are made without clear follow up, implementation plans, and/or accountability. Furthermore, it is clear that sometimes decisions are not being made in a timely manner because individual groups or leaders may not feel empowered to move forward with decision-making that should be in their purview.
- 4. Communication:** Effective internal and external communication can be a challenge in a large institution like ours. How can we be more intentional about highlighting ongoing work, addressing concerns and cascading important messages more effectively? Furthermore, leadership communication addressing longitudinal issues affecting the institution needs to occur more effectively. This doesn't mean that you'll be hearing MORE from your leaders; it simply means that as leaders, there will continue to be an integrated approach to leadership messaging with a focus on strategy, continuity and transparency.

GRAND ROUNDS FOR THE MONTH OF MAY



“The Role of Etomidate in the Treatment of Critically Ill Patients ”

May 2, 2017

ICU Fellows

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

“Morbidity & Mortality Conference”

May 9, 2017

**George Guldán, M.D., Assistant Professor
Ryan Gunselman, M.D., Associate Professor
Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina**



“Targeted Temperature Management After In-Hospital Cardiac Arrest ”

May 16, 2017

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

“Critical Care Topic TBA”

May 23, 2017

**Larry Field, M.D., Associate Professor
Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina**



“Visiting Professor Topic TBA”

May 30, 2017

**Craig Jabaley, M.D., Assistant Professor
Department of Anesthesiology
Emory University School of Medicine**



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

May 4th—Infectious Diseases,
Dr. Rieke, SEI 314

May 18th—Psych & Substance Abuse,
Dr. Heine, SEI 314

CA 1 Lecture Series

May 3rd—Board Question Review, CSB 429

May 10th—Board Question Review, CSB 429

CA 2/3 Lecture Series

May 1st—Managing Sepsis PBLD,
Dr. Clark, Moodle

May 8th—Topic & Lecturer TBA, Moodle

May 15th—Minimizing Complications in ICU
PBLD, Dr. Field, Moodle

May 22nd—Hemodynamics in Critical Care
PBLD, Dr. Rieke, Moodle

May 29th—*Holiday - No Lecture*

Grand Rounds

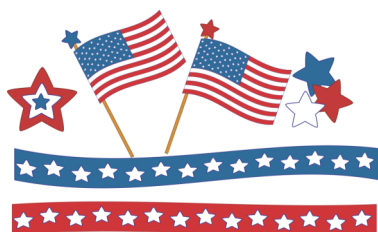
May 2nd—The Role of Etomidate in the
Treatment of Critically Ill Patients,
ICU Fellows

May 9th—Morbidity & Mortality Conference,
Drs. Guldán and Gunselman

May 16th—Targeted Temperature Management
After In-Hospital Cardiac Arrest, Dr. Britell

May 23rd—Critical Care Topic TBA,
Dr. Field

May 30th—Critical Care Topic TBA,
Dr. Jabaley, Visiting Professor (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!

Josh Hanley, Anesthesia Tech—Picking up extra shifts, holiday call, and weekend shifts! Thank you so much.

Treffle Beaupre, Anesthesia Tech—Picking up a last minute shift! Always dependable. Thank you!

Ben Miranda, Anesthesia Tech—Picking up extra days to help out evening shift! Thank you so much!

Jamie Sayers, Anesthesia Tech—Being a great team player and helping out second shift! Very appreciated!

Ashli Fender, Anesthesia Tech—Picking up a lot of extra call for everyone! Thank you!

Brittany Whaley, Anesthesia Tech—Staying late to fill in on short notice. Very appreciated!

Save the Date!



**Department Celebration
& New Resident Welcome**
Saturday, June 17, 2017
Riley Park

Resident Graduation 2017
Friday, June 23, 2017
Founders Hall

Holiday Party 2017
Friday, December 1, 2017
Carolina Yacht Club



[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 June edition will be
May 19, 2017.