



SLEEPY TIMES

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MESSAGE FROM THE CHAIRMAN: SURGEON GENERAL, DR. JEROME ADAMS, *THIS IS OUR PEARL HARBOR.*

-SCOTT T. REEVES, MD, MBA



I had originally written this opening statement shortly after the Surgeon General’s visit to MUSC and months prior to the COVID 19 pandemic. Dr. Jerome Adams is frequently seen standing close to the President during his daily news updates. He is probably most remembered now for his statement, *this is our Pearl Harbor*. He was a strong advocate of social distancing prior to all the states coming on board. As you read the materials below, consider how thoughtful his priorities of Health and National Security and Community Health and Economic Prosperity are in light of the recent COVID 19 pandemic.

Dr. Jerome Adams is the 20th Surgeon General of the United States. He recently visited MUSC and had several initiatives that made an impact personally on me. To start off, it is incredible that Dr. Adams is an anesthesiologist. Prior to his tenure as surgeon general he was the Health Commissioner of Indiana. As physicians and healthcare advocates, it is imperative that we have not only good intentions but a clear strategy on how to get our message heard and policy implemented. Dr. Adams’ strategy is demonstrating the link between a community’s and hence persons health and the economic prosperity and national security from a community, city, state and country. By engaging our business partners, real change can be made in the health of our citizens and community.

The following information is a summary obtained from the <https://www.hhs.gov/surgeongeneral/index.html> web page. I would encourage all of us to become familiar with his thought process and platform as I see it being a very successful way to advocate for our patients at the state and national levels.

His mission as the “Nation’s Doctor,” is to advance the health of the American people. Dr. Adams’ motto as Surgeon General is “better health through better partnerships.” He is committed to strengthening relationships with all members of the health community, and forging new partnerships with members from the business, faith, education and public safety and national security communities.



Dr. Lisa Saladin (Provost),
 Dr. David Cole (President),
 Dr. Jerome Adams (Surgeon General),
 Dr. Ray DuBois (Dean, College of Medicine) and
 Dr. Scott Reeves.

OPENING STATEMENT CONTINUED

As the Surgeon General, Dr. Adams holds the rank of Vice Admiral in the U.S. Public Health Service Commissioned Corps. In this capacity, he oversees the operations of approximately 6,500 uniformed health officers who serve in nearly 800 locations around the world, promoting, protecting, and advancing the health and safety of our nation.

Surgeon General Priority: Health and National Security

Wellness is at the heart of the safety and security of our nation. The Surgeon General is committed to working with the defense and law enforcement sector to ensure the readiness and resiliency of our military communities.

According to the Pentagon, more than 7 in 10 young people aged 17 to 24 would fail to qualify for military service due to obesity, educational deficits, behavioral health issues, or criminal history. The Council for a Strong America noted in their October 2018 report that almost a third of those who sit down with a recruiter are immediately disqualified because of their weight. The report cites Department of Defense data showing that decreased physical fitness and a shift to sedentary lifestyles have made it difficult for law enforcement agencies to find applicants who can meet basic criteria to protect their communities. Across the country, the nearly 20,000 all-volunteer fire departments routinely struggle to recruit qualified first responders.

Military performance is compromised if personnel are not healthy and physically fit. The Centers for Disease Control note that obesity among active duty service members has risen 73% between 2011 and 2015, reducing their readiness for deployment and increasing their risk for injury. Tobacco use and alcohol abuse also pose significant threats to military readiness and resilience. And military personnel are more likely to be exposed to traumatic experiences that are associated with both behavioral health and chronic physical health conditions. Substance use (such as smoking, excessive alcohol use, and taking drugs), mental health conditions (such as depression, anxiety, or PTSD), and other risky behaviors (such as self-injury and risky sexual encounters) have been linked with traumatic experiences. There also is growing evidence surrounding the relationship between traumatic experiences and chronic physical health conditions, such as diabetes, cardiovascular diseases, and inflammatory diseases.

In order to ensure a strong national defense, the Surgeon General is helping raise awareness about health threats to service member recruitment, retention, readiness, and resilience.

Surgeon General Priority: Community Health and Economic Prosperity

The health of Americans is not as good as it could be, despite large expenditures on healthcare. Our poorer health status creates costs and challenges for individuals, families, communities, and businesses, and can be a drag on the economy, as too many jobs remain unfilled and productivity is adversely affected. Many of our poor health problems are rooted in inadequate investments in prevention and unequal economic opportunities in our communities.

In order to improve the health of Americans and help foster a more sustainable and equitable prosperity, the Office of the Surgeon General is implementing an initiative called “Community Health and Economic Prosperity” or “CHEP” for short. The [CHEP initiative will use a multipronged approach* - PDF](#) focused on:

- Engaging businesses to be community change-makers and forces for health in their communities
- Implementing solutions to help improve and sustain the health of communities, such as comprehensive smoke-free policies and affordable housing
- Strengthening communities to be places of opportunity for health and prosperity for all

DEPARTMENT CHAMPIONS

Champion # 1 April 9, 2020 - Dr. Stephanie Whitener

Our first departmental champion is Dr. Stephanie Whitener. She has been instrumental in developing our COVID intubation protocols and ICV surge staffing metrics. This snap shot of a recent video shows her performing the proper use of C Mac for intubations.



Champion # 2 April 10, 2020 - Ray White, CRNA

Today's department champion is Ray White, CRNA. He has been instrumental in building face shields. His ingenuity was critical to get the library to 3 D print them for us.



Champion # 3 April 13, 2020 - Dr. John Schaefer



Today's departmental champion is Dr. John Schaefer. Dr. Schaefer used his connections with the Dunes West POA and Seacoast church to mobilize a group of volunteers who will ultimately make up to 5,000 face shields. Since these are reusable, the department will be able to share these shields across the MUSC Charleston Health system. Today 2,000 were delivered and will be rolling into circulation this week.

Dr. Schaefer also volunteered to be our first faculty member on a COVID 19 intubation team at the University hospital thus decreasing the exposure to other faculty and anesthesia care team

Champion # 4 April 14, 2020 - Dr. Hannah Bell



Today's departmental champion is Dr. Hannah Bell. Dr Bell lead the effort to coordinate the department's response to COVID 19 and trauma patients. This was a massive effort.

Thank you, Hannah,....

DEPARTMENT CHAMPIONS

Champion # 5 April 15, 2020 - Dr. Matthew Graves



Dr. Reeves,

I am not sure if we have had the pleasure of meeting in person, but I wanted to take a moment and celebrate the amazing work of one of your anesthesia residents. When Dr. Sanford Zeigler started to brainstorm ways that the "Heroes Need Masks" campaign could help to meet the critical medical supply shortages associated with the COVID-19 response, there were quite a few students, residents and community members who stepped forward to lend their expertise and much needed hands. One of these outstanding MUSC representatives has been Dr. Matthew Graves. Dr. Graves has not only helped to physically pick up and deliver countless supplies from all across the Lowcountry, but he has also been instrumental in refining some of the processes used to ensure that supplies moved through the donation and collection systems to much needed areas within the hospital in a timely manner.

It is my duty to let you know that the work of medicine has evolved in a number of ways over the past few months and that Dr. Graves truly embodies the definition of a servant leader through his hard work and tireless efforts. Thank you and your team for your continued response to this global pandemic (in and outside of the walls of MUSC) and for helping our community to weather this storm. Best wishes for wellness to you and yours.

Yours in service,

Ragan

Ragan DuBose-Morris, PhD

*Telehealth Education Manager, Center for Telehealth
Associate Professor, Academic Affairs Faculty*

Champion # 6 April 16, 2020 - Katie Mistretta, CRNA & Family

Kate Mistretta's, CRNA, family sent us these wonderful gifts as tokens of appreciation for us and what we do. The department cannot thank Kate and her family enough for the uplifting gifts.



Champion # 7 April 17, 2020 - Dr. Katie Bridges & Heather Miles

I would like to recognize the amazing work in preop clinic by both Heather Miles and Dr. Katie Bridges. Working in conjunction with Drs. Danielle Scheurer and Scott Curry, they worked tirelessly to bring Perioperative testing for COVID 19 from a theoretical concept to a reality in a matter of days. Their extra efforts serve to improve safety for our patients, our department, and all of periop. They are both deserving of our recognition and gratitude.



DEPARTMENT CHAMPIONS

Champion # 8 April 20, 2020 - Dr. Jerry Reves

Today's departmental champion is Dr. Jerry Reves. Dr. Reves was instrumental in using the knowledge acquired from his CDC Ebola grant and SimTunes organization to videotape our donning and doffing process and to disseminate how to function as a high reliability team. These videos were placed on YouTube. Through this initiative, MUSC and the department is helping the world.

Seven Characteristics of Highly Reliable Team Function

1. Effective Leadership
2. Backup/Buddy with mutual responsibility
3. Mutual role performance monitoring
4. Effective communication
5. Adaptability and flexibility
6. Mutual trust
7. Team pride and commitment

Champion # 9 April 21, 2020 - Theresa Morgan, CRNA and Emmett Morgan

As we prepare for the upcoming surge, the donation by Theresa Morgan and her husband Emmett of Tyvek suits and eyewear occurred at a critical time. Photo of Dr. Latha Hebbar and Theresa Morgan, CRNA, ready to care for an ECT patient.

Thank you, Theresa, for being a departmental champion.



Champion # 10 April 22, 2020 - Dr. Joseph Abro

Recently he was recognized as a Safety Hero by Danielle Scheurer

Our safety star this week is Dr. Abro, an Anesthesia Attending Physician. One afternoon, he observed commotion in the hall near MUSC Charleston's endoscopy unit. Upon further investigation, he discovered the commotion involved an agitated, confused patient. He immediately assisted the endoscopy nurses and patient while they waited on security to respond to the incident. Dr. Abro helped to deescalate the patient and prevent any potential physical harm. He remained on the unit to ensure the patient's clinical condition returned to baseline and ensured the patient was transferred back to their inpatient unit. His recognition and willingness to intervene promoted a safe and positive outcome for all involved in the situation. Thank you, Dr. Abro!

He is also part of our COVID 19 intubation team. A faculty member has commented that I've seen that guy drenched in sweat a couple of times from the intubation gear and thought it was worthy of recognizing them.

Congratulations for a job well done.



Champion # 11 April 23, 2020 - Heather Highland, CRNA

She works tirelessly 12-13 hours per day for 5 days per week and even has to sit through meetings on the weekends (her days off). She scrambles to make the schedule work daily and does everything in her power to get her staff their hours. She is often the COD and Dofficer daily at SJCH. She is spread incredibly thin and probably stressed to the max but continues to do her job with a smile on her face. She listens to questions and complaints all day and remains professional. SJCH would be at a complete loss without her.

Congratulations Heather...

DEPARTMENT CHAMPIONS

Champion # 12 April 24, 2020 - Dr. Catherine Tobin and Dr. Mary Fox



Today's departmental champions are Drs. Catherine Tobin and Mary Fox. These women took the lead at the beginning of the COVID 19 pandemic to develop and modify our COVID 19 donning and doffing procedures. Their videos have been instrumental in teaching all of us the step by step process needed to properly put on and take off our personal protective equipment and have been disseminated throughout the world via YouTube.

We are all grateful for your efforts.

Champion # 13 April 27, 2020 - Jenny Ann Smoak, MHA

In the nomination, a department member wrote:

Jenny Ann has been a great resource for the administrative and research staff. She has kept us updated with a calm, informative demeanor and has maintained a welcoming-open door to all of us. I'm sure she is really busy, but she has made a huge effort to make time to address our concerns. Congratulations to Jenny Ann for today's departmental champion...



Champion # 14 April 28, 2020 - Dr. Marc Hassid & Dr. Mike Sabbagh



Although the peds division is a small division and we probably will not have as many COVID patients Marc and Mike have continued to research what is best and appropriate for the pediatric population and what is safest for us at SJCH. With that we have some differences with our protocols based on other pediatric institutions. They have kept us safe, informed as well as being present daily. I thank them for all their hard work and dedication. For these reasons I think they deserve recognition. Thank you for your leadership...

Champion # 15 April 29, 2020 - Dr. Jeff McMurray

Today's departmental champion is Dr. Jeff McMurray. As a member of the critical care division, Jeff took the early initiative to develop protocols and training exercises along with Stephanie Whitener. This early preparation enabled the department to be better prepared for the upcoming crisis. Thank you, Jeff!



Champion # 16 April 29, 2020 - Sarah Zuniga (Hameedi)



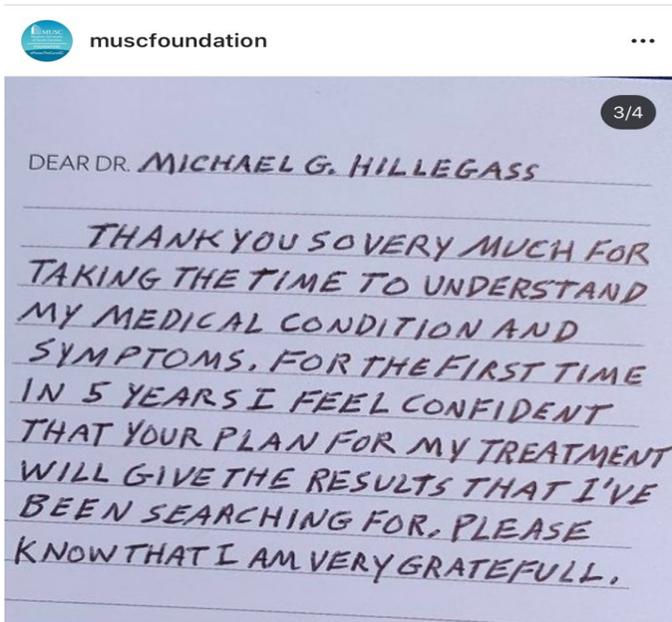
Today's department champion is Sarah Zuniga (Hameedi). Sarah has been relentless in maintaining our department daily deployment schedules despite the fact that we are constantly having to modify them daily. In addition, she created a new faculty call schedule in fast order after the institution changed the departmental support structure. Sarah thank you so much for all you do.

Champion # 17 May 1, 2020 - Dr. Tim Heinke

I would like to nominate Tim Heinke as a department champion. He has been working tirelessly behind the scenes on all the COVID protocols, making sure everyone at ART is up to date, answering questions with unending patience, working with representatives from the NORA sites, and just constantly coordinating. He has instilled confidence in all of us during this stressful time. He has come in on his days off to take meetings and is always available to us. Your leadership has been excellent during these challenging times.



PATIENT THANK YOU!



A Big Thank You!

It is wonderful to receive an unprompted thank you for all the hard work and dedication to our patients that you do daily.

Jenna Delany CRNA's grandmother recently thanked us by sending treats from Sugar. (Picture Above)

50 likes

muscfoundation Now more than ever, we're grateful for our @MUSCHealth doctors and caregivers. These are some of the thank you messages sent to our doctors for #NationalDoctorsDay. ❤️



Safely Speaking™
MUSC Health's Daily Safety Tip



10 April 2020

Safety Hero-Dr. Joseph Abro

Our safety star this week is Dr. Abro, an Anesthesia Attending Physician. One afternoon, he observed commotion in the hall near MUSC Charleston's endoscopy unit. Upon further investigation, he discovered the commotion involved an agitated, confused patient. He immediately assisted the endoscopy nurses and patient while they waited on security to respond to the incident. Dr. Abro helped to deescalate the patient and prevent any potential physical harm. He remained on the unit to ensure the patient's clinical condition returned to baseline and ensured the patient was transferred back to their inpatient unit. His recognition and willingness to intervene promoted a safe and positive outcome for all involved in the situation. Thank you, Dr. Abro!

Like (29) | Comment (4)

RESEARCH CORNER

Current Anesthesiology Reports (2019) 9:436–445
https://doi.org/10.1007/s40140-019-00360-x

THORACIC ANESTHESIA (T SCHILLING, SECTION EDITOR)



Pulmonary Hypertension and Thoracic Surgery: Impact and Treatment Options

Loren Francis¹ • Stephanie Whitener¹ • Jared McKinnon¹ • George Whitener¹



Dr. Loren Francis



Dr. Stephanie Whitener



Dr. Jared McKinnon



Dr. George Whitener



Case Report
Volume 11 Issue 4 - October 2019
DOI: 10.19680/OA.NN.2019.11.555820

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Status Dystonicus- Case Report and Intensive Care Management



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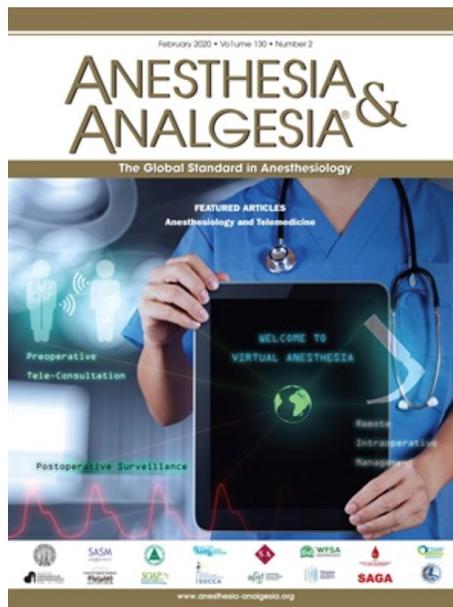
³Department of Neurology, Medical University of South Carolina, USA

Submission: September 19, 2019; Published: October 09, 2019

*Corresponding author: Julio A Chalela, Department of Neurosurgery & Neurology, Medical University of South Carolina, USA



Dr. Patrick Britell



Dr. Katie Bridges

AMERICAN HEART ASSOCIATION HEART WALK

I'd like to thank the department for your support this year during the American Heart Association fundraising, Penny Wars and stopping by the hot dog sale. Our department raised \$1801 which is double what we raised the last three years. The Ped/Peds Heart team won the Penny Wars, donating almost \$700. Thank you for a successful fundraiser!

-Sarah Zuniga

**To the doctors, nurses, healthcare
workers and first responders
working so hard to keep us safe,**

THANK YOU



COLLEGE OF MEDICINE: FACULTY COUNCIL BY DAVID GUTMAN, MD, MBA

Dear Colleagues,

In December 2019, the announcement was made for the formation of a College of Medicine Faculty Council. Per Dr. Ray DuBois, the Dean of the College of Medicine, the goal of the council is to “enhance transparency and increase opportunities for broad participation of faculty in the core domains of research, education, and clinical care.” In January 2020, just as the DJIA was creeping past 29,000, Dr. Mike Scofield and myself were democratically elected as primary delegates, with Dr. Eric Bolin to serve as an alternate. Fast forward as I sit here writing this in mid-March, the DJIA is down 20% to 23,000, COVID-19 is raging, the democratic primaries are down to two candidates, and the Council is set to meet for the first time on Bob Marley Monday (4/20/2020).



An official College of Medicine Faculty Council Charter has been established. It should be posted as part of faculty by-laws soon, or feel free to email myself for a copy. The main points are as follows:

OVERVIEW:

The College of Medicine Faculty Council is a component of the shared governance of the College of Medicine and will serve as an advisory body to the Dean.

CHARGE AND PURPOSE:

The College of Medicine Faculty Council (hereafter referred to as “Council”) is officially charged by the Dean with the following:

- Serve in advisory role to the Dean on issues of faculty, staff, trainee, and student development;
- Consider matters of concern to the college at the direction of the Dean, develop proposals to address issues, and deliver proposals to the Dean;
- Develop recommendations for policy changes;
- Convey faculty concerns to the Dean;
- Maintain lines of communication between faculty and administration on issues and concerns among faculty and assist in the communication of administrative directives to faculty;
- Facilitate accomplishment of initiatives at the direction of the Dean.

MEMBERSHIP:

The College of Medicine Faculty Council membership is comprised of elected faculty Delegates from each department within the College of Medicine.

- One voting or primary Delegate will be elected to the Council from every department
- Each department will have secondary Delegate(s) who will represent the department in the absence of the primary Delegate(s), and will be eligible to vote in place of the primary Delegate(s).
- Delegates serve for 3 years from July 1st - June 30th and may reapply for consideration to serve for one additional 3-year term for a maximum of two consecutive terms.
- All faculty regardless of rank, track, or title are eligible for election as Delegates in the department of their primary appointment.

MEETINGS

- Regular Council meetings occur during most months, either in person and/or electronically, with a minimum of six meetings per year.
- Meetings of the Council will be attended by all Delegates, both primary and secondary, and **will be open to all faculty.**

COLLEGE OF MEDICINE: FACULTY COUNCIL CONTINUED...

ROLES AND RESPONSIBILITIES

- Regular participation of Council members is expected in order for the Council to function effectively and achieve quorum. If a Delegate does not participate in at least 75% of the Council meetings, including remote participation, the Chair may remove the Delegate from the Council and the secondary Delegate will assume the role of primary Delegate.
- The Chair is empowered to call a vote to remove any Delegate for non-performance of assigned functions or lack of professionalism.
- It is the responsibility of each Council member to maintain open communications with their department faculty. Circulation of Council minutes, solicitation of input from their department faculty for new Council agenda items, and the placing of Council items on the agenda of Departmental meetings are two possible means toward that

I look forward to serving the department as your representative on this faculty council. I'm sure Dr. Scofield and Dr. Bolin feel the same. Please do not hesitate to reach out and let us know how we can work to make MUSC the best place possible for everyone to work. I leave you with the following quote from Richard Branson of Virgin Atlantic circa 2014 – "Train people well enough so they can leave, treat them well enough, so they don't want to."

David A. Gutman, MD, MBA

PHYSICIAN OF THE MONTH—DR. SUSAN HARVEY

Physician of the Month Submission – February 2020

-Dr. Susan Harvey, MD

Susan Harvey is above and beyond, one of the best Anesthesiologist's we have had in Electroconvulsive Therapy (ECT) at the Institute of Psychiatry. She is an asset to patients and staff. This is demonstrated in several ways. Her respect for patients and staff is evident. Her ability to approach a patient whether they are extremely anxious, severely depressed, or even psychotic with her empathetic manner is very calming. Her ability to start IV's is uncanny. This is very important with our treatments; it can make the difference in determining whether or not we are able to stay on schedule with the remaining patients.

Submitted by Virginia Rueger, RN, APRN



COVID 19 Serological Testing

In order to have the ability to gradually open up our country and ultimately MUSC, a combination of patient acute infection testing and health care provider serological testing has been proposed by national and state leaders. In April, we will begin offering COVID antibody response testing to care team members. This is an initial effort to gain understanding of the capabilities and limitations of serological testing. I suspect we will be evaluating multiple serological test until we read the ultimate test. Potential higher prevalence areas including Periop-Procedural will be tested first with expansion into other areas as appropriate. Please be advised that this testing is completely voluntary.

Tim Brendle, Chief Perioperative Officer, has summarized the expectations on our initial testing as outlined here:

This test is neither approved for nor designed to help you make decisions about your own health. It is not meant to allow you to draw conclusions about your personal prior exposure to SARS-CoV-2 and whether or not you may be immune to infection if exposed in the future.

This test has been approved for marketing in a laboratory setting and has not been reviewed by the Food and Drug Administration (FDA). This test has not been approved by the FDA for in-home administration or for clinical use. It is not known if past infection with other viruses you may have had could cause a positive result on this test. It is not known whether a mild infection with SARS-CoV-2 would generate enough of an immune response to make this test turn positive.

You are not required to share your result with your employer or anyone at work. It is entirely up to you to determine who, if anyone, you might wish to share the results with. The results of your test should not be used by you or anyone else to make decisions about your work environment or your risk of future infection with SARS-CoV-2 virus. This test is not intended to provide definitive information about your level of antibodies or immunity to the SARS-CoV-2 virus. Therefore, personal protective equipment should continue to be used as recommended regardless of your result.

If your IgG test is negative, this suggests, but does not prove, that you have not had a prior SARS-CoV-2 infection. It is possible you could have had a mild infection but not generated enough of an immune response to turn the test positive.

If your test is positive, this suggests, but does not prove, that you have had a prior infection caused by SARS-CoV-2. The kit could detect an immune response to viruses other than SARS-CoV-2, so there is a chance a positive IgG result does not reflect prior infection with SARS-CoV-2. A positive IgG test does not necessarily mean you are immune to future SARS-CoV-2 infection. Health care providers should continue to use personal protective equipment both at work and at home in accordance with current recommendations.

This test does not determine whether you may or may not have an active infection with SARS-CoV-2. Some individuals may have an active SARS-CoV-2 infection and have minimal or no symptoms. If you have concern for an active infection or exposure based on either your symptoms or any exposures you may have had, you should follow the current guidance of MUSC Health to determine the steps you should take to be evaluated.

We will begin a process in which we offer serial testing over time to care team members who remain immune negative. We also expect the quality of tests to improve in the coming months and we may re-test care team members when better tests are available.

We do not fully understand what this COVID-19 immunity testing means yet in terms of the duration or depth of immunity, how quickly one develops the antibodies after exposure, the full natural history of antibody development, or even potential differential responses amongst subgroups. However, we can make some logical assumptions at this point in an attempt to help us manage this pandemic as well as begin to develop an approach to help us in our stage revitalization within MUSC Health as well as our surrounding communities.

At this time, we will gather statistics comparing the number of test kits signed out and the number of results returned. When you upload your results into the MUSC Virtual Urgent Care platform, the results will become part of your protected medical record. Individual results will not be shared by us and may not be used for employment related decisions. It is up to you to determine whether you wish to share the results with anyone. Collective de-identified data may be shared with public health authorities or as otherwise permitted by state or federal law.

Initial voluntary testing performed at University Hospital.



Negative test



GRAND ROUNDS FOR THE MONTH OF MAY

**Due to Covid 19 the scheduling of Grand Rounds and Lectures are very fluid/in flux, so please keep monitoring the weekly updates.

Everything you wanted to know about Impella and IABP support in non-cardiac surgery!

May 12, 2020

Stephanie Whitener, MD

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



Aspects of Intubation

May 26, 2020

Horst Rieke, MD

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



DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE

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[CHECK OUT OUR WEBSITE](#)

Future Events/Lectures

Intern Lecture Series

5/14/20 - "Pulmonary Disease" - Christopher Heine, MD

CA 1 Lecture Series

5/6/20 - "Basic Statistics for the Boards" - Bethany Wolf, PHD

Studying for ABA Basic Exams

CA 2/3 Lecture Series

Per Rotations

Grand Rounds

See Weekly Update



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.

I would like to recognize Regan McKinney, Katie Bridges and Brian Pritchett for being outstanding in a very difficult case. They displayed leadership, maintained a professional demeanor and composure in caring for an extremely sick patient.

Hercules Brown



Resident Graduation
Friday, June 26, 2020
Founders Hall

Resident Welcome Party
Saturday, August 1, 2020
Riverdogs game

Holiday Party
Friday, December 4, 2020
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, 2020.