



SLEEPY TIMES

VOLUME 13, Issue 11 NOVEMBER 2019

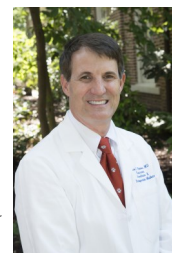


Inside This Issue:

-Message from Chairman	1
-Charleston Top City Again in Conde Nast	2-3
-Kaizen in Medicine	4-6
-HOT FATE Course	7
-PA of the Year	8
-Research Corner	9
-Department Events	9-12
-TUW Day of Caring	12
-ASA Annual Meeting	13-14
-Grand Rounds	15
-Future Events/Lectures	16

MESSAGE FROM THE CHAIRMAN: NUMBER 1 AGAIN!!!

-SCOTT T. REEVES, MD, MBA



I know when you read the title, you immediately thought, “Dr. Reeves is going to be talking about Clemson.” In reality, I had expected that this month’s opening statement would be a discussion regarding the opening of the Shawn Jenkins Children’s Hospital and Women’s Pavilion. Unfortunately, that has been delayed.

What did happen in October is that Condé Nast Traveler recognized Charleston for the 9th year in a row as the #1 small city in the United States to visit. What is unique for this year is that their readers also listed us as the #1 city in the world. According to Condé Nast Editor-in-Chief Melinda Stevens, “Charleston has ‘a bit of a glow to it’ in the travel world, and particularly in the U.K. with a reputation for holding true to itself.”

The rankings are based upon hundreds of thousands of online survey responses. Charleston is no longer a little local secret but a worldwide phenomenon. As the temperatures begin to cool, take some time to get out and experience our city and its rich history. We are all fortunate to call Charleston home.



Photo credit: Brad Nettles for the Post and Courier

CONDÉ NAST READERS NAME CHARLESTON AS A NO. 1 CITY IN US AND THE WORLD BY EMILY WILLIAMS, FOR THE POST AND COURIER

Charleston is just one year shy of a decade-long sweep.

For the ninth year in a row, the city has been named a No. 1 destination by readers of Condé Nast Traveler. This year, Charleston also received the highest score of any destination, earning it the distinction of the top city in the world.

The Holy City has also secured multiple No. 1 rankings at Travel + Leisure, Southern Living and Afar magazines. The Conde Nast reader survey is the longest-running in the travel industry, and it's also the publication where Charleston has its lengthiest streak.

The city's success with Travel + Leisure readers isn't far behind at seven years with Charleston in the top spot. Conde Nast Editor-in-Chief Melinda Stevens said Charleston has "a bit of a glow around it" in the travel world, and particularly in the U.K., with a reputation for holding true to itself. "No one seems to have just one layer in Charleston," said Stevens, who has spent time exploring the city. "People have their fingers in many different pies, as we say, and it gives a richness to it. There's a sophisticated ease."

In August 2018, Stevens became the magazine's global editor when the publication combined its editorial teams for the U.S. and U.K. editions. British travelers have long been the Holy City's top demographic among visitors from overseas, but the relationship was heightened in the last year with the launch of nonstop British Airways service from Charleston to London's Heathrow Airport. The inaugural flight took off in April, and the airline's initial commitment ends Oct. 24. But British Airways announced last week that the service would return again in the spring.

This year, responses from readers of both the U.S. and the U.K. editions were merged into one compilation of preferred destinations, lodgings and other travel features, giving Charleston the new distinction of earning the top spot among global destinations not in the United Kingdom.

Though that honor, and the distinction of being named the best small city in the U.S., was released Monday morning, Charleston tourism leaders were surprised to also receive an award for being the top city in the world at an official ceremony that evening.

Charleston had the highest cumulative score of any city featured, earning 94.73 on a 100-point scale. Merida, the capital of the Mexican state of Yucatán, had the next highest score at 94.54.

Charleston has been appearing in Condé Nast Traveler's top 20 U.S. destinations since the early 1990s and has been climbing since then.



**CONDÉ NAST READERS NAME CHARLESTON AS A NO. 1 CITY IN US AND THE WORLD
BY EMILY WILLIAMS, FOR THE POST AND COURIER CONTINUED...**

Before Charleston's reign, San Francisco held the crown for nearly two decades.

When Charleston took the top slot from the Golden City for the first time in 2011, comedian Stephen Colbert gave the acceptance speech at a banquet in New York. The Charleston native and now CBS "Late Show with Stephen Colbert" host spoke about the 4 million visitors who came to the area — a number that has since swelled to more than 7 million — and additional travelers the new ranking was likely to attract.

That growth in visitation has prompted concern from locals as the city continues to stay in the spotlight each year. The idea of "overtourism," or the strain that a high concentration of visitors in one destination can have on the community, has come to the forefront as the number of total travelers worldwide has swelled.

"I think this will become more and more pertinent. We need to be mindful that cities are not victims of their own success," said Stevens. "I think it's the responsibility of the tourists, too, to be respectful and contribute to the local economy in a meaningful way."

In Charleston, as visitor numbers have grown, so has the economic contribution from the industry. It's estimated that tourism pumped more than \$8 billion into the region's economy last year.

Explore Charleston CEO Helen Hill credits hotel development downtown with getting the city into Condé Nast's top 10 — a range of options that includes boutique and luxury properties is necessary to gain acclaim from "discerning travelers," she said — but attributes the nine-year streak to the city's scores for friendliness and service.

It's no accident, either, that those scores usually make the difference for Charleston every year. Right around the same time the city started popping up on travel publications' lists, Explore Charleston was starting to train the city's hospitality staff.

The practice, which consolidates training for hospitality staff and allows opportunities for workers to see some of the attractions tourists will likely be asking them about for free, is more common across visitors' bureaus now but was rare at the time.

Condé Nast's rankings are based off each destination's cumulative score, which is calculated from hundreds of thousands of online survey responses. The top rankings are often separated by just tenths of a point. Hill said the scores will often reflect major events or openings that year.

When Sean Brock, the founding chef of the Husk restaurants, first won a James Beard Award, for example, the city's point total for food and dining got a boost. The West and the Southeast dominated readers' rankings of the best small cities in the U.S. for 2019. South Carolina took two slots with Greenville in the Upstate at No. 9. Nearby Savannah came in fourth, just behind Alexandria, Va.

Chicago, Minneapolis and Boston rounded out the top three, in order, for large U.S. cities. None of the chosen large U.S. cities list made the cut for the top 20 cities outside of the U.K., but two small cities in addition to Charleston — Santa Fe and Alexandria, ranked second and third, respectively, on the U.S. list — cracked that list's top 10.

This year's awards also included a ranking of the top 10 hotels in Charleston. The French Quarter Inn led the list, followed by the HarbourView Inn, then Belmond Charleston Place.

Charleston International made the magazine's list of the best airports in the U.S., coming in at No. 7.

DRS. DAVID GUTMAN AND KATIE BRIDGES FEATURED IN ASA MAGAZINE

'Kaizen' in Medicine

David Gutman, M.D.

Kathryn Bridges, M.D.

It is time for anesthesia and medicine as a whole to adopt "Kaizen."

I will repeat that once more. We are past due for anesthesia and medicine as a whole to adopt the Kaizen principle.

"What is the Kaizen principle?" some may ask. "Kaizen" is the Japanese word for "improvement."¹ It is the principle that every function at every level within a business, household, banking system, factory or health care enterprise should be evaluated continuously for improvement by everyone involved in the process. From the janitor to the CEO, every employee should have the mindset that there are improvements which can be made, and one has a duty to address such needs. Most important, individuals, regardless of organizational rank, are empowered to voice concerns and suggest ideas for improvement.

In the field of anesthesiology, we have moved toward adopting the Kaizen principle as it pertains to patient safety. The preoperative "timeout," during which all involved members pause and discuss the patient and procedure as a team prior to incision, serves as an example of this progression. The correct patient is confirmed, the procedure is acknowledged, special considerations are discussed, staff introductions are made and, most important, everybody present in the O.R. is empowered to "speak up and say something if they see something." This empowerment is extremely important. It helps bridge the gap that exists within the O.R. power hierarchy and puts the onus on each involved individual to voice his or her concern. From seasoned surgeons to third-year medical students, the preoperative timeout equalizes those assembled and empowers them to speak up in the

interest of patient safety. This phenomenon should be applied throughout all of medicine. Our patients deserve nothing less.

The Japanese car manufacturer Toyota has used the principle of Kaizen for many years. Continuous improvements are made to everything from the assembly line to international branding in response to input from employees. What is the result? A capture of dominant market share that has been sustained since the early 1990s.^{1,2} In medicine, however, the stakes are different. When Toyota's assembly line encounters challenges, the dashboard installs unevenly. When an error is made in the medical realm, patients are harmed and lives are lost.

An unfortunate incident at Vanderbilt University Medical Center further validates the need for such a change. A patient with anxiety who was scheduled for an imaging study was given the paralytic vecuronium instead of versed by a nurse. In order to administer a paralytic instead of a mild sedative, a number of alarms, alerts and other mechanisms that exist to avoid such medication administration errors were overridden, and the patient is now deceased. The registered nurse has since been indicted on charges of reckless homicide in the state of Tennessee.

While it is easy to criticize and condemn the nurse, we should resist the urge to do so. It is very likely that the nurse's actions and steps taken to override the alerts represent a larger system-based dilemma. Habits and reflexes of overriding alerts and alarms are very prevalent in the health care sector. We put into place roadblocks and just as quickly drive around them and hit the "alarm silence" and "override" buttons.



David Gutman, M.D., is Assistant Professor of Anesthesiology, Department of Anesthesia and Perioperative Medicine, Medical University of South Carolina, Charleston.



Kathryn Bridges, M.D., is Assistant Professor of Anesthesiology, Department of Anesthesia and Perioperative Medicine, Medical University of South Carolina, Charleston.

DRS. DAVID GUTMAN AND KATIE BRIDGES FEATURED IN ASA MAGAZINE CONT...



Does this unfortunate event have to do with alarm fatigue? Sure. Does this have to do with developing sensory overload while performing increasingly complicated tasks? Absolutely. Does this have to do with trying to do more tasks with fewer staff, all while working longer hours with fewer backup mechanisms in place? Of course it does. Should we just accept the fact that mistakes and errors will happen? No! Is this the collateral cost of operating such a large, bureaucratic and unwieldy system? Absolutely not!

“One day, the anesthesiologist accepts and overrides the risk of QT prolongation from ondansetron administration as he or she has done thousands of times. The next day, an override of a different medication with an identical warning screen leads to a fatal outcome. This needs to change, and this needs to change now.”

We owe it to our patients and to ourselves to not simply accept the status quo. We cannot and must not be wooed into complacency and accept a broken system. We must fight it as physicians, nurses, health care providers, mothers, fathers and, simply, concerned human beings. Our job is to first and foremost “do no harm.” Society and our patients demand that of us. Above all, we should demand that of ourselves.

In business school, students learn that meetings scheduled just for the sake of having meetings are unproductive and unlikely to be impactful. A similar thought applies to discussion among team members. Conversations that are not goal-oriented and take place merely to “touch base” provide little overall value. A discussion regarding a specific problem, primarily focusing on actionable change, is another matter. The school of thought for many of the most successful leaders and CEOs is that action steps must be determined and carried out. Definitive problems must be delineated and

addressed, one by one. There are opportunities to improve at every level. There is opportunity for “Kaizen” thinking in nearly every aspect of daily life.

Consider the electronic medical record (EMR) warning that displays nearly universally for patients who receive the commonly administered drugs propofol and ondansetron during the perioperative period. Propofol is the most commonly administered anesthetic for general anesthesia cases. Ondansetron is the most commonly administered antiemetic intra-operatively and postoperatively. Virtually every single anesthesiologist administers ondansetron during an anesthetic involving propofol. Virtually every single time an anesthesiologist places PACU orders, he or she is greeted with an alert. Virtually every time this alert is displayed, the anesthesiologist hits some form of override or accept. Warnings such as this lead to alert fatigue and represent part of the problem.

The EMR system administrators say for years that it is on their “fix list.” The EMR system coders and technicians roll out numerous cosmetic revisions, and yet the alert persists. The pictures on the EMR home screen are beautiful, but the patients don’t care about that one bit. They just want to survive their imaging study.

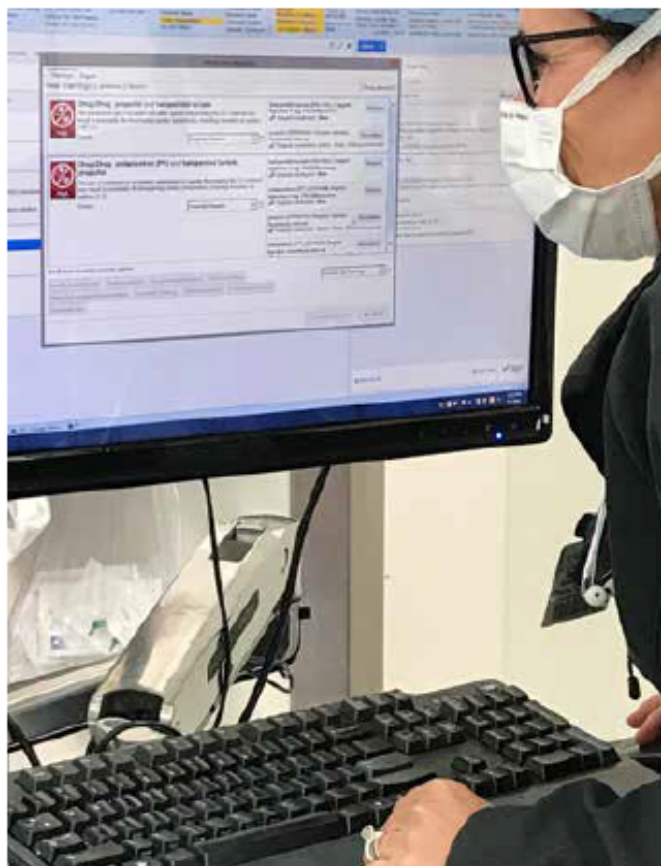
A Kaizen-oriented health care system could readily induce such a change as opposed to the cumbersome, hierarchical nature of most health care organizations. A Kaizen-oriented health care system would consist of a concerned individual voicing their concerns about unnecessary warnings in the EMR. The EMR support staff member who hears this concern would then be empowered as individuals to actively address the concern, perhaps by putting together a team to discuss necessary actionable steps. The team would be empowered to finalize the solution, and so on. Instead, as it stands, the concern is placed at the bottom of a stack of concerns that might or might not be addressed at a meeting several months in the future to determine the relevancy of the initial concern. EMR changes geared to better address billing capture might take precedence. In the meantime, in the clinical arena, alert fatigue ensues.

Continued on page 50

DRS. DAVID GUTMAN AND KATIE BRIDGES FEATURED IN ASA MAGAZINE CONT...

One day, the anesthesiologist accepts and overrides the risk of QT prolongation from ondansetron administration as he or she has done thousands of times. The next day, an override of a different medication with an identical warning screen leads to a fatal outcome. This needs to change, and this needs to change now.

Health care needs Kaizen, and institutions are beginning



to take note. In 2009, a Swedish hospital implemented Kaizen practices with the assistance of an outside consultant.³ Each hospital nursing unit was given autonomy to organize their Kaizen practices as they saw fit, and paper templates that allowed employees to identify problems and propose solutions were made available throughout each unit. A “do-study-act” approach was used, in which regular meetings, some as short as five minutes, were scheduled with unit employees to address these written concerns and formulate possible solutions. These solutions, when feasible, were then tested and adopted if successful. Mazzocato et al. found that most employee concerns in this institution related to operational performance enhancements, and simple operational dilemmas were readily

fixed with this approach.³ Ultimately, the authors recommended the use of Kaizen tactics with innovation practices to address complex issues.³

Health care needs to empower every single member of the team so that when a problem is identified, it is the mission of all involved to fix that problem quickly. Let the paradigm shift start with the pioneers of patient safety. Let it start with anesthesiologists.

References:

1. Sturdevant D. (Still) learning from Toyota. McKinsey & Company website. <https://www.mckinsey.com/industries/automotive-and-assembly/our-insights/still-learning-from-toyota>. Published February 2014. Last accessed August 1, 2019.
2. Liker JK. *The Toyota Way: 14 Management Principles From the World's Greatest Manufacturer*. New York, NY: McGraw-Hill; 2004.
3. Mazzocato P, Stenfors-Hayes T, von Thiele Schwarz U, Hasson H, Nyström ME. Kaizen practice in healthcare: a qualitative analysis of hospital employees' suggestions for improvement. *BMJ Open*. 2016;6(7):e012256.



HOT FATE COURSE IN HOUSTON BY KIRSTEN DAHL, MD

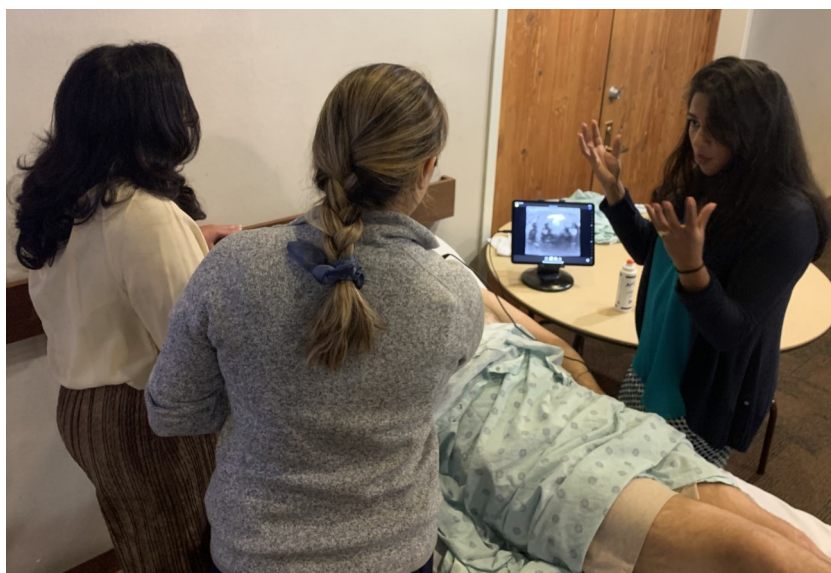
On Saturday, September 28th, Drs. Sylvia Wilson, Renuka George, and Kirsten Dahl traveled to Houston, TX, to participate in the Basic HOT FATE course (Hands on Training Focused Assessed Transthoracic Echo) hosted by the University of Texas in Houston Department of Anesthesia. Drs. Wilson and George were two of several instructors, and Dr. Dahl was a participant. Accompanied by faculty from UT Houston, Baylor, and Mount Sinai, they helped teach the course and provide valuable education and feedback to participants.



Dr. Dahl

FATE, initially developed by Dr. Erik Sloth from Denmark, has been used in clinical practice since 1989. It is composed of four basic TTE views to be used primarily by the non-cardiologist to better (and quickly) evaluate a patient's cardiac function, especially in the perioperative period. Course prerequisites included an extensive online curriculum that detailed the four basic views, how to obtain them, and how to interpret them. The hands-on section of the course was comprised of several hours of scanning a variety of live models (including a child!) with one-on-one guidance by FATE instructors as well as "case scenarios" to provide real life application. Participants also learned how to obtain more detailed information through advanced measurements including MAPSE, TAPSE, etc.

Overall, the course was an excellent learning opportunity for all and provided instrumental training on a skillset becoming more and more valuable in the field of anesthesia today (and an excellent excuse to eat some authentic Texas steak!).



RACHEL HANNA SELECTED AS PHYSICIAN ASSISTANT OF THE YEAR BY BRAD EASTMAN, DO

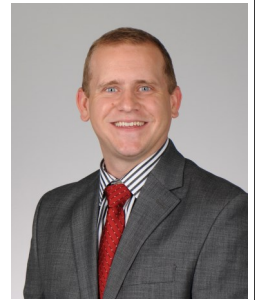
Unknown to many at UH, but known to all at ART, our department has 15 Advanced Practice Providers (APPs) working in the CVICU and MSICU, and they all are GREAT!!!! Once in a while, however, one stands out in particular, and this year it's Rachel Hanna, PA.

Congratulations to Rachel for being awarded MUSC's first ever Physician Assistant of the Year! Rachel is a Charleston native, Clemson University alum, and graduate of MUSC's Physician Assistant Studies Program. Rachel has been with our department for three years, where she has become an extremely valuable member of our team and has helped build our CVICU team from the ground up. From the very start, she took every opportunity to enhance her knowledge base and continues to demonstrate eagerness to learn.

Rachel volunteers to help coordinate meetings, educational opportunities, and work schedules for others in our group. Rachel's work environment can be extremely stressful, as we have multiple critically ill patients on a daily basis. She is able to consistently and effectively manage these patients in coordination with other specialties including but not limited to anesthesiology, cardiothoracic surgery, and cardiology. In her short time here, Rachel has been able to obtain and apply the needed medical knowledge and clinical abilities to provide safe, excellent care for these patients. One day, she is managing a post op CABG on ECMO, and the next, managing a decompensated heart failure patient with an impella on multiple vasopressors and inotropes. She is truly a jack of all trades when it comes to the CVICU.

Rachel is dedicated to the advancement of her specialty; she mentors and precepts physician assistant students while providing guidance into career paths of the students' specific interests. When Rachel isn't working, she spends time with her family and volunteers each summer at Camp Illahee, a Christian girls' summer camp for grades 2 -11 emphasizing confidence, integrity, respect for oneself and others, and faith.

Congratulations again, Rachel! Our critical care team is not only grateful, but lucky, to have you!



Dr. Eastman



RESEARCH CORNER

Paravertebral Block for a Patient With Achalasia Undergoing a Peroral Endoscopic Myotomy Procedure: A Case Report

David A. Gutman, MD, Renuka George, MD, and Lauren Moore, MD

In 2016, the American Medical Association officially dismissed pain as a vital sign quoting the opioid epidemic as a major reason. Clinically, pain remains very relevant and we present the case of a patient with achalasia treated via peroral endoscopic myotomy procedure (POEM). Given that similar patients previously failed traditional pain management modalities, regional anesthesia was used in this patient's pain management. The positive outcomes yielded from this technique convinced our gastroenterological colleagues to request regional anesthesia for future patients, altering their approach to pain management. (A&A Practice. XXX;XXX:00-00.)

GLOSSARY

GERD = gastroesophageal reflux disease; **LES** = lower esophageal sphincter; **PACU** = postanesthesia care unit; **PCA** = patient-controlled analgesia; **PEA** = pulseless electrical activity; **POEM** = peroral endoscopic myotomy procedure



Dr. Gutman



Dr. George



Dr. Moore

MUSC PHYSICIANS RECOGNIZES THOSE WHO CARED FOR OUR PATIENTS DURING HURRICANE DORIAN



WELCOME TO THE DEPARTMENT



Lauren Gillespie is joining the ART-OR team after working for the past two years at Beaufort Memorial Hospital. She graduated with honors from the Medical University of South Carolina Anesthesia for Nurses program in December 2017. She had worked previously as a critical care nurse at MUSC Surgical Trauma ICU and formerly at Palmetto Richland STICU after completing nursing school at the University of South Carolina. Her academic poster presentation “The Effect of Preoperative Beta-Antagonist Therapy on Postoperative Pain in Orthopedic Surgery” was selected for display at the 2017 American Association of Nurse Anesthetists Annual Congress. Lauren enjoys educating high school students on careers in healthcare and hosting nurses shadowing in the OR. Outside of work, Lauren loves running, biking, boating and practicing yoga to maintain an active lifestyle.

Megan LaTorre McManus is excited to join the department as the first Certified Physician Assistant in the Interventional Pain Management Division. She will be completing the inaugural Advanced Practice Provider fellowship over the next 12 months in which she will gain invaluable academic and clinical experience. Megan is a local to Charleston, where she was born and raised with her entire family. Megan graduated from Bishop England High School, where she met and began dating her high school sweetheart and now husband. She went on to obtain a Bachelor of Science in Exercise Science where she graduated Magna Cum Laude from the University of South Carolina. She recently earned her Master of Science in Physician Assistant Studies from MUSC. Megan is grateful to have the opportunity to give back to her community by helping patients in need, while also learning from talented and well-respected physicians. She is an avid supporter of OneWorld Health and enjoys going on medical mission trips. When she is not practicing medicine, Megan loves cooking, cheering on the Gamecocks, and spending time outdoors on the boat, fishing, and camping with her family and fur babies. Megan and her husband have two spoiled Labrador Retrievers, and they recently became a proud Aunt and Uncle for the first time to their 5 month-old niece!



JaMere Daniels was born and raised in Charleston, SC. He has been working at MUSC for the past four years. He began as a Housekeeper in the OR and then moved on to a Patient Care Technician/Operating Room Assistant. JaMere is very excited to be a part of the anesthesia team and looks forward to working with everyone in the department. He will be working in the Main Hospital, particularly in the NORA areas.

MEMBERS OF THE DEPARTMENT VOLUNTEER FOR STEAM PROJECT

On Oct. 17th, Myrte Alfred, Ken Catchpole, and Jackie Fisher participated in STEAM Night at North Charleston Elementary. The event was hosted by Marie's Kids non-profit, and featured **Science, Technology, Engineering, Art, and Math** (STEAM) activities for the elementary school students. The purpose of the event was to introduce students to integrated STEAM education in a fun, engaging way. Myrte coordinated the event, Jackie led the Fibonacci Sequence art project, and Ken built and tested different paper plane designs with the students. Other volunteers helped students to make slime, code a race using Scratch, and learn about patterns through dance. More than 80 families attended the event!



NEW MEDICAL DIRECTORS IN THE DEPARTMENT

Dr. Tim Heinke has been appointed Medical Director of Ashley River Tower. He is excited to join the department's administrative team during this phase of rapid growth and change. Tim is committed to building on the excellent work of his predecessor, Dr. Alan Finley, to ensure an environment of cooperation, quality, safety, and efficiency at ART. Tim joined the MUSC anesthesia department as a resident in 2008 after completing medical school at Indiana University. He is also a graduate of cardiothoracic anesthesia fellowship at MUSC and has been a faculty member on the cardiac team for the past six years. Tim is the Director of Quality for Adult Anesthesia Services and represents the department as the Chair of the MUSC Health Sedation Committee. He is active nationally as member of the Quality and Safety Leadership Committee for the Society of Cardiovascular Anesthesiologists. Tim's academic interests focus on perioperative cardiac surgical outcomes and role of simulation in resident education. Outside the hospital, he enjoys spending time with his wife and two children, boating, fishing, gardening, and beekeeping.



Dr. Carey Brewbaker has been selected as the Medical Director for the West Ashley Medical Pavilion Ambulatory Surgical Facility. We are excited about the previous experience from outpatient surgical centers that Dr. Brewbaker is bringing to this new role. The West Campus is currently slated to open the ORs to cases on January 6th, 2020. Carey returns to MUSC after several years in private practice in Savannah, GA. Born in Wilmington, NC, Carey did most of his schooling in NC, including undergraduate at Duke University and medical school at Wake Forest. He completed residency between 2012 and 2016 before moving to Savannah. While Carey gained some valuable experiences in Savannah, he is very grateful to move back to Charleston and rejoin the department at MUSC to fulfil his interest in teaching. He is joined by his girlfriend, Emily, who currently works as a physician's assistant in the Department of Neurology at MUSC. Charleston is a perfect fit for Carey's interests in the beach, golf and dining.



TRIDENT UNITED WAY DAY OF CARING: LET'S CARE ABOUT SOCKS & UNDERWEAR!

We have selected a wonderful cause for our department to engage in for Trident United Way Day of Caring on Friday, November 15, 2019! Please see the excerpt below from the Trident United Way website:

"Our schools love the support from the community to provide new socks and underwear for students in our high needs schools in Charleston including: Burns Elementary, Chicora School of Communication, Mary Ford Elementary, and Sanders-Clyde Creative Arts School. Students are ages 3 - 10. Small and X-Small are most requested, but we appreciate all size ranges up to Adult Small. This need was identified several years ago through our school-based health program. Students routinely came to the health clinic and we noticed our students had items in poor condition (or none at all)."

We will be placing a bin by the copier in SEI 301 to collect donations through November 15th. The next time you're out and about, simply grab a package of socks or underwear, bring them to work, and place them in the bin... it's as easy as that! Thank you in advance for your generosity and support of the children in our community! Together, we can make a difference!



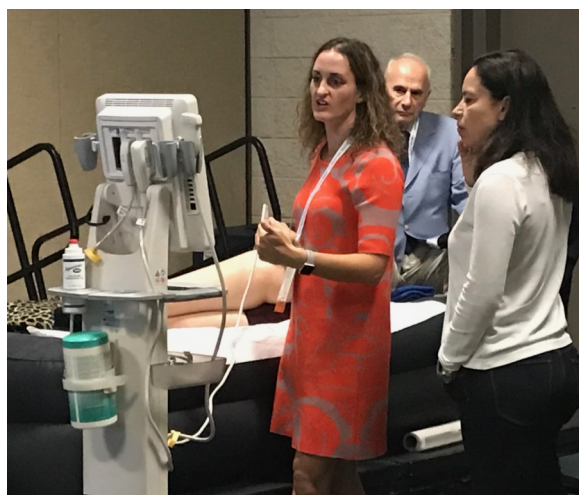
ASA ANNUAL MEETING, ORLANDO

ASA 2019 – MUSC PRESENTATIONS – ORLANDO – ORANGE COUNTY CONVENTION CENTER

Saturday, October 19	Sunday, October 20	Monday, October 21	Tuesday, October 22
8:00 – 9:30 AM	9:00 AM – 12:00 PM	8:00 AM – 12:00 PM	7:45 – 8:45 AM
Wilson –Peripheral Nerve Block Workshop: Ultrasound, Simulation, Stimulation (Session 803A) [W208ABC]	Tobin – Perioperative ACLS Simulation Workshop (823A) [W208ABC]	Schaefer –Workshop for Management of the Difficult Airway including Simulation & Ultrasound (Session 833A) [W206ABC]	Whitener G –Patient with Asymptomatic Aortic Stenosis for Colectomy (Session CF19) [W310AB]
10:15 – 11:45 AM	9:15 – 10:15 AM	9:00 AM – 12:00 PM	8:00 AM -12:00 PM
Wilson –Peripheral Nerve Block Workshop: Ultrasound, Simulation, Stimulation (Session 803B) [W208ABC]	Bridges – Weighing In: 5 Snap Talks in Obesity and Anesthesia (Session PN207) [W311EF]	Whitener S – Cardiac Anesthesia Secrets? Everything You Want to Know but Are Afraid to Ask (Session IT301 [W203AB] Doty – Ultrasound-Guided Regional Anesthesia & Clinical Skills Workshop: Intro to Upper & Lower Extremity UGRA for Beginners (Session 832) [W205ABC]	George – Block High Opioid Use in Cardiac – Regional Anesthesia for Cardiac Surgery & Related Procedures (Session 842B) [W205ABC]
1:00 – 2:30 PM	1:15 – 4:15 PM	1:15 – 5:15 PM	
Wilson – Peripheral Nerve Block Workshop: Ultrasound, Simulation, Stimulation (Session 803C) [W208ABC]	Tobin – Perioperative ACLS Simulation Workshop (823B) [W208ABC]	Schaefer – Workshop for Management of the Difficult Airway including Simulation & Ultrasound (Session 833B) [W206ABC]	
3:30 – 5:00 PM	4:00 – 5:00 PM	2:30 – 3:30 PM	
Wilson – Peripheral Nerve Block Workshop: Ultrasound, Simulation, Stimulation (Session 803D) [W208ABC]	McSwain – Year in Geriatric Anesthesia: Important Publications That You May Have Missed (PN235) [W414CD]	McSwain/Wilson – My Patient is 92, has a DNR, and Wants to Have Elective Surgery! (Session CF14) [W304AB]	



ASA ANNUAL MEETING, ORLANDO CONTINUED...



GRAND ROUNDS FOR THE MONTH OF NOVEMBER**“Frontiers in Perioperative Nutrition”****November 5, 2019****George Williams, MD, Associate Professor****Department of Anesthesiology****University of Texas, Houston****“Research Symposium”****November 12, 2019****Eric Bolin, MD, Associate Professor****Dept. of Anesthesia & Perioperative Medicine****Medical University of South Carolina****“Anesthesia for E.P.”****November 19, 2019****Michael Field, MD, Associate Professor****Department of Medicine****Medical University of South Carolina****Happy Thanksgiving!****No Lecture Scheduled for November 26, 2019**



DEPARTMENT OF ANESTHESIA AND
PERIOPERATIVE MEDICINE

Email: fisherja@musc.edu
Phone: 843-792-7503
Fax: 843-792-9314

[CHECK OUT OUR WEBSITE](#)

Future Events/Lectures

Intern Lecture Series

November 14—Management of CVA,
Dr. Wester, SEI 314

CA 1 Lecture Series

November 6—Adrenergic Agonists &
Antagonists; Hypotensive Agents,
Dr. Condrey, CSB 429

November 13—Hepatic Physiology; Anesthesia
for Patients with Liver Disease,
Dr. Brewbaker, CSB 429

November 20—Anesthesia for Patients with
Cardio Disease, Dr. Heinke, CSB 429

November 27—No Lecture—Happy
Thanksgiving!

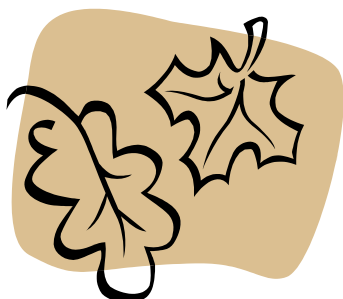
Grand Rounds

November 5—Frontiers in Perioperative
Nutrition, Visiting Speaker, Dr. Williams, UTH

November 12—Research Symposium,
Dr. Bolin

November 19—Anesthesia for EP, Dr. Field

November 26—No Lecture,
Happy Thanksgiving!



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. Thank you!



Holiday Party 2019
Saturday, December 7, 2019
Carolina Yacht Club

Resident Graduation
Friday, June 26, 2020
Founders Hall



MUSC Leading Health Innovation for the Lives We Touch

[Imagine 2020 Strategic Plan](#)

We Would Love to Hear From You!

If you have ideas or would like to contribute to *Sleepy Times*, the deadline for the December edition will be November 15, 2019.