



# SLEEPY TIMES

VOLUME 12, ISSUE 10 OCTOBER 2016



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## MESSAGE FROM THE CHAIRMAN: THE FINAL LECTURE -SCOTT T. REEVES, M.D., MBA

Many of you know that Cathy and I celebrated our 30<sup>th</sup> wedding anniversary in July. I am so blessed to be married to her. One of the things she really enjoys is her monthly book club. Recently, the group of ladies came up with the idea of including their spouses in an upcoming book discussion. The guys suggested we do a dinner instead, to no avail. The book that was chosen was *The Last Lecture* by Randy Pausch.



What do you think of the title, *The Last Lecture*? As stated in the preface of the book, you may be thinking:

- *What wisdom would we impart to the world if we knew it was our last chance?*
- *If we had to vanish tomorrow, what would be want as our legacy?*

Randy Pausch was a professor of Computer Science at Carnegie Mellon University who was dying of pancreatic cancer at the time of his last lecture, "Really Achieving Your Childhood Dreams." His lecture emphasized the importance of overcoming obstacles, of enabling the dreams of others, and seizing every moment. These are life lessons that are important to us all.

The book was full of one-liners that resonated with me. A few of my favorites included:

1. *We cannot change the cards we are dealt, just how we play the hand.*
2. *Let's saddle up and ride.*
3. *Time must be explicitly managed, like money.*
4. *You can always change your plan, but only if you have one.*
5. *Luck is indeed where preparation meets opportunity.*
6. *For Fred Guidry: Becoming an Eagle Scout is just about the only thing you can put on your resume at age fifty that you did at age fourteen - and it still impresses.*
7. *For my daughters: When it comes to men who are romantically interested in you, it's really simple. Just ignore everything they say and only pay attention to what they do.*
8. *Whether you think you can or you can't, you're right.*
9. *Experience is what you get when you didn't get what you wanted.*
10. *Am I a fun-loving Tigger or am I a sad-sack Eeyore? Pick a camp.*

I would encourage all of us to read the book and watch his last lecture on YouTube at [https://www.youtube.com/watch?v=ji5\\_MqicxS](https://www.youtube.com/watch?v=ji5_MqicxS) . It is a powerful message of hope, love, and friendship.



## A JOB WELL DONE

Anesthesia is not a practice that comes with a lot of external praise. We tend to make things look easy or ordinary when it is anything but. We recently received a letter from Dr. Joshua Adams praising the anesthesia team and wanted to share it with the department. Dr. Adams stated, "I'm not sure that anyone on the outside looking in on this case would necessarily recognize just how extraordinary it was ... which is why I felt the need to convey this to you."

"Recently, a case on a heart failure patient was done at Ashley River Towers. Preoperatively, the patient was determined to be high risk without any modifiable risk factors. What WAS modifiable was the anesthesia that was provided for the case. It was incredible. With local injection and MAC, which was expertly provided by Donna Embrey and Tim Heinke, we were able to go all out and give the patient the best chance of keeping his legs. During the entire case, Donna rose to every occasion including miraculously getting the PICC line to draw to run ACT's (which never came back under 250 seconds). The patient was sedated just the right amount throughout the operation to allow the surgeon to do what we needed to be done, including awake enough to breath hold for imaging when needed."



## SOUTH CAROLINA ABSENTEE VOTER REGISTRATION

Soon we will be having our presidential election. As government employees we are eligible to vote absentee. The link to register is:

<https://info.scvotes.sc.gov/Eng/VoterInquiry/VoterInformationRequest.aspx?PageMode=AbsenteeRequest>

It only takes a minute but has to be submitted by October 8, 2016



## CHILDREN'S HOSPITAL BREAKS NEW GROUND BY DAWN BRAZELL FOR THE CATALYST

Sometimes it helps to air the dirty laundry. That's what architects working on the new [Shawn Jenkins Children's Hospital and Pearl Tourville Women's Pavilion](#) discovered in the planning process for the \$385 million, 10-story project slated to open in 2019. Groundbreaking for the facility, which will be located at the corner of Courtenay Drive and Calhoun Street, was held on Friday, August 12.

No stranger to what architects call "trash" or tracing paper, Jeff Tyner, a managing principal at Perkins+Will, the architectural firm tasked with the project, is having to use a lot of it. One factor making the Medical University of South Carolina's project so much fun is how well they have integrated families and staff into the planning process.

One item of hot discussion: family respite areas, including a place to do dirty laundry so parents can stay close to their sick children. With parents in the room during planning sessions with the architects, that issue rises to the top along with the more traditional details of meeting building codes and clinical needs.

"Yes, we have the ideas, but really MUSC is the expert. It's interesting because this project is a great example of how family is implemented into the project," Tyner said, referring to [MUSC's Family Advisory Council](#), which has been a cornerstone of the project.

"They are a second layer of experts on this project. We have clinical experts, but we also have family experts that are weaving into this process that influence how this project is laid out. So when the families show up in three years, they'll feel like this work is from their point and not just the doctor's standpoint. And that's really important."

When budget constraints required dropping some square-footage and the architects brought up competing space needs, such as where to put the laundry rooms, they got out the trash paper and markers and brainstormed as a team.

"Usually, through that process, we come up with a better option. Because it's not our solution, it's everybody's solution," Tyner said. "I mean I've been doing this for 35 years, designing nothing but hospitals, so I know a lot about hospitals. But every mother that's spent 50 days in the NICU with her baby knows a heck of a lot more about a NICU than I do. I know what's required and what makes it most efficient, but what makes it personal and what makes it function for a mother and father and siblings, they're going to know that better than I do."

Brandon Walter, a medical planner with Perkins+Will who also has worked closely with the project, said decisions usually are made faster when there are fewer cooks in the kitchen. However, he's been pleasantly surprised.

"It's been a good collaboration between everyone, which is rare to find in a project like this. Normally you have big personalities that drive what's going to happen. It's been a good experience with MUSC and leadership promoting that collaboration and facilitating the groups to help the designers make the decisions and shape the space."

Walter said he's worked on other projects that has paid lip service to a family-centered planning process, but it fails to materialize.

"While here, it's been overwhelming. People have rearranged their schedules to be at the meetings and give their input. MUSC made a commitment to include family members in all the meetings, which is actually unique. I think a lot of facilities like to do that and talk about that from the beginning but it kind of fizzles out."

All through the schematic design meetings and the clinical discussions, MUSC brought in family members.

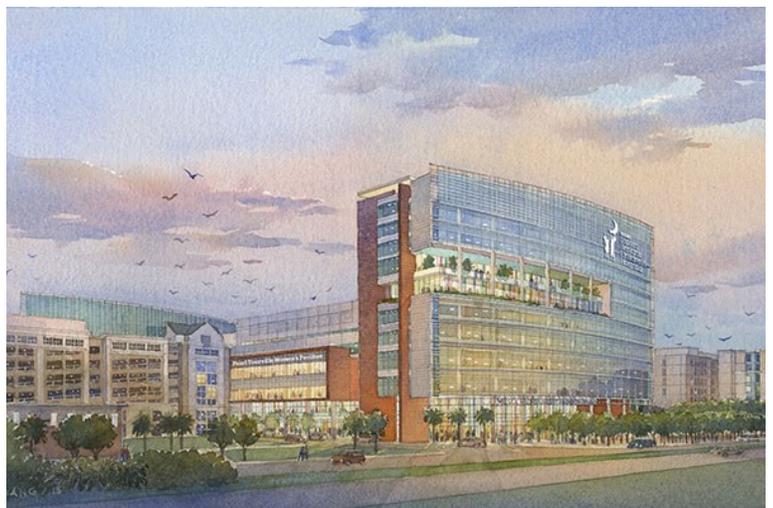
"And it's been great because while there may be debate on how to do something from a clinical side, usually the department heads or the leaders in those discussions have always stopped and said, 'what's the parent perspective?' and it's been a great experience."

Architecturally-speaking, the new 625,000 square-foot facility will be a landmark in Charleston.

"It's going to have a very prominent spot in the city," Walter said. "If you come from West Ashley, you can't miss it. It's somewhat like the Ashley River Tower, which is an icon for the city of Charleston. So this will be attached and adjacent to the Ashley River tower with a strong presence on Calhoun Street."

As a medical planner, he's not just excited about the aesthetics. He also loves how the new architecture and design will enable patients and medical staff to work better as a team. The hospital is being designed for family support in a way to empower them to be partners in their care. That means incorporating features such as family conference rooms; expanded wireless technology capabilities; and designated play and respite areas, including kitchens, lounges and laundry rooms.

"The hospital we have now is 29 years old, and they've been doing really great things with the facility that they have. The things that we're doing now with the new facility are going to make it a better space, and it's not just going to be a new space. We're working with them and their flows and to figure out how they operationally want to work. It'll give them that much more of an environment to provide the care that all the family members who have come in have raved about."



## CHILDREN'S HOSPITAL BREAKS NEW GROUND CONTINUED...

### Highlights of the new building include:

- Pediatric procedural-surgical capacities unlike any in the region, including rooms for bronchoscopy, endoscopy, surgery and interventional radiology.
- An entire floor dedicated to the care of children with cancer.
- A comprehensive pediatric heart center.
- Two obstetrical operating rooms that integrate children's care and obstetrical services seamlessly, enhancing safety and improving outcomes in high-risk pregnancies.
- The state's largest neonatal intensive care unit (NICU), consisting of 82 private rooms, as well as rooms that can accommodate multiple births (twins, triplets), making MUSC one of only three facilities in the country to feature couplet-care rooms where newborns and mothers can recover together in an intensive care setting.
- An Advanced Fetal Care Center, the state's first comprehensive prenatal center for families expecting babies with complex congenital birth defects and medical problems.
- A "stork" elevator to transport mothers from the hospital's entrance directly to the fourth-floor maternity pavilion.
- A rooftop helicopter pad connected by an express elevator to the state's only dedicated Level 1 pediatric trauma center, pediatric trauma rooms and pediatric emergency room.

One of Walter's favorite architectural areas is the seventh floor, which includes public amenities. He likes that the location is not on a lower floor, as in the case for most hospitals. "As you come into the public floor and the dining areas and the [Child Life](#) play area, all of that is set up in the building, and it's going to have some really great views of the river and of the city itself. It's unique in that it's positioned in the middle of the building, so it's not as far for people to go, especially for people in the inpatient units, so you're not travelling all the way down to the bottom floor and then back out."

Other important features: security and easy way-finding, so corridors do not feel like a maze. All patients and visitors enter through a main lobby on the ground level.

"Once you hit security and make your way to the public elevators to take you to your floor, you've arrived at your destination, because once you come out of the elevator, you're on that service line floor. So you're on the cardiac floor or you're on the ICU floor. There's no going through corridors to try and find your way."

It's one reason windows were a key part of the design focus as a way-finding tool to help orient patients in the building. Light and the outdoors also have healing qualities. The same is true of play areas for children. Because of parent input, there will be Child Life advocate rooms on each floor. Even the pre-operative areas are set up so children can be kept focused on play therapy before they go into a procedure. "Having those play areas on each floor where the child can get away from their room is great."

Tyner, a parent himself, said he also likes how the building incorporates respite areas and natural lighting.

"To us, it's about opening the building to the outside, because in every respect, there are so many studies on healing and the effect of nature. Charleston is such a beautiful city, but this site is beautiful too, and the view that you're going to have from this site will just be phenomenal."

One of his favorite features is a glass box that he calls "the lantern" that extends up the southeast side of the building. "For those families that need to get away from life for 30 minutes and need a quiet room, it'll be the best room in the hospital. It's contemplative, and there's one on every floor except the 10<sup>th</sup> floor."

Another key feature is a new atrium playroom that was re-worked in part because of family input. They hope to have that open onto the roof for an outdoor play area that's sequestered. "It's about a third of the size of a football field, and it could be just a wonderful space. But we have to find a donor for it," Tyner said.

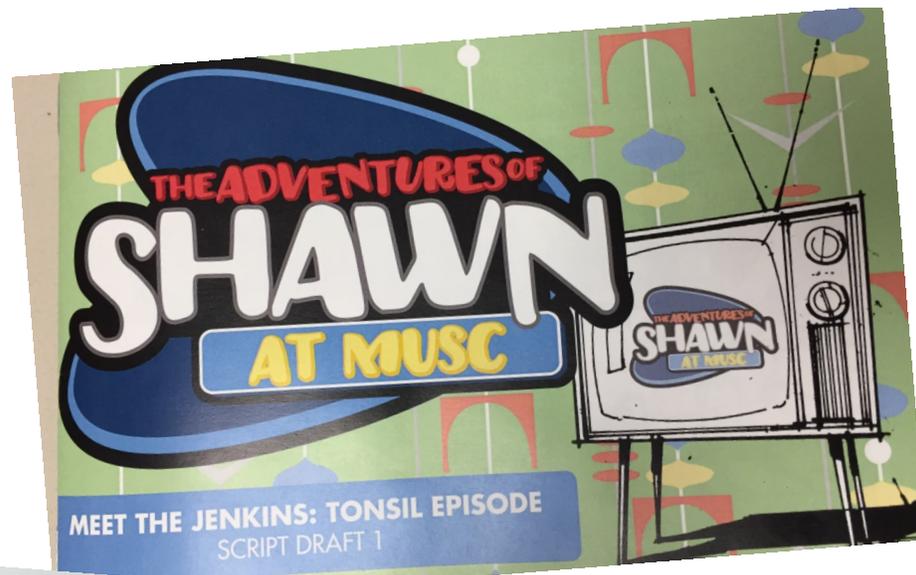
"We're structuring it to handle the loads. I'm envisioning playground equipment out there, a lot of greenery. I mean, this rooftop area is what people will talk about because you'll have vistas on both sides, and families need a place to get outside."

Tyner, in addition to coordinating with MUSC staff and parents, also is working with about 50 Perkins+Will personnel who range from architects to telecommunication specialists. The driving force for them all is that everyone is focused on the child. "Everybody has that commonality and that's really nice to at least know that everyone is on the same page and starting point."

No one wants children to see other children scared and sick. Their goal is to reduce the fear and anxiety that can come with going to a hospital. He wants it to feel more like a hotel.

"The architecture has a lot to do with that – what they see when they come in, the aromas and colors, all of it needs to be calming and comforting at the same time. If you can see the outdoors, what the lighting is like. I want the kids to be in awe, but I want their anxiety level to be brought down too. Maybe that they would think, 'What else can I find around the corner?' instead of, 'Oh man, what's around the corner?'"

## THE ADVENTURES OF SHAWN AT MUSC!



## SCENE : 06

## Shawn Enters Induction Room

Shawn meets funny anesthesiologist, Dr. Reeves who begins anesthetics.

SHAWN

That was the room with the funny looking beds on wheels.

MS. JENKINS

You and Dr. Reeves, the Anesthesiologist really goofed off.

SHAWN

Yea he told me that silly joke. Hey mom, what do you call a cow with no legs?

MS. JENKINS

I don't know Shawn, what?

SHAWN

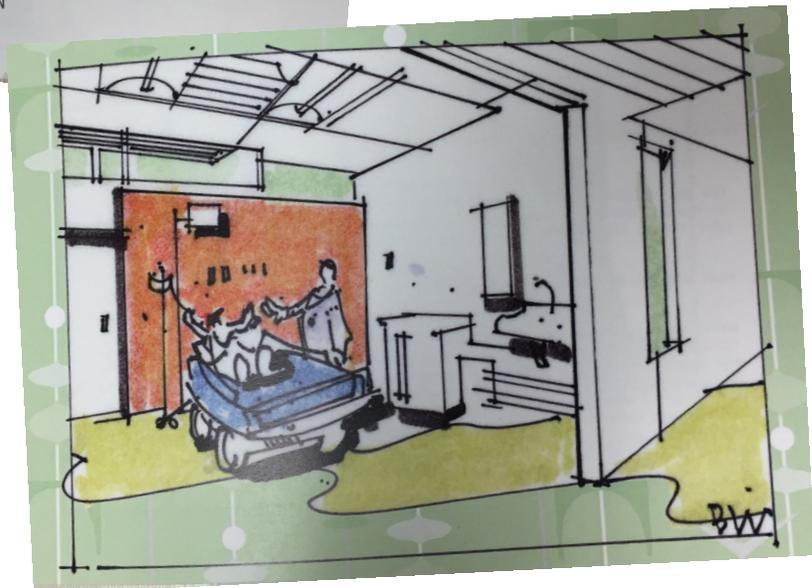
Ground beef (laughs)! Dr. Reeves was pretty funny. He didn't believe that I could count to 10 backwards. 10...9...8

MS. JENKINS

You fell asleep after 8! I bet you don't remember a thing after that.

SHAWN

I sure don't! What happened mom?



## MUSC REGISTERS \$3.8 BILLION ECONOMIC IMPACT IN CHARLESTON COURTESY OF THE CATALYST



In fiscal year 2015, MUSC had an economic impact of \$3.8 billion in the Charleston metropolitan area and supports nearly 28,000 jobs, according to a study released August 29. MUSC attracts more than \$250 million annually in research funding, making it the biggest magnet for biomedical, extramural research dollars of all institutions of higher learning in South Carolina.

The study, conducted by the Charleston Metro Chamber of Commerce's Center for Business Research, also found that the 28,000 jobs for which MUSC is responsible generate more than \$1.8 billion in income for the Charleston region's economy. MUSC's \$3.8 billion annual economic impact translates to nearly 12 percent of the metro area's \$33 billion economy. Its total employment impact of nearly 28,000 jobs means 1 out of every 12 jobs in the Charleston region is directly or indirectly attributable to MUSC.

Covering fiscal year 2015 (July 1, 2014 through June 30, 2015), the study focused on three components of the MUSC enterprise:

- MUSC Medical Center is a more than 700-bed, four-site inpatient facility that consists of a nationally recognized Children's Hospital, the Ashley River Tower (cardiovascular, digestive disease and surgical oncology), Hollings Cancer Center (a National Cancer Institute-designated center), Level I Trauma Center and Institute of Psychiatry.
- MUSC Physicians, a statewide network of more than 750 primary and specialty health care providers that, together with the Medical Center, treat more than one million patients annually.
- The Medical University, with its six colleges of Dental Medicine, Graduate Studies, Health Professions, Medicine, Nursing and Pharmacy, enrolls about 3,000 students every year and provides residency training for more than 500 graduate health professionals. Its campus is located on more than 80 acres in the city of Charleston, with the organization involved in health care initiatives across the state of South Carolina. The university confers degrees at the baccalaureate, master's and doctoral levels, and offers other professional training and certifications. The teaching staff, many of whom also provide clinical care and perform research, is comprised of more than 1,500 full- and part-time faculty.

"The MUSC enterprise's presence sustains economic activity in every business sector in the Charleston Metropolitan Area, which includes Berkeley, Charleston and Dorchester counties," the study authors noted.

MUSC President David J. Cole, M.D., FACS, said that as the state's only academic medical center, MUSC is uniquely situated to directly affect both the health of its citizens and the economic health of the state and region. He also mentioned that the long-term impact of MUSC graduates across the health care sector and South Carolina is essentially priceless.

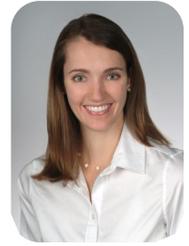
"Our charge is unlike the mission of any other health care institution in the area because we stand at the crossroads of innovation, health care and higher education," he said. "This study reaffirms the tremendous, tangible impact our institution has as a major contributor, helping to drive the positive trajectory of our robust Charleston-area economy."

While President Cole mentioned the gratification that comes with sharing this economic impact data, he was quick to note that there are many elements of what MUSC team members do every day that cannot adequately be measured. A practicing surgical oncologist himself, Cole noted that the vision of MUSC is to lead health innovation for the lives it touches.

"As an institution and as individuals, we are committed to a strategy that puts our patients and their families first. Providing compassionate, respectful, family-centered care in a diverse and inclusive environment is at the heart of everything we try to accomplish," he said.

"We want to change the future for our patients through innovation in scientific discovery and education. Additionally, partnering to build healthy communities is a pivotal element of our long-range plan. Certainly economic standing is one important element used to assess a community's health, and MUSC is proud to serve as one of Charleston's central economic engines as we all move forward together."

## WOMEN IN ANESTHESIOLOGY BY DR. CATHERINE TOBIN



Women in Anesthesiology is a group devoted to the recruitment, retention, and job satisfaction of women physician anesthesiologists. This group will have its second annual meeting during the American Society of Anesthesiologist (ASA) Annual Meeting in Chicago on Friday, October 21, 2016. This new, non-profit organization was founded in October 2015. I encourage all female anesthesiologists to join the group!! I am excited to attend the meeting. Hearing of this new group got me excited to gather Women in Anesthesiology here at MUSC.

On Friday, August 12th, we had our first MUSC Women in Anesthesiology event called “Chocolate Wine and Design.” We met at the Sweet Spot in Mt. Pleasant and were able to paint chocolate picture frames with chocolate paint. It was fun to have anesthesia residents and faculty together in a casual setting. It is important to show support and mentor one another. We had fun talking about life in anesthesia, children, pregnancies, call schedules, hobbies, ways we deal with stress, and of course, our masterpiece chocolate art work.

I have been reading more about women in medicine in general and have some important facts that I want to share. The following shows the importance of forming groups as we have here.

- 47 % of medical students are women
- 46% of residents are women
- 38 % of women are full time faculty
- 21% of women are full professors
- 15% of department chairs are women
- 16% of deans are women

*Information from: The State of Women in Academic Medicine: The Pipeline and Pathways to Leadership, (2013-2014), Association of American Medical Colleges (AAMC).*



Within our residency classes here at MUSC, women make up 22% of the total. However, last year we only had two women of 15 match into our intern class. Our current PGY2 class has the most women at 33%. Within our department, we have 22 female attending anesthesiologists and 39 males; 36% of our faculty is female, which closely matches the national average.

Our department has only one female full Professor, Dr. Latha Hebbar. She has served as a tremendous mentor to both female and male faculty alike and helped to create our departmental mentoring program. In addition, women are holding more leadership positions in our department, including Drs. Sylvia Wilson and Carlee Clark. Previously, Dr. Susan Harvey held numerous leadership positions. At MUSC, many of our department's female faculty are being promoted from assistant professor to associate professor. I want to continue to see more growth of women in numbers in our department as residents and faculty, promotion of women, and women in leadership positions. The more we support one another, the more this will happen!

**MUSC FEATURED IN “THE JOURNAL OF BLACKS IN HIGHER EDUCATION” ARTICLE**

## Medical University of South Carolina Becoming More Diverse

Filed in Diversity, Enrollments, Professional Schools on August 30, 2016



The Medical University of South Carolina in Charleston reports the most diverse entering class in its history. This comes on the heels of success on the diversity front in the previous academic year.

During the 2015-16 academic year there were 129 students from underrepresented groups in the student body at the medical school. Of these, 95 were African Americans. Black made up 13 percent of the student body. According to *U.S. News & World Report*, the Medical University of South Carolina enrolls the fifth highest number of African American students among medical schools that are not considered historically Black institutions.

One reason for the improved diversity numbers has been the Opening Doors medical scholarship program that was financed by donations. Since 2012, 27 medical students have received the need-based scholarships.

### **CHARLESTON NAMED WORLD’S FRIENDLIEST CITY BY CONDE NAST TRAVELER BY DAVE MUNDAY FOR THE POST & COURIER**

Charleston is the world’s friendliest city, according to the readers of Conde Nast Traveler.

The picks for “The 2016 Friendliest and Unfriendliest Cities in the World” lead the magazine’s website at [cntraveler.com](http://cntraveler.com).

“Europeans are heading to Charleston because they’ve heard about the food and the architecture,” Conde Nast deputy digital editor Laura Redman told CNN. “It’s getting great press, and it’s having a moment.”

Charleston has been named as the nation’s friendliest city several times in the past few years. Travel + Leisure readers picked the Holy City as the No. 2 friendliest city in the world a year ago, behind Galway, a coastal town in Ireland.

At least partly as a result of the publicity, the number of visitors to Charleston swelled from 4.22 million in 2010 to 5.15 million last year, a 22 percent jump, according to the College of Charleston Office of Tourism Analysis. Charleston has also gained a reputation as an international food destination.

Conde Nast posted several comments from readers about why they chose Charleston:

“People speak to each other.”

“It has the charm of the South, the sophistication of the city, and a warmth and friendliness that is unmatched.”

“Everything in Charleston is perfectly designed for visitors to be comfortable, safe, and well taken care of. In short, even as the city grows, Southern hospitality lives.”

Other American cities that made the list were Park City, Utah; Savannah; and Nashville, Tenn.

The unfriendliest city in the world? Newark, N.J. Readers were put off by the city’s nightmarish traffic and confusing signs. “Poor Newark” finished lower than Tijuana, Mexico, which readers characterized as “dirty” and “unsafe.”

## WELCOME NEW FACULTY



Gabe Hillegass returns to MUSC after a 5 year hiatus involving an interventional pain management fellowship at Brigham & Women's Hospital, Harvard Medical School followed by 4 years of active duty with the navy at Naval Medical Center Portsmouth, VA (NMCP). His practice at NMCP consisted of a mix of chronic pain management and anesthesia in addition to a 6 month deployment aboard the USNS Comfort as part of the Continuing Promise 2015 global health engagement operation. He will continue to work in both fields at MUSC and will have a major role in the opening of MUSC West Ashley's Spine Center in November 2016.

Leadership roles at NMCP included division officer for pain medicine and assistant program director for the pain medicine fellowship in addition to involvement on several departmental and institutional committees. He was also a course director (2013) and lecturer (2013-2014) for an ultrasound skills workshop at a national VA/DOD pain care conference and course co-director for a regional anesthesia skills workshop at the 2016 Mid-Atlantic Anesthesia Research Conference. He was honored with a pain medicine teaching award for the 2013-2014 year and placed in the case report category at the 2014 Navy Medicine East Academic Research Competition. Other academic accomplishments in the interim include co-authoring numerous book chapters for two pain medicine texts and serving as a peer reviewer for the Regional Anesthesia and Pain Medicine journal.

On a personal note, Gabe and his wife Quinn now have 3 girls – Addie (3), Ellie (3), and Finley (1). They are very excited to return to Charleston to raise their family and continue their careers. Quinn works full-time as a mom and is seeking a part-time position as a physical therapist assistant to keep her sane. The warmth of the welcome back to MUSC and the Lowcountry has been amazing and reassuring that this is the right move for their family. They are always looking for play dates and other opportunities to entertain their girls, so please do not hesitate to reach out!

## WELCOME NEW STAFF MEMBERS TO RUTLEDGE TOWER

Rutledge Tower would like to welcome John Olayer, CRNA from St. Francis, Gwen President, Anesthesia Tech and Greg Ivy, CRNA from the Main Hospital. They joined us this summer and we are excited to have them as part of the Rutledge Tower Anesthesia Care Team!



## WELCOME NEW CRNA



Please welcome Zack Visnic, CRNA, MSNA, as the latest addition to the Nurse Anesthesia practice group. Originally from West Virginia, Zack is a graduate of MUSC, Anesthesia for Nurses Program in 2015 with honors. Zack arrived from the Boston area where his practice included a large orthopedic population. He is excited about our clinical environment. An outdoors person, Zack is looking forward to enjoyable weather here in Charleston.

### AMERICAN HEART ASSOCIATION LOWCOUNTRY HEARTWALK SUCCESS!

Thank you to everyone who so generously donated their time, energy, and money to our two departmental teams, The Dream Team and The Anesthesia Sleepwalkers! The Heartwalk was a huge success and we are so elated to have met and exceeded our goal with a total of \$5,258 raised for this wonderful cause. Thanks again, everyone!



### CONGRATULATIONS DR. STEPHANIE WHITENER!



Congratulations to Stephanie Whitener for winning the Faculty Appreciation Award this quarter! This is a new award voted on by the residents to recognize faculty members that put in the extra time and effort to provide us with the best education possible. Dr. Whitener takes the time to go above and beyond teaching in the OR and the ICU. It is evident that she cares about the residents and their education, while at the same time teaching in a manner that provides a fun and relaxed environment. She is someone who the residents always look forward to working with and overall is an excellent role model. Congratulations, Dr. Whitener!



### NEW BABY IN THE DEPARTMENT!

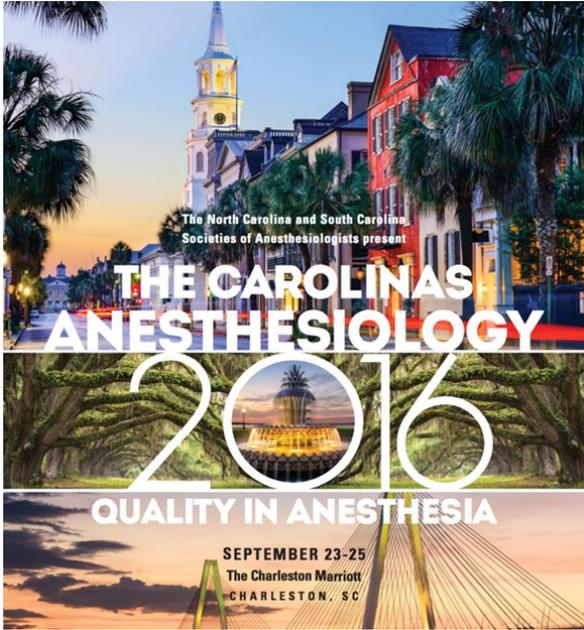


Please welcome Hayden Olivia Benson, born September 21, 2016 at 0012 to Brittany Benson (University Hospital CRNA). She weighed 6lbs. 5oz, 19cm. Mother and baby are doing great!



# NORTH CAROLINA & SOUTH CAROLINA ANNUAL MEETING

## THE CAROLINAS ANESTHESIOLOGY 2016

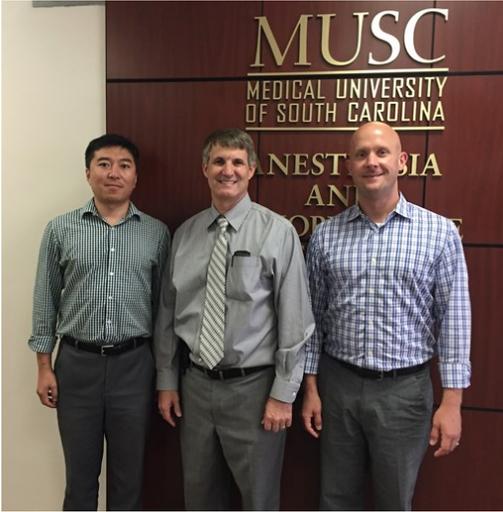


Drs. GJ Guldán and Scott Reeves had the opportunity to host the CA1 residents at the SC/NC Societies Annual Meeting. The meeting centered on quality. MUSC was well represented with both of our South Carolina Smart State Endowed Chairs speaking. Dr. Ken Catchpole spoke on *Hero Not Hazard: Putting the Human at the Center of the System* and Dr. Anjali Joseph discussed *Designing Safer Operating Rooms Using a Systems Approach*. Dr. Daniel Fogel from Wake Forest lectured on *Design Thinking and How it Applies to Complex Systems*.

The SC Executive committee also voted to add one of our CA1s, Ian Osburn, as the resident representative. Congratulations!



## INSTITUTE FOR SENSORY AND EMBEDDED NETWORK SYSTEMS ENGINEERING (I-SENSE)



On August 22, Jake Abernathy, Dee Sans and I hosted two visitors from Florida Atlantic University, Jason Hallstrom, Director of I-SENSE, and Jiannan Zhai, Chief Engineer of I-SENSE, to learn more about the sensing technology that they are developing. The concept is that they are using micro sensors to develop the “Internet of Everything.” The concept is fascinating. Click on the link to see a brief concept video. <http://isense.fau.edu/index.php>. The department is just beginning to explore how we can create collaborative research opportunities with their team at Florida Atlantic University. If you have ideas, please drop Jake and me an email.

Jason Hallstrom is also working with us on the AHRQ grant by designing/ redesigning and producing devices and software being used in the RIPCHD.OR study (Realizing Improved Patient Care through Human Centered Design in Operating Rooms).

## CLEMSON RIPCHD.OR SURGICAL FOCUS GROUPS

Recently, Jake Abernathy, Wanda Jones, and I had the opportunity to host our Clemson research partners as we completed the first year of the AHRQ grant. During the visit, department members along with OR nursing and surgeons had the opportunity to participate in pediatric, orthopedic and general surgery focus groups to help plan the second year of the study. The teams are pictured below.



General Surgery



Orthopedics



Pediatrics

**GRAND ROUNDS FOR THE MONTH OF OCTOBER**



**“Local Anesthetics”**  
**October 4, 2016**  
**Ryan Gunselman, M.D., Assistant Professor**  
**Dept. of Anesthesia & Perioperative Medicine**  
**Medical University of South Carolina**



**“Topic TBA ”**  
**October 11, 2016**  
**Wes Doty, M.D., Assistant Professor**  
**Dept. of Anesthesia & Perioperative Medicine**  
**Medical University of South Carolina**



**“Anesthesia for Total Joint Replacement: What Really Matters? ”**  
**October 18, 2016**  
**Cody Rowan, M.D., Assistant Professor**  
**Department of Anesthesiology**  
**University of North Carolina School of Medicine**

**“Morbidity & Mortality Conference”**  
**October 25, 2016**  
**George Guldán, M.D., Assistant Professor**  
**Ryan Gunselman, M.D., Assistant Professor**  
**Dept. of Anesthesia & Perioperative Medicine**  
**Medical University of South Carolina**





DEPARTMENT OF ANESTHESIA AND  
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CHECK OUT OUR WEBSITE AT:  
[HTTP://WWW.MUSC.EDU/ANESTHESIA](http://www.musc.edu/anesthesia)

### Future Events/Lectures

#### Intern Lecture Series

October 6th—Preserving Renal Function,  
Dr. Heinke, ART 4044

October 20th—Ventilator Management,  
Dr. Heine, SEI 314

#### CA 1 Lecture Series

October 5th—Peripheral Nerve Blocks/  
Anesthesia for Orthopedic Surgery,  
Dr. Bolin, CSB 429

October 12th—Respiratory Physiology: The  
Effects of Anesthesia, Dr. Nelson, CSB 429

October 26th—Anesthesia for Patients with  
Respiratory Disease, Dr. Eastman, CSB 429

#### CA 2/3 Lecture Series

October 3rd—Career Planning, All Residents,  
Dr. Sabbagh, CSB 429

October 10th—Advanced Regional Anesthesia  
Techniques, Fellows, Moodle

October 17th—Visiting Professor Lecture, “Is My  
Patient Too Sick for a Block? Decision Making in  
Regional Anesthesia.” All Residents, Dr. Rowan  
(UNC), CSB 429

October 24th—Acute Pain Management in the  
Opioid Dependent Patient, Dr. Gunselman,  
Moodle

October 31st—Update on Lower Extremity  
Blocks, Dr. Bolin, Moodle

#### Grand Rounds

October 4th—Local Anesthetics, Dr. Gunselman

October 11th—Topic TBA, Dr. Doty

October 18th—Visiting Professor, “Anesthesia  
for Total Joint Replacement: What Really  
Matters?” Dr. Rowan (UNC)

October 25th—Morbidity & Mortality  
Conference, Drs. Guldan & Gunselman



### I HUNG THE MOON

Please don't forget to nominate your coworkers 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!

**Kari Platts, Anesthesia Tech—Staying late to help a coworker in need. Thanks so much!**

**Brittney Whaley, Anesthesia Tech—Staying late to help a coworker in need. Much appreciated!**

**Margaret Young, Anesthesia Tech—Staying late to help a coworker in need. Great job!**



**Department Holiday Party  
Friday, December 2, 2016  
Carolina Yacht Club**

**Graduation 2017  
Friday, June 23, 2017  
Founders Hall**



**We Would Love to Hear From You!**

If you have ideas or would like to contribute to *Sleepy Times*, the deadline for the November edition will be October 14, 2016.