



SLEEPY TIMES



VOLUME 9, ISSUE 5 MAY 2015

Special Points of Interest

- **Annual SCA Meeting**
- **IARS Meeting 2015**
- **In-Training Exam Scores**
- **New MUSC Children's and Women's Hospital**

Inside this issue:

-Annual SCA Meeting	2-3
-Dr. Furse and Dr. Wilson Promoted to Associate Professor	4
-Annual IARS Meeting	5
-SOCCA Poster Session Moderated by Dr. Rieke	5-6
-Insensibility During Surgical Operations Produced by Inhalation	6
-Heather Highland, CRNA Selected as MUSC Employee of the Quarter	7
-Joseph Abro, MD, Selected as Physician of the Month	7
-Christopher Fortner, Anesthesia Tech Receives, National Anesthesia Tech Certificate	7
-In Training Examination Scores	8
-Research Corner	9
-ASA Policy Research Rotation in Political Affairs	10
-Administrative Professional's Day	11
-How Did We Miss This?	11
-MUSC Leaders Thrilled About Legislative Support, The Catalyst	12-13
-Mock Operating and Labor/Delivery Rooms Built	13
-Facts Fax, Dr. Walton	14
-Grand Rounds	15
-I Hung the Moon	16

MESSAGE FROM THE CHAIRMAN:

-SCOTT T. REEVES, MD, MBA

37th Annual SCA Annual Meeting/15th ICCVA: A Global Celebration of Cardiothoracic and Vascular Anesthesia

In 1994, I joined the Society of Cardiovascular Anesthesiologists (SCA). It was at a critical moment in the history of the society as transesophageal echocardiography was just beginning. The first advance perioperative examination would not occur for another 4



years. During these early years, I participated initially as workshop faculty and was eventually appointed as vice chairman of the scientific program in 2003. In 2007 and 2008, I had the honor to be program chairman for our annual meetings, which occurred in Montreal and Vancouver, respectively.

In 2008, I was elected to the board of directors. To this day I still think I won secondary to our international members especially in Brazil and Germany who shared a global vision along with me for the society. I became a member of the executive committee in 2009 that started my ascension to president. On April 11, 2015 the SCA hosted it's annual meeting along with the global cardiothoracic and vascular community's ICCVA in Washington DC. I could not have been more proud to end my presidency with this global celebration as 1,193 people participated in the largest scientific meeting in SCA history. I was able to share this experience with many members of our department who presented original scientific work and lectured.

It has been an incredible twenty-one years with twelve involved in some form of leadership position. I am looking forward to joining Jerry Reves and John Waller as a member of SCA past presidents.



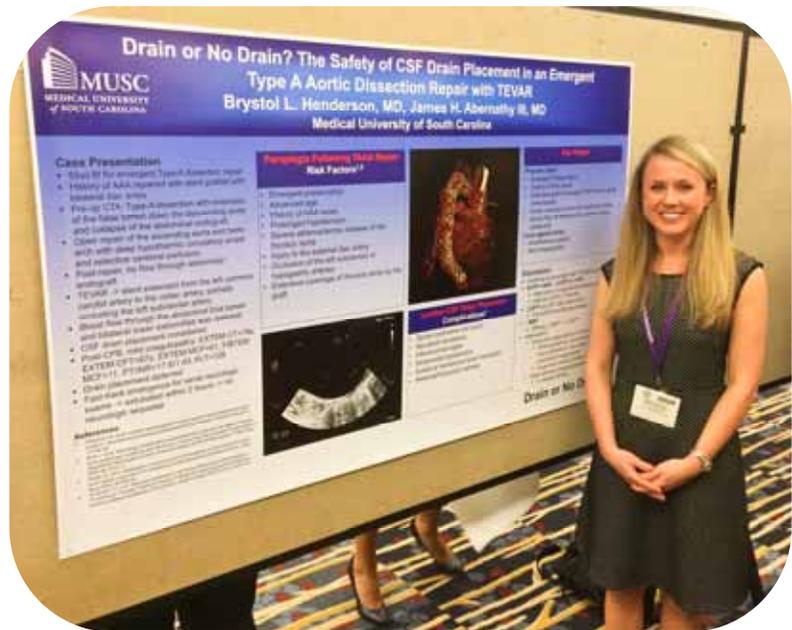
37TH ANNUAL SCA ANNUAL MEETING/15TH ICCVA: A GLOBAL CELEBRATION OF CARDIOTHORACIC AND VASCULAR ANESTHESIA, APRIL 11-15, 2015 (CONTINUED)

Eight members of our department participated at this year's SCA. A brief synopsis includes:

- *Emergent removal of embolized atrial septal occlude device and defect repair*; Parker Gaddy, MD and Eric Nelson, DO
- *Complex case discussion with expert panel*: Jake Abernathy, MD
- *Transcatheter aortic valve replacement*: Jake Abernathy, MD
- *Drain or no drain? The safety of CSF drain placement in an emergent type A aortic dissection repair with TEVAR*: Bristol Henderson, MD
- *FOCUS: Human factors in the cardiac operating room panel discussion and a conversation with the audience*: Jake Abernathy, MD
- *The benefits of taking part in databases*: Jake Abernathy, MD
- *Continuous paravertebral blockade for post thoracotomy pain following transapical transcatheter aortic valve replacement: a case series*; Tim Heinke, MD
- *3D TEE*; George Whitener, MD



37TH ANNUAL SCA ANNUAL MEETING/15TH ICCVA: A GLOBAL CELEBRATION OF CARDIOTHORACIC AND VASCULAR ANESTHESIA, APRIL 11-15, 2015 (CONTINUED)



CONGRATULATIONS DR. CORY FURSE ON PROMOTION TO ASSOCIATE PROFESSOR



Cory Furse hails from Oklahoma, O-K-L-A-H-O-M-A, where he completed his medical training and met his future wife, Berrit, who hails from Germany.

He then went to Duke (the current Men's basketball national champions - Go Blue Devil's!) where he completed his residency alongside esteemed characters such as Larry Field. Pittsburgh was next on the list in order to do Peds fellowship, and perhaps more importantly form a pipeline from CHoPitt to MUSC which would end up carrying Greg Schnepfer and the soon to join us Allison Jeziorski.

He would like to thank the department, Dr. Reeves, Brenda Dorman, and Dr. Hebbar for helping him to achieve his personal and professional goals. Especially the simulation research group started by Dr. Matt McEvoy and driven forward by the likes of Drs. Horst Rieke and Will Hand. And most importantly, my friends and family, lovely wife Berrit, and beautiful, smart, caring children Sven and Oliver! You know what they say, "slow and steady completes the race," or something like that!

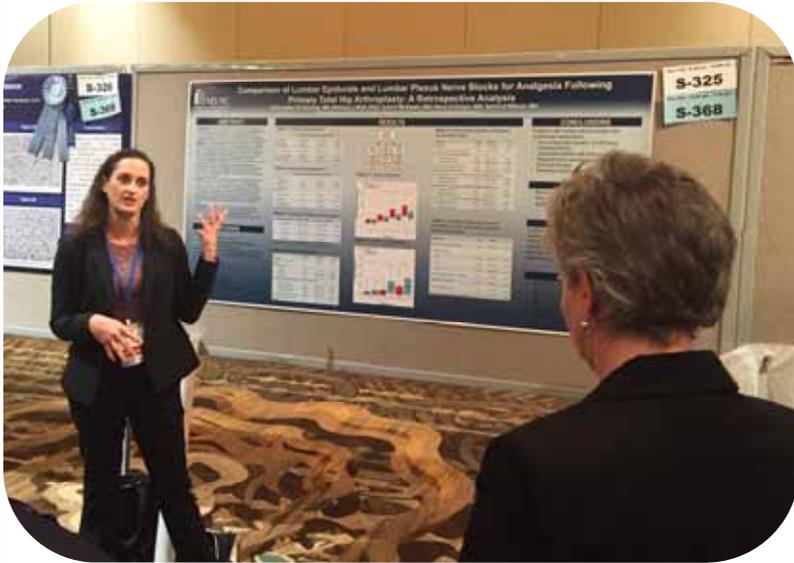


CONGRATULATIONS DR. SYLVIA WILSON ON PROMOTION TO ASSOCIATE PROFESSOR

Dr. Wilson attended the University of Florida for both her undergraduate and medical education. She completed her residency training at UNC in Chapel Hill, NC prior to her fellowship in Regional and Acute Pain Medicine at the University of Pittsburgh. She joined the faculty at MUSC as a Assistant Professor in 2010. Dr. Wilson currently serves as both the Division Chief and Fellowship Director for the regional anesthesia division. Her research interests include different modalities of regional anesthesia, the impact of regional anesthesia on patient care and outcomes, and non-opiate analgesics.



INTERNATIONAL ANESTHESIA RESEARCH SOCIETY (IARS) MEETING 2015



MUSC was well represented by Drs. Carlee Clark, William Hand and Sylvia Wilson at the International Anesthesia Research Society and Society for Neuroscience in Anesthesiology and Critical Care's combined annual meeting. Dr. Hand presented two research posters including research on goal directed fluid therapy in ENT flap cases that many in the department have participated. He also presented research work on behalf of Dr. Jake Abernathy, related to the safety and efficiency of pre-filled syringes. Dr. Wilson served as an instructor at both the basic and advanced ultrasound guidance for regional anesthesia workshops and moderated both medically challenging cases poster sessions and a problem based learning discussion on regional anesthesia options for total knee arthroplasty. She also participated in a panel lecture for advanced

regional ultrasound techniques. Drs. Clark and Wilson presented a research poster on regional anesthesia and outcomes following total hip arthroplasty.

SOCIETY OF CRITICAL CARE (SOCCA) POSTER SESSION MODERATED BY DR. HORST RIEKE

This year I had the privilege to moderate some very interesting poster presentations at the SOCCA meeting, a satellite symposium of IARS, held March 2015 in Honolulu, Hawaii. The topics included Rhabdomyolysis, which can occur postoperatively after bariatric, spinal and laparoscopic surgeries. Some risk factors include obesity, positioning, and duration of surgery.

Another poster presented the use of a handheld cardiac ultrasound that has become a powerful tool in the trauma, critical care and perioperative setting in the hands of a noncardiologist. It can provide non-invasive, real-time information that will transform the practice of medicine in time-critical situations. A series of six cases was presented.

The phenomenon of the "obesity paradox" in cardiac surgery was presented with a case report of a patient with a BMI of 62 undergoing aortic valve and root replacement. This case was extremely complicated and contradicted some authors publishing their finding that obese patients can have better outcomes after cardiac surgery.

Using intraoperative lung-protective ventilation with tidal volumes <8 ml/kg, ideal body weight was the topic of another poster. It showed reduced pulmonary complications in patients undergoing abdominal surgery after successful departmental education and implementation of a policy.

Finally, a very interesting case report presented the clinical management of a left atrial intramural hematoma after aortic valve replacement and single vessel bypass graft placement.

This poster session revealed an enthusiastic commitment of all the presenters to solving perioperative critical care problems from an anesthesia point of view.

SOCCA POSTER SESSION MODERATED BY DR. HORST RIEKE (CONTINUED)



ANESTHESIA HISTORY: INSENSIBILITY DURING SURGICAL OPERATIONS PRODUCED BY INHALATION, BY: DR. SCOTT T. REEVES

Last month we celebrated Doctor's day, which was established secondary to the Boston initial experience with ether. I thought you would be as fascinated as I was with the initial report as published on November 18, 1846 in the *Boston Medical and Surgical Journal*. Today it is called the *New England Journal of Medicine (NEJM)*. A fun fact is that this is the most highly cited article in the history of *NEJM*.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXV. WEDNESDAY, NOVEMBER 18, 1846.

No. 16.

INSENSIBILITY DURING SURGICAL OPERATIONS PRODUCED BY INHALATION.

Read before the Boston Society of Medical Improvement, Nov. 9th, 1846, an abstract having been previously read before the American Academy of Arts and Sciences, Nov. 3d, 1846.

By Henry Jacob Bigelow, M.D., one of the Surgeons of the Massachusetts General Hospital.

[Click Here for Full Article](#)

CONGRATULATIONS TO HEATHER HIGHLAND, CRNA FOR BEING SELECTED AS MUSC EMPLOYEE OF THE QUARTER

It gives me great pleasure to announce that Heather Highland was selected to be the MUSC Employee of the Quarter. Dr. Handel presented Heather with her plaque in recognition of the amazing job she is doing as the Chief CRNA of the Main OR. Please help me congratulate her.

-Dr. Carlee Clark



CONGRATULATIONS TO JOSEPH ABRO, MD, PGY1 RESIDENT, FOR BEING SELECTED AS PHYSICIAN OF THE MONTH

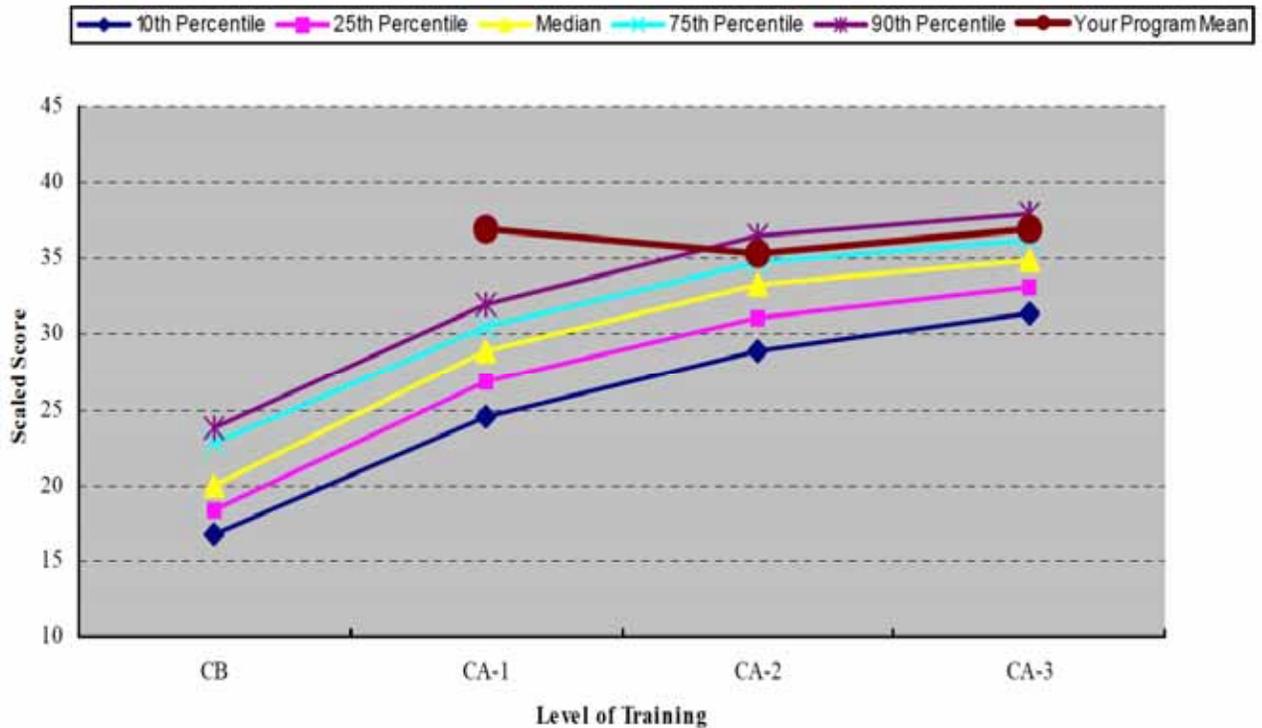


CONGRATULATIONS TO CHRISTOPHER FORTNER, ANESTHESIA TECH, FOR RECEIVING HIS NATIONAL ANESTHESIA TECHNICIAN CERTIFICATE



IN TRAINING EXAMINATION SCORES

BY: DR. GJ GULDAN



The annual ABA in training exam occurred in February for all of our residents. The exam is a great opportunity for our residents to test their knowledge against residents at the same training level across the country and prepare themselves for the ABA primary certification exams. Above is our CA3 class avg as a percentile rank vs every other CA3 class in the nation. For the third year in a row our seniors are above the 80th percentile rank, which means they are in the top 20% of all CA3 classes nationally, and the CA2 class was in the top 40%. In addition, this year's CA1 class average was in the 99th percentile nationally versus other CA1's. This is a testament to both our residents' hard work and the hard work of all the faculty involved in resident education. I would also like to take a moment to recognize those residents who went above and beyond in their efforts, resulting in scores in the top 90th percentile. Well done by all!

CA3s:

Bryan Covert

CA2s:

Ben Kightlinger

CA1s:

Thomas Brinkley

Jay Chan

Jackson Condrey

Jordan Friel

Stephanie Robinson

RESEARCH CORNER



Dr. David Stoll



Dr. Will Hand



Dr. Parker Gaddy



Dr. Scott Reeves

Case Report

Utilization of Intraoperative TEE to Assess Supraventricular Tachycardia-Inducing Right-Sided Cardiac Compression by the Liver, Post-Liver-Transplantation Status

W. David Stoll,¹ William R. Hand,¹ Vinayak S. Rohan,² Parker M. Gaddy,¹ Scott T. Reeves,¹ and Kenneth D. Chavin³

¹Department of Anesthesia and Perioperative Medicine, Medical University of South Carolina, Charleston, SC 29425, USA

²Department of Surgery, Division of Transplant Surgery, Medical University of South Carolina, Charleston, SC 29425, USA

³Department of Surgery, Division of Transplant Surgery, Microbiology and Immunology, Medical University of South Carolina, Charleston, SC 29425, USA

[Click Here for Full Article](#)



Dr. Eric Bolin



Dr. Robert Harvey



Dr. Sylvia Wilson

REGIONAL ANESTHESIA (CJL MCCARTNEY, SECTION EDITOR)

Regional Anesthesia for Breast Surgery: Techniques and Benefits

Eric D. Bolin¹ · N. Robert Harvey¹ · Sylvia H. Wilson¹

[Click Here for Full Article](#)

ASA POLICY RESEARCH ROTATION IN POLITICAL AFFAIRS

BY: DR. BRYAN COVERT

“We live in interesting times.” In some ways this is a mantra for lobbyists, politicians, advocates and legislative staff alike no matter what constituent base or advocacy group they represent. I would argue that no other time has been more interesting or important for the industry of healthcare than the last 5 years. As healthcare moved to center-stage in the political arena, I became inspired to advocate on behalf of patients. I see the physician-patient relationship as one that extends beyond the exam or operating room.

Over the last month, I had the privilege of working with and learning from a group of exceptional individuals in the ASA Advocacy Division in Washington, D.C. The staff is committed to maintaining perioperative patientsafety through proactive advocacy and understanding the clinical implications of legislation as healthcare adapts to a growing and aging patient population. I was very impressed with their commitment to the ideals of our specialty. Keeping in step with their efforts, I dedicated my time to researching key issues that I believe are most important to our specialty.

Maintaining physician-led team-based care at the VA, promoting rural pass-through legislation, and identifying ‘Smart Tots’ research funding as a goal for “21st Century Cures” were particularly compelling topics for me. My daily activities were focused on participating in the advocacy process, tuning into relevant hearings for our specialty, and meeting with members of Congress to provide a clinical perspective to potential and proposed legislation.

Nationally, the expansion of access to primary care within the VA is being highlighted. The proposed VA Nursing Handbook, in an effort to expand access to care for veterans in the primary care setting, proposes to marginalize a key member of all the care teams: the physician. I view the care of our veterans as an act of appreciation for their heroic defense of our country’s ideals and I feel strongly about maintaining the highest quality of care for our veterans. I was proud to advocate in the veterans’ best interest that physicians remain a key part of team-based care models within the VA.

With the expansion of Medicare and health insurance reform, a flood of new patients will enter the market. Additionally, as life expectancy increases and the baby-boomer generation begin to seek care, improving access to care is critical. Rural Pass Through legislation allows critical access hospitals to use Medicare Part A funds to employ anesthesiologists and would help support rural access to care.

As a new parent, I was taken in by the ASA’s goal to expand funding for Smart Tot’s research in partnership with the International Anesthesia Research Society (IARS) through the upcoming “21st Century Cures” legislation. It’s remarkable that there are still so many questions to be answered regarding the mechanism of action and effects of anesthetics on the developing brain. It’s encouraging to know that our society is committed to answering a difficult clinical question that we encounter every day: do the anesthetic agents we use in the operating room alter the development of our children?

I believe advocacy is a key component to medical education and is as important as direct patient care as policy and legislation can have major impacts on the health of millions of people. Lawmakers need our input in order to be well educated on the clinical implications of their legislative decisions. I learned a great deal and feel very fortunate to have participated in the ASA Policy Research Rotation in Political Affairs. Again, I would like thank Drs. Reeves and Guldan as well as Dawn Leberknight and Kelly Landers for their support and effort to coordinate my participation in this rotation.



ADMINISTRATIVE PROFESSIONAL'S DAY, APRIL 22, 2015



A picture of some of the anesthesia staff enjoying their lunch at Tavern and Table

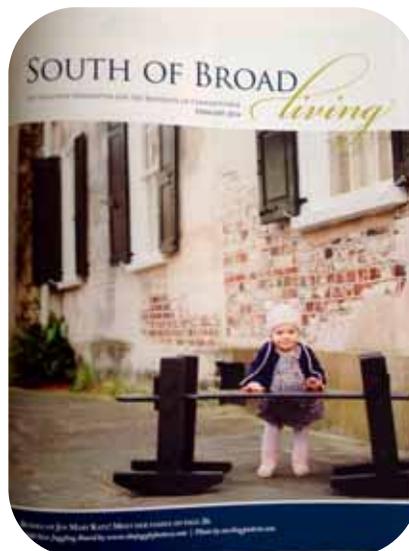
Dear Group,

I wanted to thank you all for supporting your individual physicians as well as the department as a whole this past year. I am sorry I was unable to attend the Administrative Professional Day lunch yesterday. I hope you had a wonderful time, and I am looking forward to seeing pictures.

Sincerely,

Scott T. Reeves, MD, MBA, FACC, FASE

HOW DID WE MISS THIS? SOUTH OF BROAD LIVING MAGAZINE FEATURING DR. AMANDA REDDING'S DAUGHTER, FEBRUARY 2014



MUSC LEADERS THRILLED ABOUT LEGISLATIVE SUPPORT

THE CATALYST, BY: CINDY ABOLE



A rendering shows how the MUSC Children's Hospital and Women's Pavilion may look when it opens in 2019.

[Click Here for Full Article](#)

Leaders at the Medical University of South Carolina are thanking state lawmakers for including funding for the new MUSC children's hospital and telehealth in the state budget proposal that passed the S.C. House March 12. MUSC President David Cole, M.D. said the funds outlined in the capital reserve bill would allow MUSC to move forward with a critical project.

"Our state legislators want pediatric health care to be the best it can be for South Carolina's children. We are thrilled and thankful that they have recognized the value MUSC brings to pediatric care for patients throughout the state. We remain committed to our part of this public-private partnership by raising at least \$50 million of the \$350 million needed to build and support the new Children's Hospital and Women's Pavilion."

The budget proposal includes \$25 million for the new children's hospital. That is half of the \$50 million originally proposed in a \$500 million bond bill that failed to pass yesterday after criticism from the governor for its reliance on borrowing. The new proposal now goes to the state Senate.

The \$25 million in state funding would greatly boost fundraising efforts for the \$350 million Children's Hospital and Women's Pavilion, which is expected to open in 2019 on Courtenay Drive. The new hospital will replace the 28-year-old Children's Hospital currently located on Ashley Avenue. The hospital will have a [family-centered approach](#) and will provide space for additional patients, expanded services and more spacious, family-centered amenities. [See details here.](#)

Mark Sweatman, MUSC legislative liaison, said the proposed funding is great news. "The House budget plan ensures that the MUSC Children's Hospital will continue to be a crown jewel for every county of our state and beyond for decades to come."

MUSC LEADERS THRILLED ABOUT LEGISLATIVE SUPPORT (CONTINUED) THE CATALYST, BY: CINDY ABOLE

Matt Wain, chief operating officer of MUSC's medical center and chairman of the steering committee for the new children's hospital, agreed, adding that the MUSC Children's Hospital Board appreciates the support from the House capital reserve bill. "The \$25 million dollars, as the number one priority, demonstrates statewide support to ensure the best healthcare for the children and families of South Carolina."

Wain said support from the state is critical to be able to move forward in building a new, state-of-the-art, patient and family-centered hospital that can provide the best care for the children of South Carolina.

"This is a great start, but we will continue to move forward in our public and private campaign to raise the \$350 million needed to complete this project. We cannot do this alone and need the continued rallying of our state to give our children and their families what they deserve." The other positive news is \$19 million in proposed funding for telehealth.

Cole said state legislators, once again, have sent a strong supportive message regarding MUSC's and the South Carolina Telehealth Alliance's goals of bringing world-class care to the rural areas of our state. "With the funds outlined in both the general appropriations and capital reserve fund bills, we will be able to expand and continue using the latest telehealth technologies to connect patients and providers across South Carolina with our expert health care team."

Sweatman said the continued support guarantees that specialized care will be delivered to every rural area of our state. "These investments are going to make our state a national leader in telehealth and make health care delivery more efficient and effective, while saving more lives." Shawn Valenta, program director for MUSC's Center for Telehealth, said investments the state already has made to support telehealth are paying off.

"South Carolina telemedicine initiatives have already demonstrated a significant improvement to health care access including maximizing telestroke coverage so that greater than 96 percent of the state's population is within 60 minutes of time-sensitive expert stroke care," he said.

"The strategic foresight of our state's health care and government leaders has provided South Carolina an opportunity to become a national leader in telehealth and effectively transform the delivery of health care in our state."

MOCK OPERATING AND LABOR/DELIVERY ROOMS BUILT

As we continue to plan for the new Children's Hospital and Women's Pavilion, MUHA has built a mock operating, labor and delivery, and ICU rooms in the old county hospital. A few members of the department have had an opportunity to visit and give input into the architectural design and equipment/bed layout of these rooms. Currently, it is planned to have an Open House from May 26-29, 2015 for all interested parties to visit these mock rooms. I would encourage us all (faculty, CRNAs, residents, anesthesia techs) to walk through them and to provide feedback to your respective leaders. With all our input, I am confident that we can optimize our future work environment.

FACTS FAX
BY: DR. SCOTT WALTON



Facts FAX

for the Children's Hospital Medical Staff



Volume 5 • Issue 16 • April 16, 2015

J. Scott Walton, MD, Chief of Pediatric Anesthesiology

**Grand Rounds for the
 Week of April 19, 2015**

OB-GYN:

Tuesday, April 21, 2015
 7:30 a.m. CSB 628

PEDIATRICS:

Friday, April 24, 2015
 8:00 a.m. **2 West Amphitheatre Room 282**
 Topic: "Advances in Pediatric Emergency
 Medicine? What We See, What We Do, and
 Why We Do It".
 Speaker: Richard M. Cantor, MD FAAP/FACEP
 Professor of Emergency Medicine and
 Pediatrics
 Director, Pediatric Emergency Department
 Medical Director, Central New York Poison
 Control Center

Volume 5 • Issue 16
 April 16, 2015

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 please call: (843) 876-0444*

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

Facts FAX team:
 Rita Ryan, MD
 Linda Howard
 Suzanne Scott
 John Sanders
 Scott Russell, MD
 Robin Rose
 Meredith Strehle

Communicate and Coordinate with Anesthesia4kids@musc.edu

Have you ever had a question about pediatric anesthesia care and didn't know whom to ask? Anesthesia4kids@musc.edu is your easy and quick contact to have those questions answered. Answering general questions is not the only use for our secure email. The tool facilitates requests to match particular pediatric anesthesiologists with particular patients, address concerns from parents regarding future and past anesthetics and coordinate the preanesthetic medical evaluation of patients.

Medically complex and fragile patients requiring anesthesia for procedures and surgery have a much higher likelihood of being cancelled or rescheduled. Many of these cancellations can be avoided by careful coordination of care in the days and weeks preceding the procedure. One of the more common reasons for cancellation is absence of a critical test or evaluation from the medical record. With careful coordination, these missing pieces of data can be identified and obtained thereby avoiding confusion and cancellation on the day of the procedure. The **anesthesia4kids** tool facilitates such coordination between the scheduling surgeon or specialist, the preanesthesia evaluation clinic, families and the pediatric anesthesia team.

Sometimes communications regarding pediatric anesthesia need to occur more quickly than email allows. **Here are alternatives when hours, minutes or seconds matter:**

1. Page the pediatric anesthesiologist on-call using the paging operator 792-2123 or SIMON
2. Phone the pediatric anesthesia division administrative assistant at 792-5454
3. Call the operating room front desk at 792-2322, paging operator, or SIMON and ask for the anesthesia Doctor of the Day

Call Me NORA

Non-Operating Room Anesthesia with the acronym **NORA** is the fastest growing area of pediatric anesthesia care. Each working day 3-6 pediatric anesthesia care teams are deployed at MUSC Children's Hospital and Rutledge Tower to perform NORA cases. Last year the number of these cases grew by approximately 15% at MUSC which mirrors the national trend. Here is a partial listing of procedures in which NORA is employed: MRI, CT, GI endoscopy, bronchoscopy, ECHO, cardioversion, heart cath, PET scan, neuroangiography, interventional radiology, radiation therapy, intrathecal chemotherapy, bone marrow biopsy, PICC insertion, PIV insertion, nuclear medicine imaging, hearing test, cast change, and dressing change. The list is continually expanding as several factors encourage further utilization:

1. Patients and families no longer accept "toughing it out."
2. Procedural requirements are increasingly complex and often require an absolutely motionless patient.
3. Credentialing requirements to administer moderate or deep sedation are more onerous and time consuming, so less frequently done by non-pediatric anesthesiologists.
4. The medical complexity and fragility of pediatric patients is increasing as we lengthen the lifespan of those moderately to severely ill. These high risk patients often need procedural care.

NORA cases require an anesthetic depth which varies from light sedation to general anesthesia. If no movement at all is a procedural requirement, deep sedation or general anesthesia is needed. This is doubly true if the procedure involves ANY stimulation that would be perceived as painful when awake. In conclusion, NORA is expected to grow rapidly at MUSC and our division will assure that all pediatric patients have easy access to anesthesia for procedural care and testing.

[Click Here for PDF](#)

GRAND ROUNDS FOR THE MONTH OF MAY

“Sclerotherapy”

May 5, 2015

Imran Chaudry, MBBS

Associate Professor

Radiology

Medical University of South Carolina



“Ambulatory/NORA Talk”

May 12, 2015

Catherine Tobin, MD

Assistant Professor

Anesthesia

Medical University of South Carolina

“Understanding the Perioperative DNR Order”

May 19, 2015

David M. Rothenberg, MD, FCCM

Professor

Rush Medical College



“Anesthesia Medically Challenging Case Conference”

May 26, 2015

David Hall, MD and Quiana Scotland, MD

CA3 Residents

Medical University of South Carolina



DEPARTMENT OF ANESTHESIA AND
PERIOPERATIVE MEDICINE

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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

7/May—Ischemic and Valvular Heart Disease,
Dr. Guldan

14/May—Psych and Substance Abuse, Dr.
Nelson

21/May—OB, Dr. Hebbar

28/May—Pulmonary Disease, Dr. Hand

CA 1 Lecture Series

13/May—Board Questions Review, Dr. Hand

CA 2/3 Lecture Series

4/May—Resident Forum With PD's, Drs.
Guldan/Gunselman

11/May—Anesthesia Provided at Alternate
Sites (Barash Ch. 34), Dr. Roberts

18/May—Clinical Application of the Fick
Equation: A Physiologic Approach to
Perioperative Hypoperfusion,
Dr. Rothenberg (Rush)

25/May—Memorial Day, No Lecture

Grand Rounds

5/May—Sclerotherapy, Dr. Chaudry

12/May—Ambulatory/NORA Talk,
Dr. Tobin

19/May—Understanding the Perioperative
DNR Order, Dr. Rothenberg (Rush)

26/May—Anesthesia Medically Challenging
Case Conference, Drs. Hall and Scotland



I HUNG THE MOON

Don't forget to nominate your co-workers for going 'Beyond the Call of Duty'. I Hung The Moon slips are available at the 3rd floor front desk, and may be turned in to Kim Crisp. Thanks so much!!



**Resident Graduation: June 19, 2015,
Founders Hall**

**Department Holiday Party: December 4, 2015,
Carolina Yacht Club**

May 2015

Standard of the Month

**Support a focus on positive
changes in the institution.**



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 25, 2015.