Message From The Chair
-Scott Reeves, MD, MBA

This edition of Sleepy Times is dedicated to the residency class of 2009. The class of 2009 is the largest graduating class that the department has had in over a decade. I am happy to report that they are ready for the future. In the pages that follow please read the resident graduation address, learn about their first practice locations and see photos of their graduation banquet.

July also marks the beginning of a new academic year bright with promise. We have an excellent entering PGY-1 class. Our CA-1s have been busy with us learning the basics of anesthesiology through the month of July and are ready to administer anesthesia always under the vigilant eye of our faculty. Dr. Matt McEvoy has assumed the responsibility of Vice Chair for Education and Residency Program Director. Drs. Tommy Burch and Matt McEvoy have developed a robust Grand Rounds lecture schedule which will feature Dr. Michael Gropper from the University of California at San Francisco as the department’s Joseph Redding lecturer this year. Dr. Joanne Conroy, Chief Medical Officer of the AAMC, will be lecturing on Healthcare Reform and How It Affects You. These are just a few of the excellent lectures that we can expect from our faculty and visitors this year. Enjoy this month’s edition of Sleepy Times and I look forward to another wonderful year.

Resident Class of 2009
RESIDENT GRADUATION ADDRESS: “YOU WILL MAKE A DIFFERENCE”

The faculty and I welcome the families and friends of the resident class of 2009. This group of residents holds a very special place in the history of our department. The class of 2009 marks the transition from a time of scarcity and pessimism within our specialty to one of growth and enthusiasm. You are the class that benefited from the increase in our resident complement and an accelerated growth in the academic climate in the department. Many of you came to us through non traditional pathways. For some your previous residency was failing and you needed a new program, for others you wanted to return to be with your spouse, and finally for some you completely changed your specialty.

Without the standardization that occurs during internship, many of you had to play catch up by learning new materials and techniques. Your group has been marked by PERSERVERANCE! Though the road was hard, you have successfully mastered the knowledge necessary to become consultants in anesthesiology. I congratulate you!!!

I spent last week taking my daughter, Catherine, to orientation at the College of Charleston. Currently, she wants to enter the healthcare field, most likely medicine. Her healthcare advisor had several interesting recommendations. The first was to purchase a book entitled, “Med School Confidential.” It is a book written by medical students about the process of becoming a physician from college to residency. Chapter one caught my attention, “Thinking about Med School? Think again…” In it the authors describe the top 5 reasons not to go for medicine.

It includes:
1) My parents were physicians
2) The money and prestige
3) I can’t think of anything else to do
4) The adrenaline rush

"It is true that you will thrive on those cases that require quick, decisive action and get the adrenaline pumping, but you’re more gratifying work will often be the run of the mill stuff that really involves you in peoples’ lives and allows you to connect with them and make a difference.”
5) I want to help people

The authors admonish us to "be aware that defending the purity of your intent and staying true to your guiding altruism will be a constant and central challenge to you every day of your life." So why did we enter medical school?

The top 5 reasons reported were…

1) I want to apply my love of science to my love of the humanities
2) I am fascinated by the human body
3) I want to build on my existing experience in patient care
4) I can’t imagine doing anything else
5) I wanted to help people

As discussed before, "I want to help people” is the most powerful reason to enter medicine. Think of your career in anesthesiology as a vocation and not a job. If you do, the restraints placed upon us by government regulations, insurers and lawyers will be easier to accept. As a vocation, your careers will be fuller than it just being your job!

Many of you have already lived The Joseph Greenwood Story…

For some of you and your families it will be new…

Please indulge me as we remember the truly remarkable story of Jojo (video).

Note: You will need a MPEG reader to see it.

Many of you cared for this remarkable young child along with Scott Walton and me. The Jojo story is an excellent example of the difference that you will make in an individual’s life. You probably will not receive the glory relegated to the surgeon, but your skill and compassion will be central to the story. It demonstrates the accelerated growth in the academic climate that occurred during your residency at MUSC and the need to be life time learners. Always maintain your “A” game through reading and maintaining your knowledge base. Pediatric artificial hearts were just a concept when I was sitting where you are 20 plus years ago. What does the future hold for your practice? In conclusion, as you enter the work force after a minimum of 12 years of additional education since high school, I challenge you to move away from being a class that PERSERVERS to one that MAKES A DIFFERENCE!
Graduation Awards

Resident of the Year
Ilka Theruvath, MD

John E. Mahaffey, MD
Resident Teacher of the Year
David Stoll, MD

Research Resident of the Year
Bassam Kadry, MD

CA 1 Teacher of the Year
Tom Epperson, MD

CA 2/3 Teacher of the Year
Tommy Burch, MD

Where Are They Going?

Ilka Theruvath, MD, PhD
Pediatric Fellowship
Children’s Hospital of Philadelphia
Philadelphia, PA

David Stoll, MD
Waccamaw Community Hospital
Murrells Inlet, SC

Eric Pourmand, MD
Private Practice
New York, NY

Andrew Dick, MD
Medical University of South Carolina
Charleston, SC

Juan Sarti, MD
Modesto Memorial Hospital
Modesto, CA

Jonathan Gardner, MD
Peninsula Regional Medical Center
Salisbury, MD

Maurice Chaplin, MD
The Methodist Hospital
Houston, TX

Rayna Clay, MD
OB Fellowship
Brigham and Women’s Hospital
Boston, MA

Catherine Tobin, MD
Medical University of South Carolina
Charleston, SC

From the left: David Stoll, Rebecca Cain, Ilka Theruvath, and Suzanne Long

From the left: David Stoll and Tommy Burch

Tom Epperson (left) and Tommy Burch (right)
MATT MCEVOY APPOINTED VICE CHAIRMAN OF EDUCATION AND RESIDENCY PROGRAM DIRECTOR

Matt McEvoy, the newly appointed Vice Chairman of Education and Residency Program Director, is one of Anesthesia’s own. Matt received a BA in Biological Sciences from Harvard University in 1997 and completed his MD at MUSC in 2002. As Matt holds several faculty and administrative appointments, as well as teaching and serving on several hospital committees, he brings to these positions a unique blend of administrative, educational, and medical expertise.

Matt is currently an assistant professor in the department, acts as the Assistant Director of Simulation and Assistant Dean for Patient Safety and Simulation, and also participates on the MUSC College of Medicine Curriculum and MUSC Hospital May Day Team Committees. In addition, he is the Director of 3rd year Medical Student Education for the Department, an instructor in Physical Diagnosis for MUSC’s College of Medicine, and is the Small Group Instructor for Introduction to Clinical Ethics.

Matt is a current member of the International Anesthesia Research Society as well as the American Society of Anesthesiologists, the American Medical Association, and the South Carolina Medical Association. Amongst other rewards and honors, Matt was the 1999 recipient of the Samuel D. Pitts and AOA Award as the highest ranking first-year medical student.

As the Vice Chairman of Education and Residency Program Director, some of his duties will include

- developing, implementing, and incorporating simulation activities and research into medical school curriculum
- acting as clinical theme leader on the MUSC College of Medicine Curriculum Reform Team
- working with Drs. Schaefer, Field, Furse, and Rieke to develop an ACRM course at MUSC

Please help me in congratulating Matt McEvoy as the new Vice Chairman of Education and Residency Program Director.

MEET THE FACULTY

The Department of Anesthesia is pleased to announce two of our graduating residents will be staying as new faculty.

Andy Dick, MD

Originally from Paris, Illinois, he spent his entire life in Illinois prior to migrating to South Carolina for residency. After graduation from Paris High School, Andrew attended Southern Illinois University Edwardsville for undergraduate education. He then matriculated to medical school at the University of Illinois College of Medicine where he met his wife Amanda. After graduating in 2005, they moved to Charleston, South Carolina for residency. Amanda, accomplished in her own right, is the chief resident in the surgery department for the upcoming academic year. They are expecting their first child, and will probably have a neonate by the time you read this. After Amanda finishes her final year of residency, the Dick family will move to Seymour, Indiana to start private practice a little closer to home (and babysitters!!). A little known fact about Andrew is that he is a chair caning prodigy, a skill he learned from his father at a very young age.

Catherine Tobin, MD

Dr. Catherine Dawson Tobin was born in New York, New York, but you cannot tell by her accent! She was raised in Florence, South Carolina as the oldest of four children. Her college days were spent at The University of North Carolina, Chapel Hill. She loves MUSC as shown by the fact that she has attended medical school, residency, and now is excited to stay on as faculty. In her free time she has fun boating, snow skiing, and spending time with her family. Catherine and her husband, Terry, live in Mt Pleasant.
HURRICANE PLANNING

As we enter July we find ourselves in the middle of hurricane season, I thought it was appropriate to discuss our departmental hurricane plan. We have many new members to the department. On average every other year; we have to go into an evacuation scenario. Fortunately, a serious storm only occurs about every 20 years. Susan Harvey and others have worked very hard to develop a comprehensive Hurricane plan. It can be found at:


Please review it carefully and talk about it with your spouse, significant others and family. It lays out who will be staying in the hospital and when faculty, residents and CRNAs should report for duty. Probably more importantly, it discusses what preparations you need to do at home and how we all can communicate during a storm.

Another useful site on our web page is our disaster site: https://clinicaldepartments.musc.edu/anesthesia/intranet/clinsections_p/disaster/index.htm

This site explains plans for everything from fires, flooding and earthquakes.

It is my prayer that we will not be faced with an emergency this summer. However, please take the time to familiarize yourselves with our plans and to prepare at home.

A MESSAGE FROM YOUR COMPLIANCE MANAGER

We are all excited that the Main OR is now live on PICIS effective June 24, 2009. The use of electronic medical records has proven to reduce errors in documentation. Handwritten records are subject to human errors due to misspelling, illegibility, and differing terminologies.

Electronic records standardization provides better coordination between physicians and the hospital care of patients.

Moving forward I want to remind you to please amend your records in a timely fashion. The coding department has to have complete and accurate records for an entire date of service before that day’s charges can be billed. Anesthesia times must be documented by anesthesia staff and may not be added by unit secretaries or PACU nurses. As always, I am here to help.

Jennifer Simmons, CPC, MA

APPLAUSE

This month, we received special applauses for Dr. Latha Hebbar’s excellence on a day we were short in MRI.

Dear Latha,

I’ve always considered you one of those uncommon individuals who consistently exceeds the expectations of our faculty. Today, you recognized that the MRI schedule was in jeopardy because of our inability to cover the resident call-out in that area. Your thoughtful suggestion and actions that led you to personally performing the anesthetics for the second scanner, while I supervised the anesthetics in the first, embodies the true spirit of MUSC Excellence. Your quick thinking and service helped us avoid cancellations and nursing overtime, and will free up anesthesia resources this afternoon for covering other anesthetizing sites. Thank you so much for your assistance. Working with you each and every day is a pleasure and a privilege.

All the best…

Susan

This next applause is from Pat Aysse and reads:

Now that the PICIS roll-out at University Hospital is nearly complete, I would like to express my gratitude to the following CRNA “super-users” for doing a phenomenal job with the implementation – we could not have done it without you: Wendy Ewing, Ray White, Pat Tobin, Heather Highland and Lauri Uebelhoer. You guys ROCK!
**MESSAGE FROM THE CRNAs AT UNIVERSITY HOSPITAL**

The last month has been very busy for the Main CRNAs. We all attended training for Anesthesia Manager and with the help of the PICIS team and the super users, we went live with the computer charting on June 23rd. There was very little kicking and screaming and Pat Aysse assures me that everyone’s doing a great job. Thanks to everyone for their help and hard work.

In May, Larry Neupert volunteered and went to Haiti for five days on a medical mission trip with Dr. Day and his team. His anesthesia help was much appreciated. Thanks to Larry for sharing the MUSC Excellence.

Marshall Kearney, one of our anesthesia techs, received a Trauma Pin Award in May. He was nominated for it by one of the operating room nurses who said he had gone “above and beyond” helping with a trauma in the Operating Room. We all know Marshall does great work, and it’s nice he was recognized. Congratulations Marshall.

Congratulations to Mr. and Mrs. Chris Holster, a.k.a. Cathy Luedeman and new husband Chris. They were married May 16th. Unfortunately for us, Cathy wants to be home with Chris every night, so she took a 7-3 job at the VA Hospital. We wish her the very best.

In closing, the CRNAs would like to welcome our new anesthesia tech, Rick Kosinski. He comes to us from Meducare. We also welcome all the new residents joining us this month. Please let us know how we can help make the transition easier.

---

**MESSAGE FROM THE PAIN CLINIC**

What do we really know about patient satisfaction? Most patient satisfaction studies are based on the patient’s experiences at one-time encounters rather than experiences over time. The measurement is typically a combination of the patient’s expectation prior to the visit, their experience during the visit, and the extent of the resolution of symptoms that led to the visit. Physicians can promote higher rates of satisfaction by improving the way they interact with their patients in several ways: 1

- Recognize the patient’s expectation
- Doctor-patient communication
- Time spent
- Technical skills

Patient satisfaction is also affected by the nurses and other members of the clinical team that provide compassion, willingness to help, and education to patients and families. To maximize opportunities for success, “work with a team you can be proud of and invest in ongoing development.” 1

Developing strong patient relationships with high levels of satisfaction is challenging, but it remains a realistic goal for Pain Management.

1. Thiedke MD, C. Carolyn: Family Practice Management: January 2007, MUSC

---

**Applause for the Pain Clinic**

Once again the Pain Management Clinic has been recognized for their compassionate care. Upon the death of a long time patient, the clinic staff sent an email to his family expressing their sympathy. The patient’s wife was so moved by the note she sent the following email to Ambulatory Care leadership:

"...I thought you should know what a great group you have in Pain Management... John loved pretty much everybody at MUSC, but the folks in Pain Management were special to him because they did not treat him like a patient -- they treated him like family, which is very evident by their message to me. He always looked forward to his appointments there because it was more like going to visit friends than going to a clinic appointment."

Thanks again to everyone in Pain Management for all they do!
MEET OUR NEW RESIDENTS
CA- WHAT?

Each June a new group of Anesthesia residents are ushered into the OR. Although this is a routine event in the department, the actual process of becoming a CA-1 resident is worth noting.

My thoughts drift back to a cool August morning in nineteen seventy- Ahem. It was my first day of school… Ever. I was ready, had my saddle shoes, argyle socks, plaid uniform skirt, and my hair in 2 long golden pony tails. I had my pencils, crayons, box to carry them in, and of course, paper and my white tube of glue. I remember the odd sensation of butterflies in my tummy. Little did I know that feeling would recur many times in my lengthy career as a “student.”

In reflecting while I write this today, not much has changed. I still wear a uniform, my hair still in a ponytail, my box is no longer filled with crayons but narcotics. And my glue bottle has been replaced by milky white propofol. Instead of pencils I carry syringes. Oh yes, and even you can attest that although there is no longer PAPER, there is computerized charting. Ahh yes, there is much about CA-1 orientation that makes one feel like a first grader all over again…

Through conversations with my classmates I have compiled a few humorous ditties to amuse you. For instance, Ebony has learned to draw fluid out of a hanging IV bag without spiking through the other side to cause an intra-operative shower. I can see her dancing under the pouring IV bag to Flashdances’ “She’s a Maniac, Maniac on the floor.”

As for Lydia, good luck in Texas. Maybe one of the residents THERE has seen an arterial line pressure bag explode. Tim has learned that glass ampoules of fentanyl tend to shatter when carried in his top pocket. A few more bends at the waist and Joe the narcotics officer is going to be your new best friend. To Matt, “I feel more stupid every day” Buck (sounds like a long wrestling name to me). You are not alone. Actually I think it is a good sign, the more you learn, the more you realize you don’t know.

And Ryan, I am sure images of you frantically trying to sponge up arterial line blood spilled onto the floor during the case (before the attending gets back) will linger in your upper level’s mind for months to come. Don’t worry, your new bride will still love you when you arise from this anesthesia fog. I promise.

I don’t think that Lacey will ever again forget to recap the anesthesia machine after calibration to room air. Funny how that little preoxygenation thingie works, isn’t it, “Go Go?” And to “Becky From Alaska”, although there probably is not a website “gobacktoalaska.com,” You will eventually get into an actual OR case, AND the scrub machine!

Although Heather has learned how to prevent a puddle of urine on the floor, not hers! For me, I have yet to discover which of the other drugs besides cefazolin crystallizes to a nice shade of white when it dries after being squirted on the scrubs of my upper level. But I DO know how to close my glottis.

So as the ensuing weeks roll by, and it takes us just a little bit longer in holding, for Matt, Lacey, Ryan, Ebony, Tim, Heather, Becky, and myself please cut us some slack. We’re getting there!

By: Tara Ahlberg
Future Events

7/1- Perioperative Key Word Review "All Residents"
Dr. Burch

7/6- Critical Care Key Word Review "All Residents"
Dr. Field

7/7- Residency Program Director Meeting
Dr. McEvoy

7/8- Complete Exam, Dr. Abernathy

7/13- Neuroanesthesia Key Word Review
"All Residents"
Dr. Whiteley

7/14- State of the Department (Grand Rounds)
Dr. Reeves

7/15- Knobectomy, Dr. Abernathy

7/15- Pain Management Key Words Review
"All Residents," Dr. Epperson

7/20- Pediatric Key Words Review "All Residents"
Dr. Furse

7/21- Metabolic Syndrome (Grand Rounds)
Dr. McEvoy

7/22- US Physics, Dr. Burch

7/22- Obstetrics Key Words Review "All Residents"
Dr. Hebar

7/27- Review of High Yield Topics "All Residents"
Dr. Burch

7/28- M&M, Drs. Reeves and Harvey

7/29- Journal Review, Dr. Guldan

7/29- Review of High Yield Topics + Neuroanesthesia Pre-Test "All Residents," Drs. Burch and Dick

SAVE THE DATES:
- The Department holiday party will be Saturday, December 12, 2009 at the Old Exchange Building
- Next Year’s Resident Graduation will be Friday, June 4, 2010

MUSC Excellence

Don’t forget to recognize your colleagues for going above and beyond the call of duty. You can thank them for their hard work by filling out an "I Hung the Moon" card.

Principle #1: Commit to Excellence - Why are we in healthcare?

Principle #2: Measure the Important Things

Principle #3: Build a Culture Around Service - Ensure High Quality and a Caring Environment

Principle #4: Create and Develop Leaders

Principle #5: Focus on Employee Satisfaction

Principle #6: Build Individual Accountability

Principle #7: Align Behaviors with Goals and Values

Principle #8: Communicate At All Levels

Principle #9: Recognize and Reward Success

SAVE THE DATE

After such a great turnout last summer, the Department of Anesthesia has decided to sponsor another Night at the Riverdogs. This year’s event will be held on Saturday, July 18, 2009.

Please RSVP with the number of tickets you would like to Suzanne Long at longs@musc.edu by July 8th.

Note: Tickets are available for immediate family or one guest. We hope to see you there!

We Would Love to Hear From You!

If you have ideas or would like to contribute to Sleepy Times, the deadline for the August edition will be July 24, 2009.

This Month’s Contributors:
Scott Reeves, Tara Ahlberg, Ashley Bode, Andy Dick, Brenda Dorman, Wendy Ewing, Cynthia Fitzgerald, Jennifer Simmons, and Catherine Tobin