MESSAGE FROM THE CHAIRMAN
-SCOTT REEVES, MD, MBA

The start of the new academic year has officially begun. Our residents are beginning to settle in to their new roles. This yearly event could not have occurred without significant contributions from all of us. I want to thank Matt, GJ and the faculty for the substantial increase in lectures and simulation training that occurred in June and July. The CRNAs have been great with providing relief for all those educational activities. The anesthesia techs responded to the last second, “I need blank” requests professionally. Leslie Fowler, Glenda Ross and all our support staff did a marvelous job getting the residents credentialed through PICIS and compliance training.

As we look forward to the new year, it is also important that we reflect upon the past year(s). I invite everyone to my State of the Department address on Tuesday August 3 at 6:30 am in 204 CHP. Each year the dean of the College of Medicine does an annual report for the Board of Trustees and the MUSC family. This year, Jerry Reves took the opportunity to discuss the substantial advances that occurred in the past decade under his leadership. Many of them were secondary to all of our contributions. Selected pieces of that report are included in this edition of Sleepy Times. We have many reasons to be proud.

NIGHT AT THE CHARLESTON RIVERDOGS

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 this Saturday, August 7th!

You still have a couple of days, so please RSVP as soon as possible to Leslie Fowler at fowlerl@musc.edu!

We hope to see you there!
The year 2000 began a new decade, a new century, and a new millennium for our university and our College of Medicine. Change was afoot. The Medical University Board of Trustees had just selected only our sixth university President, Ray Greenberg, and the first order of business for the President was the appointment of a Dean for the College of Medicine to replace Layton McCurdy, who served from 1990 until retiring from the role in 2001. It was a special privilege to return to the College as Dean, and I will forever be grateful to President Greenberg and the Board of Trustees for the opportunity to work with the leaders of the College, our faculty and our students. When first addressing the faculty, I challenged us to do great things and offered my advice that this was most easily accomplished by interdisciplinary cooperation or, in short, “collaboration.” This year’s report highlights some of the many collaborative achievements we have seen during this latest decade in the rather old life of our College. Our mission has three focus areas, as do all academic medical centers: education, investigation, and clinical service. We were established in 1824 primarily for the first, and that remains a primary focus. We do and must educate the next generation of physicians to serve our state and nation. We admit one hundred and sixty medical students each year and almost all graduate. We have been successful in expanding our applicant pool and admitting an ever-broader spectrum of students, in terms of geography and demographics. For investigation, the benchmark by which medical schools are compared is competition for National Institutes of Health (NIH) funding. Our College now receives over a hundred million dollars in NIH support, and this funding includes the highly competitive National Cancer Institute designation and the Clinical and Translational Science Award that only the very best schools have. Our research is particularly strong in cancer biology, tissue engineering, neurosciences, and cardiovascular biology. In our third mission, education and research play key roles. This is where our medical students and residents learn doctoring, and where our clinician scientists bring new strategies to diagnose, treat, and cure old diseases. We have many areas of excellence, and the U.S. News & World Report has singled us out in seven clinical areas. One way in which we have organized ourselves to deliver optimal care and do collaborative research is through our interdisciplinary service lines. This year’s report is different from previous ones in two respects: first, it covers more than the past year, spanning the past decade. Second, we have included stories that illustrate how collaboration has led to new strengths within the College – in the Hollings Cancer Center, the Department of Neurosciences, and the creation of service lines, to name a few of the many collaborative achievements we have seen during this time span. In reading through this ten-year report, it will be obvious that this is not the same old medical school of yore. It is a robust, energetic and excitement-filled College where students, residents, faculty, and patients expect and experience excellence in all our many endeavors.
In 2004, history was made when MUSC, the University of South Carolina (USC), Palmetto Health, and the Greenville Hospital System University Medical Center set aside competitive differences to form the nation’s first statewide health-related research collaborative. Within a year, Clemson University and Spartanburg Regional Healthcare System joined the unique organization known as Health Sciences South Carolina.

The mission of Health Sciences South Carolina is simple: to use collaborative research between its partners to improve the state’s economy, public health, education, and the healthcare workforce. From the beginning, MUSC and the College of Medicine have played a leadership role. MUSC President Ray Greenberg, MD, PhD, is on the organization’s Board. Dean Jerry Reves, MD, serves on the Policy Steering Committee.

One of the primary reasons for Health Sciences South Carolina’s formation was the Centers of Economic Excellence program, which was established by the South Carolina General Assembly to encourage research that in turn, would spark economic development. The centers are funded in part through South Carolina Education Lottery proceeds. Each state dollar must be matched by the private sector. Health Sciences South Carolina helps facilitate the private match. Today, there are forty-six Centers of Economic Excellence. MUSC is the lead university or a partner in twenty-three of the centers. The Centers of Economic Excellence program has resulted in more than a quarter billion dollars of non-state investment in the South Carolina economy and is responsible for the creation of more than two thousand jobs.

Said Dr. Greenberg, “Through the Centers of Economic Excellence program, and the financial support of Health Sciences South Carolina, we have been able to recruit leaders who are transforming health care delivery, research and education in our state.”

Dean Reves agreed that Health Sciences South Carolina has had a profound effect on MUSC and the College of Medicine: “Giving our faculty the opportunity to collaborate with colleagues from Clemson and USC has been a catalyst for very exciting research projects like advanced tissue biofabrication. It infuses everyone with new energy and enthusiasm. The collaboration that is taking place at every level, from university and hospital leadership to faculty and staff, has served to leverage our talents and create lasting results for South Carolina.”

In 2008, Health Sciences South Carolina named Jay Moskowitz, PhD, as its first president and CEO. Having spent nearly thirty years with the National Institutes of Health (NIH), rising to the position of deputy director, Dr. Moskowitz has brought new collaborative opportunities to MUSC and its partners. These include statewide efforts to eliminate healthcare-associated infections, establish a health information exchange to improve clinical care, and create an information technology-supported clinical research network. In each, Dr. Moskowitz has found MUSC to be a substantial and committed partner.
“Pursuant to the talent and vision of MUSC leadership—Dean Jerry Reves, Provost John Raymond, and President Ray Greenberg—Health Sciences South Carolina has not only become a reality, but a model for other states. Their willingness to lead and act is helping us achieve our goals of improving our consumers’ health, our healthcare system, and the state’s economy,” said Dr. Moskowitz.

Health Sciences South Carolina has served as a magnet for talent for MUSC and its partners. Iain C. Sanderson, MBBCh, is the endowed chair for the Center for Healthcare Quality and a professor of Anesthesia and Perioperative Medicine. He joined the College of Medicine faculty from Duke University, where he was responsible for perioperative systems across all of their hospitals.

“Coming to Health Sciences South Carolina from Duke has given me the chance to create systems for research with a truly statewide impact on health and economic development. MUSC and its partners are collaborating to leapfrog South Carolina into the forefront of technology to aid multi-institutional academic research in healthcare, and with significant grants from The Duke Endowment and the NIH, we are now moving into the implementation phase. This has attracted new faculty such as Jihad Obeid, MD, from Weill-Cornell as our director of Academic Biomedical Informatics, and has brought new high-tech jobs into the state as part of our organization,” said Dr. Sanderson.
The Medical College and Outreach

Over the past decade, the College of Medicine’s outreach efforts have spread far and wide. Around the corner or around the world, the health and lives of those in need are made better by the selfless faculty, staff, residents, and students who give their time to make life-saving healthcare available and accessible.

American surgeons operate in environments that are the envy of the world. When Dilantha B. Ellegala, MD, an assistant professor of Neurosciences in the College of Medicine, performed brain surgery in Tanzania in 2006, he was taken aback. Gone was the sophisticated technology and highly sterile environment. Instead, the operating room was equipped with flashlights, fly swatters, and hand-pumped devices. After this incredible experience, Dr. Ellegala was determined to help improve medical practices and facilities in third-world countries.

When he joined the College of Medicine in 2008, Dr. Ellegala approached Dean Jerry Reves with the idea of establishing a Global Health Center at MUSC. In Dean Reves he found a sympathetic ear and willing champion. “Traditional medical missions involve a team of doctors that comes in, helps and eventually leaves. Nothing sustainable is left behind. Before long, the country is in need again. I wanted to do things differently,” Dr. Ellegala explained.

His idea, and what is now the goal of the Global Health Center, is to train people from third world countries to administer healthcare after doctors from other countries leave, so that local providers can not only attend to the needs of their own communities, but also train others to assist them long-term, thus creating a sustainable healthcare system.

Dr. Ellegala’s original plan was to get the center going in five years, but with Dean Reves’ support, plans accelerated. He organized the Physicians Training Partnership, a program under which African neurosurgeons visit the United States to observe techniques and procedures, and Americans go to Africa to observe and share their knowledge. Nearly four years after his first trip to Tanzania, Dr. Ellegala had trained ten doctors in four African countries, advancing the specialty of neurosurgery and creating more access to care in countries much in need. A hospital that was doing zero specialty surgeries in Tanzania two years ago is now doing one hundred and fifty specialty surgeries a year.

Dr. Ellegala’s motivation for global outreach is simple. He was born in one of the poorest nations in the world, Sri Lanka, and was raised in America, the richest nation on earth. He has always felt he owed a debt to his former country and is paying that debt by giving back to countries in need.

“It is about leaving something good behind,” he explained. “We are living in a globalized world. This is the College of Medicine’s way of leaving an honorable global footprint.” Dr. Ellegala said the program attracts students from developing countries who want to learn and return home to practice medicine. “We empower them to change their own countries for the better, one patient at a time.”
The past decade has been one of incredible growth for the Department of Anesthesia and Perioperative Medicine. Multiple endowments have been established. We lead the nation in simulation methodology and course delivery. We are also national leaders in patient safety, as evidenced by our selection as one of five centers to participate in the FOCUS: Flawless Operative Cardiovascular Unified Systems project to reduce human errors in cardiac operating rooms. By building upon the success of the past decade, the future of the department is bright.

Multiple endowments have been established over the past five years. The Jerry Reves Endowed Chair for Anesthesia Research will allow the Department the necessary resources to recruit a top-tier researcher. The newly formed Joanne Conroy Endowed Chair for Education and Leadership Development will develop the future leaders of our specialty through support for advanced training in business, public health and administration. John J. Schaefer, III, MD, was recruited as the Lewis Blackman Endowed Chair for Clinical Effectiveness and Patient Safety in the field of medical simulation, which provides the Department with national leadership in simulation methodology and course delivery. Iain C. Sanderson, MBBCh, MSc, was recruited as the chief medical information officer and endowed chair for the Center for Healthcare Quality, a Center of Economic Excellence supported by Health Sciences South Carolina. Both men lead initiatives in their specific areas across the state’s four largest healthcare delivery systems and three research universities. Finally, John E. Mahaffey, MD, was recognized for his more than thirty years as Department chair with the establishment of the John E. Mahaffey Endowed Chair, held by Scott T. Reeves, MD, MBA.

The advancement of knowledge through scientific and clinical discovery has been reenergized through an overhaul of the educational curriculum. This new curriculum emphasizes a robust Grand Rounds lecture series with local and national speakers. The Department has also been awarded its first National Institutes of Health grant in more than thirty years, entitled Transcranial Magnetic Stimulation Effects on the Management of Postoperative Pain. We are a national leader in patient safety, as evidenced by our selection as one of five centers to participate in the FOCUS: Flawless Operative Cardiovascular Unified Systems project to reduce human errors in cardiac operating rooms.

The Department of Anesthesia and Perioperative Medicine is committed to the delivery of excellent, compassionate clinical care; the development of outstanding future clinicians, thinkers and leaders; and the advancement of knowledge through scientific and clinical discovery. The past decade has been one of incredible growth in all these areas. We have witnessed the opening of Ashley River Tower, experienced more than fifteen percent growth in operating room volume, and had greater than one hundred percent growth in non-operating room cases within the past five years. Our faculty has more than doubled since 2006, with an increase of thirty-three percent in the anesthesiology residency class size.
MUSC vision and collaboration: HealthCare Simulation of South Carolina and our successes to date are a clear demonstration of these attributes of the university’s leadership. What was a vision in 2006 has become not only a reality, but also a phenomenal success story that bridges South Carolina’s colleges and universities and serves as a tremendous resource to our students and patients.

HealthCare Simulation of South Carolina (HCSSC), a division of the Clinical Effectiveness and Patient Safety Center, is the realized vision of MUSC and its fellow stakeholders in Health Sciences South Carolina—Clemson University, the University of South Carolina (USC), Palmetto Health, Greenville Hospital System University Medical Center, and Spartanburg Regional Healthcare System—to foster and promote the use of simulation in healthcare.

Since 2006, HealthCare Simulation of South Carolina’s methodologies for achieving practical, objective-based simulation have made it possible for collaborative partners to provide innovative educational opportunities to medical, nursing, and allied health students and practicing providers across South Carolina. The partnership includes the Medical University of South Carolina, the Clemson University College of Nursing, Greenville Hospital System, Greenville Technical College, the USC College of Nursing, and USC-Beaufort. Supported by an $800,000 grant received this year, HealthCare Simulation of South Carolina will be adding affiliate programs in South Carolina over the next three years.

The local MUSC Healthcare Simulation Center began its preliminary programs in 2006 and the new, state-of-the-art Center opened in June 2008. By 2009, the Center provided more than fifteen thousand participant encounters encompassing over seventy courses that include the involvement of more than one hundred and fifty faculty members. The Center also went from near zero simulation activities in 2006 to being the most active of twenty-six simulation programs in South Carolina.

The Center’s director, John J. Schaefer, III, MD, is the lead national consultant for a key component of the simulation technology infrastructure software, SimCapture®, which is a simulation learning management and data capture system under development by B-Line Medical, LLC, in collaboration with the Clinical Effectiveness and Patient Safety Center and the Greenville Hospital System Simulation Center. The resulting system will be an affordable, portable, easy-to-use solution for capturing data from simulations to improve education and research. The Center has also been asked by Laerdal Medical to be the pre-beta testing site for new products, including new operating systems for SimMan®, SimMan 3G®, and SimNewby® simulators. Dr. Schaefer and his staff are working with Elsevier Publishing to develop programmed clinical scenarios for license through Sim Tunes, LLC.

The MUSC Healthcare Simulation Center has provided more than fifteen thousand participant encounters encompassing over seventy courses.
Welcome

Dean Etta D. Pisano, MD

On July 1, 2010, Etta Pisano, MD, will succeed Jerry Reves as Dean of the MUSC College of Medicine and Vice President for Medical Affairs. Dr. Pisano comes to the College from the University of North Carolina at Chapel Hill, where she served as Vice Dean for Academic Affairs for the medical school, professor of Radiology and Biomedical Engineering, Director of the NC TraCS Institute, and Director of the UNC Biomedical Research Imaging Center. She is widely recognized as one of the world’s top minds in Radiology. Join us in welcoming Dean Pisano!

Dear Friends,

It is a great pleasure to write this letter to my new colleagues, students, faculty, and fellow Charlestonians. It is a great honor to be included in Dean Jerry Reves’ final report, and more importantly, to assume the mantle of Deanship, which he has worn with such vision. I come to the position of Dean of the MUSC College of Medicine with much enthusiasm and excitement. The opportunity to lead an institution with such a rich and venerable history and brilliant future is a dream come true. I have tremendous respect for President Ray Greenberg, Provost John Raymond and the Board of Trustees; we share the belief that the College of Medicine is poised to achieve even greater success. The foundation for future achievement is firmly in place. The College is extremely strong clinically with exceptional faculty, facilities, and strategy for increasing local and state access to care, and is ready to thrive in this new era of healthcare reform. The research enterprise shows great promise with the recent National Cancer Institute designation awarded to the Hollings Cancer Center, the Clinical and Translational Science Award, and an unbelievably strong Neurosciences program. The College is currently ranked forty-second in National Institutes of Health (NIH) funding. With the help of the chairs and faculty, my aim is to increase our NIH funding. We also plan to aggressively pursue Comprehensive Cancer Center status for the Hollings Cancer Center. The Medical College is a state institution charged with educating the next generation of physicians. The educational mission is incredibly important to the people of South Carolina and to our faculty. I plan to reach out to our students, our faculty, and the state to build upon an already strong program. I also envision tremendous entrepreneurial opportunities for our faculty, which will create opportunities for Charleston and the state of South Carolina. On a personal note, I am pleased that my husband, Jan Kylstra, is also joining the MUSC College of Medicine family as a retina surgeon in the Department of Ophthalmology. Our daughter, Marijke, the youngest of our four children and the only one still at home, is very excited to move to Charleston, to start school at the Academic Magnet School as an 11th grader, to get her South Carolina drivers license, and to become a South Carolinian. In closing, I thank you for entrusting me with the jewel that is the MUSC College of Medicine. I look forward to leading this outstanding institution to even greater heights.

With warm regards,

Etta D. Pisano, MD
Dean Designate, MUSC College of Medicine
Retiring MUSC Dean on Cruise Control
Jerry Reves - By Adam Parker, Saturday, June 26, 2010

The vessel is called the Sweetgrass. It's a 41-foot trawler class made by Roughwater Boats.

The vessel's captain is Jerry Reves, a modest-looking man with charcoal-gray hair, a ready smile and an adventurous spirit.

Reves and his wife, Jenny Cathcart, are about to embark on a journey as circuitous and lengthy as the path Reves has walked during his professional career: "The Great Loop."

The pair will travel by ocean, Gulf, interstate waterways, river and canal -- mostly one-way except for a couple of brief excursions that will require but a quick skip in and then back out -- returning to where they started, Charleston.

Home.

Early training

Reves, who turns 67 this summer, is dean of the College of Medicine at the Medical University of South Carolina. He runs the show. After nearly a decade at the helm -- after improvements, expansions, a pivotal accreditation -- he is retiring, walking away from this last in a long series of leadership jobs for some well-earned R&R.

He says most serious jobs require about 10 years to accomplish one's main goals.

Reves, whose father taught math and coached tennis at The Citadel, grew up on campus and swam in the Ashley River. He attended the Gaud School for Boys at South Adgers Wharf and East Bay Street, then spent the 11th and 12th grades at the Darlington School for Boys in Rome, Ga.

Having The Citadel for a playground was great fun, he said. His bosom buddy was Joe Harrison, whose father taught English at the school.

Harrison said it was a protected, safe environment that had a lot to offer a couple of rambunctious boys. Pedestrians were respected. Large fields were available to play on. The boys played basketball, football and tennis.

"It was quite colorful," Harrison said. "There was plenty of nature around, trees to climb."

Football was a favorite pastime.

"We actually played on a team that was coached by a couple of Citadel cadets who had spotted us on the field," Harrison said. "Jerry was always quarterback. I was the end. We spent hours practicing pass patterns, which I still to this day remember."

When they were old enough, they double dated a little, then it was off to college. Reves went to Vanderbilt University in Nashville, Tenn. Harrison attended The University of the South in Sewanee, Tenn., not too far away. Reves tried to get him to go to the Grand Ole Opry, but he resisted.
Retiring MUSC Dean Continued...

"At the time, I didn't like country music," Harrison said.

After college and during the years Reves was working in Birmingham, Ala., and the 17-year period he spent at Duke University, the two men lost touch. But when Harrison heard that his friend had been recruited in 2001 for a position at the Medical University, that he was coming home, they got back in touch.

"It was just like we'd seen each other yesterday," Harrison said.

Responsibility

Reves' father had gone to Vanderbilt, and now the son followed in dad's footsteps, majoring in English and minoring in philosophy. He was good enough at tennis to make the varsity team. William Faulkner was (and is) his favorite writer.

"I had been in a cocoon until then," Reves said. "It was the first time I'd ever heard a point of view different than what I'd grown up with."

He graduated from Vanderbilt in 1965. But it was doctoring that soon caught his imagination. He enrolled at the Medical University in 1969 to study anesthesiology, landed an internship and residency at the University of Alabama Hospital and Clinics in Birmingham, then decided the combination of medicine, academics and research suited him.

For two years, 1972-74, he worked at Bethesda Naval Hospital before returning to Alabama, where he spent 10 years as a professor of anesthesiology. He helped develop a sedative-hypnotic called Midazolan, which soon was marketed by the pharmaceutical company Roche and was called the new drug Versed.

It became the standard anesthetic used during surgery, replacing Pentothal, which had been most widely used since 1942. Pentothal, though, made patients feel like they were "being spun into oblivion," Reves said. The newer anesthetic provoked a more natural sleep, he said.

In 1984, he went to Duke University Medical Center, becoming first director of cardiothoracic anesthesia, then director of the heart center and later chairman of the department of anesthesiology.

Reves said being an anesthesiologist is akin to being the conductor of a big orchestra, calling on one drug, then another, adjusting inflow to achieve just the right effect.

The helpless patient relies completely on the doctors.

"It's like seeing a baby born," Reves said, "and realizing -- oh, my God -- that baby depends on me."

The Coach

At the Medical University, Reves is a multitasker. Besides being dean of the College of Medicine, he is professor of anesthesia and perioperative medicine, professor in the department of cell and molecular pharmacology and experimental therapeutics, and vice president for medical affairs.

He's recruited top people, such as Andrew Kraft, who runs the Hollings Cancer Center and oversaw the process that secured its National Cancer Institute designation. He ensured that the Medical University reached the top third of the medical schools recognized by the National Institutes of Health. He helped bring in millions of dollars in funding.

"What (all this) really does is puts you in the elite," he said, proudly crediting these successes to the many people who did most of the heavy lifting.

"I'm more like a coach, I select the players," Reves said. "But they have the talent, they have to perform, they have to perform like a team."
**Retiring MUSC Dean Continued...**

At Duke, his emphasis was on helping to advance careers, he said. At the Medical University, it's more about improving the institution. Harrison said his friend has a great work ethic and is helpful, generous and honest. "I don't think anyone can push him around," he said.

Two hospitals in the South with the best reputations are Duke and Emory, Reves noted. That's where people with serious health problems historically have gone for specialized treatment.

Not so much anymore.

"We want to make it so Charlestonians don't have to leave Charleston," he said.

**A big job**

Kraft was recruited by Reves in 2004 from the University of Colorado. As director of the Hollings Cancer Center, he has worked closely with his boss to make the center a world-class institution. "Being dean is a complicated job," Kraft said.

Reves is responsible for students, the clinical apparatus and the research scientists. "It's a big job," and it's people-oriented, Kraft said, which plays to Reves' strengths. "He's a good listener."

He marries his own abilities and experiences with those of others, empowering people and guiding them at the same time, Kraft added.

Reves also has worked hard to build bridges between departments, which tend to work in silos, Kraft said. Among other things, the dean has encouraged his colleagues in other departments to get their patients into trials. There are more than 100 trials under way at any given time, Kraft said.

More than half of all doctors in South Carolina were educated at the Medical University. During the past nine years, since Reves became dean, the school has turned out 1,200 doctors.

A decade ago, the university admitted about 135 people a year; today, it enrolls 165 annually.

About 40 percent of the graduating class is focused on primary care: family medicine, pediatrics, internal medicine, psychiatry and OB/GYN. The rest pursue more lucrative specialties.

Dr. Etta Pisano a radiologist and breast imaging pioneer from Duke Medical School, was hired to replace Reves. She will be the Medical University's first female dean of the College of Medicine.

**The Great Loop**

Next month, Reves and his wife will hit the waterways.

They'll take the Intracoastal Waterway to Chesapeake Bay, float their way to New York, head up the Hudson River to Montreal, cross the Canadian canals into the Georgian Bay and Lake Huron and pass through the Great Lakes to Chicago.

Then they will track down the Illinois River to the Mississippi River, turn southward and ride the great Mississippi current until they reach the Tennessee River, hop onto the Ohio briefly to get to the Cumberland River, which they’ll take to visit Nashville, then find their way to the Tombigbee River. They'll float south twixt Mississippi and Alabama to Mobile, hit the oil-slicked Gulf of Mexico to get to New Orleans for a spell, continue on to Houston, where an old college roommate lives, then head back along the coast, down the Florida peninsula to the Keys and around the bend to the Intracoastal Waterway on the east side of the state, riding north until Charleston is back in their sights.

The Sweetgrass has a single diesel engine that will take them the full 5,500 miles at an average of 10 mph.

But don't think it will be all pleasure. Reves is conducting a medical research project during the cruise to learn about injury and illness. It's been approved by the Institutional Review Board.

"Nobody's ever done this before," he said.
CPOE AND NORA Picis Template Updates

While all of the major operating room cases now have their anesthetic care recorded by Picis, the rollout of Picis is far from complete. We expect Picis to expand to many (if not all) Non-Operating Room Anesthesia (NORA) sites over the coming year. With this expansion of Picis into areas such as adult and pediatric endoscopy, CT/MRI, radiation oncology, ECT, and others; a new template was developed to address the special workflow needs imposed by these environments. I want to thank the many nurse anesthetists and the Picis development team for efficiently creating and implementing the new NORA template. This new NORA template was added to the system over the July 10th weekend, and it is already working very well in adult endoscopy at ART.

There were some additional changes introduced over that July 10th weekend that were detailed at that time. There is also now a new assessment item that will allow improved documentation of the amount and route of supplemental oxygen when the main anesthesia machine circuit is not used. Some of the attending documentation changes led to a temporary minor incongruence between some attending documentation statements (depending on method of entry). Luckily, this did not cause any billing or compliance problems. Uncovering the cause of this incongruence actually led the Picis team to learn how to manipulate the default "All Events" listing, so our default attending documentation list is now in a better chronological order.

The next notable change for Picis will involve the printout. The Anesthesia and PACU records will be merged, and the new merged "printout" will begin to post electronically to the eCareNet Viewer. This first step towards automated integration into the hospital's electronic medical record will significantly improve the timeliness and reliability of the "printout," no longer requiring a hard copy nor subsequent scanning of the hard copy. We anxiously await the completion of this project, hopefully within the next few months.

The Department of Anesthesia has recently committed to funding a dedicated programmer position to further tailor Picis to our needs. While we will be unable to alter some of the fundamental limitations of the system, this new programmer will be able to leverage the Picis data to provide additional functions and automation. We hope to have our new programmer on board within the next several weeks, as we already have a lot of programming projects lined up.

Computerized Physician Order Entry (CPOE) is expected on all general care floors in MUH and ART and will expand to all the ICUs by the end of September. As the hospital completes this process, fewer and fewer paper orders will be allowed. As we need to be able to access and write perioperative orders, it is in our best interest to learn to use the new CPOE system. A CPOE equivalent of the regional analgesia order forms has been completed, and the conversion to CPOE orders for the Regional Acute Pain Service (RAPS) at ART is anticipated by the end of August. For the RAPS at MUH, the conversion to CPOE orders will be delayed until next year (better handling of medication mixtures, such as the epidural opioid and local anesthetic combinations, will be possible after the next CPOE upgrade). However, we can expect that completion of CPOE training CATTS modules will be required of all anesthesia providers in the near future.
MEET THE FACULTY

Ilka Theruvath, MD
After completing her Pediatric Anesthesia residency at the Children’s Hospital of Philadelphia, we welcome back Ilka Theruvath, this time as a Pediatric and soon to be Pediatric Cardiothoracic Anesthesiologist. Originally from Hannover, Germany, where she completed medical school, Ilka was a resident in Anesthesia at the Charite-Humboldt University in Berlin, Germany. After completing a postdoctoral research fellowship in Augusta, Georgia, she completed the rest of her residency and was one of our Chief Residents here at MUSC. Although we are incredibly excited to have her back, I’m not sure that can match her excitement to be back here as an attending and closer to her husband, Tom, who is currently a resident in Surgery here at MUSC.

Jake Freely, MD
Please help me in welcoming Jake Freely, Pediatric Anesthesiologist to the Department of Anesthesia family. Born and raised on the South Side of Chicago, Jake received his undergraduate degree from Creighton University, after which he attended medical school at St. George's University School of Medicine. After completing his residency at Rush University Medical Center, where he also met and ultimately proposed to his wife Molly, Jake completed a Pediatric Fellowship at Northwestern University Feinberg School of Medicine (Children's Memorial Hospital). Now in Charleston with his wife and their one-year old daughter, Lily, he is looking forward to enjoying the warmer weather, rooting for his beloved White Sox (although 900 miles away), and being a part of a hospital known for an excellent pediatric patient population with complex cases.

Chris Skorke, MD
Originally from Northern California, Chris is not new to South Carolina. He received his bachelor’s degree from the University of South Carolina and medical degree from MUSC. Next, Chris pursued an anesthesia residency at Rush University Medical Center, Chicago, where "urban living was great but the seemingly endless winters were not."

His fiancée, Alice, and he are happy to return to the Lowcountry. Particularly, they are excited about all the opportunities for running, cycling, and time around the water. "You will not hear complaints from us about sand on the car floorboards at the end of the day."

Chris is excited to join the anesthesia department at the Medical University. He aspires to always continue his clinical development and assist others in the same pursuit.

Regarding his surname, Chris comments, "oh, it’s pronounced 'score - key,' but addressing me by 'shark,' 'stork,' or anything close will get my attention and a smile under my mask."

Ryan Gunselman, MD
Another new face you may have seen wandering the halls of the department is Ryan Gunselman, a new member of our Regional Anesthesia Pain Service team. After receiving his undergraduate degree from Ohio State University, Ryan attended the University of Cincinnati Medical School, then completed a surgical internship at Cleveland Clinic Foundation, followed by his residency at Case Western Reserve (MetroHealth). Besides looking forward to escaping the winters of the MidWest, he couldn’t pass on the opportunity to teach and practice regional anesthesia in a variety of settings, as well as being closer to his parents, who live in Mt Pleasant. With hobbies such as golfing, fishing, and mountain biking, along with dreams of learning how to surf and possibly kiteboard, he and his wife, Cristi (and their two golden retrievers), will have no problem enjoying Charleston and its surrounding areas.
MEET THE NEW RESIDENTS

This month, Matt and Amy McEvoy hosted a get together at their home to welcome our new residents. It was a fun event on a beautiful and hot Saturday afternoon. We all enjoyed the opportunity to get to know the new residents and everyone’s children.

Will Hand with daughter, Emily Reese

Missy and Ryan Reed with daughter, Kinsey

New Residents (from left): Brystol Henderson, Kam Wong, and Jennifer Matos

Wes Hudson with children, Max and Lula

Grace, with Ainsley McEvoy on right

THE FIRST MONTH OF THE REST OF MY LIFE

The first month of our Anesthesia training is behind us CA-1s and it has been a month to remember. Reflecting on the month, it has been one filled with new experiences and a few entertaining ones too. My first patient told me that I look just like the Nascar driver, Kyle Bush, at which point I proceeded to ram her bed into 3 walls on my way to the OR. But, I still made it by 7:30. I continue to hone not only my skills in the OR, but my driving skills as well, and I am happy to report that I can now go through a whole day without swapping paint with the hospital walls on my way to the OR. It has truly been a month of great strides in knowledge, skills and cooperation.

First and foremost I have to give recognition to all of the people in the surgical suite that make the day happen. I continue to learn daily from all of the attendings, CRNAs, Anesthesia techs, and my resident colleagues. From tips on IVs from the Holding nurses, how to trouble shoot the Anesthesia machines by the Anesthesia techs, and how to set up a nebulizer in the PACU, the entire staff here at MUSC work together to make the surgical experience easier for the patients, and for that I feel proud to work in such an environment.

Anesthesiology is a continually changing field, and I think I speak for all of my fellow CA-1s to say how lucky we feel to have the group of attendings that we do. Not only do they strive to stay at the lead of cutting edge techniques, but they are willing and eager to teach those skills to those of us that are just starting. I feel that I have been exposed to a wide variety of anesthesia techniques and I am only just getting started. It invigorates my desire to become a better anesthesiologist, and most of all, a better physician.
**IV Start Success by: Susan Harvey, MD**

As a follow-up to our recent change in limiting IV sticks in holding, we have made a huge leap in patient satisfaction scores! The holding room nurses started calling the anesthesiologist to start the IV's the first of June, but this was not formally rolled out to you until recently. Here's the data for your review from the Press-Ganey (PG) satisfaction scores:

We are ranked in a large PG database compared to all other hospitals using Press Ganey to determine its satisfaction scores (the majority of hospitals). As you can see, we faired poorly against others until June, when we leaped to the top of the pack!

<table>
<thead>
<tr>
<th>Date</th>
<th>Rank Compared to Other PG Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/09-11/09</td>
<td>1 (each month)</td>
</tr>
<tr>
<td>December 2009</td>
<td>62</td>
</tr>
<tr>
<td>January 2010</td>
<td>7</td>
</tr>
<tr>
<td>February</td>
<td>1</td>
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<tr>
<td>March</td>
<td>26</td>
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<tr>
<td>April</td>
<td>41</td>
</tr>
<tr>
<td>May</td>
<td>11</td>
</tr>
<tr>
<td>(Start of IV Stick initiative)</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td>99</td>
</tr>
<tr>
<td>July (to date)</td>
<td>99</td>
</tr>
</tbody>
</table>

Thanks everyone!!

**Other Applauses**

Please join me in congratulating the RT Ambulatory Surgery team on winning the Top Outpatient Surgery/Procedures Banner Award for this quarter! The Ambulatory Patient Satisfaction Team, led by Nancy Kitten and Peg Kittredge, along with the entire multidisciplinary perioperative team at RT will be presented with the banner in the near future. This hard working team will proudly display the banner for an entire quarter in celebration of this wonderful accomplishment.

Rutledge Tower Ambulatory Surgery makes us all proud!

Best regards and GO team!...

**Susan Harvey, MD**
ORTHOPAEDIC SURGERY PROGRAM
ONE OF BEST IN THE COUNTRY!

To all:

I am very happy to announce that MUSC Orthopaedic Surgery has been named by US and World Report as one of the top 50 orthopaedic programs in the US! We are ranked 42.

I want to congratulate EVERYBODY who is involved in taking care of orthopaedic patients at MUSC. This is a team effort and the hard work of many people has made this honor a reality!

CONGRATULATIONS TO ALL for a job very well done! We have a lot to be proud of but also a lot to look forward to as we continue on our path of excellence.

Langdon A. Hartsock, MD, FACS
John A. Siegling, MD Chair in Orthopaedic Surgery
Associate Professor and Chairman, Department of Orthopaedic Surgery

Our Regional Anesthesia Pain Service Team from left: Tom Epperson, Jason Taylor, Brad Hullett, and Michael Hay
Future Events
8/2- Is there an Optimal Perioperative Hemoglobin? (CA2/3s), Dr. GJ Guldan
8/3- State of the Department Address (Grand Rounds), Dr. Scott Reeves
8/9- Should All Antihypertensive Agents Be Continued Before Surgery? Dr. Dwayne McClerklin
8/10- M&M, Drs Overdyk & Brown 
8/16- When Should Periop Glucocorticoid Replacement Be Administered? (CA2/3s), Dr. Jason Taylor
8/17- How to Read a Journal Article (Grand Rounds), Dr. Paul Nietert
8/23- ASA Practice Advisory for Intraop Awareness and Brain Monitoring. (CA2/3s), Dr. Julie McSwain
8/24- Best Practice for Lung Transplantation (Grand Rounds), Dr. Alan Finley

I Hung The Moon!
The department members below have been recognized by our patients and their peers. This month’s drawing winner is Kim Adams! Kim will receive a gift card to Halo. Congrats Kim!

Kim Adams- for checking on me in PCL to see if I needed a break. She was scheduled in a room, but had extra time between cases. Thanks, Kim!

Nic Matutina- his assistance with our communication boards, although he is in another department.

Kim Crisp- her eagerness to help and learn. She frequently goes above and beyond to help me and I always know I can count on her.

Kim Warren- Turning in my radiation badges when I was out for the day.

SAVE THE DATES:
- State of the Department Address, Tuesday, August 3, 2010
- Holiday Party: Friday, December 3, 2010 at the Charleston Yacht Club!
- Resident Graduation will occur Friday, June 24, 2011 at Charles Towne Landing.

The 10/5 Rule
Acknowledge the person 10 feet away by making eye contact, smiling and saying “hello” at 5 feet away.

We Would Love to Hear From You!
If you have ideas or would like to contribute to Sleepy Times, the deadline for the September edition will be August 23, 2010.