Recently the College of Medicine has initiated a Global Health Initiative. MUSC’s global health initiative is based upon a simple premise, TRAIN FORWARD. Much of the initial effort centers on the Madaktari Africa initiative developed by Dr. Dilan Ellegalla in the department of Neurosciences. According to the Madaktari Africa web site (http://www.madaktari.org), “Madaktari is medical training and education for the developing world. Physicians training physicians. Health care workers training health care workers. And, those people, in turn, training others. All to create local, sustainable systems of health care, led by the people who live there.”

As you know, Carlee Clark traveled to Mwanza, Tanzania back in February as the department’s initial explorer. I have just returned from a two week trek across Tanzania with the goal to solidify a location for our department to concentrate our efforts. In this edition of Sleepy Times, we will highlight what is occurring in Tanzania with articles from the Post and Courier as well as the Catalyst. I hope the articles will give you a feel for what is possible.

So what exactly did I do? I left on May 2 from Charleston and flew through Amsterdam on to Kilimanjaro and into Dar es Salaam, Tanzania.

As can be seen on the map, Tanzania is toward the southern tip of Africa on the Indian Ocean. I arrived at the hotel at 12:30 am after traveling for over 26 hours.
ANESTHESIA’S INITIATIVES IN AFRICA CONTINUED...

Early the next morning, I meet Sunil Patel, D Word (Executive Director for Madaktari) and Lynn Lyon (Nurse Instructor Greenville Tech) and off we went to the premier orthopedic and neurosurgical hospital in Dar. The facility has 5 operating rooms, 3 anesthesiologists and two anesthesiology residents. In Tanzania there are less than 10 anesthesiologists in the whole country. I watched and learned about their care delivery models. The equipment in the capital was reasonable with EKG, NIBP, invasive monitoring and Datex anesthesia machines. Pre and post operative care could definitely use some work. My favorite memory was pediatric holding which consisted of a bed with six little boys all under the age of 6 wrapped in blankets awaiting orthopedic surgery. They were having a grand time together without family. Every time I walked through the area there would be one less child.

From Dar es Salaam, Lynn Lyon and I traveled by commercial and a missionary single engine plan to Haydom (pictured above) where we met more of our team consisting of Todd Minshall, Ian Johnson, Ginny Mann and Brook Carpenter. Haydom is exactly what you picture when you think of rural Africa, dirt roads, mud huts and colorful clothing.

Dr. Reeves administering anesthesia to patient in Haydom

The anesthesiology capabilities in Haydom were very limited. They used a very old Halothane delivery system. Monitoring was almost non-existent with one portable pulse oximeter for the whole hospital. Blood pressures were all done manually. Vitals are collected by feeling the pulse while manually inflating the bellows to ventilate the patient with slightly greater than room air. Cross teaching occurred with nurse anesthetist, Paulina. She taught me the best way to maintain adequate ventilation while I taught her how to deliver anesthesia for brain tumor resection.

Dr. Reeves with Paulina

The hospital in Haydom is a Lutheran Mission Hospital initially established through churches in Norway. As such there are a significant number of European medical students and some surgical residents. Morning report occurs each morning followed by Salam (chapel) then radiology rounds and finally the start of the day. The operating rooms typically would start around 9:30am.

Surgical chief leading morning report
ANESTHESIA’S INITIATIVES IN AFRICA CONTINUED...

Haydom was a remarkable place. I had the opportunity to teach anesthesia as well as treat patients with leprosy, malaria, tetanus, cerebral syphilis, and typhoid fever. Unfortunately the capabilities of the medical staff were far greater than what could be accomplished with the limited technology. I had an opportunity to discuss this issue with their medical director. The hospital will be undergoing an upgrading of their electrical grid soon which would allow an infusion of new technology like monitors, ventilators, etc.

From Haydom we went to Mwanza. Mwanza is a medium size city at the base of Lake Victoria. They have a very nice hospital there that has a nurse anesthesia school that “trains” up to 20 students per year. Most of their education was occurring through Health Volunteers Overseas (http://www.hvousa.org/) which gave lectures to the students monthly. Unfortunately, HVO stopped coming in April. Carlee and Brett Clark spent two weeks there in February.

The students such as Kenneth (pictured to the left) were very excited about our presence and teaching. They have a very firm grasp of English. The facility had reasonable equipment and some monitoring capabilities which could easily be augmented.

While at Mwanza, Dilan Ellegalla and I taught the local physicians and nurses how to successfully perform brain tumor resection from an anesthetic and surgical perspective.

The train forward concept is evident in the picture to the right as a neurosurgical resident is working alongside the local surgeon while I am teaching the anesthesia personnel. Neither one of us is “doing the case” but rather walking them through it. While there I also had an opportunity to speak to the head physician for the hospital and the Dean of the college of medicine. Both were committed to having us come and were excited about the train forward concept. Following several days, I headed back to Dar es Salaam and the 28 hours required to get home to Charleston. Of note all my flights went well until I returned to Atlanta and experienced my first delay!

I feel that Mwanza holds the best potential for our department to have the greatest impact. This is through the nurse anesthesia training program where we could increase the knowledge base and skill set of 20 students per year who would then disperse throughout the country. Our basic lecture series consisting of baby Miller and Morgan and Makhail would be a huge resource for them and could form the core of their training. This is one of the many reasons that we have begun having our faculty tape these lectures.

Many may be asking why bother? I think it is important that for those that are willing that the department support an international training experience. We will be in alignment with the College of Medicine and our surgeons. Tanzania is a logical choice in that the Minister of Health has given our group immunity from lawsuits and the government’s support. It will enable our senior residents the ability to increase their training of others and supervision skills. In the weeks ahead, the Executive Committee and I will develop a specific policy for the department, obtain ABA approval for a global health elective for the residents and obtain a source of housing in Mwanza. Please review the materials in this edition of Sleepy Times and consider how you can play a role.
THE ROAD TO TANZANIA as featured in The Catalyst

Anesthesia Department joins outreach to Africa by Dawn Brazell, Public Relations

Carlee Clark, MD, left Tanzania surprised by the nurses who were asking if they could keep her tennis shoes and operating garb. She gladly agreed, but what she got in return was well worth it, she said.

Dr. Carlee Clark recently visited Tanzania as part of a medical mission trip to see ways MUSC’s Department of Anesthesiology can help improve the training of the region’s anesthetists. She enjoyed seeing the wildlife while she was there.

Clark, who went to Africa for two weeks in February as a representative of MUSC’s Anesthesiology & Perioperative Medicine Department, worked with staff to assess and find ways to improve the way anesthesia is being done. The trip is part of the Madaktari program started by Dilantha B. Ellegala, MD, in MUSC’s Department of Neurosciences. The non-profit program works with the country’s Ministry of Health and regional hospitals to create sustainable healthcare in East Africa. For more information on the Madaktari program, visit http://tiny.cc/muscafrica.

Neurosurgeons volunteering in the country realized that the anesthesia being provided wasn’t very good, she said. Ellegala decided to seek help from MUSC anesthesiologists who could provide the training to allow them to take better care of patients. Clark decided she’d love to go.

Her goal was to observe, assess weaknesses and strengths, and find the best ways to train the anesthetists there. This was her first trip to Africa and her first mission trip. She had no idea what to expect at Bugando Medical Center, but she went with an open mind. She was pleased to get a warm, friendly welcome, she said.

“Anesthetist students at Bugando Medical Center gather for morning report.”

“What I found was a group of amazing people trying to practice good anesthesia with limited resources and a mentality towards patient care that was inconsistent. I spent the majority of my time observing, asking questions and commending them when they did something well.”

Her strategy worked well, allowing her to quickly gain their trust, she said. She met with the one anesthesiologist, and then the nine senior anesthetists, who were students. Since they get little supervision in the operating room, the senior anesthetists were excited to have her with them to answer questions, she said.

“What I learned was both fascinating and frightening at the same time.”

The senior anesthetist, who get paid salaries at a nursing level, are responsible for the 24/7 coordination, administration and education that happens in the six operating rooms at Bugando Medical Center. Two of them also share the responsibility of scheduling, ordering and maintaining equipment, and the ordering of medications.
THE ROAD TO TANZANIA CONTINUED...

There currently are 23 anesthetist students, with their training program being only 12 months long, she said. A nurse who “monitors” the patients runs the Post Anesthesia Care Unit (PACU). The patients are suctioned, extubated, and then watched only five to 15 minutes before being shipped back to the floor.

Clark surprises and teaches one of the anesthetist students in the operating room.

About 200 cases are done a week in six operating rooms, with 50 to 60 cases in general surgery and orthopaedics being scheduled on Mondays, Wednesdays, and Fridays. The wait list for surgery is almost three months long. Patients have to pay up front or their cases are cancelled. If they can pay more, their cases are pushed up on the schedule. The anesthetist try to keep the patient’s cost down by limiting medications or using local or regional whenever possible, she said.

“They try to make things as cheap as possible. Some patients get no pain medicine at all. The patients are great. They’re very stoic.”

Clark said she found sometimes the staff was more concerned about speed than safety. Abnormal laboratory results were not repeated, for example. The range of education also varied greatly among the staff, with some having a very poor level of basic anatomical knowledge. Medical staff members also can be stretched thin because they’re serving multiple roles. For example, there’s no circulatory nurse so the anesthesiologist has to perform a dual role, she said.

“Oh the slower days, the operating rooms get cleaned more and the patients get more time in the PACU. On busy days, it is impressive how well everyone works together to get things done as quickly as possible, but it is obvious that patient care suffers on these days.”

Clark said staff members are aware that they’re not practicing up to the standards of the United States, but that she was impressed by how well they did with often limited resources. She spent much of her time assessing their needs and providing training, since the project is to help them be self-sustaining.

“It’s a very interesting situation because it’s a training center. It’s a place we can effect change. It was a welcoming environment and one in which residents, CRNAs, and attendings could all go and bring about change. I think this will be a great opportunity for the department of anesthesia, and I’m excited to be part of it.”

Scott T. Reeves, MD, and chairman of MUSC’s Department of Anesthesia & Perioperative Medicine, left May 2 for 10 days to visit various sites to determine where training will be most effective. Clark said she definitely will be going back at some point. She would like to get more students there interested in anesthesia and encourage them to apply for postgraduate training. She also wants to encourage them to spend more time with patients and examine how they handle their case loads to create a safer environment.

“I enjoyed working with them. They’re great. They want so badly to be doing better.”

Friday, May 7, 2010
HAYDOM, TANZANIA – It’s not easy to find a neck brace here in the middle of the Tanzanian bush, but a neurosurgeon from the Medical University of South Carolina had a thought: Maybe the village’s basket weavers could make them?

Emastela Yohani, a basket weaver in the Tanzanian bush, made a neck brace after MUSC neurosurgeon thought they could help alleviate a shortage of foam neck braces.

Dilan Ellegala came up with the idea after noticing similarities in baskets in Tanzania and the sweetgrass baskets made in the Lowcountry. One of his colleagues here recently gave a woman named Emastela Yohani, 45, a foam neck brace, and she spent a week making a prototype.

“That’s great!” Ellagala said a few days ago when he saw her handiwork. “It will be perfect.”

Doctors in the bush rarely have enough braces, and the ones they get take weeks to order or donated through various foreign aid groups.

“This way, they can produce them here in Haydom for less money and provide a source of income for the village,” said Ellegala, founder of a Madaktari Africa, a group that trains doctors in Tanzania. “They could produce them for the entire country, right here in Haydom, for all the hospitals in Tanzania.”

He added that increasing the supply of home-grown neck braces also could help the hospital here treat more patients.

Now, because of the shortage of neck braces, patients are confined to bed for six weeks. With the basket-maker’s neck brace, Ellegala said, “they can leave in a week. No bedsores, no pneumonia. They can get back to their lives.”

A foam neck brace might cost $150 in the United States. Price for a custom-made grass neck brace here: $10 to $15 – “maybe less if I can make them in greater quantities,” Yohani said in Swahili through a translator.

Ellegala brought with him another prototype made by a sweetbasket maker from Charleston. With its beautiful curves and spirals, it was a true work of art but somewhat awkward to put on. The African one clearly worked bet-

Ellegala said the basket idea is one small way to help the area become less dependent on foreign aid. “We need to break that cycle.”
Tanzanian doctor hopes to be one in (10) million

By: Tony Bartelme, The Post and Courier, Wednesday, April 28, 2010

Note to readers: Post and Courier reporter Tony Bartelme is in Tanzania, where he is covering efforts by a group from the Medical University of South Carolina that has been helping the east African country improve its health system for the past several years.

Mwanza, Tanzania – The United States has more than 4,000 neurosurgeons, about one for every 100,000 Americans. In Tanzania, a country of 45 million, Dr. Emmaneuel Vianumba can count all of the neurosurgeons on one hand, and maybe have a finger to spare.

Vianumba is a surgeon at Bugando Hospital, the primary medical center for a rapidly growing metropolis of 13 million on the shores of Lake Victoria. He is an eloquent 38-year-old father of two with a swagger that you sometimes find in surgeons. He is a general surgeon now but plans on becoming a neurosurgeon soon. He would be the first one in the region.

“When I do a complex procedure, I feel very grateful, as if I am fulfilling a dream,” he told me Tuesday during a break in his busy morning.

It was the dearth of neurosurgeons in Tanzania that in part sparked Madaktari, a program begun roughly three years ago by Dilan Ellegala, a brain surgeon at the Medical University of South Carolina. I’m traveling with a group of MUSC and Madaktari leaders, who spent the morning touring Bugando Hospital.

As I spoke with Dr. Vianumba, it quickly became clear that he is brilliant man who is making a difference in his country. He said he grew up in a farming village about two hours from Mwanza. Both his parents were teachers, and they lived near a doctor. It was that exposure to a health care professional that generated his dream to be a doctor. He worked his way through the country’s medical system, and then by chance, he met a surgeon from Texas, who was visiting Tanzania and was so impressed by Vianumba that he paid for his surgical training.

Becoming a surgeon is an evolutionary process where doctors do increasingly difficult procedures. “You have to be committed, and it has to be deep within you.” He said that’s why it’s important for overseas doctors such as those from MUSC to share their knowledge and training. Visiting doctors get something in return, too.

“For someone who comes here, he will see things he doesn’t normally see.” Working here forces them to be creative, he said. “He might not have a CT scan, and he won’t know what to do, but we have to go on anyway.” They learn about rare cancers, such as Burkitt’s Lymphoma, a form of cancer that apparently has a viral trigger related to malaria and Epstein-Barr and is found mainly in East Africa. They learn to do more with less.

As we talked, the thought crossed my mind: If he was in the United States, he probably could be making a million dollars. So I asked him if he planned to stay in Mwanza, or would he be tempted to move to another country where he could make more money.

“I have to stay in Tanzania, especially Mwanza. I trained here. I come from the place, and we are highly needed.”

Then, he politely mentioned that he had patients to see. I followed him into the clinic area. Nurses and other doctors jostled to tell him one thing or another, as he maneuvered through a room packed with more than a hundred people quietly waiting to be seen.
Tanzania’s troubles are many, but a group from South Carolina hopes to ‘teach them forward’

By Tony Bartelme, The Post and Courier, Tuesday, April 27, 2010

Note to readers: Post and Courier reporter Tony Bartelme is in Tanzania, where he is covering efforts by a group from the Medical University of South Carolina that has been helping the east African country improve its health system for the past several years.

Bartelme will provide occasional observations from Tanzania.

Mwanza, Tanzania – Coffin makers line the winding road to Bugando Hospital, the main medical center for this teeming metropolis on the boulder-strewn shores of Lake Victoria. “I make about three a day,” said George, with an easy smile. “It depends on how many people die.”

I’m here with a group from the Medical University of South Carolina that for several years has been helping Tanzanians improve their health system.

The group is called Madaktari, plural for the Swahili word for doctor. Its focus is different than many other global health nonprof- its. Instead of swooping in with Western doctors to treat patients and then leaving, Madaktari’s approach is to train existing medical workers to be more efficient, or as D. Word, the group’s director, said: “We want to teach them forward.”

Tanzania is a beautiful country of about 40 million people on the eastern side of Africa, south of Kenya. It has one of the world’s highest mortality rates. Average life expectancy hovers at about 50 years. Malaria and AIDS are the leading killers.

Before I left, I spoke with Robert V. Royall Jr., a former South Carolina banker and government leader who served as U.S. ambassador to Tanzania between 2001 and 2004.

“Sometimes you felt like you were dropping a rock in the ocean because the needs there are so great,” Royall said from his home in Huger. “You feel like you just can’t do enough. Water wells are needed everywhere. Schools are needed everywhere. The disease problems are horrendous.”

The problems are particularly frustrating because the country has so much potential, he said.

“They have tremendous resources: gold, copper, gemstones, diamonds.” The country’s spectacular landscape – from the Serengeti plains to Mount Kilamanjaro, draw tourists from across the world. It’s also relatively free from the tribal strife seen in neighboring countries.

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“Their president, Julius Nyerere, who’s considered the father of the country. He taught all the tribes to love each other, that Tanzania comes first, then comes their tribes. That was the good news. The bad news was that he established socialism.” The economy has mostly sputtered along over the past four decades, he said, though the economy has opened up in recent years. Still,

“most people live on about $300 to $500 a year. The needs are great, and the people are very nice and receptive to learning, so the (Madaktari group) picked a great country to work in.”

Mwanza is in the northwestern edge of Tanzania and sits amid giant boulders along Lake Victoria. People build homes next to the boulders, and sometimes incorporate the rock into the structures. Bugando Hospital is the main hospital in the region, serving about 13 million people. It sits atop a hill overlooking the lake.

When people die in the hospital, relatives often walk down the hill to the coffin market, George explained. Wealthy people pay about $350 people for a white-painted casket with gold-plated decoration. Poor people pay about $70 for simple wooden coffin, or less for a smaller child’s coffin. As he spoke, a family walked up to another coffin-maker.

“They are sad, you can see.”
FACULTY DEVELOPMENT JOURNAL CLUB

The faculty had their first Junior Faculty Development Journal Club on May 25 at Halo. Over 20 faculty participated as we learned about “We are What We Make: Transforming Research in Anesthesiology” which was Dr. Jerry Reves’ 45th Rovenstine lecture presented at the ASA in 2007. The second article discussed was “Generation X: Implications for faculty recruitment in academic health centers.”

Faculty development is being spearheaded by Drs. Reves and Guidry in preparation for annual contract renewal starting in July.

Each junior faculty is working on a personal development plan. Faculty journal clubs will occur approximately every other month. Future topics will include such topics as mentoring, preparing a CV, research and teaching.

Faculty actively listening to the journal presentation
DEAN REVES’ FINAL LECTURE

Dr. Jerry Reves gave his final lecture as dean on May 25, 2010. It was appropriately titled, “Professionalism in a Learned Profession.” It was an opportunity to present Dr. Reves with his portrait which will hang in our department as well as recognize his substantial contributions to the specialty of anesthesiology. Dr. Reves had been previously recognized by the establishment of the Jerry G. Reves Endowed Chair of Anesthesia Research. Dr. Reves is seen in front of his portrait with his daughter, Betsy, and during his lecture.

The portrait inscription reads:

Jerry G. Reves, MD
Educator, Mentor, and Friend
Cardiac Anesthesiologist
Dean, College of Medicine, 2001-2010

APPLAUSE

Congratulations to the following for acquiring board certification!

Andrew Dick       Former Residents:
Brad Hullett
Eric Nelson
Jake Freely
David Stoll
Ilka Theruvath

MUSC Excellence Standards
ACADEMIC PROMOTIONS

The department is excited about developing the faculty. Our new development plan outlined by Drs. Jerry Reves and Fred Guidry will go a long way in making consistent and timely promotions a reality. This year both Jake Abernathy and Matt McEvoy were promoted to Associate Professor. It is expected that they will be the first of many. What exactly did the University promotion committee like about their packets that made them successful? The University promotion committee looks for excellence in research, education, administration and clinical care. At least two categories are needed to be a competitive application.

Jake Abernathy, MD
Originally from Jacksonville, Florida, Jake received his BS from Sewanee in 1995 and completed his MD at the University of Alabama in 2001. Before arriving at MUSC, he followed up an internship at the University of Vermont with a residency in cardiac anesthesiology at Harvard School of Medicine. Outside the walls of MUSC, Jake enjoys spending free time with family and friends, and going to the beach with his son Harry (2), daughter Chandler (5), and wife Ally.

The University promotion committee recognized Dr. Abernathy in education through his establishing an ACGME accredited CT fellowship and being the chairman of the Fellowship Education Tract for the Society of Cardiovascular Anesthesiologists (SCA) annual meetings. In research he has been active as the PI of the FOCUS initiative for patient safety at MUSC and serves as the chairman of the SCA Foundation site selection committee. Finally, he has been successful in publishing multiple manuscripts, book chapters and has numerous national/international speaking engagements.

Matt McEvoy, MD
Also originally from Jacksonville, Florida, Matt received a BA in Biological Sciences from Harvard University in 1997 and completed his MD at MUSC in 2002. Matt has been married to his wife, Amy, for almost 13 years. They have 5 children: Kendall (10), Morgan (8), Gavin (7), Garrett (5), and Ansley (3).

Matt has a large administrative load as Vice Chairman for Education and the Residency Program Director. He is the Assistant Director of Simulation and Assistant Dean for Patient Safety and Simulation. In addition, he is the Director of 3rd year Medical Student Education for the Department, an instructor in Physical Diagnosis for MUSC College of Medicine, and is the Small Group Instructor for Introduction to Clinical Ethics. Matt has been very successful with manuscript completion in the area of basic cardiovascular research and in medical simulation to improve medical student and resident education. He has a strong regional and national presence in education serving on several ASA committees.
MESSAGE FROM THE PAIN CLINIC

I recently submitted a literary article for the HeArt of Nursing: “Multigenerational Nursing: Promote the Generational Differences,” which stated the Ambulatory Care setting can be made up of staff from different generations, therefore resulting in generational diversity. This diversity results in differences in attitudes, beliefs, work habits, and expectations. Reinforcing the importance of respect and tolerance for all generations was the key to promoting an atmosphere in which all viewpoints are considered legitimate. The nursing staff of the Pain Management Clinic would like to express our HeArt felt thank you to the graduating residents.

Together we choose to capitalize on the generational difference to enhance the work of the entire team.

Good luck and we will miss you!

WHERE ARE THEY GOING?

Gustavo Andrade, MD
Pediatric Fellowship
Emory University
Atlanta, GA

Jay Motley, MD
Private Practice
Greenville, SC

Peter Goodnight, MD
Roper Hospital
Charleston, SC

Bassam Kadry, MD
Management of Perioperative Services Fellowship
Stanford University
Palo Alto, CA

Scott Stewart, MD
Cardiothoracic Fellowship
MUSC
Charleston, SC

Kathleen Williams, MD
OB Fellowship
Missouri Baptist Medical Center
St Louis, MO

Caroline McKillop, MD
Cardiothoracic Fellowship
MUSC
Charleston, SC

Anna Greta Taylor, MD
Private Practice
Charlotte, NC

CONGRATULATIONS CLASS OF 2010!
Future Events
6/1- The Unstable Trauma and ICU Patient
Dr. Scott Reeves
6/2- ART Teaching Conference: Echo Review
Dr. Jake Abernathy
6/4- RESIDENT GRADUATION
6/7- Towards Rational Fluid Management: Dispelling the “third space” myth and other new concepts
Mark Stafford-Smith, MD (Duke)
6/8- Perioperative Renal Protection (Grand Rounds), Mark Stafford-Smith, MD (Duke)
6/9- ART Teaching Conference
6/9- ART Teaching Conference: Blood Product Use in CT Surgery. Dr. Jake Abernathy
6/14- Board Prep Key Word Review, Dr. GJ Guldan
6/15- M&M, Dr. Susan Harvey
6/16- Art Teaching Conference: Echo Review
Dr. Jake Abernathy
6/16- Journal Club: Endocrine
Dr. Latha Hebbar
6/28- Board Prep Key Word Review
Dr. GJ Guldan
6/29- Meeting with Residents and Program Director, Dr. Matt McEvoy

SAVETHE DATES:
- August 7, 2010 Night at the Riverdogs
(see below)
- 2010 Holiday Party: Friday, December 3, 2010 at the Charleston Yacht Club!

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 held on Saturday, August 7 2010.

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 July edition will be June 23, 2010.