MESSAGE FROM THE CHAIRMAN: JOANNE M. CONROY M.D. ENDOWED CHAIR FOR EDUCATION AND LEADERSHIP DEVELOPMENT

SCOTT T. REEVES, MD, MBA

For the past year, the department has been raising money to establish the Joanne M. Conroy M.D. Endowed Chair for Education and Leadership Development. I am pleased to report that we have completed the process. The Conroy chair was established to honor Dr. Conroy’s significant leadership contributions in the fields of anesthesiology and medicine. The residency program director will carry the title of the endowment from now and forever more! Dr. Matt McEvoy will be the first Joanne M. Conroy M.D. Endowed Chair for Education and Leadership Development. Congratulations!

The endowment is dedicated to providing anesthesiology faculty opportunities to develop education and leadership skills concentrating upon areas such as:

- Creative problem solving
- Recruiting and motivating others
- Building consensus
- Communications and conflict resolution
- Inspiring purpose, passion and performance
- Training in educational research
- Effective advocacy and political action

Hence, proceeds from the endowment will be used to fund departmental grants to faculty members for substantial education and leadership development opportunities such as advanced degrees or other advanced training. Proposals will be reviewed by the Executive Committee or Research Committee (whichever applicable) and recommendations will be made to the Chairman. Each proposal will contain specifics as to how the educational endeavor will improve a faculty member’s academic career and advance the goals of the Department and College of Medicine. It is expected that applicants will make a personal investment of time and money into this effort as well as that provided by the department. I am looking forward to having the opportunity to reward our first grants soon.

Joanne M. Conroy, MD
The 2011 White Coat Ceremony was held on Saturday, August 20th. This year the students selected Anesthesia’s own Dr. Matthew McEvoy to give the address. This is a great honor for him and shows how much he is respected not only as a physician, but as a professor. The following interview was done to give you a more personal insight into Matt McEvoy.

How long have you been at MUSC?
I started in the College of Medicine in the fall of 1998. I did a residency in Anesthesiology from 2002-2006, and then became a faculty member in the Department of Anesthesia and Perioperative Medicine.

What made you choose MUSC as your college of choice?
My brother had graduated from the Citadel and started Medical School a year prior to me so I was familiar with Charleston. I was from Atlanta and didn’t get into Emory, so I came here. I also love Charleston.

What did you feel like during your white coat ceremony?
My ceremony was outside and I remember it being really hot! I had no idea who the speaker was and it was exciting and awkward at the same time. There were a lot of new faces and I didn’t know anyone, but it was a very exciting time.

How did you feel when you were named the Student-Selected Speaker for this year’s White Coat Ceremony?
It was surprising and I was honored. I had no idea that I was even being considered. I enjoy trying to encourage people to look at the big picture instead of focusing on the small things, so I enjoyed the challenge of being able to speak to the students and their families for this event.

What is your best memory from Medical School?
The birth of my first daughter, Kendall, and my second daughter, Morgan, are at the top of the list. From a medical perspective, the best memory was when I went on a medical mission trip to Thohoyandou, South Africa. This was the first time that I "practiced" anesthesiology in a 3rd world setting. I had been on other trips that largely consisted of primary care clinics, but this one was different. I was able to work with Dr. Charles Weinheimer. He was and is one of my mentors in anesthesiology. I learned a lot from him about caring for patients. That is where I began to see a love for medicine and a love for people put together in a really unique way.

What is your worst memory from Medical School?
It happened during my third year surgical rotation - at Roper Hospital. I was really nervous and sweating in the OR. My glasses slid off my face onto the surgical field. I remember the surgeon saying, “That’s not good!” He then grabbed my glasses, handed them back to me, and without thinking I immediately put them back on my face!! That was pretty awful.
What do you feel separates our College of Medicine from others?

I am really impressed at not just the amount, but at the level at which students are encouraged to think about what they believe and to think about what the patient is feeling - to consider life's ultimate questions. The College of Medicine really encourages critical thinking, which stems a lot from when Jerry Reves was Dean. I also like the manner in which the curriculum reform is done to integrate clinical medicine in the basic science years.

What was your motivation in choosing a career in Medicine?

Well, everyone always asked me if I was going to be a doctor or lawyer, and I always found science interesting. I also believe my faith and the concept of healing in the Christian worldview played a major role in choosing a career in medicine.

How has the medical field impacted you and your family?

One time Amy and the kids were dropping me off at the hospital for call, and Gavin said, “Look daddy, that’s where you live!” That is certainly one kind of impact. But, I believe seeing the fragility of life on a daily basis makes me cherish my family and my time with them even more. Over the years, we have also had medical students live with us, and through this my family feels like it has been a part of the medical community. Finally, since Ansley became sick it has been a hard year for us...but as a family we have learned a lot about caring for others. So, medicine has impacted us on many different fronts.

What is your five year outlook for education?

Our mission statement is: "To provide students, residents, fellows, anesthesiologists, and the medical community with outstanding education in anesthesiology and perioperative medicine in order to foster the development of excellent clinicians and educators." This is a broad statement, and it will encompass numerous Goals and Objectives for each learner group. For instance, for the medical students, we are implementing a new "basics" lecture series this Fall that is actually taught by our residents. For residents and fellows, we are continuing to develop simulation and competency-based education. For faculty, I would like to leverage all the strengths of our department and develop CME and MOCA courses. From Peds to Cardiac to Critical Care to Airways Management, Regional, and Simulation, I think that we could put on numerous robust conferences for our colleagues in the state and nation. I look forward to seeing these things come to fruition over the next 5 years.

If you could give a medical student advice in one sentence, what would it be?

Well, it would take 2 sentences. First, do unto others as you would wish that they would do unto you— particularly if your roles were reversed. Second, pursue patient centered care.
2011 WHITE COAT CEREMONY ADDRESS
BY: MATT MCEVOY, MD, ENDOWED CHAIRMAN FOR EDUCATION & LEADERSHIP DEVELOPMENT

"Dean Pisano, Associate Deans, Department Chairs, Faculty, family, friends and members of the MUSC College of Medicine class of 2015. . .

I am honored to be speaking to you this afternoon. It is such a privilege to get to be a part of this exciting and unique moment with you.

I want to talk to you today, to cast a vision for you at the beginning of your medical school career – which is the beginning of your medical career.

I want to challenge you to pursue Good Patient-Centered Care, and I want to speak to you from the vantage point of a professor, a physician, and a father.

GOOD:

Now, when you hear Good Patient-Centered Care, you may have wondered why I did not choose an adjective more superlative in nature. Why not excellent or terrific or outstanding? While I hope that the quality of care that we train you to give will be all of those things, it is my hope that above all it will be good.

This word has been dumbed down in our society. However, to the ancient Greeks this was a word with tremendous weight and content. The ‘good’ was not simply an adjective, not simply a descriptor. It was something with content. When someone was referred to as a good woman or a good man it took in their relationships, roles, and responsibilities in the society, the community, and the family. The good was something to pursue. Thus, the whole idea of living the good life was endowed with purpose. If you were living the good life or pursuing the good life, you were living a life of purpose – a life heading toward a definite goal that was bigger than your personal pleasure. In fact, for a thing or person to be good, in the thinking of the Greeks, it had to be fulfilling the reason for which it was made.

My challenge and encouragement to you from a professorial and philosophical role is to consider how you conceive of the good. What is the good life, the right life to live? What are good goals for people, your future patients? How should you partner with your patients for their healing?

We will be discussing this topic in some upcoming lectures, but for today I want to leave you with the challenge to consider the content of the good and committing yourself to pursuing it – both for you to become a good physician and to deliver good medical care.

Jack Coulehan, a physician who often writes about this topic, penned this quote in an article a few years ago: “At White Coat Ceremonies we challenge entering students with the call of medical virtue and tradition… [Then,] in the name of transmitting essential grounding [knowledge]… we manage to beat the storytelling out of them.”

Dr. Coulehan is making the point that on days like today we often challenge you with a calling to commit yourself to a life of virtue, to a pursuit of the good, to seeing your future patients not as diseases and diagnoses frozen in time, but as humans who have a life and story much bigger than their disease. Dr. Coulehan makes the point that patient care should be about caring for, and delivering healthcare to patients in order to help them along in their story. Thus, medical students enter their studies often seeing this very well. The practice of medicine is foreign to them, so they can still see their grandmother in the patient, or their sibling, or friend…. 
And then in the coming weeks and months and years the system can beat this out of you by teaching you to simply value technical knowledge and skill. However, I truly believe that MUSC is different in this regard. Our goal is not for you to choose the pursuit of virtue instead of technical competence – or vice versa. Rather, our challenge to you is that the good physician who can deliver good medical care does both – the good physician pursues living the life they ought to live and caring for people as they ought to care for them.

While this may seem like a distant philosophical discussion, I believe it to be intensely practical, as our beliefs affect and define our practice. Aristotle said “Those who wish to succeed must ask the right preliminary questions.” My challenge to you today is that you would consider thinking about what makes for the ‘good’ in good patient-centered care.

**PATIENT-CENTERED:**

This brings me to the second part of this challenge: ‘Patient-Centered.’ That word is mentioned a lot, but what does it mean? It can mean setting up healthcare systems that better serve patients than clinicians. This can range from the way that patients are checked in before surgery or a clinic visit to the way new buildings are laid out. But, at the core of this is the recognition of the patient above yourself. Dr. Jerry Reves, the former Dean and one of my mentors, often reminded me that “medicine is a service profession.” He is right.

Medicine is about serving people. It is about “not looking out for your own personal interests, but also (and more so) the interests of others.” Thus, patient-centered care requires humility and a healthy self-forgetfulness. You are entering a career path that includes at least 4 years of schooling, 3-7 years of residency training, possibly a fellowship, and then lifelong learning. This is a huge commitment. Being ‘patient-centered’ starts now in your studies and time management. In your mastery of knowledge and in considering life’s ultimate questions like, “what is the good?”, you are being patient-centered.

Being patient-centered does not mean that you will have to be a workaholic. But, it does mean that you will forego many things in life in order to grow as a person that spends most of their life focused on others. In its most simple and profound form, being patient-centered can be stated as “doing unto others what you would have them do unto you” (Matthew 7:12). This is the Golden Rule. The Silver Rule is much more often practiced – do not do to others what you would not want done to you. That is a negative law. That is, it just restrains one from doing things to others that you would not want done to you. The Golden Rule is a positive law. It calls you outside of yourself. It is much more challenging. It is the path to pursuing the good.

The Golden Rule requires that you do unto others what they wish that they would do unto you – if your roles were reversed. If you were the poor and they were rich, what would you want done for you? If you were sick and they were the doctor, how would you want to be treated in every aspect of your care, in the relational and the technical? If you were the family of a sick child and they were the doctor, how would you want to be treated and how would you want your child to be treated? If you were going to get sick in 10 years and the other person were a first year medical student, how would you want them to study now in order to take care of you later?

That is being patient-centered. Consider what is good. Commit yourself to pursuing that good for others. Spend yourself for the sake of others – this will include your patients, your spouse, your children, your friends. It is more blessed to give than receive.

**CARE:**

This now brings me to my final point. Care. The definition of care is “to be concerned or interested.” I have chosen the word ‘care’ instead of ‘healthcare’ purposefully. You often hear phrases used such as, “the delivery of healthcare.” This often comes with images of x-rays or CT scans or operating rooms – very technical things. These are all good and needed parts of medicine. But, this is not necessarily care.
2011 WHITE COAT CEREMONY ADDRESS

On December 8, 2010 at about 2am I took my 4 year-old daughter, Ansley, into the MUSC ER. She had been sick for several days and was not getting better. That night she developed a fever and worsening belly pain. During a series of tests ordered by the ER physicians, it was noted that the entire left side of her chest was filled with fluid and that her intestines were blocked by a large mass and that she had a large mass in front of her heart. We were admitted to the hospital. Within 60 hours she was diagnosed with Stage 3 Anaplastic Large Cell Lymphoma.

In shock, my wife, Amy, and I sat down with Dr. Jaroscak and Dr. Kraveka, two of the Pediatric Cancer doctors. They discussed Ansley’s condition with us. They laid out the treatment plan. [It just so happens that Dr. Kraveka is the leading national expert on this type of lymphoma. We felt blessed!] This was 5pm on a Friday. The fellow came in and said that the pharmacy was about to close and the chemo could be started the next morning. Dr. Jaroscak and Dr. Kraveka politely, but firmly, said that would not do. It was not time to go home. It was time to take care of Ansley.

The pharmacist agreed and chemo was started that evening. Nine months later Ansley is still on chemo and we still have a long road ahead of us. In all of our interactions with MUSC we received excellent technical care. The list of people who cared for Ansley is massive. Dr. Scott Russell, Dr. Olivia Titus, and Dr. Ben Jackson from the ER – all of whom stopped by her room during the subsequent two weeks – and brought her gifts! Dr. Andre Hebra – the pediatric surgeon who took the lymph node biopsy, and Dr. Christian Streck who placed her port for chemo. Dr. Frank Stewart, Dr. Cory Furse, Dr. Charley Wallace, Kim Saletan and Deb Feller – Ansley’s anesthesia teams for several surgeries and multiple chemo procedures. Dr. Sally Self and all of the pathologists who did the right tests quickly to fully diagnose her condition. Dr. Kraveka and Hudspeth and Bergmann and Jaroscak and Dianne Difour who have cared for her from Day 1 until now. The nurses in the Hem Onc clinic and the nurses on 7B and the nurses in Preop and PACU and the Child Life specialists – all amazing!!

Six weeks after Ansley started chemo she had a repeat CT/PET scan. That day, Dr. Bradshaw, one of the radiologists here, sought me out. He took me and Amy to the radiology reading room and showed us her scans. He went through her first scans and then showed us her follow-up set – which showed that the masses had largely melted away! Those were the greatest pictures I had seen in a long time!

Ansley McEvoy with Dr. Cory Furse and Tony Lancaster, RN after getting her port replaced due to infection.
**2011 WHITE COAT CEREMONY ADDRESS**

Why do I list all of this? Because this group of people has been up early and stayed late to take care of my little girl. They have all spent years, if not decades, committing themselves to the care of people – not diseases. Some are in highly technical fields and some are not. They all care about Ansley. In short, while Ansley is receiving excellent technical care, this team has gone above and beyond by giving good patient-centered care. Not just as a professor, and not just as a clinician, but as a daddy I am so thankful for people who pursue Good Patient-Centered Care.

About once a week Ansley says, “I look forward to seeing Dr. Cory and Ms. Kim again.” She knows that when that day comes, it should be for her port to be removed because she is done with chemo.

As you start your medical journey this week, there will be many people and many families starting journeys on their own – getting a diagnosis that was not expected a week ago. You are training to take care of these people – other human beings.

Dr. Francis Peabody said it well, “The secret in caring for the patient is to care for the patient.”

That is our goal for you in your journey that begins today. In a few moments, you will be receiving a gold pin from The Arnold P. Gold Foundation. The mission of the Gold Foundation is “to perpetuate the tradition of the caring doctor by emphasizing the importance of the relationship between the practitioner and the patient. Our objective is to help physicians-in-training become doctors who combine the high tech skills of cutting edge medicine with the high touch skills of effective communication, empathy and compassion.”

We want you to grow into physicians who are competent and compassionate men and women of character. Seek to know the Good and pursue it. Be patient-centered. Care for people.

May God bless you on your journey. I look forward to seeing you Monday morning and for the next 4 years.”

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**2011 INTERNS WELCOME PARTY AT THE MC EvoY’S**

We had a welcome party for out new interns and medical students at the McEvoy’s house in August. It was a great time of food and fun! Everyone brought their appetite—and Dean Fowler (Leslie’s husband) even had to go get more BBQ during the party! Well, we missed getting a group photo of the Interns and Students, but here is a picture of babies and beer from the Intern Welcome Party at the McEvoy's house. Beer to baby ratio of 2:1 seems to be associated with making adults smile!
Annual Quality and Safety Report Highlights

Patrick J. Cawley, MD, MBA – Executive Medical Director

Report prepared by Chris Rees, MHSA, MBA, Director, Quality and Patient Safety

The mission of the Medical Center of the Medical University of South Carolina is to provide excellence in patient care, teaching, and research in an environment that is respectful of others, adaptive to change and accountable for outcomes. We do this through facilitating clinical care by focusing on excellence in all domains of quality health:

Safe  Effective  Efficient  Patient centered  Timely  Equitable


August 2011 | CENTER FOR CLINICAL EFFECTIVENESS AND PATIENT SAFETY
ANNUAL QUALITY AND SAFETY REPORT HIGHLIGHTS

This compares very well to our peer group:

Number of Specialties Ranking within U.S. News and World Report
PEER 12 (plus Greenville)

![Graph showing comparison of specialties ranking]

Nationally Ranked  High Performing

Best Hospitals in Charleston, SC

U.S. News ranked hospitals by metro areas this year for the first time and MUSC ranked number one in the Charleston area.
SAFETY

Safety:
Avoiding injuries to patients from care that is intended to help them.

MUSC Vision:
No patient is harmed from a care process.

MUSC Goal:
Focus on a culture of safety by creating an environment where staff and patients are supported to report and address errors & system problems while maintaining an accountable environment.

Areas of Focus FY 2011
- Hand Washing
- Surgical Site Infections
- CLABSI
- AHRQ Patient Safety Indicators
- Safety Rounds / Huddles
- Joint Commission NPSGs
- Culture of Safety
The Joint Commission also recognized MUSC for our unprecedented success in vaccinating over 95% of our staff for influenza during the 2010-2011 flu season. Increased compliance helps to reduce the spread of the flu and keeps our staff healthy and available to care for our patients. This would not have been possible without the collaboration of the Hospital, University Student and Employee Health, GME and College of Medicine to make this a priority.
Other Hospital Acquired Infections

Infection Prevention Data

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MUSC Excellence
Building On Success
ANNOUNCEMENTS

The American Heart Association will be hosting the 2011 Heart Walk on Saturday September 17, 2011 at Liberty Square near the South Carolina Aquarium. Last year more than 4,000 Lowcounty area residents participated in the Heart Walk by taking steps to improve their heart health. The Heart Walk even raises funds and awareness for cardiovascular disease and stroke research. MUSC Health is the local presenting sponsor of My Heart My Life.

Rhonda Haynes is Anesthesia’s team captain this year. In 2006 she was diagnosed with A Fib and that same year had an ablation. This walk is very special and personal to her. She has overcome many obstacles and is still under doctors’ care. To join Rhonda and Team Anesthesia, please click on the link located on our department’s homepage.

In an effort to raise money, our department will be hosting a bake sale on Friday, September 2nd. The bake sale will be located on the first floor of the Children’s Hospital in near of the Gift Shop. We will also host a hot dog sale on Friday, September 9th. The hot dog sale will be located in the Children’s Hospital near the gift shop.

Bake Sale!
September 2nd
Location: 1st Floor Children’s Hospital near the Gift Shop.

Hot Dog Sale!
September 9th
Location: 1st Floor Children’s Hospital near the Gift Shop.

State of the College Address
Date: Thursday, Sept. 1, 4:00PM
Location: Room 100 BSB

Dean Pisano will be giving a State of the College address this fall. The purpose will be to briefly highlight our accomplishments over the past year and to discuss our plans for the future. All faculty and staff are invited to attend.
NEW BABIES

Congratulations to Dr. Mike Hay on a beautiful new granddaughter.

Alys Hay
Born June 3, 2011

Congratulations to Dr. Jake Abernathy and his wife Ally on a handsome new son.

Rett Abernathy
NEW BABIES!

Congratulations to
Dr. David Stoll and his wife Mary on their second child.

Lexton (Lex) Cunningham Stoll
Born 8/5/2011
8 lbs. and 15 oz.

Congratulations to
Dr. Matt Crumpler on his first born son.

Ben Crumpler
“Update on Cardiothoracic Research”
September 6, 2011
Frank X. McGowan, Jr., MD
J.G. Reves, MD Endowed Chairman in Anesthesia Research
Medical University of South Carolina

“M&M”
September 13, 2011
Susan Harvey, MD
Medical University of South Carolina

“Management of Hypercoagulable Disorder in Cardiac Surgery”
September, 20, 2011
Roman M. Sniecinski, MD
Emory University School of Medicine

“Pacemaker and ACID Management for Noncardiac Surgery”
September 27, 2011
Eric W. Nelson, DO
Medical University of South Carolina
Future Events/Lectures
9/5 – Labor Day!
9/6 – Update on Cardiothoracic Research, **Grand Rounds**, Dr. Frank McGowan
9/7 – Androenergetic Agonist & Antagonists, Hypotensive Agents, **CA1**, Dr. Ryan Gunselman
9/12 – Quarterly Program Director Meeting, **All Residents**, Drs. Matt McEvoy, and GJ Guldan
9/13 – **M&M**, Dr. Susan Harvey
9/14 – Local Anesthetics, Adjuncts to Anesthesia, **CA1**, Dr. Latha Hebbar
9/19 – Guest Lecture, **All Residents**, Dr. Roman Sniecinski (Emory)
9/20 – Management of Hypercoagulable Disorders in Cardiac Surgery, **Grand Rounds**, Dr. Roman Sniecinski (Emory)
9/26 – Heart Failure and Cardiomyopathies “Stoelting Chapter 6,” **CA2/3**, Dr. Jake Abernathy
9/28 – Spinal, Epidural, & Caudal Blocks, **CA1**, Dr. Ryan Gunselman

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

Frank McGowan, MD: For helping get a case started on a busy Friday night when my attending was busy up in OB. Was nice to be able to get the case started.

Kim Crisp: For taking the visiting medical students around campus for me on a Monday. Good job!!

Regina Backman: Going above and beyond in helping me on a busy day.

Kelly Nevill: Doing a great job covering assigned rooms paying great attention to detail and anticipating our providers’ needs in addition to exhibiting outstanding teamwork.

Beth Jennings: Helping start an emergent neuro angio case. She is such a great help with a great attitude!

Latha Hebbar: Staying in OR to help with a complex patient who was medically fragile. Extra hands are always helpful!

Ali Cleveland: helping get a case started that needed an extra set of hands. Way to be a team player.

Joey Seymour: Outstanding patient care, always willing to help out in a bind.

Matt Elliott, MD: Helping out with a critical patient after being relieved. Great appreciated!!

- **Faculty Retreat**, Saturday, November 19
  **Thurmond/Gazes Research Building, Room 125**

- **Holiday Party**, Friday, December 2, 2011,
  **Cottage on the Creek ***NEW LOCATION!!**

**September 2011 Standard of the Month**

Embrace change and offer suggestions for resolutions to problems, and respect and listen to my co-workers’ ideas.

We Would Love to Hear From You!

If you have ideas or would like to contribute to *Sleepy Times*, the deadline for the October edition will be September 23, 2011.