Finance Strategic Plan
MUSC gains Level 1 Trauma Certification!
Research Corner
New Baby in the dept.!
Project Madaktari highlights!
I Hung the Moon!

Inside this issue:
Finance Strategic Plan 2
MUSC Trauma Program Gains Level 1 Cert. 3
MUSC Center for Global Health Website 4
MUSC Breast Reconstruction Website 4
Research Corner: Simulation Conference 5
Need to Send Large Files? 6
New Baby! 6
Project Madaktari: Eric Nelson, DO Summary 7-8
Project Madaktari: Ebony Hilton Summary 9
Project Madaktari: Looking back at emails 10-16
Department T-Shirts! 17
Applause 17
I Hung the Moon 19

MESSAGE FROM THE CHAIRMAN:
~SCOTT T. REEVES, MD, MBA

February was a very busy month in the department with multiple milestones. For starters, the department received notification of its second NIH R21 award entitled, Transcranial Direct Current Stimulation in the Management of Post-operative Pain which will run from April 2012 through March 2014. The award totaled $405,625.00. The regional group along with Jeff Borckardt will be very busy. Continuing with research accomplishments, our collaborative work with pediatric cardiology and surgery has born significant fruit with the announcement that Eric Graham in pediatric cardiology and our team received a fundable score of 4% from NIH for the R01 study entitled, Corticosteroid Therapy in Neonates Undergoing Cardiopulmonary Bypass. This will be the first fully funded NIH grant for a single center clinical trial in the Children’s Heart Program. What an accomplishment!

In education, the pediatric and pediatric cardiac divisions sent members to the Society of Pediatric Anesthesiology (SPA) meeting where 6 faculty presented. In addition, John Schaefer and Matt McEvoy lead our first ASA approved MOCA recertification course on February 24. These two events will be highlighted in next month’s Sleepy Times. The residency program finalized our match list. We interviewed over 100 candidates for our 12 spots. I want to thank Leslie, Dawn, Matt, GJ, Becky and all the other faculty and residents who made this year go by seamlessly. Finally, Eric Nelson and Ebony Hilton went and safely returned from our sister medical center in Tanzania, Bugando Medical Center. Please enjoy this edition of Sleepy Times as a lot has happened, and we all should be proud.
No business can survive in the current economic environment without a strong financial footing and a well thought out strategic plan. As the Department undertook the challenge of developing our own strategic plan for the next five years, it was clear that ongoing financial strength would be challenging but crucial to the success of each aspect of the plan.

From a financial perspective, our strategic mission is to ensure stability in order to support the missions of Education, Research, Patient Care and Faculty Development. To that end, the Finance Strategic Planning Group developed the following Mission, Vision, Strategic Objectives and Metrics:

**Mission:** Our mission is to promote a transparent financial strategy in a challenging healthcare environment supportive of the mission and vision of the Department while continuing to ensure excellence.

**Vision:** Our vision is to develop the financial resources necessary to excel in the delivery of outstanding, cost-effective patient care while promoting excellence in education and research.

**Strategic Objectives:**
1. **Cost Containment:**
   a. Align faculty recruitment with anticipated cuts in reimbursement;
   b. Demonstrate commitment to hospital cost containment through sensible drug and equipment use.

2. **Improve Efficiency:**
   a. Continue to improve OR efficiency through first-case start time and turnover time initiatives;
   b. Maximize educational goals and billing efficiency through appropriate attending, resident, and CRNA staffing.

3. **Additional Revenue:**
   a. Increase hospital support of unfunded anesthesia services;
   b. Maximize existing billing opportunities;
   c. Expand reimbursed anesthesia services within MUSC;
   d. Explore providing outside anesthesia services.

**Performance metrics:**
1. Monitor physician costs relative to units billed;
2. Utilize existing hospital performance metrics for cost containment and efficiency standards;
3. Analyze financial data to assess feasibility of additional services

*Group Members: Cal Alpert, MD; Melinda Bailey, MD; Brenda Dorman, MBA; Tam Psenka, MD; Doro Rosenberger, MD; David Stoll, MD; and Joe Whiteley, DO*
CHARLESTON -- After an extensive review by the American College of Surgeons (ACS), the Medical University of South Carolina (MUSC) trauma program has been verified as a Level 1 Trauma Center. This verification is the highest level any trauma program in the country can achieve. MUSC is the first hospital in South Carolina to achieve this rating.

"In fact, our Level 1 Trauma Program is the only one in the state to have received national trauma verification at any level," said Bruce Crookes, MD, MUSC associate professor and trauma medical director. "Achieving this recognition required total commitment from the entire hospital, and it means our patients can expect the highest level of care available at any time, day or night."

The ACS Level 1 verification differs from the status designated by the state of South Carolina. The actual establishment and designation of trauma centers is the function of local, regional, or state agencies. ACS verification provides confirmation that a hospital has demonstrated the ability to provide the highest quality trauma care. The process requires an on-site review by a team of ACS surgeons and a verification committee review. Only after meeting hundreds of demanding criteria is a hospital awarded this distinction. ACS surveyors found no deficiencies in MUSC's trauma program when visiting in Nov. 2011.

MUSC's trauma team is staffed around the clock, led by a trauma surgeon with board certification in both surgery and surgical critical care, and a team of highly trained personnel from the emergency room, operating room, intensive care, radiology, blood bank and respiratory therapy. Physicians from more than 10 specialties are all immediately available. MUSC treats approximately 2,100 trauma patients each year and participates in trauma-related research, community outreach and education, and injury prevention activities.

"MUSC is prepared 24 hours a day, 365 days a year to offer immediate care for life and limb-threatening injuries," said Crookes. "We provide trauma patients with instant access to the most advanced technology, surgical suites and critical care services, which can make all the difference in saving lives and decreasing disabilities."

A study in the New England Journal of Medicine showed that patients treated at Level 1 trauma centers fare significantly better than those with comparable injuries who are treated at non-trauma centers. Findings showed Level 1 trauma centers can lower the risk of death for severely injured patients by 25 percent.

"The closest hospital with an emergency room may not be the best place to take a trauma patient. For a seriously injured patient, transport to a Level 1 center such as MUSC can increase his or her chances at survival," said Crookes.

About ACS

The American College of Surgeons is a scientific and educational association of surgeons founded in 1913 to raise standards of surgical education and practice, and to improve the care of surgical patients. It has more than 72,000 members and is the largest association of surgeons in the world. Longstanding achievements have placed the ACS in the forefront of American surgery and have made it an important advocate for all surgical patients. Established by the American College of Surgeons in 1987, the COT's Consultation/Verification Program for Hospitals promotes the development of trauma centers in which participants provide not only the hospital resources necessary for trauma care, but also the entire spectrum of care to address the needs of all injured patients. For more information about ACS, visit http://www.facs.org/.
MUSC CENTER FOR GLOBAL HEALTH WEBSITE  
BY: CARLEE CLARK, MD  
The Center for Global Health at the Medical University of South Carolina has developed a new website not only to highlight all of the projects that are currently underway, but also to provide up to date information to faculty, staff and students. Our department is highlighted on the website and will be contributing by adding our own experiences and photographs of our work in Tanzania. Please take the time to explore the website and see all that MUSC is doing to improve global health. [http://globalhealth.musc.edu/](http://globalhealth.musc.edu/)

MUSC BREAST RECONSTRUCTION WEBSITE  
BY: CARLEE CLARK, MD  
The Division of Plastic Surgery at MUSC has developed an Advanced Breast Reconstruction Program. During the development of this program, their division reached out to our department not only to help them take excellent care of these patients but to also improve their education and experience. Part of this responsibility involved contributing to their new website. Interested members of our department got together and organized information for our future patients. I would like to thank Julie McSwain, Laura Roberts, Ginger Brister, Tod Brown, Melissa Paladino and Chris Skorke for all of their creativity and hardwork. Please take the time to visit the website.

- [http://www.muschealth.com/breastreconstruction](http://www.muschealth.com/breastreconstruction)  
Dr. Carlee Clark, medical student Julius Hamilton, and I recently attended the International Meeting on Simulation in Healthcare (IMSH) 2012 in San Diego, California. This was the 12th annual meeting for the Society of Simulation in Healthcare. This was my first simulation meeting, and I was amazed how many fields of medicine and healthcare were represented — dentistry, obstetrics, pediatrics, nursing, neonatology, respiratory therapy, surgery, emergency medicine, military field trauma resuscitation, and of course, anesthesia. In talking to other people at the conference, I realized how wonderful and advanced our simulation center is at MUSC, and am proud of all the courses we offer to students and faculty.

We all submitted and had abstracts accepted to the meeting for poster presentation at professor rounds. Our titles included; “Effect of A Designated Reader and Cognitive Aid on Resident Performance During Simulation of Perioperative Emergencies” (Clark and Hamilton) and “The Use of Simulation in a Novel Approach to Moderate Sedation Training” (Tobin and Clark). In addition, Dr. Clark was chosen to do an oral presentation to the research panel on one of her abstracts. My personal favorite lecture was “The Great Debriefing Game.” We played the game Taboo to learn better debriefing techniques. Debriefing is the way you give feedback to participants after a simulation exercise. We talked about body language, emotional language, and much more. My team for Taboo won of course!

While in San Diego, we enjoyed the perfect weather while walking around the Gaslamp Quarter, which was right across the street from the convention center. It was 70 degrees in January! We ate, or I should say, “overate” at a newer hip restaurant called Searsucker. Overall, the conference was a great experience; and I would recommend those interested in simulation to attend in the future.
NEED TO SEND LARGE FILES? MUSC CAN HELP YOU OUT WITH FILELOCKER
BY: DAVID CHANDLER, MBA—COMMUNICATIONS COORDINATOR

Have you ever struggled with sending large files via email? Now you don’t have to. MUSC has a new online service called Filelocker, which allows sharing of files between people, both inside and outside of MUSC. It is a temporary and secure storage system for sharing files and data. To use this service, simply go to the web address dropbox.musc.edu and log in using your Net-Id. This website allows large files to be uploaded, password protected, and shared via a web link which can be pasted to an email.

Here is a list of available features Filelocker offers MUSC clients:

1) Upload large files.
2) Share files with other Filelocker users and groups.
3) Share files publicly to people outside of Filelocker.
4) Request files from people outside of Filelocker.
5) Send messages to other Filelocker users.

NEW BABY AMONG US!

Congratulations to CA1 Resident Dr. David Hall and his wife Diana on the birth of their son William.

William Hershel Hall was born on January 31, 2012 weighing in at 7lbs 6oz and 19 inches in length.
It took 24 full hours and 3 planes to finally get to Tanzania, but we finally arrived. We got to spend the night in Arusha and take a small break from travel before flying out in the morning for our final destination, Bugando Medical Center in Mwanza, Tanzania. We spent the night in a beautiful safari lodge that is frequented as a stopover for safaris and climbing Mt. Kilimanjaro.

The next morning we set off on Tanzanian Airlines for Mwanza.

After arriving in Mwanza, I learned I had no place to stay. Luckily, there was a safari driver who was nice enough to take us to Hotel Tilapia, the only hotel in town I’d heard of before setting off. There, I found a room, and we were able to use the hotel’s Wi-Fi to get word back home we had arrived safely after 3 days of being in a communications blackout with the U.S.

The next day was Monday and that’s when our trip really began! We arrived at the hospital at 7:30 for morning report. Here we sat with the 11 anesthesia students and a senior anesthetist as all the patients were presented. We went over all the patients with their comorbidities and the procedures they were having done. This was actually very helpful as every morning we’d have a chance to do teaching based on the presentations.

My first real “adventure” came halfway through the first morning when Frank, one of the students, asked if I could give him a hand with something. I followed him out of the OR suites and across the hall where we did a spinal with lidocaine and the blood pressure and pulse ox worked intermittently during the case. Luckily, we were able to talk to the patient and feel her pulse so we knew she was doing okay. Things did get a little stressful for me when the block started to wear off and they were still closing and I had been left in the room alone with no drugs! Frank came back a couple minutes later and the case was finished with some ketamine and local infiltration by the OB.

A common problem that occurs in Bugando is not only lack of equipment, but also equipment that did not work. There are 5 operating rooms and 4 working pulse oximeter machines. They don’t have extra probes so the sticker is removed from each patient and used on the next. We didn’t monitor EKGs because they did not have any electrodes. The BP machines worked in all the ORs, however the cuff sizes were limited so we often used inappropriate sized cuffs, especially on the pediatric patients.

As far as medications go, halothane is the volatile anesthetic of choice and isoflurane is reserved only in patients for whom halothane is contraindicated due to cost. Thiopental is the typical induction agent and muscle relaxation is achieved with either sux or pancuronium. They didn’t have any narcotics that I saw, but rather used ketamine for analgesia. Ketamine and Valium were used for MAC cases. Any case below the umbilicus got a spinal with either lidocaine or bupivacaine.

Blood is transfused “whole” and they ask that family members donate units to replace what was used by the patient. We actually had a couple days where we had to cancel cases because there was no blood available in the hospital!

Every Tuesday and Thursday the students had lectures. During my short 2 weeks I was able to talk about the ASA physical status classification, mean alveolar concentration, fluid requirements, and basic cardiac physiology. Despite limited access to textbooks and educational material, the students are very eager to learn and I was constantly amazed at how hungry for knowledge they are. It was also very cool to see them apply principles that were taught that morning into cases that afternoon!

Continued on next page...
The patient population was varied and we saw everything from a neonate with dead bowel, traumatic fractures, a teratoma with an afro, a salivary tumor the size of the patient’s head, and a child who got peritonitis after receiving abdominal injections from his village’s witch doctor. I was constantly amazed at how grateful the patients were and how happy they were just to be getting care. They didn’t even seem to mind having to wait hours on a wooden bench wearing only a sheet.

One of the highlights of the trip for me was having dinner with all the anesthesia students! It was a great evening getting to know one another and sharing cultural differences. We learned this was the first time the whole class had been together outside the hospital and a lot of good food and laughs were shared. For some reason a lot of time was spent by a couple of the guys on Ebony’s marital status.

We were also able to take a safari into the Serengeti the first weekend we were there. I felt like a little kid again seeing so many animals that I’d only seen in zoos or on National Geographic. I had to keep reminding myself that this is their natural habitat and they aren’t caged up! We camped out in tents during the safari and on the first night a hyena rooted through the garbage in the camp and brushed up against our tents! We also were able to visit a Masai village and see what their life was like; it was interesting to say the least.

I would encourage anyone who is able, both attendings and residents, to take this trip. It’s easy to see what a difference you make just by being there a couple weeks and teaching and being a consultant to the anesthesiists and surgeons. You also get to use skills you may have forgotten you had, such as physical exam and just watching a patient! This trip was one of the most rewarding things I’ve done, not just in medicine but also in life; and I sincerely hope to return one day. Although, I’ll be the first to admit I missed my family immensely during the time away.
There are no words colorful enough to truly capture the beauty that Africa possesses, from the jutting rocks that pierce Lake Victoria to the herds of zebras that graze the Serengeti. Likewise, there are not words descriptive enough to outline just how blessed I feel to have had this opportunity given the impact it has and will continue to have in my life. Time and time again I found myself asking, "How did I get here?" I guess in order for you to truly understand what I mean you first have to be privy to a little of my past.

It may come as a surprise for many of you, based on my neutral accent, but I am no city girl. I was born the middle of three girls into a very humble family in Little Africa, SC. Growing up we did not have much but were always encouraged to think outside of what we saw. Given the fact that our town was named Little Africa, I was always curious about the continent we would study about in school, Africa. As a child I would imagine that the country fields I played in and the creeks I swam in were just like the ones they had over there. I was thinking about this on my flight back home, and I could not help but laugh; if I could only tell that kid that it was more than I wanted, and even more than I imagined it to be.

From day one it was a beautiful adventure. There was so much to see and do from the meeting of various people, experiencing their culture, to accepting that we would be living in close quarters with many untamed animals. Eric and I were fortunate to arrive in Mwanza at the same time as a host of other visiting doctors and medical students from various regions around the world. They all carried their own stories; we had a great time just laughing at the cultural differences and learned a lot from each other in regards to medical practices. They were all definitely a major source of support after a long day’s work and served as an invaluable resource for patient care. We explored Mwanza as a group visiting orphanages, churches, markets, hiking on “Dancing Rock” and even practicing yoga on the beach of Lake Victoria. All of these experiences, including the 3 day safari through the Serengeti, will forever be sketched in my mind, but as amazing as they were, in regards to the impact it will have on my life, it all still plays second fiddle to my experience at Bugando Medical Center.

This facility was a 950 bed hospital responsible for serving the estimated 50 million people of Tanzania and neighboring countries. Everything, and I do mean everything, was considered a valuable resource and nothing was disposable. You see here, as a patient, you have to pay for your hospitalization before you can leave. Labs, tests, scans were all close to impossible to obtain either because of the patient’s inability to afford the study or because there was no functioning machine available for use. Major operations would be performed without the use of narcotics, patients would wait weeks for supplies to arrive in order for their procedures to be completed, and families were actually responsible for providing food for the patient on a daily basis.

This was all really hard to grasp and extremely difficult to accept how different things were, and yet the amazing thing was that no one complained. In fact, they were most grateful and overtly appreciative for every gesture rather large or small. The staff, although working in especially stressful conditions, was eager to come to work and learn. They constantly asked about new techniques, studies, and even though they may not have a device available they would want to know how it worked. I think as much as we taught them we also learned. It was daunting to walk into an operating room where there was absolutely no monitoring device available and yet they would explain their technique of monitoring the hemodynamic status by palpation of the cardiac impulse. I was amazed at how closely they could estimate a patient’s hematocrit with just a glance at their palpebral conjunctiva. It definitely made me hone in on my physical exam skills and to appreciate my instincts. Equally as important it made me question what more could I give, and whether or not I was using my blessings to their fullest potential to help others. It made me self-reflect on my motivation, practices, and made me want to not only be a better doctor but a better person.

Again, I say that there are no words to completely describe how this trip has shaped my life and altered my path. I do not think I am even fully aware at this point. One thing that is certain is that I hope it will be the first of many to come.
A LOOK BACK AT THEIR EMAILS FROM TANZANIA

January 9 from Eric Nelson:

Our first day is over. The good news is there is room for me now at the Serengeti house. There are 3 girls from Northwestern (peds residents) who decided to all share a room rather than be split between 2 so now I get a room. I was able to check out of Hotel Tilapia, although I did incur a late checkout fee. Also staying here are 4 medical students from Australia, and an orthopedic surgeon and his wife who have been coming here for years. They spend a month a year here. He took us to the hospital this morning and brought us to the OR. After brief introductions we sat through morning report and had a short tour and then just sat back and observed.

One of the anesthesia students came and found me and asked if I could help him. I said sure and we went out of the ORs and across the hall. There, he informed me that there was an emergent C-section and I needed to staff it with him! The case went well, although they do lidocaine spinals and it was starting to wear off as the surgeon was closing. Also today, I did a peds case for an ortho I&D using halothane for the first time. Monitors are a luxury here. The pulse ox is broken in a few rooms and I haven't seen an EKG used yet. The students and even the more senior anesthetists seem eager to learn asking a lot of questions about the cases they are doing and asking if we can help clarify certain things. Tomorrow morning I'm going to give a lecture after morning report. The big challenge seems to be how to water it down enough so they get something out of it.

As for an Ebony update, within an hour of being in the operating rooms she was practically proposed to by a surgery resident. I just sat back and chuckled. We finally got the phones figured out as well. We had to go downtown to the cell phone store and ended up needing new sim cards, I think the ones in the phones expired. Everyone seems to remember people from MUSC and they send their greetings and ask about you, Carlee especially. I'm already looking forward to tomorrow and what challenges and excitement it will bring.

January 9, 2012 from Ebony Hilton:

Let me start by saying Africa is awesome. I will not lie, we have had some bumps along the way... no cell phone for 3 days, along with no internet, and I had a lizard in my room but otherwise it has been perfect! Today was our first day in the OR. Initially I was thinking they would be hesitant to trust us as consultants but that theory was quickly dismissed when I found myself alone in a room with a 6 yo female suffering from an infected femoral plate. The senior anesthetist asked if I would intubate and then he left. Imagine my face when I realize I am there with a machine that only utilizes Halothane and the only monitor in the OR does not have ETCO2 detection. I loved it. I really did because it gave me a better appreciation of what we have been taught. I thought about Dr. Stewart saying all you need is a precordial stethoscope and so I just went with that theory... not that I had much of a choice. She did great.

All in all, the staff here are so friendly and eager to learn and help us learn. I had a crash course on Ether because they still use it! The operating rooms are not glamorous but you can tell they take great pride in what they do have... I have noticed that about the Tanzanian people in general. And the other doctors who are staying with us are amazing! There are 4 Australian students in my lodge and next door with Eric there are 3 girls from Chicago (Pediatrics) and an elderly couple (the husband is a retired orthopedic surgeon). We have had the best time together! Today the girls decided to do Yoga at the beach then we returned to a home cooked meal for 12. Again I say today was amazing. Wish there was more time to write but we have an early day tomorrow. Keep us in your prayers!!

Outside the Bugando guest house
A LOOK BACK AT THEIR EMAILS FROM TANZANIA

Evening January 9, 2012 from Ebony Hilton:

No lie, there is now a family of lizards in my room... at least 2. The lizards I was writing y'all about earlier were at the first hotel in Arusha. But just now I was going to bed, was heading to turn off the lights and one runs from under the curtain. I tried to keep it cool and jump on my bed (quietly) and the noise must have scared it but then another one ran from under the curtain.

There is only one male in the house (an Australian). I woke him up (sure did) and he comes in and the nasty thing runs under my bed. The Australian (Andrew) couldn't get under there and so here we are... I have barricaded myself under the mosquito net with books and such along the edges hoping that it can keep the family of beasts away from me. I do not understand how in all of Africa, two of them found me. I need to pray or get right with God because this is a mess. Feel free to call or text all day because I won't be sleeping tonight.

January 9, 2012 from Eric Nelson, Day 3:

Jumbo, Things are still great here in Mwanza. We lost power for a couple hours last night, which I guess happens rather frequently here. It was back this morning so the ORs were running. We did have to cancel a couple cases as the blood bank had no blood in it and they weren't sure when they were going to get any. It's nice to be gaining the trust of the anesthetists and surgeons and to be consulted on various patients. I feel like I'm learning a whole new skill set here that involves a lot of minimalism. There's 1 capnogram in the ORs and there are no gas analyzers. A couple rooms actually share a pulse ox depending on which room has the sicker patient at the time. A lot of other things we use everyday such as stylets and tegaderms are unheard of here. There is something to be said about providing a safe anesthetic without all the technology and gizmos and relying on physical signs though.

I'm seeing things I never thought I would. Today we had a patient who had a parotid tumor that doubled the size of his head. There was also a little boy who had been bitten by a rabid donkey and had to get a BKA because it was so severe. Yesterday a patient was brought down to the "holding area" and when someone went to start an IV on him they realized he wasn't breathing and didn't have a pulse. The sheet was pulled over his head and he was wheeled away. It was very different and a bit unsettling that resuscitation wasn't performed, rather they just said it must of been his time. There is a very different outlook on things here with the resources being so limited. It's visible in the patients too, they're just thankful to be taken care of at some point in time. I'm sure if they were given a patient satisfaction survey it would score extremely high as long as they got their problem taken care of and left the hospital!

Anyway, we also finally got in touch with Katie so it was nice to meet her and have a local resource if need be. Tomorrow morning we have a formal lecture planned with the students and they're always looking forward to more knowledge. They're also very excited about going out to dinner with us next week, I'm sure it will be a huge treat for all of us. The more I talk to them and get to know them the more impressed I am with them and all they've done to get to where they are now in life.
A Look Back at Their Emails From Tanzania

January 12, 2012 from Ebony Hilton:

Hello! Just wanted to give a little update. Today is the Zanzibar Independence day so the OR is closed except for emergency cases. Eric decided this was the perfect time to have the students come in for an 8am lecture. Haha. His lecture was a basic introduction to inhalational agents. While he was speaking I could see that some of the information was completely new to them. That is kind of disturbing considering they have been students for about 5 months now and are often left in the cases alone. I asked them about some common causes of post-op respiratory failure and again there were blank stares. It's sad because they are so eager to learn but there is just no one here to teach. I know we keep repeating how eager they are but those words really don't give due justice to how dedicated they are to their practice. A couple have asked if they can visit so they can see how we do things and come back to teach others. Whenever you show them a new technique or equation they ask you to quiz them (they like to be pimped! haha). They just light up with the right answer. For instance, yesterday there was a young guy who was admitted weeks ago with a complex fracture of his femur (I literally have not seen a film like it before). He was now febrile (source unknown), had a Hgb of 10 and the surgeons were planning to place a Sign nail (not sure how with as many fragments as there were). The problem was that there was no blood in the entire hospital. The discussion was about whether or not it was truly an emergency situation or if surgery could be delayed until blood was available. We told them to delay. Afterwards I asked the resident if she knew why and she didn't. We went over the estimated allowable blood loss equation and she was so excited! She wanted to do like 5 examples, and what would happen if we transfused, if it were a kid, etc. She then went on break and when she returned she brought 3 more students with her so they could learn too. It just feels very rewarding to teach but at the same time they teach us so much!

Socially, today we will be going to a beach resort and later on a dinner harbor cruise to celebrate the Independence day with all of the house guests. I cannot describe to you how beautiful Lake Victoria is but I will try to send a picture. Tomorrow Eric and I will leave for our safari. That should be interesting lol. Those stories will probably have to be censored. Anyway, I don't want to bore you with stories. We will have lots of pictures and videos when we return. Hope all is well!!
A LOOK BACK AT THEIR EMAILS FROM TANZANIA

January 18, 2012 from Eric Nelson:

Sorry I've been out of touch. The safari was amazing! We saw the "Big 5" and about every other animal I think there is to see there. The camping was an experience as well. I don't think Ebony slept at all the whole time as the first night something shook each of our tents and we heard some loud grunting. We learned in the morning that hyenas were wandering around the camp and had gone through the garbage cans. After that, Ebony was done for and I guess she spent the next night with her flashlight awake in her tent.

Today was my last day at Bugando and it was bitter sweet. The past 2 days were really challenging on multiple fronts. Monday we took care of a 3 day old baby who had an ischemic small bowel. Ebony did an amazing job managing the child throughout the procedure and both our skills were put to the test caring for a neonate with very limited supplies and medications. The baby is still alive and her vitals are stable, but the prognosis does not seem good. Yesterday we helped with an emergency exploratory laparotomy on a 13 year old. He had been having abdominal pain for a while and was being treated by his local "witch doctor" according to the notes. This treatment involved injecting herbs under his abdominal skin and even into his abdomen. His belly was full of little scars. By the time he came down to the OR he had a tense abdomen, labored breathing, and a heart rate near 150. We used a MAC 4 to intubate him as that was the only working blade; it barely fit in his mouth! When the surgeon opened his abdomen it was full of stool. He had perforated and had several ischemic segments. After much discussion and it seemed like bargaining, we convinced the surgical and ICU teams that he would not do well extubated and took him to the ICU intubated. Another challenge presented itself as we had to then find the ventilator, set it up, and figure out all the knobs and dials on it. This morning he looked the same and I can't help but fear for his future. My skills have definitely been tested here and I've been able to use techniques I didn't know existed and have been able to see how important physical exam and my own hands are when compared to modern technology.

On a more positive note, we had dinner with all the anesthesia students at Tilapia last night. It was a great time of fellowship and getting to know one another. None of them had ever eaten there before and we also learned this was the first time they were all together outside of the hospital. It was a lot of fun learning about one another's cultures and sharing a good meal.

It has been very evident that we do make an impact when we come here. The anesthesiologists continue to ask about Carlee and Matt and send their greetings. It's been very fulfilling to see things we've taught be applied and put into practice. The first lecture we did was on the ASA classification because we learned they were trying to learn it. Each morning as cases are presented the students get more accurate in their scores! Its tough leaving thinking that there's so much more to do here and everyone is so eager to continue learning. However, I do miss my wife and kids very much and long to see them again. Thank you again for this opportunity and for all your thoughts, prayers, and support; for me and my family. See you soon.

A young boy who was complaining of abdominal pain still shows the scars from a local witch doctor, where incisions were made and herbs were placed under the skin

Pictured here is a pediatric patient with Blount's Disease, a growth disorder of the shin bone (tibia) which causes the lower legs to turn inward, appearing bowlegged
A LOOK BACK AT THEIR EMAILS FROM TANZANIA

January 18, 2012 from Ebony Hilton:

Hello everyone! I don't even know where to begin. Eric and I went on a 3 day 2 night safari with lodgings in a tent (moment of silence). The ride through the park was phenomenal! So many animals literally feet from our ride! Eric was like a kid in a candy store whenever we came across any sort of reptile. I preferred the giraffe, very graceful. Anyway, later that night we arrived at the camp site to find about 40 other campers there too. Most of them were from Europe, it was quite a site to see. I was a little anxious about dinner, especially when I saw them washing our dishes in a bucket filled with water of unknown source. Definitely a moment to pray over. But dinner was delicious! I have no clue how you can cook a three course meal on a bunsen burner but Isiac (our chef) managed. Then it came time for bed. Now I was already kind of freaked out about the bugs landing on my food during dinner (they were attracted by the lights), but now it hit me that I would be sleeping in a tent alone. Emanuel (our guide) escorted me to the tent in the dark (so the bugs wouldn't follow) and told me to turn on the light once inside. There was a moment once inside that I thought it was probably best that I could not see around this tent. Luckily there were no animals/bugs/foreign people finding refuge in my lodge. It must have been around 1am that I heard something walking near my tent grunting (never have I heard such a noise). Then I heard something that sounded like fine hairs brushing against the walls and finally my tent began to be pushed on one side. It wasn't aggressive but it was just enough to make me grab my pepper spray. I kept thinking that maybe it is just some weird rabbit (bc of the sounds of fine hair on the walls). I was scared to turn on my head light thinking it would attract the animal more, and scared to scream for Eric because maybe it would think I was a wounded animal and really attack. I just decided it was best for me to stay up all night. And I did. The next morning at breakfast the guide asked how we slept. I began telling the story and Eric chimed in that he heard the same noises. The guide doesn't miss a beat. As he is buttering his toast he says, "oh, there were hyenas in the camp last night". As if that is 1) normal and 2) okay. I guess I looked freaked out because he said, "Don't worry. There are no hyenas at the next camp, only wild hogs". Great. Needless to say I didn't sleep the next night either. Haha. But it was a great experience! I wouldn't trade it for the world!!

As for the hospital they are in great need for resources. Simple things like pulse oximeters, blood pressure cuffs, neonatal blades, everything really. I think the biggest resource they are missing is just people. We had a 13yo male present with 3 day h/o abdominal pain. He had been seen by the village healer and had all these markings on his chest and abdomen where incisions were made and stuffed with herbs/barks. He was tachycardic, hypotensive, hypothermic, and clearly in respiratory distress with a tense abdomen. He underwent an emergent laparotomy and 1800cc of frank liquid stool was suctioned. He had perforated his bowel and looked like he had multiple areas of necrosis. The surgeons resected ~ 8inches of bowel and then did a primary anastomosis followed by closure of the abdomen (Eric and I were in shock). We had to convince them to admit him to the ICU for closer monitoring. After listening to our arguments they finally agreed. Apparently the issue is that there is only 1 ventilator for the entire adult ICU!! They will in fact have patients intubated with just a nasal cannula supplying the oxygen! We gave our report to the ICU nurses and frankly I did not expect to see him alive in the morning. But he did live. When we saw him the next morning he was febrile (very, very hot to the touch), tachycardic, hypotensive, and obtunded.

We looked around but there was no staff available. After morning report I found his surgeon and told her that he is extremely septic (only receiving flagyl) and that someone should address this with his family. Around noon I decided to visit him again. I reach for his hand and it is cold, no pulse, no cardiac sounds. He is dead, but still on the ventilator! I asked the closest doctor who has been watching him because he is dead and he replies, "he is not dead... he is breathing". We went back and forth until finally he said, "Well he is a surgery patient. I only see medicine." I almost cried. It is not that he passed away, he is in a better place and no longer hurting, but it was just sad that no one seemed to notice. He was only 13. All day I kept thinking that maybe if there were better monitors it could alert the staff that something was wrong. It is hard to accept that this is considered the norm.
A LOOK BACK AT THEIR EMAILS FROM TANZANIA

January 18, 2012 from Eric Nelson:

Thanks for posting our emails for the department to see. Ebony did leave out that the guide informed her that her perfume also attracted bugs...only she would wear perfume on a camping trip! I’m in Arusha now and anxious to get home. It is with a heavy heart though. When I got here I had an email from Ebony informing me that the boy we cared for yesterday had passed. The worst part about it was that it took her going and checking on him in the ICU at noon to discover this. She found him cold and with no heart beat. She informed numerous people about this before finally bringing a surgical resident to the bedside to see the patient before anyone believed he was dead. I’m trying not to let this ruin a great experience, but it’s hard having this as my last memory of Bugando.

The anesthetists there do seem to really appreciate our department and what we’ve done. As I left today one of them told me how nice it was that I was around and available throughout the day as Dr. Matasha is often absent even when he is in town. As I said before it was really fulfilling to see the principles we taught be applied almost immediately. I’m excited to share stories with you and the rest of the department that just cannot be conveyed properly through email. I cannot thank you enough for this opportunity. Thank you also for checking in on Melissa and the boys. It has been hard to be away from them for so long, but knowing you’re near and your prayers are with us has helped throughout this ordeal. I hope to see you in church on Sunday.

January 23, 2012 from Ebony Hilton:

Hi! Today was a busy day at work. They finally got a shipment of VP shunts!! The first lucky patient was a 3 month old female with severe hydrocephalus. Luckily her induction/intubation went smoothly even though only a MAC 2 was available. It is amazing what they can do under suboptimal conditions. In speaking to different doctors it seems that the VP shunts have been out of stock for nearly a month. They depend on donations from India and the USA for their supply. According to the surgeon, the cost of the catheters from India is around $0.50 whereas the ones from the U.S. are around $500 (it’s the American way). The issue is that the rate of CSF drainage cannot be controlled with the catheters that are from India. When walking around the wards you see the result by the grossly obvious sunken fontanel. It's sad, but what other choice do you have? On a lighter note, the now 9 day old female s/p ileostomy 2/2 perforation is finally having output! She began eating over the weekend and is looking more and livelier every day. This may not be exciting news to some of you but ask Eric how her bowels looked intra-operatively. I did not expect her to make it overnight much less a week! She is definitely a fighter...her name is Ana.

This email would not be complete if I did not include the weekend’s social events. On Saturday we went to the Malaika Resort and there was a reception of some sort. It was hilarious because they had a DJ that played everything from Tim McGraw to Jay-Z. I thoroughly enjoyed myself. The next day I went to church and the music was amazing!! The sermon was presented in "English" and translated to Swahili. Despite my best efforts I could only understand half of the message. The choir more than made up for it. Afterwards we went to the "Forever Angel" orphanage. It is a British-owned facility that takes in abandoned and abused kids up to 5 years old. There were about 30 children and believe it or not most were fluent in English and Swahili! You could tell by the kid's appearances that they were well taken care of and very happy. Leaving that place was very hard to do. Anyway, I do not want to ramble on for much longer. Keep me in your prayers!

Two giraffes seen on safari take comfort in each other for protection.
A Look Back at Their Emails From Tanzania

January 30, 2012 from Ebony Hilton:

Hi! Well, today marks the final week of my stay in Tanzania. I cannot believe how fast time has passed and the experience has been amazing! Things around the hospital have slowed drastically related to a country wide Resident Strike that began around Thursday of last week. Apparently the initiative began in Dar when interns were not receiving their pay checks for upwards of 3 months. After protesting the government agreed to pay but then the hospital decided to fire them for their retaliation. This sparked an uproar across the country and the residents decided to all strike for better pay. Apparently when they are on call they make 400 shillings/hour. I was told they generally make the equivalent of $300/month. It is all unfortunate because the ones hurting the most are the patients. In talking to the house guests the only residents who have continued to come to work are two pediatric residents and 3 medicine residents working in the ICU. The operating room is basically just performing emergency cases only. Today's schedule was just for two open femur fractures and the rest were repeat C-sections. I don't know how long the strike will last, but I can't imagine the hospital can continue in this manner. As I walk into work people are literally grabbing at me saying, "Please, doctor... doctor". It's hard to see and even harder to walk away. I wish this was not how my trip would end. It is very disheartening. Anyway, continue to pray for me. I give lectures every day now since the case load is light. The anesthesia students remain motivated and ask for books constantly! I will let you know of any new developments.

Male lions seen on safari in the Serengeti

A cheetah stares in wonder at the tourists taking it's photograph

Water buffalo seen on safari take shade under a tree.

A herd of zebra grazing in the Serengeti
OFFICIAL DEPARTMENT T-SHIRTS RELEASED!

To the Department of Anesthesia and Perioperative Medicine at MUSC:

The MUSC student Anesthesia Interest Group is working with the Department of Anesthesia and Perioperative Medicine to produce the official departmental t-shirt. We will be selling the t-shirts from **February 20, 2012 through March 9, 2012. The cost will be $15 per shirt**, with the proceeds going to help fund workshops in anesthesia education for students at MUSC and encourage student participation within the department. Some of the workshops we have already introduced to students include how to start an IV and airway management. We are planning many more including ACLS, ventilation management, and regional pain management to name a few.

Please consider supporting us. We will be collecting money with Glennda Ross (extension 2-5699 or rossg@musc.edu) in the Anesthesia Department in the Main Hospital (Storm Eye) and with Regina Backman (Extension 6-5759 or backmanr@musc.edu) in Ashley River Tower. You may drop off either checks or cash with these two contact persons during regular business hours. Members of Anesthesia Interest Group are going to attempt to visit departmental meetings as well to take orders from those who are interested. **Checks are made payable to: MUSC Anesthesia Interest Group. Remember to place the sizes and numbers of shirts you are interested in ordering down on the order sheet.** The t-shirts should be available within four weeks of ending the sale. We will contact you via email when and where they are available for pickup. Please see our design below if you are interested. If this sale is successful we are considering the sale of additional apparel items such as fleeces with your input being very helpful. Thank you so much.

Sincerely,

Drew Philipp, Co-President of Anesthesia Interest Group

---

Dr. Alan Mann, MD
CA2 Resident

---

Dr. Alan Mann, one of our CA2’s, has been appointed to a **member-at-large** position for the American Society of Regional Anesthesia and Pain Medicine Resident Section. Congratulations Alan!
GRAND ROUNDS FOR MONTH OF MARCH
PERIOPERATIVE/PROFESSIONALISM

“O.R. Management—Yes We Can”
March 6, 2012
William H. Daily, MD
University of Texas Medical School at Houston
Director, Operating Rooms

“M&M”
March 13, 2012
Susan Harvey, MD
Medical University of South Carolina
Medical Director, University Main Operating Rooms

“Experimental Design and Statistics”
March 20, 2012
Bethany Wolf, PhD
Medical University of South Carolina
Biostatistician

“What is an ACO and how does it affect me?”
March 27, 2012
Gerald A. Maccioli, MD
Duke University
Director, North Carolina Society of Anesthesiologists
**Future Events/Lectures**

5/Mar – Professionalism—Yes it is REALLY Important, CA2/3, William Daily, MD
6/Mar – O.R. Management—Yes we can, **Grand Rounds**, William Daily, MD
7/Mar – Peripheral Nerve Blocks, CA1, Ryan Gunselman, MD
12/Mar – Office Based Anesthesia, Barash Ch. 33, CA2/3, Cory Furse, MD
13/Mar – M&M, Susan Harvey, MD
14/Mar – Anesthesia for Neurosurgery, CA1, Joe Whiteley, DO
19/Mar – Management of patients Ischemic Heart Disease, Stoelting Ch. 1, CA2/3, Kelly Grogan, MD
20/Mar – Experimental Design and Statistics, **Grand Rounds**, CA2/3, Beth Wolf, PhD
26/Mar – Management of Patients with Psychiatric/Substance Abuse, Stoelting Ch. 22, CA2/3, Chris Skorke, MD
27/Mar – What is an ACO and how does it affect me?, **Grand Rounds**, Gerald A. Maccioli, MD
28/Mar – Maternal and Fetal Physiology and Anesthesia, CA1, Latha Hebbar, MD, FRCA, FFARCA(I)

---

**I HUNG THE MOON**

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

*Helen Furtado:* Taking my late shift on super short notice (5 sec) so that I could be with my father during an urgent heart procedure.

*Gary Hoefler:* Selflessly volunteering to stay for a very challenging case.

*Ally Cleveland:* Being a great team player!

*Sylvia Wilson, MD:* Staying extra late on a Friday night to help safely cover several locations. Patient safety and helping people out is always a priority, thank you!

*Marc Lynes:* Being the best anesthesia tech ever during a very difficult airway case. He was "Johnny on the Spot" for everything that was asked for or asked of him to do including his 1st ever CPR. Thanks!

*Eric Bolin, MD:* Coming in from home to start an epidural at ART for a patient in pain.

---

**Save the Date!**

**Resident Graduation:** June 22, 2012  
**Location:** [Charles Towne Landing](#).

**Holiday Party:** December 1, 2012  
**Location:** [Carolina Yacht Club](#).

---

**March 2012 Standard of the Month**

Take pride in the workplace and help keep my work area clean by cleaning up litter, debris and spills promptly.

---

**We Would Love to Hear From You!**

If you have ideas or would like to contribute to *Sleepy Times*, the deadline for the April edition will be March 19, 2012.