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

Over the past several months, the opening statement section of Sleepy Times has been reviewing our 5 year strategic plan’s progress. This month, Dr. Fred Guidry, Vice Chairman for Professional Development, will be discussing Faculty Development.

FACULTY DEVELOPMENT

Mission: Our mission is to develop academic careers, promote lifelong learning and professional development, motivate junior faculty to become leaders in academic medicine, develop skill sets for excellence in all areas, provide a support system for new faculty, support diversity, and reduce stress and burnout of individual faculty.

Vision: Our vision is that all faculty will achieve their individual full potential as members of the College of Medicine and MUSC and be rewarded for that achievement and that these achievements will result in a nationally and internationally acclaimed academic department.

Strategic Objectives:

- Develop a mentoring system that supports and encourages faculty in their development.
- Provide opportunities for faculty to excel in clinical care, research, education, and administration.
- Provide unique opportunities for leadership development.
- Support individuals in developing the materials necessary for successful promotion.

Performance metrics:

- Monitor indices of research production in conjunction with the Research Committee such as grant submissions, IRB approvals and accepted peer reviewed articles.
- Monitor benchmarks of the other three areas of practice especially against previously agreed upon goals.
- Track academic time granted against academic productivity.
- Compare faculty promotion to the next level against time at current level.

The academic growth and productivity of the faculty are the heart of good departments in all medical school departments, and is one of the distinctive differences between academic and community practice. Just as schools have an obligation to provide the structure and support for its students to learn, likewise does academic institutions have the obligation to young faculty to be successful in their career.
Faculty development has been a source of concern in our department as well as in many other anesthesiology departments in the country. There are several factors that contribute to this difficulty.

A significant and funded research career is a solid path to faculty development. Unfortunately, we are in a specialty that is not well supported based on NIH benchmarks. In 2011 the NIH funded internal medicine research with over three billion dollars but anesthesiology with only 100 million. Over half of anesthesiology NIH funding goes to the top ten departments. Duke, Emory and Vanderbilt medical schools typically have three times the level of NIH support compared to MUSC. Despite this fact, our department is in the top 25 from NIH funding with a single R21 grant. Going forward, anesthesiology research at MUSC will have to be creative and clinically based.

MUSC and many anesthesiology departments have a gap in their demographics because of the radical downturn in interest in the specialty in the late 1990’s. Therefore, there are relatively few who are at the midpoints of a successful career to serve as guides and mentors. The ABA written exam success rate is typically around 85% for first time takers, but plummeted to 60% in 2000. Relatively few anesthesiologists were certified during that period. As a result, the overwhelming majority of anesthesiologists in our department have been hired since 2006. In spite of this skew in the department’s makeup, in the past year over thirty of the younger faculty have been paired with mentors.

One of the strengths of faculty development here is the support of the College of Medicine primarily through Marc Chimowitz, who is Associate Dean for Faculty Development. Under his guidance the department has prepared a lengthy document outlining the department’s faculty development resources at:

http://academicdepartments.musc.edu/com/faculty/mentoring_plans/Anesthesia.pdf

The College has also introduced the FAIR data base system to keep CVs current, and a Faculty Intramural Teaching Effort Report. These two documents should be updated regularly, and faculty administrative assistants have been trained to assist with FAIR.

It is important that an individual’s faculty development plan be charted and periodically evaluated. The Department of Medicine initiated using an E*Value tool to provide a way for faculty to develop a Career Development Plan (CDP), and a way for the plan to be shared with the department’s chair and their mentor. This tool has been adopted by several MUSC departments.

Brenda Dorman facilitated getting this tool modified to our needs, and it is now available for use in our department. The E*Value CDP asks the mentee to list specific goals in the areas of publications, presentations, education and research. The plan can be reviewed by the mentor and then revisited in subsequent years to track the progress in achieving the goals outlined in the CDP.

A small number of “go getters” have completed their plan and had it reviewed by their mentors. Others have completed a CDP but not yet had it reviewed. All faculty with mentors will be required to have completed a CDP when they meet with Dr. Reeves for their annual review. We have made progress in the first year of our strategic plan with faculty development, but continued hard work will be necessary.
OBSTETRIC HEMORRHAGE WORKSHOP 2013  
BY: LATHA HEBBAR, MD

Aim: To improve visual estimation of blood loss during obstetric bleeding.

Methods: The second workshop to facilitate the estimation of obstetric blood loss was held on L&D on September 10th. This was open to all members of the OB patient care team: Anesthesiologists, Obstetricians, nursing personnel and medical students. There were 16 stations with varying amounts of blood loss ranging from 30cc on pads to 1200 cc in an OR setting. A new addition this year was assessing blood loss from hand-weighing soaked pads/chucks.

Results: A total of 115 personnel participated and in keeping with last year’s trend, we had the highest attendance compared to the other groups (Anesth- 35; OB- 29; nurses - 28 and med students 22). Sixty-five percent of participants had less than 5 years of clinical experience; 14% between 5-10 years’ experience and 21% had more than 10 years’ experience. In further analyzing the anesthesia participants we had 8 faculty; 7 CA-3’s; 5 CA-2’s; 9 CA-1’s; 4 Interns and 1 med student - good job CA-1’s.

Overall Team Anesthesia did the best!! Perhaps as a result of last year’s exposure to a similar workshop, we overestimated blood loss (better than underestimation) in most stations except the ones related to vaginal birth (perhaps we are not used to assessing vaginal drapes*).

<table>
<thead>
<tr>
<th>Station</th>
<th>Actual (cc)</th>
<th>Estimated (cc) by Anesthesia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity pad</td>
<td>50</td>
<td>75</td>
</tr>
<tr>
<td>Maternity pad</td>
<td>100</td>
<td>140</td>
</tr>
<tr>
<td>Toilet spill</td>
<td>600</td>
<td>566</td>
</tr>
<tr>
<td>Bed Spill</td>
<td>700</td>
<td>749</td>
</tr>
<tr>
<td>Bed spill with clots</td>
<td>250</td>
<td>313</td>
</tr>
<tr>
<td>Vaginal drape</td>
<td>400</td>
<td>390 *</td>
</tr>
<tr>
<td>Vaginal drape +10cc urine + sponge</td>
<td>400</td>
<td>315*</td>
</tr>
<tr>
<td>Vaginal drape +100 cc urine+10 sponges</td>
<td>1000</td>
<td>894*</td>
</tr>
<tr>
<td>12 x 12 vag lap</td>
<td>30</td>
<td>52</td>
</tr>
<tr>
<td>12 x 12 vag lap</td>
<td>50</td>
<td>88</td>
</tr>
<tr>
<td>Bed spill</td>
<td>1000</td>
<td>635*</td>
</tr>
<tr>
<td>Bed pan</td>
<td>200</td>
<td>270</td>
</tr>
<tr>
<td>18 x 18 surg lap</td>
<td>50</td>
<td>130</td>
</tr>
<tr>
<td>18 x 18 surg lap</td>
<td>100</td>
<td>206</td>
</tr>
<tr>
<td>5 surgical laps</td>
<td>400</td>
<td>417</td>
</tr>
<tr>
<td>c-section OR</td>
<td>1200</td>
<td>1494</td>
</tr>
</tbody>
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Discussion

There are a few challenges specific to OB hemorrhage.: a) blood flow to the pregnant uterus at term is almost 12-15% of the cardiac output. So a lack of uterine tone will result in a rapid blood loss; b) with a baseline tachycardia during pregnancy, early compensatory tachycardia is ignored as being part of the normal physiological change of pregnancy, until the patient starts decompensating; and c) with amniotic fluid in the mix assessment of blood loss can be challenging –hence the benefit of the workshop.
OB hemorrhage can be antepartum or postpartum (PPH). Antepartum hemorrhage could be due to placenta previa, abruption, trauma, uterine rupture or vasa previa. OB hemorrhage from antepartum causes has been relatively stable over the years. It is the post-partum causes of OB hemorrhage that is on the rise. Blood loss of >500cc for a vaginal birth and > 1000cc for a c-section is considered as PPH. One of the reasons for increased PPH is the rise in c-section rate (~32%). Causes of PPH include uterine atony, abnormal placentation, retained placenta, surgical mishap and bleeding disorders.

Obstetric hemorrhage is the leading cause of maternal death at a global level, though in the US it is hypertensive disorders of pregnancy. Developed countries have devised protocols, alert systems, monitoring mechanisms and blood bank facilities which have reduced the morbidity and mortality associated with OB hemorrhage. At MUSC, our OB emergency bleed protocol once activated will prompt the delivery of 6 units of O negative PRBC, 6 units of FFP and 1 pharesed unit of platelets (the old 6-pack). In August 2013, we developed a warning paging system which informs us of any OB hemorrhage that happens outside of the OR – both ante and postpartum (see below). It is an OB hemorrhage group page which when activated will include the L&D Attending, OB Chief Resident, Anesthesia Attending, Anesthesia Tech, Anesthesia Senior Resident, L&D Charge Nurse and HSC. We hope that having a yearly workshop will help with better visual assessment of obstetric blood loss. I was hoping to see a better resident turnout for the workshop (~50%) – hopefully next year this will be better.

Thanks to Dr. Villers, MD (L&D Director); Karen Stephenson, RN (Nurse Manager); Michelle Sharp, RN; Molly Gross, RN; Becky Staples, RN; and the Blood Band for orchestrating this important and interesting workshop.

Latha Hebbar MD, FRCA
Director OB Anesthesia
This year’s American Society of Anesthesiologists annual meeting was a large success for the department. As noted in the schedule below, many faculty and residents had the opportunity to lecture and present research. For the first time, the ASA offered a workshop on Perioperative ACLS which was very successful. The workshop emphasized via simulation the unique differences and etiologies of intraoperative cardiac arrests.

**ASA ANNUAL MEETING, OCTOBER 12-16, 2013**
**SAN FRANCISCO, CA**

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The Foundation for Anesthesia Education and Research (FAER) supports medical students interested in participating in research to complete 8-week electives (most during their summer break) around the country. MUSC was fortunate to be awarded a pair of FAER scholars. Clark Sealy, a first year here at MUSC, was assigned to work with three faculty and presented interim findings of his work with Dr. Will Hand on the project titled Goal Directed Intraoperative Therapy using Arterial Waveform Analysis in Patients Receiving Head and Neck Microvascular Free Tissue Transfer.

Clark presented his findings orally and defended the research at a poster session at the recent annual meeting of the American Society of Anesthesiologists in San Francisco, CA. He fielded questions from various other students and faculty, and had the opportunity to meet the other FAER scholars and learn about their research in the field of anesthesiology.

The study has reached its midpoint and hopes to conclude in early 2014 with a publication to follow. We applaud Clark for all his hard work and appreciate the support of FAER!
J.G. REVES ENDOWED CHAIR VISITING PROFESSOR 2013 LECTURE

Please welcome Dr. Debra A Schwinn
Dean: University of Iowa Carver College of Medicine

Resident Lecture:
“The Genomic Era of Health Care: What You Need to Know NOW”
November 18, 2013, at 4:00 PM in the Clinical Science Building, Room 429

Grand Rounds Lecture:
“Academic Medicine & Health Care Reform”
November 19, 2013, at 6:30 AM in the Bio-Engineering Building, Room 110
RESEARCH CORNER:

CONGRATULATIONS TO DR. JAKE ABERNATHY AND SCOTT REEVES FOR THEIR RESEARCH FEATURED IN THE NOVEMBER EDITION OF ANESTHESIOLOGY

PERIOPERATIVE MEDICINE

Realizing Improved Patient Care through Human-centered Operating Room Design

A Human Factors Methodology for Observing Flow Disruptions in the Cardiothoracic Operating Room


CONGRATULATIONS TO DR. EBONY HILTON FOR PASSING CRITICAL CARE BOARDS

Congrats!
CONGRATULATIONS TO ALEXIS DAVIS, CERTIFIED ANESTHESIA TECH, FOR EARNING HER U.S. CITIZENSHIP

NEW BABY IN THE DEPARTMENT

Congrats to Elizabeth Byrd, CRNA for the birth of Grady William Byrd, born September 28, 2013, 7lbs 14oz

Congrats to Carlee Clark, MD for the birth of Maisie Jane Carron, born September 14, 2013, 7lbs 4oz, 20.5 inches
HOLIDAY CHRISTMAS PARTY, CAROLINA YACHT CLUB, DECEMBER 7, 2013

Harbor lights will be brightly shining along the shore beckoning you to board ship and party all the more.

Department of Anesthesia and Perioperative Medicine
Medical University of South Carolina
Invites you and your guest
To celebrate the spirit of the season

Carolina Yacht Club
50 East Bay Street
Charleston, South Carolina
Saturday, December 7, 2013
7:00 p.m.

R.S.V.P. 792-5699
roxyg@musc.edu
Cocktail buffet/dancing/door prizes
Entertainment
GRAND ROUNDS FOR THE MONTH OF OCTOBER

“Enhanced Recovery After Surgery (ERAS): Evidence-Based Perioperative Medicine”
November 5, 2013
Timothy E. Miller, MD
GVTU Division, Duke University

“Patient Safety”
November 12, 2013
Jake Abernathy, MD
Medical University of South Carolina
Associate Professor in Anesthesiology

J. G. Reves Visiting Professor Endowed 2013 Lecture
“Academic Medicine & Health Care Reform”
November 19, 2013
Debra A. Schwinn, MD
Dean, University of Iowa

“Applying Business Strategies to Improve Health Care: Challenges and Opportunities”
November 26, 2013
Jeana E. Havidich, MD
Dartmouth
Assistant Professor of Geisel School of Medicine
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 Kim Crisp. Thanks so much!!

Sam Tripp, CRNA; Dennis McKenna, CRNA; Heather Highland, CRNA- “Great teamwork in helping with a fellow CRNA on a code. Outstanding help!”

Sarah White, CRNA and Beth Jennings, CRNA- “Thank you for helping me with very emergent case.

Adrianne West, CRNA- “Being a great coworker– My attending was unavailable for emergency and Adrianne gave me a hand waking up a very sick patient. Always positive and has a great attitude!”

Save the Date!

Holiday Party: December 7, 2013
Location: Carolina Yacht Club.

November 2013

Answer questions posed by patients, students or staff to ensure understanding and facilitate learning.

We Would Love to Hear From You!
If you have ideas or would like to contribute to Sleepy Times, the deadline for the December edition will be November 25, 2013.

Sleepy Times