MESSAGE FROM THE CHAIRMAN:

SCOTT T. REEVES, MD, MBA

Graduation Address 2014, “Leave a Legacy”

Dear residents and fellows, faculty, family, and friends, I want to welcome all of you to the 2014 graduation ceremony. This is always a festive time as the long journey through college, medical school and residency and/or fellowship is finally coming to a close. I hope you will always have fond memories of your time in Charleston within the Department of Anesthesia and Perioperative Medicine. Will the resident and fellow graduates please stand. They deserve a round of applause!

As has become my tradition, I will use my time to impart some parting remarks as you leave MUSC. In January 2007, David Gould from the University of Iowa began soliciting people age 50 and older to send letters to his college students. The authors were asked to give insight on what they know now that they wish they would have known when they were in their 20s. At the end of the semester, every student received a personal letter. The response surpassed his wildest dreams, and with the launching of his website, (www.legacyletterproject.com) the Legacy Letter Project has grown into a national initiative. His argument for doing this was that despite being a much more multigenerational society, generations are interacting with each other less and less. It’s a monumental loss on both sides. The Legacy Letter project was never meant to bridge that gap, but simply get the conversation going.

Tonight we also honor Drs. Fred Guidry and Charlie Wallace. They have both had long and prosperous careers. In our departmental newsletter, Sleepy Times, they have recently provided written accounts of their careers as anesthesiologists. Please give them both a round of applause. We will all miss their insight, wit, and knowledge.

Tonight we graduate 12 residents and three fellows. It is a time of transition from one of learning to one of applying the knowledge that has been acquired over 23 plus years of education. Just as I have asked Drs. Guidry and Wallace to write about their 40 plus years as anesthesiologists, I challenge us all to tell our story in either a written or video format, i.e. a Legacy Letter/Video. For the graduates, it will be an opportunity to create an account of why you went into medicine, why anesthesiology, and what are your future aspirations. Every time you review this Legacy Letter, it will be a time to reflect upon how you are achieving or deviating from your desired path in life. It will truly become a legacy to leave to your children and grandchildren.

For the parents and grandparents in the room it will be an opportunity to document the sacrifices, hopes and dreams that were realized in our graduates’ achievements. For the faculty, a time of reflection might be in order as it was only yesterday that we were graduates.
LEAVING A LEGACY CONTINUED...
BY: DR. SCOTT REEVES

In the gospel of Matthew, Christ states, *Do not lay up treasures for yourselves on earth, where moth and rust destroy... but lay up for yourselves treasures in heaven. For where your treasure is, there your heart will be also.* The idealism that we have in our youth, if not carefully guarded, tends to dim as we enter middle and old age. I would encourage us all to return to our original passion. Be careful how you acquire and where you lay up your treasures. Daily give thanks for your patients, friends, and family. They are your real treasures! I would like to conclude with a quote from Louis De Garzia, *Love is the magic of human life... It is the single most important aspect of our human sojourn.* Please join me as we lift a toast to our graduating residents and fellows. We are all very proud of you!
LEAVING A LEGACY CONTINUED...
BY: DR. SCOTT REEVES
LEAVING A LEGACY CONTINUED...
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LEAVING A LEGACY CONTINUED...
BY: DR. SCOTT REEVES

CA2/3 Teacher of the Year:
Dr. Latha Hebbar
Not Pictured: Dr. Sylvia Wilson

CA1 Teacher of the Year: Dr. William Hand

The Dr. Laurie Brown Resident Teacher of the Year: Dr. Brandon Sutton

The Dr. John E. Mahaffey Resident of the Year: Dr. Brystol Henderson

The Dr. JG Reves Research Award: Dr. Abdu Algendy
**ANESTHESIA SCHEDULED PROCEDURES: EPIC**

**MUSC Health – Epic Training – Quick Reference Guide**

**Anesthesia - Scheduled Procedures**

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**About this Quick Reference Guide**

This guide provides steps and information to assist you as you document on a typical OR scheduled procedure. This guide does not address all potential situations so please keep in mind that steps and details can vary case to case.

**Log in**

1. On your desktop, double-click the Epic Hyperspace icon. If you are accessing Epic through Webapps, single-click the icon. The log in screen displays.

   ![Epic Hyperspace Login Screen](image)

2. Enter your user ID in the **User ID** field.
3. Press Tab and enter your password.
4. Press **Enter**. The **Department** field appears.
5. Enter your department.
6. Press **Enter**. Epic opens with your department **Status Board** displayed.

   ![Status Board Screen](image)

**Log out**

To maintain patient confidentiality, you must log out or secure your computer when you leave it. There are two ways to do this:

- Click **Log Out** on the main toolbar.
- Click **Secure** on the main toolbar.

If you know that the person logging in the same workstation after you will chart on the same patient, click **Secure**. If they will chart on a different patient or you are unsure, click **Log Out**.

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**Find your Patient**

**Status Board**

The **Status Board** shows patients scheduled for procedures today in your department.

- To switch to a different department’s **Status Board**, click the button corresponding to the desired location.

- To search for a patient, click **Find**. The search field displays at the bottom on the screen.

**Snapboard**

The **Snapboard** shows patients organized by operating room. Click **Snapboard** in the main toolbar to view all operating rooms and the cases in each room.

**Pre Procedure**

From the **Status Board**, single click on the desired patient and click **Pre**. The **Pre Procedure** navigator opens.

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On the left are Activities—such as Chart Review. Within the Navigator are Sections—such as Best Practice.

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QRG_Epic-Anesthesia_for_CRNAs_Ver_3b.doc
ANESTHESIA SCHEDULED PROCEDURES: EPIC

1. Begin reviewing the patient's record starting at the top with Best Practice. Review all sections under Review by clicking on the Scroll to buttons (blue arrows) corresponding to the desired section.

2. Update any information as needed. To update a section, click the Open button (pencil) within the section or click the section's title text in the Table of Contents.

Allergies/ Meds
3. Review the information in the Allergies/ Meds section. Update as needed.

Evaluation
4. Review and update the History section as needed.
5. Click Pre Evaluation. The Note/Writer opens.
6. Complete the Ros/Med Hx tab using the + and - buttons as needed. To record a comment about a condition, double-click (or hover) on the condition text, enter your comment and press the Enter key.
7. To copy Ros/Med Hx from a previous encounter, click . Select the most recent encounter, then click Accept. Make changes as appropriate.
8. To apply or create a macro for this tab, click . Make any changes as needed. Note that if a macro is applied after you have documented, the macro will NOT overwrite your selections. A macro named Normal is available for normal, healthy patients.
9. Complete the Anesthesia Plan tab. Make selections as appropriate.

Orders
10. Review the Notes tab if desired then click Accept.

Orders
11. Review the Orders section if desired. All active and completed pre-op orders are listed here.

The following applies to all the tabs within the Pre Evaluation:
- The Comments (capital) button can be used to document comments for a section.
- Mallampati (or Unable to Assess), ASA, and Anesthesia Plan are required.
- Use the reports on the right side of the screen to view summary information about the patient if desired.

Mark Event
13. Click Anesthesia Start to start billing.
ANESTHESIA SCHEDULED PROCEDURES: EPIC

14. When you are ready to move the patient to the OR, click Transfer to OR. This will send pages to the surgeon and the attending. Note: The Attending MUST be documented as the Responsible Anesthesia Provider in Intraprocedure using Staff button in order for paging to occur.

Intraprocedure
1. Navigate to the Intraprocedure activity for the desired patient.
2. Click Macro.
3. Select the appropriate macro. De-select Meds and/or Lines/ Drains/ Airway as desired.
4. Click Accept.
5. Click Pre-Induction Checklist.
6. Take care of the patient as needed.
7. When you are ready, document An Type, Staff, Assess and Position.

The Stat button can be used to send a critical page to the DOD and CRNA Coordinator.

8. When you are ready to document events, click the (next) Quick Event button(s). Anesthesia Ready should be documented as close to real time as possible as this activates a page to the Surgeon and Attending.

9. When you are ready to document meds, click on the name of the med.
10. Select the administration time. You can click on the Jump to an Event Time button (Green Flag), to align the administration time with an event.
11. Enter the dose. Enter the rate if applicable. Click Close.
12. To enter a med that is not listed, use the Meds button.
13. When you are ready, document Blood, Airways, and Lines.
14. Continue to click the (next) Quick Event button(s) to move through the process.

IMPORTANT EVENT INFORMATION!
The Emergence event may trigger alerts for attestations. These alerts will NOT prevent you from moving forward.
Begin Closure sends a page to the Attending.

Anesthesiologist and Surgeon.
Transfer Out of OR sends a page to the Anesthesia Technician.

Post Procedure
1. Navigate to the Orders activity for the desired patient.
2. Under Medications, make selections to continue or discontinue medications. Document details such as dose and route as if needed.
3. Click Accept then click Accept again.
4. Navigate to the Post activity for the desired patient.

Post Procedure Hand-off
5. Review (and update if applicable) the Type Performed, Best Practice, Procedure Info, Vitals, and I/O sections.
6. You do not need to document Airway Removal. Airways are removed automatically when the extubation event is applied in intraprocedure.
7. Document Lines Removal if applicable.
8. Document the Hand-off note using the F2 key followed by the ‘Left to Pick’ Right to Stick’ method to make selections.
9. Document Anesthesia Stop to stop billing. Note that if steps 1-3 above are not done prior to documenting Anesthesia Stop, ALL continuous meds and fluids will be discontinued.

Documentation Complete
10. Update Anesthesia History with observations from this case and click Close.
You do not need to complete the Post Evaluations or Close Encounter sections. These are documented by the Attending.

Need Help?
To open the Epic Knowledge Base, click:

To access additional information, click My Dashboards / Anesthesia Provider Learning Home.

To contact the Help Desk, call 792-9700.
ANESTHESIA ATTENDING SUCCESS TIPS

Anesthesia Attending Success Tips

- The Attending Pre-Procedural Sign-off button will check for required documentation (ASA status and Mallampati) in the PreEvaluation Note.

- These are the Required Billing Elements:
  - Completed Pre-Evaluation Note
  - Documented Responsible Anesthesia Provider via the Staff button in the IntraOp Workspace
  - Anesthesia Start
  - Anesthesia Stop
  - Mallampati - JCAHO Requirement
  - Anesthesia Type (document in Pre-Eval note or IntraOp)
  - ASA Status
  - Post Evaluation Note

- Anesthesia Paging: (PreProcedure)
  - Document the Responsible Anesthesiologist via the Staff button in the IntraOp workspace
  - Click Anesthesia Start
  - Click Transfer to OR - this sends the page to the Responsible Anesthesiologist and Attending Surgeon

- Attestations: (IntraProcedure)
  - Document all Attestations in real time – selecting this button intraop allows the CRNA/Resident to still remain logged in while you Attest the patient care with your credentials.

- Anesthesia Paging: (Intra-Procedure)
  - A page will be sent to the Responsible Anesthesiologist and Attending Surgeon when the Begin Closure Event is clicked
  - A page will be sent to the Anesthesia Tech when the Transfer Out of OR Event is clicked

- Missing Attestations - InBasket and Pop-Up Reminder
  - Attendings will get an InBasket message reminder in the [Anesthesia Messages Folder] if they are missing attestations
  - There will also be a yellow pop up reminder for missing Attestations in the Intra-Op work space once the Emergence Event is clicked
DEPARTMENT WEATHER EMERGENCY STAFFING

During weather emergencies, the Rutledge Tower ambulatory surgery facility will be closed to surgical procedures. The University Hospital Operating Room will be staffed by the following members of the Activation Team (designated, essential personnel) if it is a Category 1, 2 or 3 Hurricane:

- **Faculty**: Two faculty scheduled to cover the date of the anticipated Weather Emergency (Step 3 above) will be assigned in house call.
  - If the scheduled in-house call attending is pediatric capable (peds, peds CT) then the second in house attending will be the **Bold 1** faculty.
  - If the in house call attending is **not** peds capable then the second faculty in house person will be determined by the following order. The first available pediatric capable faculty will assume the in house duty.
    - **Bold 1** (peds, peds CT,)
    - **Bold 2** (peds, peds CT,)
    - Peds

- **Residents**: The designated CA 3, CA 2, and CA 1 call residents plus the late CA 1 and liver call resident scheduled for duty on that date will also come in house.

- **CRNAs**: The scheduled 24 hour call CRNA. A second 24 hour CRNA volunteer will be designated. The Chief CRNA will make this determination during the Step 1 (weather watch) planning stage.

- **Anesthesia Technicians**: Two anesthesia technicians will remain in the hospital commencing with Step 3 conditions. These individuals will be named by the Anesthesia Technician supervisor from anesthesia tech “Team A” during the Step 3 planning phase.

If the hurricane is a class 4 or 5 storm, in addition to the above:
- The in house attending, bold 1 and bold 2 attending will be in house (1 of the attending has to be a general peds or peds CT attending)
- Residents remain the same
- A third 24 hour CRNA volunteer will be designated.

The Ashley River Tower Operating Room will be staffed by the following members of the Activation Team (designated, essential personnel) if it is a Category 1, 2 or 3 Hurricane:

- **Faculty**: The cardiothoracic anesthesia and critical care attending scheduled to cover the date of the anticipated Weather Emergency (Step 3 above).
- **Residents**: Upper level ART on call (can not also be assigned at the University Hospital). The MSICU night float residents on call will also report for duty.
- **CT and Critical Care Fellow**: The on call CT and Critical Care fellows will stay in house. If no CT or Critical Care fellows are assigned on call, one of the fellows will be assigned as determined by the CT and CC Fellowship Program Directors.
- **CRNAs**: The late CRNA will stay in house. The Chief CRNA will make this determination during Step 1 (weather watch) planning stage.
DEPARTMENT WEATHER EMERGENCY STAFFING CONTINUED...

Anesthesia Technicians: One anesthesia technician will remain in the hospital commencing with Step 3 conditions. This individual will be named by the Anesthesia Technician supervisor from anesthesia tech “Team A” during the Step 3 planning phase.

If the hurricane is a class 4 or 5 storm, in addition to the above:
- In addition to the CT attending and critical care attending, the general attending will also come in house
- Residents and fellows remain the same
- A second 24 hour CRNA volunteer will be designated.

After the “all clear” notification is made and “return to work” is mandated via the website or above telephone call line, the recovery team (call teams) is expected to return to the hospital to relieve the Activation Team.

Please Click Here for Full Department Hurricane Plan

CONGRATS TO MARSHALL KEARNEY FOR BEING RECOGNIZED AS A GREAT TEAM PLAYER

Good Morning Carlee,

Unfortunately, this is my last shift here at MUSC as I have decided to make a career move to Roper Hospital. Although I have not had the pleasure to meet you, I would like to take a brief moment of your time to explain what a valuable asset one of your team members has been to MUSC OR and me over the past 2 years. I’m writing this to you because I feel I definitely would not have survived this shift; nor would this have been such a successful past two years for us all if it wasn't for Marshall Kearney V. From day one, Marshall introduced himself and offered his vast knowledge/experience in the many facets within a level 1 trauma center's OR.

Although Marshall explained he would take care of his Anesthesia related duties first, he was eager to help this OR be as successful and safe as possible. Marshall realizes how necessary it is for a charge nurse to have all the help possible when trying to learn his/her new position. It did not take long for me to understand Marshall was a true "jack of all trades" which would quickly become invaluable to me. Not only has Marshall performed his Anesthesia duties at the highest level, he has been an immense help during very highly stressed times here with a very limited crew. If I could only take one person with me to my next OR endeavor, it would (without a doubt) be Marshall Kearney. A special thank you goes out to you and your Anesthesia members who have kindly provided me and my crew with such a valuable asset here in the OR. Thank you for your time.

Sam Willis, RN
Weekend Night OR Charge Nurse
This year, for the third year in a row, I was blessed and honored to be asked to travel to China with the Children of China Pediatrics Foundation (CCPF). The foundation, in its 17th year, travels to China every year to perform surgery on Chinese orphans who would otherwise not receive this advanced care.

Why the need for this mission?

For many years the Chinese government has limited the number of children a couple can have to a single child. Although these laws allow for more children in certain circumstances, most couples are allowed only one child. An unfortunate side effect of this law is the notion that any child who is not perfect is disposable. Parents of unwanted children drop them off at orphanages or at hospitals for transfer to orphanages. This allows the parents another chance for a “normal” child. One study, conducted by the One Foundation Philanthropy Research Institute of Beijing Normal University and UNICEF, revealed that in 2010 the number of orphans on the Chinese mainland had reached 712,000. The numbers have continued to grow. UNICEF recently reported that the number is close to 1,000,000. Due to these large numbers, the Chinese government does not provide full medical or surgical care to the orphans. This has created a tremendous need for foundations like CCPF to perform surgery to aid these children.

My teammates come from all over the US, primarily the New York/New Jersey area. The 2014 team was the largest ever – with almost forty-five members. The team included one neurosurgeon, three urological and general surgeons, and a four-member orthopedic group. In addition to the surgeons, we had 3 pediatric anesthesiologists, an anesthesia resident, operating room and recovery room nurses, and volunteer translators. I was the only anesthesia technician who traveled with the team.

The preparations for the trip were time consuming and included multiple organizational conference calls to determine what supplies we needed to bring. The Chengdu hospital in which we worked is a modern institution which granted us the use of 2 operating rooms, 2 PACU beds, 35 in-patient beds and an ICU bed. They provided this to us for a nominal fee. The supplies we used for the cases were typically collected and transported by all of the team members. I learned the first year that Anesthesia is one of the best specialties for supplies. Other volunteers had to bring instruments, trays and other heavy items. I was lucky to just transport endotracheal tubes, suction tips/catheters, oral airways and other relatively lightweight items.

Departing Charleston early morning April 2, my travel took me to Newark where I met up with a small group from New York. Our 11:00 a.m. flight was delayed for about three hours which was not a big deal. We all caught up and reviewed patient needs for some scheduled surgeries. We traveled to Beijing from Newark, a 14 hour flight, and after a three hour layover we boarded our final flight to Chengdu. Chengdu was a turbulence filled three hours by air to the southeast of Beijing. Our teams all came together in Chengdu within about an hour of each other. We boarded a tour bus to the hotel, arriving about 27 hours after I left Charleston. I slept very well that night after all that travel, and we departed the next day for the hospital at 7:30 a.m.

The first day was the busiest. We were met by the hospital administration, nursing staff and representatives of each Chinese medical team. Our anesthesia counterparts were gracious as ever. They were eager to help us get started. A welcoming ceremony was conducted in which all the US volunteers were introduced and agreements were signed. The challenge of a short mission is the performance of multiple tasks in a short period of time, while not sacrificing patient safety. So, the surgeons were paired up with a pediatrician, anesthesiologist and translator. Every child was examined by the surgeon, checked by the pediatrician, and then examined/cleared for surgery by anesthesia. This was comparable to a well-oiled conveyer belt. I was paired with our one and only resident anesthesiologist, a senior resident from Mount Sinai in New York City. We set up two operating rooms and a makeshift workroom. Our gargantuan task was unpacking old supplies, new supplies and donations to determine what we had and what we needed. This took most of our morning, and then we aided the surgical teams with preparing patients.
This year was exciting for the anesthesia teams, as Verithon agreed to donate the use of a Pediatric Glidescope Ranger and GE agreed to donate the use of a laptop-based ultrasound for blocks and vascular access. The Pediatric Glidescope was truly impressive. The blade sizes we utilized were Mac 0, Mac 1, Mac 2 and Mac 2.5. A Mac 3 was also included for larger patients. The Chinese anesthesia team had never utilized a Glidescope and it was wonderful to introduce them to this device, which we consider to be a standard item in our ORs. I had never had exposure to such a versatile pediatric glidescope and was impressed with the device. It was terrific to introduce the device to the Chinese and to help them utilize it. They realized the usefulness of such a device and will be purchasing one for their operating room.

The surgeries began at 8 a.m. each day beginning on the second day. The majority of the surgeries performed were routine procedures such as hypospadias repairs, syndactoly repairs, GU/GYN repairs and basic orthopedic cases. Combining talents with Chengdu surgeons, CCPF was able to perform several very complex spine, hand, foot and general surgeries that would not have otherwise been possible because of all the integration and local support required. We also performed three spine surgeries for scoliosis. This is the second year performing spine surgery, which is a new and serious surgery for the foundation to undertake. In total, we performed about 30 surgeries.

In addition to treating children who came as far as two-day train rides away, our team was able to provide medical education through lectures and demonstrations for scores of Chinese practitioners. Each specialty was asked to present a lecture to a room filled with Chinese physicians and nursing staff. These lectures were aided by translators and translated PowerPoint presentations. The learning continued into the operating rooms where procedures and techniques were demonstrated. By sharing this knowledge and latest practices with their Chinese counterparts, CCPF ensures future patients in China will have better outcomes.

The Hospital and staff were great hosts. They generously allowed us the use of 35 inpatient beds. This may seem like a small number, but we quickly realized how truly generous this was. Near the end of our mission we saw children in hallway beds waiting for rooms. The facility is unbelievably busy and nearly overwhelmed. The Chengdu hospital has 900 beds compared to NYP Morgan Stanley Children’s Hospital in New York with 200 beds and MUSC Children’s Hospital with 128 beds. Imagine, 900 beds and a nearly constant overflow!

The Chengdu Hospital had modern equipment for us to use. They provide a very similar anesthetic to the one provided in the US. The machines are all Drager manufactured and have all the same options we are used to. The monitors are new and provide all the same monitoring we use. However, one main difference is that none of the monitors offer End-tidal CO2 monitoring. The hospital has two portable ETCO2 monitors which they move from room to room for “serious cases only.” We made an agreement with the hospital that we would utilize these machines for our cases. The anesthesia staff I traveled with had performed missions without ETCO2 monitoring, but it was safer to provide full monitoring during the mission. Our Chinese counterparts were confused about our wanting to monitor ETCO2, something they go without the majority of the time. The CCPF physicians explained the importance of capnography and the different information it can provide.

After seven 12-hour days of surgery, the happy but exhausted CCPF team started packing up the equipment and supplies. Despite a virus that caught some of our team members by surprise, myself included, all of the work in the operating room was completed and the children were recovering beautifully. As we were ready to leave, nearly all of the children had already been discharged back to their orphanages. Some did remain in the hospital for a few more days after our team had departed, and they were followed up on by a pediatrician who stayed for an additional week.
MARSHALL KEARNEY’S TRIP TO CHINA WITH THE CHILDREN OF CHINA PEDIATRICS FOUNDATION (CCPF) CONTINUED...

One thing I took away from my experience on the mission is a true sense of amazement at the children we treated. These orphans always had a positive outlook. The children who understood what CCPF was doing for them were thankful and wanted the surgery. They always were brave and tried to show that they were appreciative. One child will always stick out in my mind. Born with syndactyly, he had poor dexterity. When we removed the bandages to check the wounds and then re-bandage his hand, he moved the fingers and smiled. His joyous smile was one which brought true happiness and energy to the team. He had examined our hands when we examined his, and now he realized that although he was going through a painful experience, he would have better use of his hands.

Team members, throughout the mission, echoed the sentiment that “it is all about the kids” and, even though we leave, we do not forget them. We always look forward to hearing about the health and success of the children from prior missions. We were pleased to learn that a number of orphans from last year had been adopted. As we know, healthy children are more likely to be adopted. These missions enhance the likelihood of many of these children being successfully adopted.

The first year I traveled on this mission, I gained a larger respect for what we have here in the United States and at MUSC. I have been on missions in the past in Yemen and rural Saudi Arabia, so I was not new to the mission world. The mission work which is performed daily on a global level should be something all involved in medicine should be proud of. I was truly impressed with the commitment of the entire mission team. We each represented our professions well, and our institutions which allowed us to take the time off to complete this mission were well represented as well. I have been invited to return to China next year. I plan on attending again to join the team and to continue to make a difference in these orphans’ lives.
MEET THE NEW FACULTY

Kathryn Bridges, MD

Jennifer Matos MD

ANNOUNCING THE MAIN OR’S FIRST OFFICIAL CERTIFIED ANESTHESIA TECH EQUIPMENT SPECIALIST: LARRY BANKS

All,

It is with great pleasure that I get to announce Larry Banks has been chosen as the Main OR’s first official Certified Anesthesia Tech Equipment Specialist. Larry has worked in the Anesthesia department at MUSC for many years and maintains a very extensive knowledge of all of our equipment. Larry and I will be working with vendors and everyone involved for the best needs of our department. A very much deserved position for Larry! Congratulations!

Katie Smith

Congrats!
MEET THE NEW RESEARCH SPECIALISTS:

ERICK WOLTZ

Erick Woltz is delighted to have joined the Anesthesia Department this month. Originally from Morris County, New Jersey, Erick moved to the lowcountry to receive his Bachelor of Science degree in Marine Biology from the College of Charleston. Throughout his undergraduate career he pursued his interest in medicine by volunteering in MUSC's ER and shadowing several physicians. Upon graduating this past May, Erick sought after the opportunity to get involved in Anesthesia and Perioperative research while preparing to apply to medical school.

As a new Research Specialist, Erick is looking forward to assisting the faculty of the department on various studies and learning as much as possible along the way. Outside of work, he enjoys playing music, wakeboarding, and fishing.

COLE MILLIKEN

Cole Milliken is a recently hired Research Specialist working in both the Anesthesia and Psychiatry Departments. Originally from Casper Wyoming, Cole came to South Carolina pursuing a degree in the Biological Sciences from Clemson University. Upon his graduation from Clemson, he elected to become a research specialist to gain experience toward his ultimate goal of attending medical school at MUSC.

Currently, Cole works in the Brain Stimulation Lab participating in research oriented around transcranial direct current stimulation as a means of pain relief in post operative patients. He is excited to learn and contribute to an already outstanding faculty.
NEW FELLOWSHIP IN REGIONAL ANESTHESIA AND ACUTE PAIN MEDICINE: DR. ROBERT HARVEY WILL BE FIRST FELLOW

We are excited to announce that a new fellowship position in regional anesthesia and acute pain medicine was recently approved at MUSC. Dr. Robert Harvey, one of our former residents, will serve as our first fellow in this position.

Regional fellows will spend 50% of their time with the regional service and the other 50% as an attending anesthesiologist in the operating room. Fellows will be instrumental in ensuring a smooth transition between resident rotations and assist in introducing our junior residents to regional anesthesia procedures and the everyday workflow. Additionally, as the demand for regional anesthesia continues to grow throughout the university, fellows will have the ability to move to different clinical locations based on the requirements for regional anesthesia procedures and consults. This flexibility should assist in both patient care and operating room efficiency.

Dr. Sylvia Wilson will serve as the new fellowship director. Dr. Wilson along with Drs. Guldan and Reeves and Dawn Leberknight have worked diligently to create the new fellowship position and associated curriculum. Please join me in congratulating everyone on their hard work and welcoming Dr. Robert Harvey to this new position.

DR. CHARLES WALLACE’S RETIREMENT CELEBRATION

You’re Invited

RETIREMENT CELEBRATION
FOR
DR. CHARLES WALLACE
AUGUST 15, 2014
5:30 PM – 7:30 PM
UPSTAIRS AT HALO
170 ASHLEY AVENUE

PLEASE JOIN US TO HONOR
DR. WALLACE IN RECOGNITION OF HIS
41 YEARS OF SERVICE
1973-2014

Resv by August 10
792-2322 roong@musc.edu
MEET THE SUMMER RESEARCH MEDICAL STUDENT: JOHN MURRAY

John Murray recently completed his first year of medical school at MUSC and is looking forward to working as the J.G. Reves summer research fellow. He is a native of Augusta, GA. He graduated from Clemson University summa cum laude in 2012 with a B.S. in biological sciences and a minor in business administration. While at school, he was an active member of many student organizations. His hobbies consist of playing soccer, golfing, and fishing around Charleston. He has previously worked at the Augusta National Golf Club and as a research volunteer at the Medical College of Georgia. He also loves to travel and hopes to one day participate in medical aid in Africa.

John became interested in anesthesia and perioperative medicine while he was shadowing a surgeon during college. He hopes to learn as much as he can about anesthesia and looks forward to working with everyone in the department. He would like to thank the Department of Anesthesia and Perioperative Medicine for hosting this program and giving him the opportunity to participate.

WELCOME THE NEW ANESTHESIA TECHS: GWEN PRESIDENT AND SHAWN DUFFY

Gwen President

Not Pictured: Shawn Duffy
NEW ARTICLE PUBLISHED IN “ANESTHESIOLOGY” LEAD JOURNAL

Effect of a Cognitive Aid on Adherence to Perioperative Assessment and Management Guidelines for the Cardiac Evaluation of Noncardiac Surgical Patients


ABSTRACT

Background: The 2007 American College of Cardiologists/American Heart Association Guidelines on Perioperative Cardiac Evaluation and Care for Noncardiac Surgery is the standard for perioperative cardiac evaluation. Recent work has shown that residents and anesthesiologists do not apply these guidelines when tested. This research hypothesized that a decision support tool would improve adherence to this consensus guideline.

Methods: Anesthesiology residents at four training programs participated in an unblinded, prospective, randomized, cross-over trial in which they completed two tests covering clinical scenarios. One quiz was completed from memory and one with the aid of an electronic decision support tool. Performance was evaluated by overall score (% correct), number of incorrect answers with possibly increased cost or risk of care, and the amount of time required to complete the quizzes both with and without the cognitive aid. The primary outcome was the proportion of correct responses attributable to the use of the decision support tool.

Results: All anesthesiology residents at four institutions were recruited and 111 residents participated. Use of the decision support tool resulted in a 25% improvement in adherence to guidelines compared with memory alone (P < 0.0001), and participants made 77% fewer incorrect responses that would have resulted in increased costs. Use of the tool was associated with a 3.4-min increase in time to complete the test (P < 0.001).

Conclusions: Use of an electronic decision support tool significantly improved adherence to the guidelines as compared with memory alone. The decision support tool also prevented inappropriate management steps possibly associated with increased healthcare costs. (ANESTHESIOLOGY 2014; 120:1339-53)

NEW BABIES IN THE DEPARTMENT

Congrats Katherine Roden, MD
Aiden Oliver Roden
Born: June 18, 2014
8lbs, 5oz

Congrats Ryan Nobles, MD
Dylan Harrison Nobles
Born: May 23, 2014

Congrats David Hall, MD
Logan Andrew Hall
Born: June 11, 2014
7lbs, 10oz
MEET THE NEW RESIDENT INTERNS

Joseph Abro, MUSC

Patrick Bise, MUSC

Stephanie Chismar, Lake Erie College

Ashley Feeman, University of SC

Adam Frank, East Carolina University

Eric Gelman, University of Central FL

Mark Glentzer, University of TX Galveston

Sergey Gukasov, Michigan State University

Jocelyn Kerperlman, MUSC

Andrew Klein, Medical College of GA

Janus Patel, Eastern Virginia Medical

Adam Rhodes, University of TX Galveston

Joel Sirianni, Drexel University

Tim Stooksberry, University of AL

Ryan Wilson, University of SC
WENDY EWING’S RETIREMENT

Wendy Ewing, our longtime Chief CRNA of the Main, retired June 14th. Wendy cumulated over 30 years of dedicated service and will be sorely missed. Transferring from Charleston County Hospital to MUSC in 1996, Wendy’s expertise and leadership promptly benefited the entire department. In 2008, Wendy was promoted to our Chief CRNA and skillfully orchestrated growth and many organizational changes. We celebrate Wendy and wish her the very best as she begins this new chapter of her life.
WENDY EWING'S RETIREMENT
<table>
<thead>
<tr>
<th>Grand Rounds for the Month of July</th>
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<tbody>
<tr>
<td><strong>“State of the Department Address”</strong></td>
</tr>
<tr>
<td>July 8, 2014</td>
</tr>
<tr>
<td>Scott Reeves, MD</td>
</tr>
<tr>
<td>Department of Anesthesia Chairman</td>
</tr>
<tr>
<td>Professor</td>
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<tr>
<td>&quot;Neonatal Emergencies&quot;</td>
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<tr>
<td>July 15, 2014</td>
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<tr>
<td>Andrew Pitkin, MD, MBBS, MRCP, FRCA</td>
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<tr>
<td>University of Florida College of Medicine</td>
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<tr>
<td>Assistant Professor</td>
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<tr>
<td>&quot;Peds MCCC”</td>
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<tr>
<td>July 22, 2014</td>
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<tr>
<td>Scott Walton, MD, Associate Professor and Ryan Gunselman, MD and George Guld, MD, Assistant Professors</td>
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<tr>
<td>Medical University of South Carolina</td>
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<tr>
<td>&quot;Apoptosis &amp; Neurotoxicity from a Pediatric Perspective”</td>
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<tr>
<td>July 29, 2014</td>
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<tr>
<td>Grace Wojno, MD</td>
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<tr>
<td>Medical University of South Carolina</td>
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<tr>
<td>Assistant Professor</td>
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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!!

Antwan Richardson, Anesthesia Tech: Antwan covers multiple busy sites efficiently, while smiling the whole time. Team player!

Larry Banks, Anesthesia Tech: Thank you for covering a weekend shift on such a short notice. Fast Teamwork!

Kevin Massey, Anesthesia Tech: Thanks for coming in super early to help cover a shift! Awesome Teamwork!

Brian Wright, Anesthesia Tech: Thank you for staying late to help cover a shift! Great Teamplayer!

Department Celebration and Resident Welcome: June 27, 2014, Blackbaud Stadium at 7:00pm

Dr. Charles Wallace’s Retirement: August 15, 2014, 5:30-7:30 at Upstairs Halo

Christmas Party: Friday, December 12, 2014 Carolina Yacht Club at 7:00pm

We Would Love to Hear From You!
If you have ideas or would like to contribute to Sleepy Times, the deadline for the August edition will be July 23, 2014.