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

WELCOME RESIDENT CANDIDATES

Each year, starting in October and going into January, the department hosts some 150 of the brightest medical students in the country. It is an opportunity to highlight all the great things about our residency training program. For those of us who have been at MUSC for years, we often take for granted the excellent program we offer in a remarkable city. What do the candidates want when they look at a future place to train? From personal experience, although it was over 25 years ago, a candidate wants to be assured that they will be well taught with a diverse case experience. Last year our CA3s were credited with being some of the brightest in the nation (93rd percentile) based on their in-training examinations.

This is a testimony to the robust didactic lecture series we offer and our faculty’s intraoperative teaching commitment. We also push our residents to step out of the box. One of our chief residents, Dr. Bryan Covert, has been selected to do the highly competitive American Society of Anesthesiologists (ASA) Policy Research Rotation in Political Affairs in Washington, D.C. Dr. Covert, who will have one of only 4 spots nationally, will be going in March.

Besides excellent teaching and challenging cases, what else are these young, future physicians looking for in a program? I can remember the discussion I had with Cathy as if it was yesterday when we were discussing our match list. She stated, “You will often be in the hospital, and I am not going to live near the slums of …” At the time, I really wanted to consider going to this Ivy League location but she was correct. All things being equal, why not choose a great city in which to live? In this edition of Sleepy Times, we have highlighted the awards that Charleston has received over the past few months.

Please welcome our resident applicants. They are all highly trained and will be an asset to our program and specialty.
MARC MCLAWHORN MD, AWARDED FAER SCHOLAR FOR ASA ANNUAL MEETING

On behalf of the Society for Neuroscience in Anesthesiology and Critical Care (SNACC), it is our pleasure to host, Marc McLawhorn, as a FAER scholar at our annual meeting held in New Orleans, Louisiana on October 9-10, 2014 at the Sheraton New Orleans Hotel. I would like to share with you our plans for Dr. McLawhorn at our meeting and encourage you to support his attendance.

- Each Scholar will be paired up with a “buddy.” The buddy will be a senior member of SNACC.
- We are planning to hold a mentorship workshop entitled “Making My Clinical Research Project a Success” on Thursday, October 9. There will also be an informal lunch at noon, just prior to this session, to allow the FAER scholars to meet the leadership of SNACC, other members of SNACC, and the other FAER scholars. We have enclosed a brochure for this session.
- Following the Mentorship Session, FAER scholars will be invited to attend our Scientific Dinner Symposium entitled “Introduction to EEG and Anesthesia.”
- FAER scholars will meet up with their buddy on Friday morning, October 10, at breakfast to get ready for the meeting. FAER scholars will have the opportunity to attend all sessions at our meeting on Friday, including our poster sessions, two mini-symposia, and a session on anesthesia involvement in the interventional neuroradiology suite.
- FAER scholars will also join us for our business lunch on Friday, October 10.
BRYAN COVERT, MD SELECTED FOR
AMERICAN SOCIETY OF ANESTHESIOLOGISTS (ASA)
POLICY RESEARCH ROTATION IN POLITICAL AFFAIRS

I am excited to share that I was selected for the nationally competitive ASA Policy Research Rotation in Political Affairs during the month of March 2015. This rotation is a month-long immersion designed to learn the political process that occurs both within the United States Senate and House of Representatives. It is organized and supported through the ASA legislative office located in Washington, D.C. My days will be spent visiting with legislators and discussing areas of healthcare policy with them and their aids. I feel that the ASA Policy Research Rotation in Political Affairs will be a great opportunity for me to further develop my knowledge and interests in being an advocate for our patients and specialty.

The next few years are crucial for healthcare reform, and therefore a complete understanding of the issues key to both political parties will help us all be able to potentially influence the shaping of the Affordable Care Act roll out. Some key issues I plan to focus on during my rotation are repeal of the Sustainable Growth Rate process and development of a Rural Pass through legislation in hopes that we can improve access for the patients in underserved regions of our state and nation. I see my involvement in legislative affairs as a career-long commitment, so this is a great opportunity to develop long-term connections and projects to carry forward as well.

I realize I have much to learn in order to be a more effective advocate for patient safety and our specialty. I hope my involvement in the ASA Policy Research Rotation in Political Affairs and its opportunities to be a small part of the political process will be an initial step in achieving those goals. In this dynamic healthcare environment, education in healthcare policy is an essential element to being a complete Perioperative Physician. It is an honor to be selected as one of only four interns for this program, and I look forward to sharing my experiences with the whole department upon my return. I would like to thank Dr. Reeves, Dr. Guldan, Dawn Leberknight and Kelly Landers for all of their efforts to coordinate my involvement in this opportunity.
TRAVEL AND LEISURE MAGAZINE NAMES CHARLESTON THE #1 PLACE TO VISIT IN THE UNITED STATES AND #2 IN THE WORLD

The Holy City has won over a top travel magazine again.

Readers of Travel + Leisure ranked Charleston as the No. 1 city to visit in the U.S. and Canada in its 2014 World's Best Awards announced Wednesday.

Charleston landed the No. 2 slot in the publication's top 10 list of best cities in the world overall. Kyoto, Japan, took the leading spot by a fraction.

"We believe that Charleston encapsulates the authentic travel experience for which Travel + Leisure readers are looking," said Dan Blumenstock, director of hotel operations of Fennel Holdings and chair of the Charleston Area Convention & Visitors Bureau. "That readers ranked Charleston the best city in the U.S. and Canada is a testament to Charleston's viability as a world-class destination for travelers."

The reader survey also included a ranking of hotels, islands, spas and cruises.

Four of the top five "small city" hotels in the U.S., which means they have fewer than 100 rooms, are in Charleston, with Planters Inn ranked at No. 1, followed by the French Quarter Inn.

"To be recognized by the savvy and sophisticated readers of Travel + Leisure is an honor, and we are deeply grateful and proud to be celebrating the hard work and dedication of our extraordinary team," said Hank Holliday, owner of Planters Inn.

Michael Tall, chief operating officer with Charlestowne Hotels, which manages the French Quarter Inn, shared the same sentiments.

"The French Quarter Inn has received many industry accolades over the years, but receiving this recognition from travelers who can stay anywhere in the world is truly a testament to our team's commitment to excellence," Tall said in a statement Wednesday.

Travelers also rated Kiawah Island the No. 5 best island in the U.S. and Canada.

By: Abigail Darlington, Post and Courier

Read about it HERE!
CHARLESTON ALSO NAMED AMERICA’S MOST FRIENDLY CITY

Southern hospitality lives on. Eight of the 10 friendliest cities in the USA are in the South, according to a new survey by Conde Nast Traveler.

Charleston, S.C., was named the friendliest city and recognized for its culture, history, natural beauty, and food scene, the magazine said in its 2014 Readers' Choice Awards. Charleston earned top honors last year as well.

Rounding out the top five friendliest cities are Savannah, Ga.; San Antonio; Telluride, Colo.; and New Orleans.

Asheville, N.C., also made the list for the second straight year.

Savannah, which makes a repeat appearance on the friendliest list, earned praise for making travelers feel like they’d "stepped back in time." Think friendly tour guides in seersucker suits.

The Friendliest Cities announcement is based on 1.3 million votes from nearly 80,000 adults who took the 2013 Conde Nast Traveler Reader's Choice Survey. This results of the 2014 Reader's Choice Awards will be published in the November issue of the magazine.

Readers also picked the city they find the most unfriendly. That title went to Newark, N.J., for the second year in a row.

While praising the city's mayor — Cory Booker at the time of the survey — for trying hard, readers called Newark a crowded and overpriced "airport city."

Rounding out the top five most unfriendly cities are Oakland, Calif.; Hartford, Conn.; Atlantic City, N.J., and New Haven, Conn.

Other cities making a repeat appearance on the unfriendly list are Detroit and Wilmington, Del.

By: Nancy Trejos, USA Today

Read about it HERE!
Over the last 10 plus years our residents have come from all over the country. Following training, many have elected to stay on as faculty or to practice within a few states near us. However, many have been dispersed throughout the country. It is this national network of former residents that adds diversity to our program. Please Click Here to view the map on our website.

THE POST AND COURIER: “FINDING RELIEF CHARLESTON VA PATIENTS FIND RELIEF FROM CHRONIC PAIN WITHOUT MORE PILLS”
BY: LAUREN SAUSSE, POST AND COURIER

On September 2, 2014, the Post and Courier ran the following article, Finding Relief, which features our own Dr. Robert Friedman.
DR. SCHAEFER FEATURED ON ABC NEWS 4

CHARLESTON, S.C. (WCIV) -- Pilots can simulate flight scenarios before they ever leave the ground. Now, new technology lets doctors simulate mothers giving birth to help them prepare for delivery.

From her hospital identification band to her blue gown, hair net, and practiced deep breaths SimMom is ready for delivery. Professor of Anesthesia and Perioperative Medicine, Dr. John Schaefer is the developer of the Automatic Delivery Module, a technology developed at the Medical University of South Carolina.

“It really is a chance for them to practice before they actually have to do it, and so I think that's invaluable,” said Shaefer.

He said the goal with the module is to be able to standardize delivery practices. With the help of computer programing, nursing students, residents and even doctors can practice every situation from the baby's shoulder getting stuck to post-partum hemorrhaging.

“That problem happens, but they don't see it very often and you literally only have minutes before the babies hurt. Even the maneuvers you're supposed to do the baby can get hurt. And so it's something that happens, but being able to practice it may actually allow to increase patient safety,” said Shaefer.

Michael Rusnak is the Executive Director of the MUSC foundation for research development. He said SimMom is one example of a technology coming out of the research institute that has commercial potential.

“Dr. John Shaefer was able to take his technology and actually use some of the research dollars into a true application, so this was much farther along, so when we did look for a commercial partner we were able to find one pretty quickly, who licensed the technology and now is introducing SimMom not only here but in other parts of the world,” said Rusnak.

Dr. Shaefer said the end goal of the technology is patient safety. He hopes one day SimMom will be used in the certification process of doctors and nurses.

“It's not just that we want them to have the chance to practice, we also want to get in to performance, and make sure for the public we have good practitioners and safe practitioners out there,” said Shaefer.

SimMom is expected to perform at least 20,000 simulations a year.

By Ava Wilhite
awilhite@abcnews4.com

Click Here to see video.
CONGRATULATIONS: NEW DIPLOMATS IN BASIC PERIOPERATIVE TRANSESOPHAGEAL ECHOCARDIOGRAPHY

DAVID STOLL, MD

ILKA THERUVATH, MD

CONGRATS TO DR. HEBBAR AND HERNDON FOR RECEIVING THE FACULTY AND RESIDENT EXCELLENCE AWARD

LATHA HEBBAR, MD PROFESSOR

Thank you for your going the extra mile with your teaching in the hospital!

JASON HERNDON, MD CA2 RESIDENT
MEET THE NEW CRITICAL CARE FELLOW

Dr. Beth Teegarden is excited to be at MUSC and enjoy beautiful Charleston. She joins us this year as an Anesthesia Critical Care fellow. Beth grew up in San Antonio and graduated from Austin College with a degree in biology and minor in music. After spending a couple years doing research in hyperbaric medicine at Duke University and working as a SCUBA Divemaster, she attended UT Health Science Center-San Antonio School of Medicine. She completed her anesthesiology residency at the University of Illinois at Chicago.

Beth has moved to Charleston with her husband, Conor, 4-month-old daughter, Josephine, and her furry baby, a jack and whippet mix named Oliver. Beth spends her free time baking, relaxing with her family at the beach, local dog parks and exploring the area.

BETH TEEGARDEN, MD

MEET ASHLEY JACKSON, RECIPIENT OF THE UNDERREPRESENTED IN MEDICINE VISITING STUDENT SCHOLARSHIP

It is with great pleasure that we recognize Ashley Jackson as our first recipient of the Underrepresented in Medicine Visiting Student Scholarship sponsored by the MUSC College of Medicine Dean’s Office and the Office of Diversity. The scholarship program is geared towards recruiting talented underrepresented students to MUSC. Ashley is the first scholarship recipient from the department of Anesthesia and Perioperative Medicine. She is currently a 4th year visiting medical student from Morehouse School of Medicine in Atlanta, GA.

“With a high level of humility and gratitude, thank you for awarding me the Underrepresented in Medicine Visiting Student Scholarship. Your generous gift has allowed me to expand the pursuit of my dream for a career in Anesthesiology.” - Ashley Jackson
MEET THE NEW FACULTY

GENERAL AND REGIONAL TEAM

Joel Barton, MD

Joel grew up in New England and went to college at Houghton College in western NY. He graduated with dual degrees in Biology and Chemistry and with minors in Math and Spanish Literature to provide some respite from the laboratory. He then spent a year doing industrial polymer chemistry R&D for a commercial adhesive company, emerging with an invention - a heat-releasable tape - and the realization that he wanted something that provided not only mental stimulation, but also a more immediate satisfaction by directly helping others. Joel enrolled in Temple University School of Medicine and graduated in 2007. He did his internship at a Jefferson affiliate in north Philly and then moved to Durham to complete his Anesthesiology residency at Duke. Following residency, he completed a fellowship at University of Pittsburgh Medical Center in Acute Pain and Regional Anesthesia. He then moved to Lansing, Michigan and spent the next two years in private practice, fulfilling requirements for and being voted partner after one year. In private practice, Joel restructured their pain team and revised its practice to reflect current best practices despite changing orthopedic surgical milieu. Joel built a sustained revenue stream despite large variations in surgeon preferences. He also was a part of the pediatric team and was the primary Regionalist for their pediatric orthopedic pain management as well. Despite enjoying private practice, Joel found that he missed teaching and exploring the basis of our clinical decisions. Also, the opportunity to live in the city, where the majority of his wife's family resides was too good not to change direction once more and pursue academia.

He met his future wife, Amanda, in the ICU at Duke. She is currently a nurse at Roper. They are expecting their first child, a boy, to make his entrance into the world the first or second week of December. Joel loves hiking, camping, mountain and road biking, gardening, ultimate frisbee, and generally reveling in the outdoors. That being said, a good book and a large pot of tea is also incredibly hard for him to resist. His wife shares his enthusiasms, although perhaps with a better sense of moderation. They are both tired of being peripatetic, and look forward to calling Charleston home for a long time.

Dr. Maria Yared is happy to be joining the general anesthesia and RAPS teams at MUSC. She moved to Charleston from Cleveland, Ohio (before realizing that there were so many Ohio jokes here). She is originally from Beirut, Lebanon, and her family moved to Ohio when she was 6 years old. Her parents live in Cleveland, and she has an older brother who lives in NYC. She went to Washington University in St. Louis for college. Maria then went on to the University of Toledo for medical school and Cleveland Clinic for residency as well as for fellowship in regional anesthesia. After finishing their training, she and her husband, Daniel, who grew up in Oregon and is now an emergency medicine physician, decided they wanted to move south and to the coast. She enjoys exploring, being outdoors, eating, and is excited about all the activities Charleston has to offer.

Maria Yared, MD
MEET THE NEW ADMINISTRATIVE ASSISTANT:
ELIZABETH (SAN) LEBOEUF

A native South Carolinian, Elizabeth has been in Charleston since 1987, when she moved here to work for a summer after attending Presbyterian College in the upstate. Unable to leave Charleston and our wonderful beaches, she transferred to the College of Charleston, where she graduated in 1991 with a BA in History. She has a very diverse professional background in logistics, telecommunications, the beauty industry and most recently in the funeral industry. She is an avid beach goer, a dog lover and is very involved in animal welfare issues, having founded Lowcountry Lab Rescue in 1998. She is married, has two teenagers and lives in North Charleston along with several rescued dogs.

NEW CHILDREN’S HOSPITAL AND WOMEN’S PAVILION

Recently, the MUSC Board of Trustees approved moving forward with developing an architectural plan and fund raising to build a new Children’s Hospital and Women’s Pavilion. The anticipated timeline to occupy the building is as soon as 2019. It will be a beautiful facility. A conceptual video of the project is shown below. Please view video here: http://youtu.be/3yySXRDCA7c
RESEARCH CORNER
“REGIONAL ANESTHESIA IN PATIENTS WITH PRE-EXISTING NEUROLOGIC DISEASE
BY: DR. McSWAIN, DOTY, AND WILSON

Regional anesthesia in patients with pre-existing neurologic disease

Julie M. McSwain, J. Wesley Doty, and Sylvia H. Wilson

Purpose of review
Regional anesthesia is controversial in patients with pre-existing neurologic disease. This review summarizes the published evidence regarding the utilization and outcomes of regional anesthetics in this population.

Recent findings
Although publications are sparse, neuraxial and peripheral regional techniques have been successfully described in patients with spinal cord injury, multiple sclerosis, Guillain-Barré disease, neuromyelitis optica, diseases of the neuromuscular junction, and Charcot-Marie Tooth disease without neurologic complications. Ultrasound guidance may aid in reduction in local anesthetic dose, anatomic evaluation and avoidance of neural injuries.

Summary
Regional anesthesia can be safely utilized in patients with pre-existing neurologic disease and may have benefits over general anesthesia; however, a conservative approach is warranted. In addition, further publications regarding regional techniques in this population are needed.

Keywords
neuromuscular disease, peripheral nerve block, regional anesthesia

“HYDROXYETHYL STARCH AND ACUTE KIDNEY INJURY IN ORTHOTOPIC LIVER TRANSPLANTATION: A SINGLE-CENTER RETROSPECTIVE REVIEW”
BY: DR. HAND, WHITELEY, AND EPPERSON

Hydroxyethyl Starch and Acute Kidney Injury in Orthotopic Liver Transplantation: A Single-Center Retrospective Review

William R. Hand, MD,* Joseph R. Whiteley, DO,* Tom I. Epperson, MD,* Lauren Tam, BS,† Heather Gregg, RN, BSN, COT-C, Bethany Wolf, PhD,∥ Kenneth D. Chavin, MD, PhD,∥ and David J. Tabor, PharmD†

BACKGROUND: Acute kidney injury (AKI) is a frequent complication of orthotopic liver transplantation (OLT). Hepatic failure pathophysiology and intraoperative events contribute to AKI after OLT. Colloids are routinely used to maintain intravascular volume during OLT. Recent evidence has implicated 6% hydroxyethyl starch (HES) (130/0.4) with AKI in critically ill patients.

METHODS: We performed a retrospective cross-sectional analysis of electronic anesthesia records, surgical dictations, and perioperative laboratory results. Postoperative AKI incidence was determined by RIFLE (Risk Injury Failure Loss End-Stage) criteria. AKI was staged into Risk, Injury, and Failure based on change in serum creatinine from preoperative baseline to peak level by postoperative day 7. Link and multivariable analysis was used to evaluate the association between type of colloid (either hydroxyethyl starch or albumin) and AKI.

RESULTS: One hundred seventy-four adult patients underwent OLT and had complete records for review. Of these, 50 received only 5% albumin, 25 received both 5% albumin and HES, and 99 received only HES. Albumin-only, albumin and HES, and HES-only groups were otherwise homogeneous based on patient characteristics and intraoperative variables. There was a statistically significant linear-by-linear association between type of colloid(s) administered and AKI (Riffler Criteria—Injury Stage). Patients administered HES were 3 times more likely to develop AKI within 7 days after OLT compared with albumin (adjusted odds ratio 2.94, 95% confidence interval, 1.13–7.7; P = 0.027). The linear trend between colloid use (5% albumin only versus albumin/HES versus HES only, ranked ordering) and “Injury” was statistically significant (P = 0.048). A propensity-matched analysis also showed a significant difference in the incidence of AKI between the patients receiving albumin compared with HES (P = 0.044).

CONCLUSIONS: Patients receiving 6% HES (130/0.4) likely had an increased odds of AKI compared with patients receiving 5% albumin during OLT. These retrospective findings are consistent with recent clinical trials that found an association between 6% HES (130/0.4) and renal injury in critically ill patients. (Anesth Analg 2014;119:900–906).
ARMENDOS - VIVID SCAN

"DETECTION OF ELEVATED INTRACRANIAL PRESSURE IN ROBOT-ASSISTED LAPAROSCOPIC RADICAL PROSTATECTOMY USING ULTRASONOGRAPHY OF OPTIC NERVE SHEATH DIAMETER"

BY: DR. W. HAND, DR. J. WHITELEY, DR. T. EPPERSON, AND DR. M. HENRY

Background: Robot-assisted laparoscopic radical prostatectomy (RALRP) is becoming an increasingly frequent procedure. Premedication and steep Trendelenburg positioning associated with this surgery may increase patient’s risk for elevated intracranial pressure (ICP). We conducted a prospective observational trial using ultrasonographic analysis of optic nerve sheath diameter (ONSD) to determine if ICP increased to levels >20 mm Hg during RALRP surgery.

Materials and Methods: The study included 21 patients, without any history of increased ICP, undergoing RALRP. Ultrasonographic analysis of ONSD was performed immediately after induction of general anesthesia and again at the end of the procedure. A threshold value of ≥2.6 mm for ONSD was used for determination of raised ICP (≥20 mm Hg). Age, race, body mass index, American Society of Anesthesiologists Physical Status Classification System class, total intravenous fluid intake, and surgery duration were recorded, as well as mean arterial pressure, mean arterial pressure (MAP), end-tidal CO₂, and end-tidal insufflation concentration.

Results: Mean preinduction ONSD, in the 21 patients studied, was 3.5 ± 0.7 mm and mean postoperative ONSD was 5.3 ± 0.6 mm. Correlation for postinduction ONSD was significantly associated with MAP (r = 0.60) and the association of postoperative ONSD with end-tidal CO₂ trended toward significance (r = 0.07). Conclusion: This study demonstrates an increase in ONSD in patients undergoing RALRP. These findings confirm ICP rise ≥20 mm Hg during RALRP surgery. This increase in ICP is significantly associated with increasing MAP. Patients with intracranial pathology should be counseled to the risk RALRP may pose with regard to intracranial hypertension.

Key Words: robot-assisted laparoscopic radical prostatectomy, intracranial pressure, ultrasonography, optic nerve sheath diameter, trendelenburg

Dr. W. Hand
Dr. J. Whiteley
Dr. T. Epperon
Click Here for Full Article

MEET THE NEW ANESTHESIA TECHS

ASHLEY HASelden

Ashley is from Charleston, South Carolina. She started in 2007 at MUSC in the sterile processing department. In 2010, she then started traveling full-time as an instrument and scrub tech. Ashley worked in different facilities all across the country and was able to learn a lot about different systems and techniques that they were using. She was also extremely lucky enough to travel to some really great places and see some great sights. This year she was given the opportunity to come back and work for MUSC as an anesthesia tech.

KARI PLATTS

Kari transferred from the Department of Psychiatry and Behavioral Science at MUSC and is excited to be a part of the Anesthesiology Department. Born and raised in Ridgeville, SC, Kari attended Claflin University in Orangeburg, where she majored in Psychology and minored in Criminal Justice. Kari worked with the South Carolina Department of Juvenile Justice as a Sergeant and Intensive Supervision Officer for seven years. Kari later changed careers and received certification as a medical assistant. Kari is married to her husband, John, and she spends her free time having bbq’s with her family, watching sports, listening to music and reading.
Drs. Jake Abernathy, John Waller and Scott Reeves were asked to participate. The following lectures were given:

Jake Abernathy, MD
- Realizing improved patient care through human-centered operating room design (RIPCHORD)

Scott T. Reeves, MD
- Aortic Cannulation Disasters
- Moderator: Appropriateness in Heart Valve Surgery
- Training Credentialing for TEE and TTE

John Waller, MD
- Moderator: Brain Injury

Dr. Reeves had the opportunity to moderate a session Appropriateness in Heart Valve Surgery with Dr. Alfieri presenting on surgery for mitral valve repair. He is most noted for developing the edge-to-edge repair technique that bears his name (the Alfieri repair). During the questioning period, Dr. Alfieri was asked how he developed the technique. Over 20 years ago he was doing an ASD repair. While doing so he noticed that the patient had a congenital double outlet mitral value that was totally functional without regurgitation or stenosis so he left it alone. Later that same day, he was attempting to repair a mitral valve in a woman who had significant anterior leaflet disease. Despite his best efforts, she persistently had mitral regurgitation. He then decided to create a double outlet MV by sewing the leaflets together. This resulted in the elimination of the MR and ultimately, with more experience, a new procedure was born. Fascinating the ingenuity of early surgeons.
NC/SC ANNUAL MEETING
THE CAROLINA’S ANESTHESIOLOGY 2014: VALUE PROPOSITION
PINEHURST, NC, SEPTEMBER 19-21, 2014

NC/SC Annual Meeting; Anesthesiology 2014, Anesthesia’s Value Proposition was held September 19-21 at the Pinehurst Resort in Pinehurst, N.C. It was an excellent opportunity for me to get to know our CA1 class better in a beautiful setting. This year the general conference focused on the business of anesthesia with ACO’s and value based purchasing being at the forefront. The residents also had a specific educational track that aided them in: “How to Select a Practice,” “Negotiating with a Group or Hospital,” and “Making Sense of Anesthesia Billing and Reimbursement.” There was plenty of time for fun as well, the group played croquet, participated in the golf tournament on the hallowed number 2 course, and shot skeet. I’d like to thank all those who helped cover for the CA1s so they could attend this great educational conference.
CONGRATULATIONS TO SHELLEY MARTIN, ANESTHESIA TECH, ON HER MARRIAGE

ANESTHESIA TECH BAKE SALE RAISED $390 FOR THE AMERICAN HEART ASSOCIATION! CONGRATULATIONS!

CONGRATULATIONS TO BRIAN WRIGHT, ANESTHESIA TECH, ON HIS ACCEPTANCE INTO THE MUSC HISTOTECHNOLOGIST PROGRAM
GRAND ROUNDS FOR THE MONTH OF OCTOBER

“Anesthesia Medically Challenging Case Conference”
October 7, 2014
Chris Hackney, MD and Josh Meyer, MD
Residents
Medical University of South Carolina

“Palliative Care in the ICU: Making the Case for Collaboration”
October 14, 2014
Leigh Vaughan, MD
Assistant Professor,
General Internal Medicine & Geriatrics
Medical University of South Carolina

“Oxygen: An Update in Respiratory Failure”
October 21, 2014
Vivek Moitra, MD
Associate Professor
Columbia University

“Perioperative Antibiotic Prophylaxis”
October 28, 2014
Sean Boger, MD, PharmD
Assistant Professor
Medical University of South Carolina
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: “Hard work on a full day of very sick, challenging patients in DDC who needed extra care. He was always present and eager to help! Couldn’t have done it without him!

Paul Anderson, MD: Giving the AIG lecture in my absence. Thank you!

Kelley Nevill, Anesthesia Tech: Excellent help during a trauma case!

Ashley Haselden, Anesthesia Tech: Being a great team player and covering a lot of shifts! Awesome!

Tori Flynn, Anesthesia Tech: Being a great help during a level one on a busy morning! You rock!

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

Save the Date!

October 2014 Standard of the Month
I will take pride in the workplace and 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 November edition will be October 22, 2014.