MESSAGE FROM THE CHAIRMAN: PERIOPERATIVE ULTRASOUND TRAINING BECOMES A NEW CORE COMPONENT OF OUR RESIDENCY PROGRAM

-SCOTT T. REEVES, M.D., MBA

In the June 2016 edition of Sleepy Times I noted:

“It is not often that one has the opportunity to help define what it means to be an anesthesiologist. During my presidency of the Society of Cardiovascular Anesthesiologists (SCA), I lead an effort to incorporate perioperative ultrasound (US) into residency training. Perioperative ultrasound is defined as the use of ultrasound for patient management during the perioperative period. The SCA Call to Action was published in the June edition of Anesthesia & Analgesia (heading below), and its purpose was to define the scope of perioperative ultrasound, review the current status of US training practices during anesthesiology residency, and suggest recommendations for current and future trainees on how to obtain perioperative training.”

It was the hope of the Society of Cardiovascular Anesthesiologists that this call to action article would intensify the debate within our specialty to establish standard training expectations within our residency training programs. It has had the desired effect. Multiple subspecialty societies including ASRA, SOCCA and the ASA are offering perioperative training at their annual meetings. Freestanding training courses are also being developed.

In collaboration with iTeachU, the SCA developed a new hybrid course. As president of the SCA, I had the opportunity to have input into its content. I am pleased to announce that the department has purchased this extensive training for our CA1 and CA2 residents. This is a three-part course that requires learners to complete an online portion, a hands-on workshop and a number of supervised studies, to be tracked in an online logbook requiring 75 studies. The materials take up to 85 hours to complete just the web-based materials. Hence, we plan to develop our educational curriculum around it with completion over two years. Additional resident classes will be added as they begin their CA1 year.
OPENING STATEMENT CONTINUED...

Specifically, we hope to use the course to supplement our simulation and direct patient care education opportunities as noted below:

- The use of clinical ultrasound to assist in clinical decision making in perioperative medicine, such as basic transthoracic echocardiography, lung ultrasound, basic abdominal ultrasound, and basic transesophageal echocardiography, which is a major advancement in perioperative health care and anesthesiology practice.

- The use of clinical ultrasound to help guide percutaneous procedures in perioperative practice, such as nerve blocks, vascular access, and pleural drain insertion.

This is a significant faculty and financial investment in our program. I am excited about the opportunity and want to personally thank GJ Guldan and Ryan Gunselman for their leadership to make this happen.

RESEARCH CORNER

Results of a Flipped Classroom Teaching Approach in Anesthesiology Residents

Susan M. Martinelli, MD  
Fei Chen, PhD  
Amy N. DiLorenzo, MA  
David C. Mayer, MD  
Stacy Fairbanks, MD  
Kenneth Moran, MD  
Cindy Ku, MD  
John D. Mitchell, MD  
Edwin A. Bowe, MD  
Kenneth D. Royal, PhD, MEd  
Adrian Hendrickse, BM, FRCA

Kenneth VanDyke, MD  
Michael C. Trawicki, MD  
Demicha Rankin, MD  
George J. Guldan, MD  
Will Hand, MD  
Christopher Gallagher, MD  
Zvi Jacob, MD  
David A. Zvara, MD  
Matthew D. McEvoy, MD  
Randall M. Schell, MD, MACM

ABSTRACT

Background In a flipped classroom approach, learners view educational content prior to class and engage in active learning during didactic sessions.

Objective We hypothesized that a flipped classroom improves knowledge acquisition and retention for residents, compared to traditional lecture, and that residents prefer this approach.

Methods We completed 2 iterations of a study in 2014 and 2015. Institutions were assigned to either flipped classroom or traditional lecture for 4 weekly sessions. The flipped classroom consisted of reviewing a 15-minute video, followed by 45-minute in-class interactive sessions with audience response questions, think-pair-share questions, and case discussions. The traditional lecture approach consisted of a 55-minute lecture given by faculty with 5 minutes for questions. Residents completed 3 knowledge tests (pretest, posttest, and 4-month retention) and surveys of their perceptions of the didactic sessions. A linear mixed model was used to compare the effect of both formats on knowledge acquisition and retention.

Results Of 182 eligible postgraduate year 2 anesthesiology residents, 155 (85%) participated in the entire intervention, and 142 (78%) completed all tests. The flipped classroom approach improved knowledge retention after 4 months (adjusted mean = 6%; P = .014; d = 0.56), and residents preferred the flipped classroom (pre = 46%; post = 82%; P < .001).

Conclusions The flipped classroom approach to didactic education resulted in a small improvement in knowledge retention and was preferred by anesthesiology residents.
THE CAROLINAS ANESTHESIOLOGY ANNUAL MEETING

Threatened by Hurricane Irma, the annual NC/SC Joint Anesthesia Meeting carried on seemingly without a glitch. In fact, attendance may have been bolstered by those fleeing Irma as it was held at the Grove Park Inn in Asheville, NC. It might be the first time that I’ve felt lucky to be on post-call as I was able to travel out of Charleston prior to the traffic rush. What is normally a 4 hour drive, however, still took about 6 hours. I hope that everyone stayed safe and free of property damage.

The focus of this year’s meeting was Quality in Anesthesia and as always, it was an informative meeting. One of the best aspects of the meeting was a dedicated resident track, which the residents have historically found this to be very helpful. All CA1s typically attend this meeting (apologies to those that were hung up due to the storm) and it was a great opportunity to get to know them a little bit better outside of the hospital. A Department dinner was held on Friday night.

Congratulations are in order for the CA1 class having 3 residents with poster presentations (Tara Kelly, Clark Sealy and Devin Antonovich). This took a great amount of dedication to get completed within 2.5 months of the CA1 year. Great Job!

Mark your calendars as the next meeting will be in Charleston over the weekend of September 14-16, 2018.
THE CAROLINAS ANESTHESIOLOGY ANNUAL MEETING CONTINUED...
THE WINNER OF THE CUTEST PET CONTEST FOR THE AHA HEART WALK!

Drew Brees, the fur-baby of Pat Tobin and Cecilia Franko!

Honorable Mentions:
Dogtor Kennedy—tied for 2nd place
Gigi & Lulu—tied for 2nd place
Moose—3rd place
MEET OUR NEW FACULTY

Dr. Meron Selassie is excited to join the chronic pain team at MUSC. She was originally born in Ethiopia but grew up in Columbia and later Charleston, SC. Meron is a proud alumni of Academic Magnet High School and even prouder to return to her home state to practice. She completed her undergraduate studies at Washington University in St. Louis followed by both medical school and anesthesiology residency at the University of Pennsylvania. Meron completed her chronic pain fellowship at University of North Carolina in Chapel Hill. She feels blessed to reunite with family and friends in Charleston. Meron lives in West Ashley with her husband, Dr. Nick Shungu, an attending physician in the Department of Family Medicine at MUSC, and her spirited 17-month-old daughter, Sofia. She is a lover of the arts, with a particular passion for ballet/dance, reading, movies, and eating spicy food.

Dr. Mario Serafini is originally from West Virginia but most recently lived in New Hampshire with his wife, Sarah, an emergency room physician, and their two children. They planned to relocate from New England to Charleston after the birth of their second child and the opportunity to work in the Department of Anesthesia and Perioperative Medicine was perfect for them, both professionally and personally. Mario’s background includes a residency in anesthesiology, followed by a fellowship in chronic pain management. After completing training, Mario spent several years in the private practice of pain management before pursuing a career in academic medicine. He enjoys serving in a variety of roles for medical students, anesthesia residents, and pain fellow education, while practicing general anesthesia, acute pain, regional, and chronic pain management. Mario’s clinical interest and passion has been cancer pain management, and with the support of his wife, he recently completed a fellowship in palliative medicine. Mario’s dream is to bring these two specialties together to serve this patient population. He is very excited for the professional opportunities MUSC will provide and starting his new life in South Carolina.

MEET OUR NEW CLINICAL SCIENTIST

Dr. Martin (Marty) Romeo is delighted to join the Department as a Staff Scientist in the Scofield laboratory. A native of western New York state, he obtained a Bachelor's degree in Chemistry from LeMoyne College in Syracuse, NY in 1998. Marty then began a southward trajectory through Baltimore, MD, where he earned a Ph.D. in Biochemistry and Molecular Biology at the Johns Hopkins University Bloomberg School of Public Health. After a post-doctoral fellowship at the National Institutes of Health, he and his wife, Deborah, an attending physician in the Department, moved to Richmond, VA, where Marty ventured into the private sector as an immunochemist. Finally, following a detour through Cincinnati, OH, his family arrived in Mount Pleasant. Much to his wife's chagrin, Marty is a hopeless fly fishing and fly rod-building addict. He and his wife enjoy hiking, bicycling, and traveling with their three daughters, Violet, Ariana, and Josephine.
LESSONS LEARNED DURING HURRICANE IRMA 
BY CARLEE CLARK, M.D.

Planning for IRMA was more challenging than last year’s planning for Matthew because of the many days of wondering “which way is she going to go?” and “how much flooding will we have?” Everyone within the Department was amazingly helpful and flexible while we worked through the different coverage scenarios as the storm approached. Next time around (hopefully not this year), I think we need to make the decision about the procedural areas being open or closed sooner. We need to add a flooding plan to our Hurricane Plan and have better MUSC-wide plans for dealing with parking and communications during flooding. Even if we don’t activate the emergency teams, flooding prevents all of our home call coverage teams and our staff on shifts from safely getting in and out of the hospital, so we need to formulate some new procedures. We also need to work better with the OR nursing staff to make sure our staffing is aligned with whatever plan we choose so that we are supporting the ORs in a similar fashion. Please feel free to contact me with any questions or suggestions for how to improve our plan.
“The Effect of Perioperative Management on Long Term Outcomes After Cancer Surgery”
October 3, 2017
Monika Nanda, MBBA, MPH, Associate Professor
Department of Anesthesiology
University of North Carolina School of Medicine

“Truncal Blocks”
October 10, 2017
Renuka George, M.D., Assistant Professor
Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina

“Subcutaneous Implantable Cardioverter-Defibrillators”
October 17, 2017
Jackson Condrey, M.D., Clinical Instructor
Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina

“Morbidity & Mortality Conference—RAPS”
October 24, 2017
Eric Bolin, M.D., Associate Professor
George Guldan, M.D., Associate Professor
Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina

“Subspecialty Team Meetings”
October 31, 2017
Division Chiefs
Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina
Future Events/Lectures

**Intern Lecture Series**
October 5th—Renal Failure, Dr. Sabbagh, SEI 314
October 19th—Acute Oliguria, Dr. Sabbagh, SEI 314

**CA 1 Lecture Series**
October 4th—Spinal, Epidural, and Caudal Blocks, Dr. Gunselman, SEI 314
October 11th—Respiratory Physiology: The Effects of Anesthesia, Dr. Nelson, SEI 314
October 18th—Anesthesia for Patients with Respiratory Disease, Dr. Eastman, SEI 314

**CA 2/3 Lecture Series**
October 2nd—Visiting Professor Lecture, All Residents, Dr. Nanda (UNC), CSB 429
October 9th—Advanced Regional Anesthesia Techniques, Fellows, Moodle
October 16th—Career Planning, All Residents, Dr. Sabbagh, CSB 429
October 23rd—Acute Pain Management in the Opioid Dependent Patient, Dr. Gunselman, Moodle
October 30th—Update on Lower Extremity Blocks, Dr. Bolin, Moodle

**Grand Rounds**
October 3rd—Visiting Professor Lecture, Dr. Nanda (UNC)
October 10th—Truncal Blocks, Dr. George
October 17th—SCID, Dr. Condrey
October 24th—Morbidity & Mortality Conference (RAPS), Drs. Bolin & Guldan
October 31st—Subspecialty Team Meetings, Division Chiefs

---

Sarah Hameedi, Administrative Coordinator—Always willing to help with any task, Sarah brings fresh perspective and enthusiasm. Thanks so much!

Carlee Clark, M.D.—In recognition of asking people to not “Reply All” to an email, thus sparing us all overflowing inboxes.

---

Holiday Party 2017
Friday, December 1, 2017
Carolina Yacht Club

---

Imagine 2020 Strategic Plan

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 20, 2017.